

EMD

Client Selection

Who could benefit from EMD? Post trauma--one day to about three months (after three months use standard protocol).

- Can they tolerate emotional arousal?
- Are they motivated to work on the problem?
- Can they have follow up visits?
- What is their trauma exposure history? Less is better, more makes it more difficult.

History

- Take a brief history to get a sense of possible trauma memory network complications.
 - Has anything like this ever happened to you before?
 - Have you ever felt this way before?
 - If complicated trauma memory network and/or long history of depression, anxiety, substance abuse, or other “mental illness”, **do not proceed with EMD.**
 - Identify the “target”—the problem that’s most upsetting to the client now

Preparation

- Give brief explanation of EMDR and invite the client to participate...e.g. “This is a process that could help you to feel better and cope with what’s happening.”
- Orient to “mechanics” of process...BLS, Stop Signal, “distancing” metaphors: on a train, watching it on TV, etc. *if necessary.*
- Careful informed consent: “The memory could become more upsetting and it’s possible that other memories might come up. Remember, you can stop at any time and I’ll be as careful as I can to help you stay focused on the memory or trigger we’ve decided to work on.”
- Careful, brief “self-regulation” installation using BLS like “calm, safe place” or other resource state. Can they do it? If yes, proceed. If not, don’t proceed until client can find an uncontaminated resource state.

Assessment, Desensitization, Installation, Body Scan, Closure

- **Assessment**
 - Activate “target” with standard EMDR phase 3 questions, but ~~always describe the target in detail rather than referring to it as “the memory”, or “the issue” like the standard protocol.~~
- **Desensitization**
 - “Medium” (15-20) BLS
 - **After each set, describe the target memory and take a SUDs rating**
 - Start each new set, “Now think of (describe original target).” Take a SUDs and do BLS
 - When SUDs goes as low as it can after two successive sets, accept the client’s rating, even if less than “0”.
- **Installation**
 - **Pair PC with explicit description of target** (not “the memory” as in standard EMDR) and take a VOC rating
 - Again, after each set, say, “Now when you think of (describe target) and those words (PC) how true do they feel on scale of 1-7, etc..”
 - Process PC to the point of no change after two consecutive sets. Accept a rating less than 7.
- **Body Scan**
 - “Think of (**explicit description of target**) and those words (PC), scan your body from top to bottom and tell me what you notice.”
 - Process until no change...there may be residual body distress.
- **Closure**
 - Debrief—“What was most useful part of the work you’ve done so far?”
 - Reactivate self-regulation resources, e.g. calm/safe place, container, etc.
 - Anticipate continued processing and encourage self-regulation practices
 - If possible, arrange additional sessions or refer for further help