

EMDR THERAPY SKILLS

STEP BY STEP WORKSHEETS

8 Phase Model

A Guide for Clinical Practice



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INTRODUCTION

Eye Movement Reprocessing and Desensitization (EMDR) is a form of psychotherapy which is widely accepted and used in clinical settings. Developed by Francine Shapiro in the late 1980's it was initially used for alleviating post-traumatic stress disorder (PTSD) in particular the negative emotions associated with distressing memories. EMDR has since developed and is now used for a wide variety of clinical presentations from phobias and anxiety to pain management.

EMDR combines a number of recognized treatment modalities in a structured procedure to help the therapist move through therapy in a step by step 8 phase process. These 8 phases including history taking, client preparation, assessment, desensitization, installation, body scan, closure and re-evaluation of treatment effect are briefly described on the next page and then listed in some detail on the following worksheets along with tips and suggestions.

The EMDR Therapy Skills step by step worksheets are designed to complement Dr Jennifer Sweeton, EMDR Therapy Skills trainings viewed online at Wisemind.com or at live events held by Byronclinic.com. Dr. Jennifer Sweeton is a licensed clinical psychologist, author, and internationally-recognized expert on trauma, anxiety, and the neuroscience of mental health. She has a wealth of knowledge to share both online and at live workshops and has created the content in these worksheets (pages 3 to 32).

These EMDR Therapy Skills - Step by Step Worksheets are a guide and should only be used as a reference.

EMDR* PHASES

*EMDR is a registered trademark of EMDR Institute, Inc (Francine Shapiro)

Phase 1: Client History, Target Sequence and Treatment Planning

Client intake, consent and treatment planning. Trauma Case Conceptualization as a way of identifying what to “target” in EMDR and to ensure the appropriateness of EMDR. Target Sequence Planning and Mapping Worksheets are included.

PHASE 2: Resourcing, Stabilization, Preparation

Focus is on preparation, affect tolerance and body awareness. This prepares the client for Phases 3-6 by establishing stabilization and resourcing. Methods include bottom-up techniques including somatic techniques and cognitive (top-down) resourcing skills. Worksheets are included.

Phase 3: Access and Activate

Jointly identify the target memory. Then activate the client’s trauma network in the brain before immediately moving into Phase 4. The client aims to visualize an image of the worst part of the trauma, combined with the Negative Cognition (NC). Positive cognitions (PC) are confirmed. Worksheets are included.

Phase 4: Desensitization

The clinician conducts bilateral stimulation (BLS), including eye movement, tactile or auditory stimulation. The client is asked to attend both the target image and BLS simultaneously. The objective is to help the client desensitize the distressing “target” identified in Phase 1 and activated in Phase 3. Worksheets are included.

Phase 5: Installation

The therapist attempts to increase the strength of PC with the intention of replacing the NC during BLS. Worksheets and suggestions are included.

Phase 6: Body Scan

It is recommended here that this phase be completed after Phase 4 and BEFORE Phase 5, to help the client fully desensitize to the trauma (NC) network. The client should scan their body to see if there is any remaining tension/ distress. If it is present, the therapist may target this body sensation for further processing. Worksheets are included.

Phase 7: Closure

The clinician helps the client end the session by debriefing, reviewing gains made, setting expectations, reviewing coping techniques and planning for the next session. This phase is always conducted, regardless of whether the client has fully desensitized to the “target” and regardless of whether subsequent phases were completed.

Phase 8: Re-Evaluation

Phase 8 is conducted at the beginning of the session following an EMDR session. In this phase, gains made during the last session were reviewed, and the clinician could re-conduct earlier phases to ensure that the gains have been maintained since the last session.

Adapted from Shapiro F. Eye movement desensitization and reprocessing (EMDR) and the anxiety disorders: Clinical and research implications of an integrated psychotherapy treatment. J Anxiety Discord. 1999;13:35–67

PREPARATION CHECKLIST

1. Explain; your role and what EMDR involves. Work with the client's expectations, (i.e. explain that the process has given some very positive results but it does not work for everyone).

2. Build; the therapeutic alliance on honesty and trust in a safe and secure environment. Inform the client that your EMDR work always includes establishing a safe place for the client. Establish self-soothing techniques for use between sessions and encourage use of a journal.

3. Theory; Explain that EMDR includes bilateral stimulation involving movement connecting both sides of the brain and the process can update old feelings by connecting them with new thoughts, knowledge and emotions.

4. Process; Explain that there is no right way or wrong way to experience EMDR: it may consist of reliving an experience; watching a movie; seeing images; or experiencing thoughts, emotions and/or bodily sensations. It may help to use the train metaphor to explain how they will be safe in this room with you and just let the "scenery" go by

5. Discomfort; Advise the client to let you know if they experience is discomfort, so that you can halt the session. Explain that pain, dizziness and nausea sometimes occur. You may suggest another form of bilateral stimulation

6. Safe Place Identify and strengthen a client's personal image that evokes a sense of safety and calm. A self-soothing image for temporary relief or rest during processing and as an aid to closing down an incomplete session. Determine a signal that will 'HALT' the session if the client is feeling uncomfortable or overwhelmed

7. Describing EMDR is a non-talk therapy and private information does not need to be shared. Disturbing memories get stored in the brain and can be triggered by various situations making you feel uncomfortable. Processing works by desensitizing those troubling thoughts followed by linking the adaptive (PC) information to the disturbing (NC) information

8. Expectations Emphasize to the client that processing is a process of the clients own self-healing. That they are in control of the process and to use of the HALT signal if they become uncomfortable or overwhelmed. Reiterate the train metaphor in item 2. Advise that people process things differently and that sometimes things will change and sometimes they won't.

9. After Address doubts and fears brought up by the client. Explain that processing may continue after the session is over. Ask the client to keep a journal of any thoughts, emotions, issues or interactions that come up during the coming week and to bring the journal in with them to the next session.

THIS IS A PREVIEW OF THE EMDR THERAPY WORKBOOK

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workbook. [Try our 7 day FREE trial.](#)