

## EMDR interventions – Phases 4–8

### Phases 4–7: Accelerated processing of target memories

#### ***Phase 4: Desensitisation – using bilateral stimulation to process memories***

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|--|---|---|-----------------------------------|--|--|--|---|
| An ability to initiate the processing of target memories, by:  |   |   |                                   |  |  |  |   |
| <table> <tr> <td>asking the client to bring up the image, negative cognition and body sensation associated with the target memory, and indicating:</td></tr> <tr> <td>that there are no right or wrong ways of reacting</td></tr> <tr> <td>that changes may or may not occur</td></tr> <tr> <td>that changes may occur in a range of modalities (e.g. images, thoughts, feelings, physical sensations)</td></tr> <tr> <td>that from time to time, the therapist will pause and prompt them to say what they notice</td></tr> <tr> <td>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</td></tr> <tr> <td>that they should retain and discuss (during pauses in the procedure) any information (thoughts, feelings, images) that emerges during the process</td></tr> </table> | 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 |
| 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:   |   |   |                                   |  |  |  |   |
| <table> <tr> <td>an ability to draw on the history and formulation to identify the most appropriate starting point for processing</td></tr> </table>   | an ability to draw on the history and formulation to identify the most appropriate starting point for processing                  |   |                                   |  |  |  |   |
| 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:  |   |   |                                   |  |  |  |   |
| <table> <tr> <td>vary the direction and speed of eye-movement tracking</td></tr> <tr> <td>employ an alternative form of BLS</td></tr> </table>   | vary the direction and speed of eye-movement tracking   | employ an alternative form of BLS                 |                                   |  |  |  |   |
| 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  |   |   |                                   |  |  |  |   |

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| An ability to repeat the process with other memories, along with any associated feelings, cognitions, images and somatic sensations |
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| During the desensitisation process: |
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| an ability to maintain the momentum of the process |
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| an ability to refrain from commenting on or interpreting the material that emerges (to avoid distracting clients from their current experience of processing) |
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| an ability to restrict comments to brief, non-specific verbal encouragement |
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| An ability to manage the emergence of powerful emotions during processing (abreaction) by: |
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| maintaining a calm and compassionate stance, reassuring the client after each set that: |
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| this is a normal part of the therapeutic process |
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| they are safe in the present |
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| they can stop the processing at any time (using a previously agreed stop signal) |
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| continuing with BLS |
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| providing additional support to maintain a dual focus of attention |
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| carrying out longer sets of BLS if the client is still processing, and so aiming not to stop prematurely |
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| An ability to observe the client's nonverbal cues to determine when the level of disturbance has plateaued and the set can be ended |
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| An ability to determine when processing needs to be broken into discrete sets, e.g.: |
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| to gain feedback from the client as to whether processing is taking place |
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| to enable the client to integrate new information verbally and to share this with the therapist |
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| to allow the client a period of recovery |
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### *Blocked processing*

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

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| 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: |
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| offers another perspective when processing is not progressing |
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| 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) |
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| is characterised by therapist statements designed to elicit responses that activate thoughts, actions, feelings or imagery |
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| is used selectively in response to indications of blocked processing, such as: |
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|  | 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*

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| 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***

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| 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')**

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| 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           |