

EMDR Protocol Guide

Target issue, memory, event, or symptom

"What issue would you like to begin working on?"

Target image

"What image represents the worst part of this event?"

"Which part of this memory bothers you most?"

Negative cognition

"When you think of that incident, what negative thought or belief do you have about yourself now?"

"What negative thing does that incident say about you now?"

("I" statement)

Positive cognition

"When you think of that incident and those negative words [negative cognition] what would you prefer to believe about yourself now?"

("I" statement)

VoC (Validity of Cognition)

"When you think of that incident how true do those words [positive cognition] feel to you now on a scale of 1 to 7?"

(Completely false) 1 2 3 4 5 6 7 (Completely true)

Emotions

"When you think of that incident and those words [negative cognition] what emotions do you feel now?"

SUDs (Subjective Units of Distress)

"How disturbing does it feel to you now, on a scale from 0 to 10?"

(No disturbance) 0 1 2 3 4 5 6 7 8 9 10 (Highest disturbance)

Location of body sensation

"Where do you feel tha

Preliminary instructions

- *"I will tune you in to the target image. We will do sets of bilateral stimulation (BLS) to help you process your experiences."*
- *"I just want you to notice whatever comes up. You may or may not experience images, memories, emotions, or body sensations."*
- *"Whatever happens is ok. There is no 'right way' to do EMDR."*
- *"I won't stop if you say 'stop' incase that's part of what you are experiencing. Give the stop signal if you want to stop. If you do become distressed it is normally better if we carry on processing - I want you to try to tolerate as much emotion as you can."*
- *"After each set of stimulation I will ask you to give a brief report of what you were aware of."*

Desensitization

- *"Bring the target image & negative cognition to mind, notice where you are feeling it in your body."*
- Set of BLS as fast a client can tolerate comfortably
- If client becomes distressed: *"Just notice it", "Just observe", "It's old stuff"*
- After a set: *"What do you get now?", "What are you noticing?"*
- If client reports new material: *"Go with that", "Notice that"*

Decision tree

- If client is reporting new material continue with sets of BLS.
- If SUDs are greater than 0 or 1 further processing is normally necessary.
- When client reports SUDs of 0 or 1 move to installation of the positive cognition.
- End of a channel: If client reports the same content after two sets of BLS then return to target.
- If client is stuck or looping: Use unblocking or interweaves (overleaf)
- Do not proceed to installation until: You have returned to target, completed another set of stimulation, no new material has emerged, and SUDs are 0 (or 1).

Installation of positive cognition

- *"Do the words [positive cognition] still fit, or would another positive statement be more suitable?"*
- Check VoC: *"Think about the original incident and the words [positive cognition]. How true do they feel now (1-7)?"*
- *"Bring the target image & positive cognition together in your mind".*
Complete sets of BLS until no change. (Continue installation as long as long as adaptive material is emerging)
- If client reports a VoC of 6 or less continue sets of BLS.
- If client reports a VoC of 6 or 7 continue until no further material emerges then proceed to body scan.

Body scan

- *"Close your eyes & concentrate on the incident and the positive cognition. Mentally scan your entire body. Tell me if you feel anything."*
- If positive sensations are reported do a short set of slow BLS, if more positive sensations are reported give more slow sets of BLS.
- If any discomfort reported process (*"go with that"*) with fast sets of BLS until no further negative sensations reported.

Post-session processing

- *"You might find that the processing we have done today continues after the session. You might become aware of memories, thoughts, sensations or dreams. Just notice what you experience."*

Closure of an incomplete session

- An incomplete session is where material remains unresolved and no positive cognition installed (i.e. SUDs > 1, or any other distress).
- Explain the need to stop.
- Consider using:
 - Safe place exercise to end with a positive felt sense.
 - Metaphor / imagery of putting issues in a container until the next session.
 - Lightstream exercise to reduce any remaining distress



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Blocked processing

If processing is blocked (client is reporting no change after sets of BLS) try these less intrusive/directive/interventional techniques before attempting cognitive interweaves:

- Change direction of BLS
- Change length of sets of BLS
- Change speed of sets of BLS
- Change modality of BLS (eye movements, taps, tones)
- Focus on the sensation in the body: *"Where are you feeling that in your body?"*
- Float back for touchstone or feeder memories and then process those: *"Just allow your mind to float back to time where you might have felt that before"*

Cognitive interweaves

Cognitive interweaves are strategies to 'jump start' blocked processing. The golden rule is to use as minimal an intervention as possible (*"stay out of the way"*) and then to allow processing to take place naturally. The aim is not to have a long conversation, but to change the client's perspective enough to allow them to continue processing. Interweaves introduce new adaptive information into the memory processing, and are often introduced in the form of a question the client will be able to give a 'yes' or 'no' answer for. The aim is to help the client bring on-line adaptive information (e.g. 'Abuse is never the fault of the victim') and to integrate it with their trauma material (e.g. 'The abuse was my fault').

Process interweaves

Process interweaves aim to keep the client within the 'window of tolerance'

- Reassurance: *"You're doing well", "I'm here with you"*
- Try making the image black & white (e.g. if blood is involved in the image)
- Try putting something between you and the image (e.g. a sheet of bullet-proof glass)
- Distancing client from the image (e.g. *"Imagine the image is on a screen a long way away from you"*)

Content interweaves

Client blocks will typically be related to one of three themes:

- Responsibility (or defectiveness)
- Safety
- Choice (or control)

A range of interweave types are detailed below:

New information

- Is the client missing information that it would help them to know?

Bring 'on-line' information the client already has

- *"I'm confused ... "*
- *"That's interesting ... "*
- *"What if this was your child ... ?"*
- *"What would you say to a friend ... ?"*
- *"What would a good friend say to you ... ?"*
- *"What would your adult self say to your child self?"*
- *"What does that child need to hear in order to comfort them?"*
- Socratic questions (a short series e.g. *"How big were you? ... How big was he? ... So how could you have stopped him?"*)

Verbalisation & action

- *"What would you like to say to them now?"*
- *"What would like to do that you maybe couldn't do at the time?"* (instruct to *"imagine doing that"*)

Useful questions

- *"You must have a really good and important reason for believing that, how does thinking about it this way help you?"*
- *"How long should you punish yourself for this?"*
- *"If this was a crime, how long would a court punish someone for it?"*
- *"How much of the responsibility is theirs?"*

Example blocks & interweaves

- Block: *"It's my fault"* (responsibility) → Interweave: *"I'm confused, is abuse the fault of the victim?"*
- Block: *"It's my fault"* (responsibility) → Interweave: *"Whose responsibility was it to keep you safe?"*
- Block: *"It's my fault"* (responsibility) → Interweave: *"Could you have stopped him?", "How big were you, and how big was he?"*
- Block: *"I'm unsafe"* (safety) → Interweave: *"Are you safe right now?"*
- Block: *"I'm helpless and powerless"* (choice) → Interweave: *"Can you choose now?"*
- Block: Freezing & feeling helpless (choice) → Interweave: *"What does that scared little girl need to hear to comfort her?"*

