

Worksheet

Professional Version | US English

EMDR Protocol (Standard)



Description

The *EMDR Standard Protocol* worksheet is an information-gathering and prompt sheet for completing the standard EMDR protocol. Treatment according to the EMDR model is three-pronged (addressing past, present, and future), and involves 8 phases. This prompt sheet addresses the assessment, desensitization, installation, body scan and closure phases (phases 3-7).

Instructions

To gather information about a specific memory on which to begin work the therapist can ask a client:

1. To choose a specific memory, event, or symptom.
2. To choose a target image representing the worst part of that event.
3. To identify a negative cognition associated with that event.
4. To identify a positive cognition associated with that event.
5. To rate the validity of the positive cognition (VoC, rated 1 – 7).
6. To identify emotions associated with the target image.
7. To rate the distress associated with the target image and negative cognition (SUDs, rated 0 – 10).
8. To identify any body sensations associated with the target image.

Protocol instructions are then given for the stages of desensitization, including rules for managing incomplete sessions, and closure.

References

Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures* (2nd edition). New York: Guilford Press.

EMDR – Standard Protocol

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 that in your body?"

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' in case 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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