Phases 1–3 of EMDR

Phase 1: History-taking, case formulation and treatment planning

- An ability to conduct a comprehensive collaborative assessment of presenting problems and symptoms according to the adaptive information processing model, including the identification of:
  - past significant traumas or adverse life events that have had a major impact and link with the presenting problem(s)
  - childhood and current attachment patterns underpinning traumatic experiences that may be treatment targets and/or contribute to potential therapy-interfering behaviours
  - risk factors that would impede therapy (including a history and current risk to self and others, substance misuse, self-harm, limited support network, dissociation, medical conditions)
  - coping skills, social support and affect tolerance

- An ability to select appropriate assessment and outcome measures of trauma and dissociation

- An ability to help the client identify their motivation and goals for therapy
- An ability to develop a collaborative formulation and treatment plan that identifies a sequence of targets for reprocessing (and where there are multiple targets, an ability to prioritise or cluster them)
- An ability to use the treatment plan to identify and agree targets for EMDR processing, and so judge the most appropriate starting point:
  - usually the earliest most relevant memory (especially ‘touchstone’ events or historic triggers)
  - more recent memories, where these are driving the presentation
  - where the client is unsure or fearful of undertaking trauma work, negotiating the starting point that feels right for them

Phase 2: Preparation

- An ability to obtain informed consent to the EMDR intervention

- An ability to provide psychoeducation regarding:
  - the psychological and neurobiological impact of traumatic events
  - the adaptive information processing model
  - the process of therapy

- An ability to help the client gain a realistic sense of the challenge of therapy (the importance of remaining present and ‘going with’ whatever comes up, to allow the processing to take place)

- An ability to teach the client techniques for managing distress, e.g.:
  - breathing techniques, mindfulness, progressive muscle relaxation
  - calming imagery paired with bilateral stimulation
  - resource development (recalling achievements and strengths, real/imaginary protective/nurturing figures paired with bilateral stimulation)

An ability to assess the client's willingness and ability to use techniques (e.g. thinking of a mildly disturbing experience and rehearsing the use of safe place imagery), and to add further stabilisation if required
An ability to use strategies for managing dissociation if present (e.g. techniques for maintaining a dual focus of attention and grounding)

An ability to orient the client to the desensitisation phase of treatment by:
explaining the 'three prongs' of treatment (starting with the past, then the present, and then the future targets related to the trauma)
introducing and testing different modes of bilateral stimulation (e.g. eye movements, tapping and auditory tones)
providing a metaphor for the reprocessing experience (e.g. the 'Train Metaphor' of observing the scenery as it goes past without participating or engaging with it)
identifying and rehearsing a 'stop' signal that the client can use to halt the process (if necessary)

Phase 3: Assessment (of target memory for reprocessing)

An ability to help the client target a specific memory by asking them to bring up an image that represents the worst part of the incident
An ability to help the client identify a current, maladaptive, self-referent negative cognition associated with the target memory
An ability to help the client identify an alternative positive cognition that they would prefer to be able to believe (and that usually lies in the same semantic domain, i.e. self-defectiveness [responsibility], safety or control) and rate its validity (using the Validity of Cognitions scale) to assess its appropriateness as a hoped-for goal
An ability to help the client identify emotions linked to the image and negative cognition and rate the emotion on a Subjective Units of Distress Scale
An ability to help the client identify bodily sensations associated with the targeted traumatic event and their location in their body

EMDR interventions – Phases 4–8

Phases 4–7: Accelerated processing of target memories

Phase 4: Desensitisation – using bilateral simulation to process memories

An ability to initiate the processing of target memories, by:

- asking the client to bring up the image, negative cognition and body sensation associated with the target memory, and indicating:
  - that there are no right or wrong ways of reacting
  - that changes may or may not occur
  - that changes may occur in a range of modalities (e.g. images, thoughts, feelings, physical sensations)
  - that from time to time, the therapist will pause and prompt them to say what they notice
  - that from time to time, the therapist will return to the target memory and ask them to notice what comes up when they think of the original incident
  - that they should retain and discuss (during pauses in the procedure) any information (thoughts, feelings, images) that emerges during the process

An ability to initiate processing, usually (but not always) starting with the earliest target memory, and:

- an ability to draw on the history and formulation to identify the most appropriate starting point for processing

An ability to help the client hold in mind imagery related to the target memory along with negative cognitions and an awareness of body sensations

An ability to use a form of bilateral stimulation (BLS) to help process the trauma being held in mind (e.g. tracking hand movements or tapping)

An ability to give appropriate (but minimal) verbal support during BLS (e.g. ‘Go with that’ or, ‘Just notice’)

An ability to restart BLS after the pause without discussion or digression

An ability to respond to client feedback regarding the effectiveness of BLS and, if required, to:

- vary the direction and speed of eye-movement tracking
- employ an alternative form of BLS

An ability to help the client maintain a dual focus of attention (on their internal experience of the incident, and on the form of BLS being used)

At the end of each set, an ability to ask the client to report briefly on ‘what they get now’, including changing imagery, sounds, sensations, emotions, tastes and smells

An ability to continue desensitisation until the client’s distress rating reduces to zero or to a level they find manageable (i.e. an ‘ecologically sound’ level)

If other significant traumas emerge that are significantly different from the initial target, an ability to refocus the client on the target memory and only desensitise the emergent traumas after the initial target has been fully processed

An ability to help the client revisit the original memory and repeat the desensitisation process multiple times (depending on the depth and complexity of the trauma), usually until the client’s ratings of intensity are significantly lowered to zero or one

An ability to repeat the process with other memories, along with any associated feelings, cognitions, images and somatic sensations

During the desensitisation process:
- an ability to maintain the momentum of the process
- an ability to refrain from commenting on or interpreting the material that emerges (to avoid distracting clients from their current experience of processing)
- an ability to restrict comments to brief, non-specific verbal encouragement

An ability to manage the emergence of powerful emotions during processing (abreaction) by:
- maintaining a calm and compassionate stance, reassuring the client after each set that:
  - this is a normal part of the therapeutic process
  - they are safe in the present
  - they can stop the processing at any time (using a previously agreed stop signal)
- continuing with BLS
- providing additional support to maintain a dual focus of attention
- carrying out longer sets of BLS if the client is still processing, and so aiming not to stop prematurely

An ability to observe the client's nonverbal cures to determine when the level of disturbance has plateaued and the set can be ended

An ability to determine when processing needs to be broken into discrete sets, e.g.:
- to gain feedback from the client as to whether processing is taking place
- to enable the client to integrate new information verbally and to share this with the therapist
- to allow the client a period of recovery

Blocked processing

An ability to introduce strategies for managing blocked processing, e.g.:
- varying the direction, length or speed of eye movements
- asking the client to focus on body sensation associated with the target memory
- helping the client to verbalise words associated with the target memory that they could not previously say
- reviewing imagery associated with the target memory to identify new (previously unnoticed or unreported) aspects of the event

Cognitive interweave

An ability to draw on knowledge that the cognitive interweave is a proactive strategy that interweaves the clinician's statements with the client's material, and:
- offers another perspective when processing is not progressing
- is an aid to processing when this is blocked because clients are unable to maintain a focus on the target memory (e.g. with clients who are highly disturbed or where their material is particularly challenging)
- is characterised by therapist statements designed to elicit responses that activate thoughts, actions, feelings or imagery
- is used selectively in response to indications of blocked processing, such as:

- levels of distress that remain high and the client is 'looping' (i.e. repeating the same experience after several sets)
- clients having difficulty accessing relevant information, or where information is missing
- clients finding it difficult to progress processing from main to ancillary targets

An ability to draw on knowledge that once blocks have been overcome, the client's material is processed using standard EMDR strategies

An ability to use the interweave to help the client recognise common 'blocks' to progress in trauma, usually related to:

- inappropriate feelings of responsibility (e.g. guilt that they should have done something differently, or that they have been defective)
- a sense of being unsafe
- a loss of power or sense of control and choice, leading to helplessness

An ability to employ appropriate strategies to generate the interweave, such as:

- providing psychoeducation
- using Socratic questions
- promoting verbalisation of intense feelings

Managing dissociation

An ability to manage dissociation by:

- ensuring the client maintains a dual focus of attention, and (if required) using techniques to restore this, e.g.:
    - grounding techniques (focusing on breathing)
    - asking the client to indicate how much they are in the present
    - encouraging the client to keep their eyes open if tactile or auditory BLS is being used

An ability to help the client become more oriented to the present

An ability to effectively manage heightened levels of affect using de-accelerating interventions aimed at giving the client more control and so assist adaptive processing, e.g. asking the client:

- to focus just on a body sensation or just one emotion at a time
- to imagine loud sounds further away

Phase 5: Installation of positive cognitions about the self

An ability to check that the belief remains applicable and valid, and to adjust if another positive belief has emerged after processing

An ability to help the client install the positive cognitions about the self (as identified prior to the desensitisation process) once there is no or minimal subjective distress related to the target memory

An ability to ask the client to rate the validity of cognitions (using the Validity of Cognitions scale), asking the client to hold the positive belief with the original incident and processing any re-emerging disturbance repeating the sets until the client rates the cognition as completely valid and appropriate

An ability to help the client install the positive belief about the self once there is no or minimal subjective distress related to the target memory

Where clients find it difficult to generate a positive cognition that accurately fits with their experience, an ability to tentatively offer and explore suggestions, based on what they discovered during processing, in order to help them arrive at statements that are applicable and feel valid
An ability to help the client hold in mind the target memory while thinking about the positive belief
Where the client expresses uncertainty about the validity or appropriateness of the belief, an ability to explore reasons for this (e.g. where beliefs or associations or emerge that 'block' the positive belief)
An ability to identify when emergent beliefs constitute a block to progress, and should therefore be reprocessed before proceeding further

Phase 6: Body scan

An ability to ask the client to hold in mind the processed target memory and the positive belief while scanning their body for tension or unusual sensations
An ability to identify and to process residual sensations or tension using BLS
An ability to strengthen positive somatic sensations using BLS until they plateau
An ability to complete the body scan only once the target memory and positive cognitions can be held in mind with no residual tension or associated cognitions

Phase 7: Closure

An ability to ensure that clients are in a calm state of mind when a session ends, by allowing enough time to assure this, and by judging when to refrain from processing new material
An ability to manage an 'incomplete' session (where the trauma target has not been fully processed and there is remaining disturbance) by using guided imagery, safe place or other affect regulation strategies
An ability to debrief at the end of the session by:

informing the client that processing is likely to continue between sessions and that this is a positive sign of a healing process
reminding the client to keep a log of any disturbance they notice (and to discuss this in the following session)

Phase 8: Re-evaluation

An ability to review any changes that have occurred in the client's life (e.g. in terms of images, emotions, thoughts, insights, memories, sensations, behaviour, symptoms, dreams, responses to triggers)
An ability (in subsequent sessions) to ask the client to re-evaluate memories which have been processed in order to check whether there is any residual distress associated with the memory

Where there has been incomplete processing, an ability to elicit the associated emotions, the level of disturbance and somatic sensations, and continue from Phase 4 onwards

At the end of treatment, an ability to undertake a global review of progress to check that all relevant material has been processed and the client has been able to reintegrate into their life

Consolidation and 'future proofing' (the 'three prongs')

An ability to ensure that treatment identifies triggers in the client's past, present and future (the three prongs)
An ability to help the client identify triggers in the present, and potential triggers that may arise in the future (e.g. imagining returning to a location where a traumatic incident occurred)
An ability to apply the standard protocol to targets related to present and future behaviour and goals
An ability to help the client use a 'future template' (in their imagination, running through an event, identifying if and where they get stuck), and rehearse and process it using BLS

Adapting EMDR for managing trauma in the context of different mental health presentations

An ability to draw on knowledge that traumatic experiences can contribute to many mental health presentations and that (as a consequence), while these presentations may not meet criteria for PTSD, they may benefit from EMDR
An ability to draw on knowledge that the three-pronged, eight-phase standard protocol is usually the protocol of choice, regardless of different mental health presentations

An ability to build on knowledge of the standard EMDR protocol and procedures, and to:

- apply the protocol to a range of situations and clinical problems where traumatic experiences are evident and part of the clinical picture (for example, in phobias and other anxiety disorders, excessive grief, somatic disorders, psychosis, addictions)
- use clinical judgment to modify the standard protocol for certain presentations, for example:
  - processing present events or anticipated future events before past events if these are causing the most distress/disrupting current functioning

Adapting EMDR for managing complex PTSD

- An ability to draw on knowledge that complex PTSD manifests itself through:
  - all the features of PTSD, accompanied by evidence of disturbances of self-organisation including:
    - problems of affect regulation
    - persistent negative beliefs about oneself
    - difficulties in sustaining relationships
- An ability to draw on knowledge of the three phases of treatment:
  - a) safety, stabilisation and symptom control
  - b) reprocessing the trauma
  - c) reintegration (reclaiming a life)

Adaptations of the standard procedure

- An ability to adapt the standard EMDR protocol and alternate between stabilisation and reprocessing in order to maintain the person within a 'window of tolerance' (neither hypo- nor hyperaroused)

- An ability to routinely screen for dissociation at the assessment stage using standardised questionnaires as well as clinical observation
- An ability to engage the client in psychoeducation about the implications of trauma, attachment and dissociation in relation to the treatment plan

- An ability to help the client identify links between present and past trauma by helping them trace back current disturbing thoughts, feelings and sensations to their origin in identical experiences from the past (referred to as 'floatback' or 'affect scan')
- An ability to address fear of connecting to emotions using EMDR strategies
- An ability to help the client recognise and tolerate different emotions:
  - using psychoeducation about the function of emotions
  - helping them build an emotional vocabulary and observe emotions from a distance without getting caught up in them, and combining this with bilateral stimulation
- An ability to integrate stabilisation techniques within processing, whenever there are signs of dissociation
  - an ability to balance stabilisation and processing (delivering not too much of one or the other)
- When high levels of dissociation are present, an ability to 'titrate' processing (e.g. dealing with smaller [discrete] aspects of a trauma before processing an entire traumatic event)

- An ability for the therapist to recognise and manage the interpersonal impact of poor attachment on the therapeutic relationship, in particular the risk of being drawn in to unhelpful negative reactions