

EMDR Standard Protocol Worksheet

Client Name _____ Date _____

Instructions:

“Every so often I will do a simple check on what you are experiencing. All you need to do is tell me about what you are experiencing so I can make the proper choices. There is no right or wrong way to do EMDR wrong. Sometimes things will change and sometimes they won’t. Just give me accurate feedback about what is happening and let what ever happens, happen. Also, remember you are the one in control if you need to stop just use your stop signal.”

Presenting Issue or Memory:

“What incident or memory would you like to work on today?”

Memory or image: “When you think about that memory, what is the most poignant or powerful moment? What do you visualize?”

Negative Cognition (NC)

“When you think about that memory or image, what negative belief do you have about yourself now, or what does it make you believe negatively about yourself now?” (This should be an “I” statement in the present tense. It must be a presently held negative, self-referencing belief that is untrue.)

Positive Cognition (PC)

“When you bring up the memory, image, or incident what would you like to believe about yourself now?” or “What would you rather believe about yourself?” (The PC is a presently desired, self-referencing belief that corresponds with the NC.)

Validity of Cognition (VoC)

“When you think of that memory or image, how true does (repeat the PC) feel to you now on a scale of 1 to 7 where 1 feels completely false and 7 feels completely true?”

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

Emotions

“When you bring up that incident and those words (repeat the NC), what emotions do you feel now?”
You want the client to express their emotions in the present as they bring up the memory or image.

SUD's

“On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the most disturbance you can imagine, how disturbing does it feel to you now?”

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

Location of Body Sensation

“Where do you feel the disturbance in your body?”

Desensitization

“I’d like for you to bring up that memory or image, the words (repeat the NC), the emotions, and body sensations and follow my fingers.”

After a set of eye movements say, **“Blank it out”** or **“Let it go and take a deep breath.”**

Ask the client, *“What do you get now?”* Or, *“What are you noticing now?”*

After the client reports say, **“Go with that,”** or **“Focus on that,”** or **“Notice that.”** Do not repeat the client’s words unless the client is confused about what to go with.

Desensitize to a SUD of 0, or until ecologically sound.

Periodically take the client back to the memory or image to see if it is changing, and at that point check the SUD.
When the SUD = 0, go to Installation.

Installation

“Do the words (state the PC) still fit, or is there another positive statement that you feel would be a better fit?”

Then ask, *“On a scale from 1 to 7 where 1 is completely false and 7 is completely true, how true does it feel to you now?”* VOC = _____

“Hold the original image/incident and (state the PC) together in your mind.” Do a set of eye movements. “On a scale of 1 to 7, how true does (state the PC) feel to you now when you think of the original incident?” VOC = _____

Measure the VoC after each set. Even if the client reports a 6 or 7, do slow short sets (6-12) of eye movements again to strengthen and continue until it gets as strong as it can get. Ask **“Does it feel as strong as it could possibly get or could it be stronger?”** Continue until the client feels it is as strong as it can get, time allowing. Then go on to the body scan.

If the client reports a 6 or less, check the appropriateness and address any blocking belief (if necessary) with additional processing. A blocking belief is any negative self referencing belief that blocks progress. An example of a negative belief would be the belief that, “it is wrong to cry or feel pain.”

Body Scan

“Close your eyes. Bring up the incident and the PC, and mentally scan your entire body. Tell me if you notice anything.” If any sensation is reported, do EMs. If a positive or comfortable sensation is reported, do EMs to strengthen the feeling. If a sensation of discomfort is reported, reprocess until the discomfort subsides.

Closure

“The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories, or dreams. If so, just notice what you are experiencing, and keep a log. We can work on this new material next time. If you feel it is necessary, call me.”

Procedure for Closing Incomplete Sessions

An incomplete session is one in which a client’s material is still unresolved, i.e., they are still obviously upset or the SUDS is above 1. The following is a suggested procedure for closing down an incomplete session. The purpose is to acknowledge the client for what they have accomplished and to leave them well-grounded before they leave the office.

Steps:

1. Ask the client’s permission to stop and explain the reason. “We are almost out of time and we will need to stop soon. How comfortable are you about stopping now?” or “is this an okay place to stop for now?”
2. Give encouragement and support for the effort made. “You have done some very good work and I appreciate the effort you have made. How are you feeling?”
3. Eliminate the installation of PC and body scan.
4. Do a relaxation or guided imagery exercise. Return to safe place. Put unfinished material in a container. Healing light imagery.
5. Read the “Closure” statement to the client.