

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
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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)
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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
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