

The child mirrors you as you stand facing each other and do butterfly hug, then alternately tap your knees, then tap hands on floor, then tap on your head, jump up and down alternating left/right, and repeat as long as you want BLS to last, etc. All of this is done with energy and different speeds. It helps keep kids interested in BLS as they are playing this mirroring game.

Karen Forte, DCSW, LCSW  
EMDRIA Certified and Approved Consultant  
EMDR Institute Facilitator  
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EMDRIA Regional Coordinator

I have a medium exercise ball that kids sit and bounce up/down on. Works great!

Maureen Clancy, LCSW  
EMDR Levels 1/2

I use many of these ideas too and they are all wonderful. Thanks for all the new suggestions.

Other possibilities are to tie some scarves together to make a long rope. Lay it on the floor in a squiggle pattern and have the kids jump right to left on each side of the rope either both feet at once or alternating right then left. You can also tie a rope to a chair leg and hold the other end taught (on the ground or can slightly raise) and have the kids jump right to left.

Also have them do the "Bilateral Boogie" where they do the twist with their lower body while moving their hands right to left and pointing the two fingers we use for bilateral stimulation. They can look right to left at their fingers and their hands move right to left. I hope this makes sense in writing as it's so easy to do.

You can also play a version of Hop Scotch where they jump from right foot to left foot on squares you make up out of cardboard.

Have them draw a picture of the upsetting event and another picture of what they would like things to be then put them on the wall about 4 feet apart and have the kids look from one picture to the other.

Gotta go. If I think of more I'll email again.

Kriss Jarecki, ACSW, LCSW  
Certified EMDR Therapist  
Approved Consultant in EMDR

Subject: EMDR ideas for kids and for bls

The child chooses the two puppets he/she wants to use that day. I put one puppet on the index finger of each hand. Then I can raise first one and then the other, back and forth, for the BLS. Most kids are able to follow that with eyes if I do it slowly enough.

The other idea (and I forget who this one came from) involves the child first drawing a picture of the problem. Then for the BLS, the child takes a black crayon and scribbles back and forth over the drawing from right to left and back again and again until the image is colored over. Let me know if either idea works for the child you mention. Ann Waldon

I have used lots of different kinds of BLS in addition to the methods we all use. Drumming, puppets on both my hands as child looks from one to the other, the quietest setting on the headphones so the beeps can hardly be heard, the child using each hand to help a puppet tap on itself, squeezing a ball alternately in both hands, handing a ball back and forth between both hands, having the child hold his favorite thing in one hand and then move it to the other hand and back again, having child make a mark with a crayon on paper with one hand and another mark with another crayon in the other hand-back and forth, have child watch as I roll a ball on the floor from side to side, have child roll the ball from side to side in a game you make up for them, etc.

Karen Forte

"Patty Cake" and other clapping games can be useful for BLS with young children, and in a case like this can help with crossing midline. Using a ball with a bell inside (cat toys) can be helpful too. From the info you gave us it sounds like there is a range of neurological issues. I think a developmental

movement specialist would be helpful. Preferably one certified in Body Mind Centering. There are movement patterns that may help stimulate new neurological networks, helping him catch up developmentally. It sounds like there is ample reason to suspect some genetic vulnerability to anxiety and maybe bipolar but I have a lot of questions r.e. other potential contributing factors. Complications during pregnancy or birth? What was his Apgar score? Does he have normal muscle tone? Are reflexes intact? Did he breast feed? Have there been any other medical procedures that may be experienced as traumatic or invasive? Reactions to vaccinations? Exposure to heavy metals or other neurotoxins? Are mom and child able to synchronize non-verbally? Is mom really able to empathically attune? Are the parents anger and control issues getting triggered? Are mom and dad able to join the boy in play? Is expression of anger allowed? Just some ideas to consider. Good luck.

Bruce McCarter, Psy.D.

I received this from the TF –CBT folks. I think you will find it very informative... it also addresses multiple issues that traumatized children are dealing with. <http://pn.psychiatryonline.org/cgi/content/full/42/3/20>

Also another resource for helping these kids regarding schools: [Helping Traumatized Children Learn](#). It is very informative as to what the child is experiencing in the school environment and what modifications the school needs to make in order for the child to succeed. It can be found at [www.massadvocates.org](http://www.massadvocates.org)

Dianna Aideuis

By the way, for boys who might think it is stupid to do a "hugging" kind of thing, I teach them the Karate chop. They do a karate chop on one hand and then the other alternating. For some boys I'll teach them the butterfly hug and just not call it a butterfly hug. ٭Marsha Heiman

1. With boys in the past I have used drums to do the bilateral stim.
2. I have also used playdoh where they hold it in each hand and ٭ squeeze each hand at different times.
3. I have used the hand buzzers as "bee kisses"

4. Usually children who have sensory integration issues enjoy pressure. There are different "brushes" out there they use to help the skin get use to different textures. I have also used this and "little tickles". This helps children also pay attention to their body more as well.

Hope this helps.

Cherie Lindberg, LPC L2

Wisconsin

In terms of engaging kids---I have had success using stories and the tappers as (loving bee buzzers) that take the hurt away. I have also had parents hold their children with the child holding the buzzers and the parent with the head phones on, while they both look into each others eyes and I tell them the BIG SECRET. The big secret is that when the child looks into their parents eyes the hurt goes into the parents eyes and down to their heart and then the parent's love goes into the child's eyes and the love goes into the child's heart. Then, I connect it with their body. "Look into your Mommy's eye and feel the love going into your heart" "Mommy loves you" "Mom will keep you safe". This has been very useful with trauma and attachment issues.

I would love to communicate with anyone who has done EMDR with children who are diagnosed with PDD. One of the difficulties I have is getting children with PDD interested in even doing EMDR. They find it boring, don't often like puppets, get overwhelmed with moving things or want to immerse in playing with the many play therapy items in the room. Would love some tips on engaging kids!

I also do EMDR for trauma and loss and have worked with individuals who lost loved ones in the World Trade Center disaster. The visual aspects of this event have been difficult for people to process. It gets very overwhelming for some. It is too bad that this has been played so many times on television. It has been retraumatizing for so many. People get so overwhelmed that it is difficult for them to even bring it up in conventional therapy---but in EMDR it is different because they are processing it.

<http://www1.dshs.wa.gov/ca/fosterparents/training/chidev/cd06.htm>

With young children up through 12, I use a variety of play items i.e. a slinky, laser light, sword they can swing back & forth to watch, sand tray moving toys back & forth, swimming in my pool moving their arms back & forth or just swimming as they process, blowing bubbles & popping them with their hands, tossing a ball up & down, drumming with sticks on a drum pad. All of these allow kids who have sensory issues to process traumatic events very successfully without being touched or feeling the tappers. It also allows a child to play while doing hard work. I also use art including finger paints, drawing with markers or crayons, & scribbling with chalk on a sidewalk. Because the channels are shorter, I find that kids move quickly through the trauma & many of their symptoms are eliminated. Parents are a good source of how their behavior is different. Hope this helps someone who is struggling with kids.

This is used with older kids, pre teens, and teens:

I use a multiple box drawing sheet where kids draw or cartoon in a series of boxes on a legal size page, producing an art narrative that includes resources, boxes for before, during, and after, how it ended and what was comforting, safe place, containers, and body scans (using an outline of the body and a colored pencil code for feelings they decide on). While the kids are drawing, they intermittently listen to bilateral music they have chosen from a computer radio station, which is bilateralized on two small speakers attached to the Neurodyne device that can bilateralize anything, placed on either side of the drawing paper. The kids usually choose Hip Hop and the like.

Since the narrative is sequential, one can stop the music after each box and the kids can say something about what they drew, so there are breaks in the lateralization. Often the children like to draw quickly, using only stick figures and the like, but they do get a sequential narrative account on tightly contained paper. I always use the funny VOC and SUDS cartoon

sheet from HAP, which also seems to relax them.

The idea for this method came from the work of Tinnin and Gannt. Since it can be done quickly and does not require detailed drawings or long verbiage, it tends to be comfortable for the children. I had no reports of any adverse reactions to it during eight years of using it in a DV agency special program for children and adolescents exposed to domestic violence. Test-re test scores on the Briere, Greenberg, and Child Behavior Checklist were really good.

Respectfully,

Thea Samit, LCSW, ATRBC, EMDR L2.

Highland Park, New Jersey

The Child and Adolescent SIG is interested in your creative ways of doing bilateral stimulation. The ideas you mention will be compiled by our Communications Chair so they can be shared with members of the Child and Adolescent SIG. For example, I am working with a four year old girl. Her behavior deteriorated during a year in which her mother had serious medical problems. When the behavior did not improve once the medical problems resolved, she was referred to me. During the assessment process, I identified sensory sensitivity problems and referred the child to an OT but I still wanted to use EMDR to process the trauma related to her mother's medical problems, mainly related to her mother's emotional unavailability during that time. In the Preparation phase, after some attempts with usual BLS were uncomfortable for this child, we found a form of BLS she liked and strengthened its association with calming. She loves the beach so I played an EMDR bilateral CD of ocean waves on speakers on the right and left behind her while she played in the sandbox on the floor. Then, this mother and I wrote a Joan Lovett-style story to help work through the trauma. Finally, over a couple of sessions, while the child played in the sand, I told the story with the CD playing. She processed the trauma and her behavior improved even though she still has some sensitivity to sensory overload. What have you used successfully when the usual BLS does not fit a particular child's needs?

Ann Waldon

I've used a magic wand with a finger puppet on the end of it. The child can pick a puppet each week from a basket of finger puppets. It works great for kids with RAD diagnosis who like to be in control and have lots of choices.

The magic wand can be used by itself without the puppets.

The finger puppets can be used on your finger of course too.

Using an ipod with a velcro arm band case and headphones (with bilateral music) is great for kids who are active and all over the play room area. You can just follow them around and ask them to think about the target memory. I've also had moms tap on their knees or hands while holding them and I am directing the child. Works well with the littler ones who sometimes wind up in mom's lap.

Lyn Siegel