

EMDR - The 8 Phase Protocol

Phase 1 - History and Treatment Planning

In the first sessions (usually between 2 and 4), the client's history and an overall treatment plan are discussed. During this process the therapist identifies and clarifies potential targets for EMDR. A target may be a disturbing issue, event, feeling or memory for use as an initial focus for EMDR. Maladaptive beliefs are also identified, eg "I can't trust people" or "I can't protect myself".

Phase 2 - Preparation

The therapist shares some specific techniques to help you deal with any emotional disturbance that may arise during or after a session. You will need to show that you can use these techniques, e.g. using a calm place exercise before going on to the next Phase. One important goal of EMDR Therapy is to make sure that you can care for yourself. EMDR theory is explained, how it is done, and what you can expect during and after treatment.

Phase 3 - Assessment

In developing a target for EMDR, prior to beginning the eye movements, a snapshot image is identified that represents the target and the disturbance associated with it. Using that image is a way to help the client focus on the target, a negative cognition (NC) is identified - a negative statement about the self that feels especially true when the client focuses on the target image. A positive cognition (PC) is also identified - a positive self-statement that is preferable to the negative cognition.

Phase 4 - Desensitisation

The therapist asks the patient to focus simultaneously on the image, the negative cognition, and the disturbing emotion or body sensation. Then the therapist usually asks the client to follow a moving object with his or her eyes; the object moves alternately from side to side so that the client's eyes also move back and forth. After a set of eye movements, the client is asked to report briefly on what has come up; this may be a thought, a feeling, a physical sensation, an image, a memory or a change in any one of the above. In the initial instructions to the client, the therapist asks him or her to focus on this thought, and begins a new set of eye movements. Under certain conditions, however, the therapist directs the client to focus on the original target memory or on some other image, thought, feeling, fantasy, physical sensation, or memory. From time to time the therapist may query the client about her or his current level of distress. The desensitisation phase ends when the SUDS (Subjective Units of Disturbance Scale) has reached 0 or 1.

Phase 5 - Installation

The therapist asks the client about the positive cognition, if it is still valid. After Phase 4, the client's view of the event / the initial snapshot image may have changed dramatically. Another PC may be needed. Then the client is asked to "hold together" the snapshot and the new PC. Also the therapist asks, "How valid does the PC feel, on a scale of 1 to 7?" New sets of eye movements are issued.

Phase 6 - Body Scan

The body scan: the therapist asks if anywhere in the client's body any pain, stress or discomfort is felt. If so, the client is asked to concentrate on the discomfort and new sets of eye movements are issued.

Phase 7 - Debriefing

The therapist gives appropriate information and support.

Phase 8 - Re-evaluation

At the beginning of the next session, the client reviews the week, discussing any new sensations or experiences. The level of disturbance arising from the experiences targeted in the previous session is assessed. An objective of this phase is to ensure the processing of all relevant historical events.