

EMDR Standard Procedure Worksheet

Client Name _____ Date _____

Phase 3: Assessment:

Original Incident: *“The issue we have agreed to work on today is...” “When you think of the incident, what do you get?”*



Target Image: *“What picture represents the worst part of the experience as you think about it now? What do you visualize?”*

Negative Cognition (NC): *“What words go best with the picture that expresses your negative belief about yourself now?”* (This should be an “I” statement in the present tense. It usually is a presently held negative, self-referencing belief that is irrational.)

Positive Cognition (PC): *“When you bring up that picture, what would you prefer to believe about yourself instead?”* (The PC is a presently desired, self-referencing belief that corresponds with the NC.)

Validity of Cognition (VoC): *“When you think of the memory, how true do the words (repeat the PC) feel to you now on a scale from 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 think of the memory and the 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.

SUDs: *“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?”*

Remind the client: *“Now remember, it is your own brain that is doing the healing and you are the one in control. I will ask you to mentally focus on the target and to follow my fingers with your eyes. Just let whatever happens, happen, and we will talk at the end of the set. Just tell me what come up, and don’t discard anything as unimportant. Any new information that comes to mind is connected in some way. If you want to stop, just raise your hand.”*

Phase 4: Desensitization: *“I’d like for you to bring up the picture and the words (repeat the NC), the emotions, notice where you feel it in your body, and follow my fingers with your eyes.”* Start with 24-36 BLS, go longer if necessary.

After a set of eye movements, you sometimes say, **“Take a deep breath”** and then 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.) Continue with sets of BLS until the report is neutral or positive; do two more sets, and if it remains neutral/positive, then take the client back to the original incident.

Return to the Original Incident by asking: **“When you think of the Original Incident, what do you get?”**



-If negative or neutral material, continue desensitizing (do more sets) by saying, **“Go with that.”**

-If positive or no new material, do another set. Then ask, **“What do you notice”**. If still positive or neutral, then check the SUD by asking, **“On a scale from 0 to 10, how disturbing is it now?”** If SUD is a 1, say, **“What makes it a 1 and not a 0?”** **“Where do you feel that?”** **“Go with that.”**

When the SUD = 0, then go to the Installation.

Phase 5: Installation

Ask, **“When you think of the Original Incident, 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 Incident and (state the PC) together in your mind.” Do a short set of eye movements (12-20); after the set ask, **“what do you notice now?”** **“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 short sets (12-20) of eye movements again to strengthen and continue until it gets to a VOC of 7 or 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 continues reporting a 6 or less after two sets, evaluate for other emerging associations that need to be addressed, for example, any blocking beliefs. A blocking belief is any negative self-referencing belief that blocks progress. An example of a negative belief would be the belief that “I can’t feel happy or it’s not possible to completely let go of it.” Ask, **“what prevents it from being a 7?”** After the client reports, say **“Go with that.”**

Phase 6: Body Scan

“Close your eyes; concentrate on the incident and the PC, and mentally scan your entire body. Tell me if you notice anything.” If a positive or comfortable sensation is reported, do EMs (12-20 passes) to strengthen the feeling. If a sensation of discomfort is reported, reprocess (do EMs, 12-20 passes) until the discomfort subsides.

Phase 7: 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, that is, 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. Go back to target and check the SUD.
2. 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?”**
3. 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?”**
4. Skip the installation and body scan phases.
5. Do a relaxation or guided imagery exercise. Return to safe place. Put unfinished material in a container or do a healing light imagery.
6. Read the “Closure” statement to the client.