LETTERS TO THE EDITOR

To the Editor:

The timing of the article, "Protocol for Excessive Grief," by Dr. Marilyn Luber (2012) was impeccable for my current caseload. This protocol was exactly what I needed to focus my work with my current clients dealing with the murders of their children. I appreciate the way of organizing past memories, intrusive images, nightmares, triggers associated with the grief experience, personal responsibility, mortality, and previous unresolved losses as specific targets.

I would like to contribute two points for discussion. First, in the situations I have with my clients, I don't foresee accomplishing this in 90 minutes. Rather, these could be separate targets for different sessions. Second, the article concludes with a mere sentence mentioning, almost as a postscript, " . . . the use of the future template is implicit in all EMDR work" (p. 135). Why was the future template left out of the article? A clinician who values somatic work wouldn't want the location of body sensation merely implied. The clinician who values cognitive work wouldn't consider reducing the NC, PC, or VOC in this manner.

During my consultation to become a certified EMDR therapist, I learned that omitting the future template is the main reason some EMDR treatments do not hold. If this is even anecdotally true (I know of no research that states such), how is reducing the future template to one sentence in an article advancing the maintenance of " . . . the integrity of the standard EMDR protocol and keeping adaptive information processing in mind . . . " mentioned in the article? Although the author states the importance of " . . . the efficacy of this powerful methodology . . ." I respectfully submit that short cutting the future template in research articles does a disservice to the adherence of *any* protocol.

Anne Bisek, PsyD
Licensed Clinical Psychologist in Private Practice
Fremont, CA

To the Editor:

My recent article (Luber, 2012) is an excerpt from *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations* (Luber, 2009a), "Protocol for Excessive Grief," and it represents my belief of how important it is to uphold the standards of EMDR.

This excerpt spells out—in a scripted format—how to operationalize Dr. Francine Shapiro's (2001) "Protocol for Excessive Grief" (pp. 231–233) that she wrote about it in Chapter 9, "Protocols and Procedures for Special Situations" (pp. 221–248) in her seminal text on EMDR and compulsory reading for any EMDR basic training: *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures,* Second Edition. In fact, I scripted them so that the language that is used reflects the standard EMDR protocol and the 11-step standard procedure, so the complete protocol is accessible with all of its component parts clearly stated (Luber, 2009a, p. 119).

I can understand the disappointment of the writer who would have liked to have the future template spelled out in the body of the excerpt. However, the fact that the full text of the future template was not scripted is not a reflection of the lack of importance of the future template as it states in the section, "Create a Future Template," at the end of the "Protocol for Excessive Grief" journal article (Luber, 2012, p. 135) and in the *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations* (Luber, 2009a, p. 187).

Note that in the summary for the "Protocol for Excessive Grief," Dr. Shapiro (2001) does not mention the use of any future templates, however, the use of the future template is implicit in all EMDR work (p. 225). See Appendix A in Luber (2009a).

It had more to do with following the structure of Dr. Shapiro's work. To find the script for the full future template, the reader need only go to Appendix A in either *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics*

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and Special Situations (Luber, 2009a, pp. 422–429) or *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Special Populations* (Luber, 2009b, pp. 638–643) or Dr. Shapiro's (2006) *EMDR: New Notes on Adaptive Information Processing With Case Formulation Principles, Forms, Scripts and Worksheets* (pp. 51–55).

The reader made another point concerning how difficult it would be to finish the protocol in a 90-minute session—or a 50- or 60-minute session that most clinicians have for treatment—is entirely accurate. As teachers of EMDR, no one would expect that a clinician needed to complete the "Protocol for Excessive Grief" or any protocol for that matter in any specific period of time. In fact, explicit in Phase 8 or the reevaluation phase of the EMDR "eight phases" is what Dr. Shapiro writes in Chapter 8, "Phase 8: Reevaluation and Use of the EMDR Standard Three-Pronged Protocol":

> The final, or reevaluation, phase is vital to EMDR treatment. During this phase, which should open each session after the first, the clinician assesses how well the previously targeted material has been resolved and determines if the client requires any new processing, etc. (Shapiro, 2001, p. 200)

Again, the whole idea of reevaluation as a crucial part of the EMDR structure speaks to the point that we do not put a time limit of 90 minutes on any treatment plan or protocol.

Marilyn Luber, PhD
Licensed Clinical Psychologist in Private Practice
Philadelphia, PA

References

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