

# The EMDR Protocol

## PHASE 1 - CLIENT HISTORY & TREATMENT PLANNING:

Assessment of personal stability and current life constraints – can they physically cope with the treatment? Look for client’s resilience, resourcing, support networks, stability and suitability of client. How have they managed their anxieties in the past?

## PHASE 2 – PREPARATION

Build therapeutic alliance, explain the EMDR process, agree and practice the safe/calm place, prepare for intense emotions, identify relaxation and safety techniques, test eye movements and technology, prepare for Zoom, identify secondary gains. (use *window of tolerance* here – breathwork, yoga, B/B, movement, cold water, meditation, lightstream technique, imaginal team, absorption technique, psychoeducation, mindfulness, container work. Use mixture of internal and external resources)

## Phase 3 – Assessment

### *Target image*

“When you think of that memory/incident what picture represents the worst part of that for you?” include any sounds, sights, smells etc...

### *Negative Cognition (N/C)*

"When you bring up that image what negative thought or belief goes with that now?"

Or “What negative belief do you have about yourself now when you think about that incident?” (ensure it is in the present tense, an “I” statement.) If more than one N/C repeat all whilst the client brings to mind the target memory and ask which one holds the most energy.

### *Positive Cognition (P/C)*

"When you bring up that image/incident what would you prefer to believe about yourself now?"

### *Validity of Cognition (VoC)*

"When you think of that image/incident, how true do those words (repeat positive cognition) feel to you now on a scale of 1 – 7, where 7 feels completely true and 1 feels completely false?"

1.      2.      3.      4.      5.      6.      7

completely  
false

completely true

### *Emotions*

"When you bring up that image/incident and those words (repeat negative cognition) what emotion/s do you feel now?"

### Subjective Unit of Distress (SUDS)

"On a scale of 0-10 where 0 is no disturbance and 10 is the worst that you have ever felt, how disturbing does it feel to you right now?"

0. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10

### *Location*

"Where do you feel that distress in your body?"

### Phase 4 - Desensitization

I'd like you to bring up that image and those words .....(repeat N/C), notice where you feel it in your body, and follow my fingers with your eyes (or taps, butterfly hugs, whichever bilateral stimulation (BLS) you are using. Just let whatever happens happen....

### Notes/sets

*Stay out of the way as much as possible, however, if needed offer reassurance "You're doing well, just notice, they're old/past memories, you're safe now"*

After each set of eye movements "take a breath in and out", breathing with them of often useful. If the client reports change/movement "go with that"

Return to target if - no change twice, neutral twice, or positive twice (sometimes it is useful to continue with the positive a little longer). Also return to target more often if therapy is time-limited or your client is complex (EMD/EMDr)

When returning to the target ask "When you go back to that memory/incident now, what do you get?"..... "go with that" BLS.

Move onto the installation of P/C only when SUDS is 0-1.

When finishing an incomplete session, close with the use of recourses as needed, and make sure the client is well grounded before ending the session.

### EMDR Phase 5 - Installation

Do the words..... (repeat P/C) still fit or does another statement fit better now?

Think of the original incident/memory and those words..... (P/C)

how true do they feel right now? On a scale of 1-7.....

Think of the incident and those words P/C.....hold them together (do a short set of fast eye movements/BLS)

After each set return to the incident and P/C asking for feedback. Ask "Is it stronger or about the same?" Continue until VoC strengthens no more.

If the client reports 6 or less review appropriateness of the PC, adapt it needed eg. I can learn/am learning to or I can work towards etc. Check for blocking beliefs, and add additional processing if needed.

#### EMDR phase 6 - Body Scan

Close your eyes, bring up that incident and those words P/C....., mentally scan your body and tell me what you notice.

If a disturbance is reported do BLS until this subsides.

If positive/neutral or comfortable add a short set of BLS and move to closure.

#### EMDR Phase 7 – Closure

“The processing that we have done today may continue after the session. You may notice new thoughts, memories, insights, or increased dreaming. If you do just notice what you are experiencing, note it down, and bring it to the next session.”

Encourage your client to use their resource techniques in-between sessions

## Phase 8

This is the re-evaluation phase of the protocol.

At the beginning of the next session ask "The memory that we were working on the last session, when you bring that up now what do you get?"

If there is any disturbance at all "go with that or notice that" begin BLS

This is very simple and quick you do not need to complete the full phase 3 again and there is no need to check SUDS, if there is any disturbance or distress just "go with that" and add BLS until it clears, only checking SUDS when they report no disturbance., move on to Installation phase 5 and continue.

If you re-evaluate and the memory is clear of distress return to your formulation to find your next memory/target.