

# 8 PHASE EMDR, AIP Informed, 3-Pronged Starter Packet

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Adapted from:



**EMDR CONSULTING**

*Founded by Roy Kiessling*





ABSORPTION

AMNESIA

DEPER/DEREAL

FANTASY PRONE

INFLUENCE OF EGO STATES

# Dissociative Experiences Scale (DES)

**Putnam & Carlson's:** Drs, Eve Bernstein Carlson and Frank W. Putnam created the DES. This unofficial color coded version of the DES was added by Dr. George A. Fraser (Ottawa) to help therapists better understand the intent of the DES. This color coded version is not intended to be given to clients. **Re: Fantasy Proneness,** look up "Fantasy Prone Personality (Barber & Wilson) on internet. **Re: #21:** This is important when the talking 'Out Loud' is in response to internal voices.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

This questionnaire consists of twenty-eight questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs. To answer the questions, please determine to what degree the experience described in the question applies to you and circle the number to show what percentage of the time you have the experience. **Ensure both sides are completed.**

2

(Never) 0%    10    20    30    40    50    60    70    80    90    100% (Always)

1. Some people have the experience of driving a car and suddenly realizing that they don't remember what has happened during all or part of the trip. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear all or part of what was said. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

3. Some people have the experience of finding themselves in a place and having no idea how they got there. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

5. Some people have the experience of finding new things among their belongings that they do not remember buying. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

6. Some people sometime find that they are approached by people that they do not know who call them by another name or insist that they have met them before. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something as if they were looking at another person. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

8. Some people are told that they sometimes do not recognize friends or family members. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

9. Some people find that they have no memory for some important events in their lives (for example; a wedding, or graduation) Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

10. Some people have the experience of being accused of lying when they do not think that they have lied. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

11. Some people have the experience of looking in a mirror and not recognizing themselves. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

12. Some people sometime have the experience of feeling that other people, objects, and the world around them are not real. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

13. Some people sometimes have the experience of feeling that their body does not belong to them. Circle a number to show what percentage of the time this happens to you.

0%    10    20    30    40    50    60    70    80    90    100%

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them. Circle a number to show what percentage of this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

3

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they're unaware of the events happening around them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

18. Some people sometimes find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

19. Some people find that they are sometimes able to ignore pain. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

20. Some people find that they sometimes sit staring off into space, thinking nothing and are not aware of the passage of time. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

21. Some people sometimes find that when they are alone they talk out loud to themselves. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were different people/ Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc). Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

25. Some people find evidence that they have done things that they do not remember doing. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

26. Some people sometimes find writing, drawings, or notes among their belongings that they do not remember doing. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

27. Some people find that they sometimes hear voices inside their head that tell them to do things or comment on things that they are doing. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

28. Some people sometimes feel as if they are looking at the world through a fog so that people or objects appear far away or unclear. Circle a number to show what percentage of the time this happens to you.

0% 10 20 30 40 50 60 70 80 90 100%

INTERVIEW CLIENT ON QUESTIONS WITH A RESPONSE OF 20% OR HIGHER. BRING RESULTS TO CONSULTATION. 😊

Q1: Can you give me some examples of how you experience this aspect of dissociation?

Q2: Does this aspect help you with or does it get in the way of your functioning? Can you give me some examples?

Q3: At what age did you first notice these experiences? What was happening in your life at that time?

## EMDR Phase 1: Client History Identity, Race, & Culture Interview

I would like to ask you some questions about your identity, race, and culture and first want to recognize that we have differences and similarities. Do you have any questions or concerns about my identity/race/culture? Do you have questions or concerns about how our differences or similarities may impact your comfort, safety, and the effectiveness of your treatment?

I'm curious if you feel comfortable with me asking you some questions about your experiences with your identity, race, and culture? If yes:

How would you identify yourself in each of these areas (both past and present if they have evolved)? Are there ways others would identify you that you don't feel fits you? PLEASE ONLY PROVIDE ANSWERS TO THOSE ASPECTS YOU FEEL COMFORTABLE DISCLOSING AT THIS POINT.

Age / Generation

Ethnicity / Race / Ancestral background

Family role / Marital status

Sex / Gender Identity

Sexual Orientation / Sexual preferences

Religion / Faith

Hobbies / Social interests

Political views

Education level / School affiliation

Intellectual style or ability/disability

Occupation / Career

Economic status/ Social class

Neighborhood / Region

Immigration status / Citizenship

Physical ability/disability

Physical appearance

Health status / Medical diagnosis

Mental health status/diagnosis

Which of these aspects of your identity/race/culture do you consider to be most important to who you are? Which 3 (approx) have the most significant positive associations? [Circle them above] Which 3 (approx) have the most significant negative associations? [Square them above]

Adapted from Alter-Reid, K., Angelini, C., Chang, S., Gattinara, P., Grey, E., Hearting, J., Heber, R., Juhasz, J., Levis, R., Levis, R., Lutz, B., Marich, J., Masters, R., McConnell, E., Monteiro, A., Nickerson, M., O'Brien, J., Onofri, A., Robinson, N., Royale, L., Seubert, A., Shapiro, R., Siniego, L., & Yaskin, J. In Nickerson, M.I. (Ed.), *Cultural Competence and Healing Culturally-Based Trauma with EMDR Therapy: Innovative Strategies and Protocols*. New York, NY: Springer. Edited in consultation with Chaffers, Q., Hamilton, H., Kase, R., Marich, J., & Urdaneto Melo, V. and the EMDRIA Diversity, Community & Culture SIG (personal communication, July 2020).

Promoted by Diane Desplantes, LCSW and developed by Colette Lord, PhD & Susanne Morgan, LMFT ~ EMDR Readiness Academy (Updated 9/2021)

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The following questions may be asked directly, but the information may also be more appropriately gathered during the course of more natural narrative history gathering. The questions should be posed thoughtfully, with consideration to timing (sufficient therapeutic alliance) and method (as indirect phrasing as suggested by Levis & Siniego (2016) may create a safer context for the client). Not all of the questions below need to be asked, but only those that seem to be clinically fitting for each client. Questions specifically eliciting Community Cultural Wealth Resources (CCRW – Levis, 2016) are noted in italics.

*Have you ever felt significant affirmation and belonging because of your identity/race/culture? Are there groups, gatherings, or celebrations (including places of worship, traditions, or festivals) that create a sense of social support for you? (Social Capital)*

*From whom did you learn lessons about friendship, love, travel, adventure, family values, education, faith, religion? Do you have any role models or mentors who share your identity/race/culture? What skills or strengths do you admire in them that you have (or would like to) develop in yourself? Who would be proud of you for how you are handling challenging experiences associated with your identity/race/culture? (Familial & Social Capital)*

*What skills, strengths, or intuition have allowed you to navigate language differences, negotiate living in two worlds, and/or maneuver through systems that are unfriendly, dangerous, and full of hurdles for those not in the dominant culture? (Cultural Intuition, Navigational & Linguistic Capital)*

Did you ever feel different because of any aspect of your identity/race/culture? When did you start noticing that? What were the messages you received around that difference?

Have you ever been misjudged, misunderstood, held back, harmed, or physically assaulted because of any aspect of your identity/race/culture? If so, was action taken to validate, rectify, or repair what happened? With whom did you feel safe to share what happened? *What knowledge, skills, empowerment, or pride have you developed in resisting subordination and oppression? (Resistant Capital)*

Have any of your immediate or extended family experienced misjudgment or discrimination because of their identity/race/culture? If so, was action taken to validate, rectify, or repair what happened? How was this spoken of within the family?

Was there a transition to accepting any aspects of your identity/race/culture? Have you ever felt the need to hide any aspect of your identity/race/culture? Are there sacrifices you have made (or anticipate may be necessary) associated with navigating differences between your identity/race/culture and the dominant culture?

*During your hardest times navigating challenges associated with your identity/race/culture, how did you keep going? Is your determination related to others whose dreams or well-being depend on you practically or as a role model? Are there spiritual/religious beliefs and practices that help you endure and make meaning of difficulties in relation to your identity/race/culture? (Aspirational & Spiritual Capital)*

What has it been like for you to be talking to me, a(n) \_\_\_\_\_ (therapist's identity/race/culture), about your experiences with your identity/race/culture?

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# Common Negative & Positive Cognitions | Beliefs (Kiesling, 2010)

THEME	NEGATIVE CORE BELIEFS	ADAPTIVE (ADULT) CORE BELIEFS
<b>Survival/ Existence</b>	<p><i>I'm a mistake.</i>  <i>I'm unwanted.</i>  <i>I'm unimportant.</i>  <i>I'm invisible.</i>  <i>My needs don't matter.</i>  <i>I'm defective.</i>  <i>I'm flawed.</i>  <i>I'm damaged.</i>  <i>I don't deserve to be loved/exist, etc.</i>  <i>I'm discarded.</i>  <i>I'm betrayed.</i>  <i>It's not safe to be me (authentic).</i>  <i>I'm different.</i>  <i>I don't fit in/I don't belong.</i>  <i>I'm going to die.</i></p>	<p><i>I'm okay as I am and can get my needs met (survive regardless).</i></p> <p><i>I have value and self-worth regardless and can get my needs met.</i></p> <p><i>I can accept myself, my strengths, and challenges and get my needs met (survive regardless).</i></p> <p><i>I can learn when, how, much, and with whom I can be authentic/feel.</i></p> <p><i>I can find ways to survive/thrive and get my needs met regardless.</i></p>
<b>Control</b>	<p><i>I'm powerless.</i>  <i>I'm helpless.</i>  <i>I'm trapped.</i>  <i>I have to be in control.</i></p>	<p><i>I can control what I can even when...</i>  <i>...powerless.</i>  <i>...helpless.</i>  <i>...trapped.</i>  <i>...out of control.</i></p> <p><i>I can begin to learn to let go of some control.</i></p>
<b>Responsibility</b>	<p><i>I'm responsible for everything.</i>  <i>I'm not good enough.</i>  <i>I'm a failure.</i>  <i>I'm incompetent.</i>  <i>I'm inadequate.</i></p>	<p><i>I can recognize appropriate responsibility.</i></p> <p><i>I can begin to learn that I am not always responsible for other's feelings.</i>  <i>...and survive regardless.</i></p>
<b>Worthiness</b>	<p><i>I'm unlovable.</i>  <i>I'm worthless.</i>  <i>I'm unimportant.</i>  <i>I don't matter.</i>  <i>My needs don't matter.</i>  <i>I don't fit in/I don't belong.</i></p>	<p><i>I'm lovable regardless.</i>  <i>I'm worthwhile regardless.</i>  <i>I have value and self-worth regardless.</i>  <i>I have value and can get my needs met.</i>  <i>I can learn with whom I can get my needs met.</i>  <i>I can survive/thrive regardless.</i></p>
<b>Competency</b>	<p><i>I'm incompetent.</i>  <i>I'm a failure.</i>  <i>I'm inadequate.</i></p>	<p><i>I'm competent.</i>  <i>I can learn from my mistakes.</i>  <i>I'm good enough.</i></p>
<b>Vulnerability</b>	<p><i>I'm vulnerable.</i>  <i>I can't trust my judgment.</i>  <i>I don't fit in/I don't belong.</i>  <i>I'm different.</i>  <i>I'm trapped/helpless/powerless.</i></p>	<p><i>I can find ways to protect myself.</i>  <i>I can begin to learn to trust my judgment.</i>  <i>I can find ways to survive/thrive regardless.</i>  <i>I can accept my differences and survive.</i>  <i>I can control what I can even when...</i></p>

**Hypothesis: The stronger and more entrenched the negative cognition, the earlier its onset.**

# TARGET SEQUENCE PLANNING

## SECURE YOUR SPACE

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Before starting this practice, check in with client's level of security to do this work today:

**Therapist:** *When you think about starting this practice, how secure do you feel right now from 0-5 with 0 being not at all secure and 5 completely secure?*

**Therapist:** *Is there anything that might help increase that?*

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## PRESENTING CONCERN

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**Therapist:** *What issue would you like to address?*

**Therapist:** *What emotions, sensations, or thoughts come up when that happens?*

## NEGATIVE COGNITION (NC)

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Use questions below to begin to identify the NC that most represents the verbalization of the client's emotions or sensations:

**Therapist:** *When you feel that, what self-talk do you have...?  
What does it mean about you?  
What is your greatest fear if...?  
What do you have to lose if...?*

Help the client figure out their NC by offering possible cognitions you think may fit (attune to the client):

**Therapist:** *As you think of your issue and what it means to you, what negative cognition goes best with that situation?*

*I am inadequate*

*I am worthless/unlovable*

*I am not good enough*

*I am incompetent*

*I am a failure*

*I am unimportant*

*I am invisible*

*I am alone/abandoned*

*I am vulnerable/powerless/helpless*

*I am responsible (for everything)*

*I have to be in control*

*I have to be perfect*

Other: \_\_\_\_\_

\_\_\_\_\_



# TARGET SEQUENCE PLANNING

List 1 or 2 experiences in each category below.

i.e., present, past, and future (to avoid over-activating the participant in this training environment).

## PRESENT TRIGGERS

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**Therapist:** *Tell me 1 or 2 times when you have experienced the negative cognition and its emotions or sensations:*

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## PAST MEMORIES

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Float Back Technique

**Therapist:** *As you think of your negative cognition and notice feelings or body sensations related to it, let your mind float back to an earlier time and tell me the first scene that comes to mind where you felt this way before?*

**Therapist:** Any situations with your parents or siblings when you felt the same way as a child?

**Therapist:** Touchstone memory: When is the earliest time you can recall feeling that way?

## FUTURE TRIGGERS

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**Therapist:** *As you think of your negative cognition, tell me about some times in the future when you may feel the same way?*

Notes: \_\_\_\_\_

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# TARGET SEQUENCE PLANNING

## POSITIVE COGNITION (PC)

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Let the client know you are going to move now into ideas of what they would like to believe about themselves, even if they don't believe it now. Help the client figure out their positive cognition by offering possible cognitions you think may fit as an alternative to their negative cognition. If the client struggles to identify one, ask what they would want a loved one to believe about themselves if they had the same issue if they are willing to accept a journey belief, "I can learn when and how to..."

**Therapist:** *As you think of your presenting issue, what would you prefer to believe or know about yourself now?*

- |   |  |
|---|--|
| <input type="checkbox"/> <i>I'm okay as I am.</i>                           | <input type="checkbox"/> <i>I can control what I can when</i>                |
| <input type="checkbox"/> <i>I have value and self-worth regardless.</i>     | <i>vulnerable/powerless/helpless and survive</i>                             |
| <input type="checkbox"/> <i>I'm okay as I am, good enough regardless.</i>   | <i>regardless.</i>   |
| <input type="checkbox"/> <i>I'm capable or competent enough regardless.</i> | <input type="checkbox"/> <i>I can recognize appropriate responsibility.</i>  |
| <input type="checkbox"/> <i>I can learn from my experiences.</i>            | <input type="checkbox"/> <i>I can control what I can.</i>                    |
| <input type="checkbox"/> <i>I have value and self-worth and can get my</i>  | <input type="checkbox"/> <i>I can accept my strengths and challenges and</i> |
| <i>needs met regardless.</i>  | <i>be okay regardless.</i>   |

Other:

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**Therapist:** *Now, let's list a few experiences where you have experienced this positive cognition.*

*Identify 2-4 experiences when the client successfully utilized their positive cognition:*

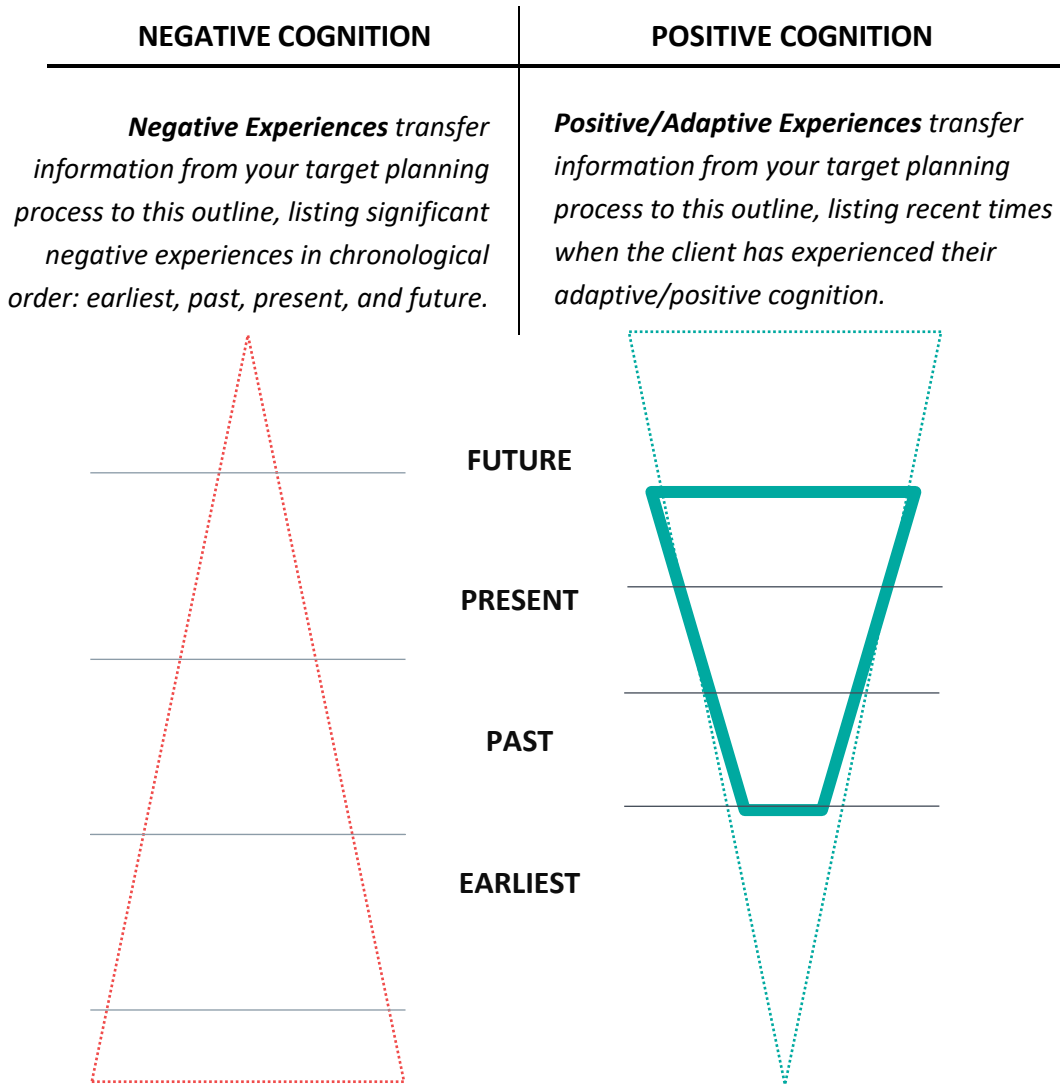
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TARGET SEQUENCE PLANNING

Client: \_\_\_\_\_

Presenting problem or issue: \_\_\_\_\_



(also called Touchstone memory)

**After creating a target sequencing plan, the client may need or want to practice a regulation/calming skill:**

**Therapist:** To close our session, would you like to put your target plan into your container until next time? And/Or: Would you like to go to your peaceful place for a moment?

**Therapist:** The next time we meet, we will review this plan to discuss where you would like to start. I will introduce EMDR mechanics then proceed with processing a memory with EMDR.

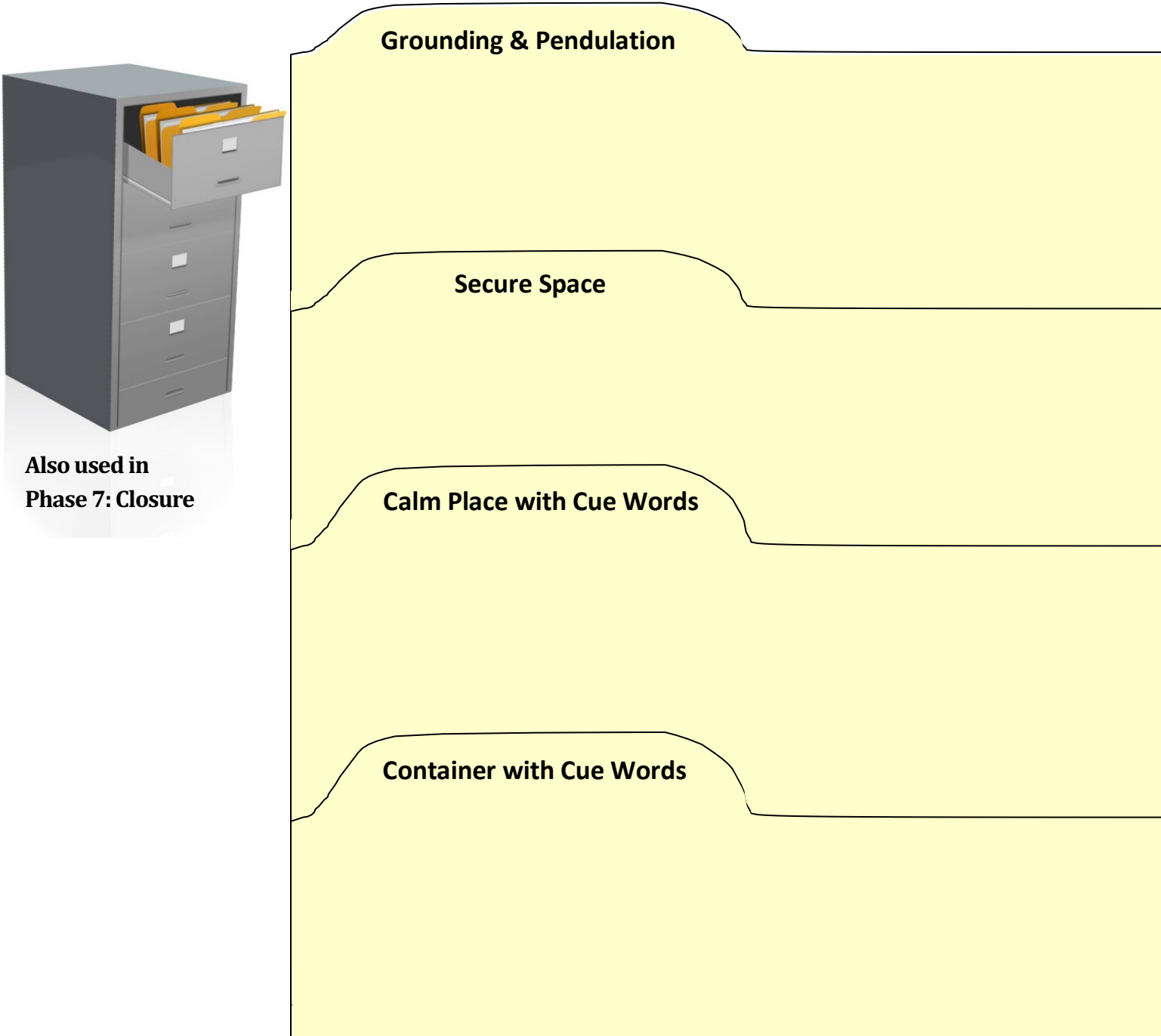
Notes: \_\_\_\_\_

# EMDR Phase 2: Preparation. Grounding. Affect Management.

## Stabilization. Front Loading. Resourcing.

### MULTIPLE STABILIZATION TOOLS TO ASSIST WITH SHIFTS

In Preparation for Reprocessing Phases:



Also used in  
Phase 7: Closure

# GROUNDING AND PENDULATION STRATEGIES

*Therapist:* Use the italicized words as the script to read to your client.

## 5, 4, 3, 2, 1 PRESENT ORIENTATION GROUNDING AND PENDULATION

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10

1. Think of something present that is mildly disturbing (SUD<3).
2. Name 5 things you see around you now.
3. Evaluate the current disturbance level as you think of the event (0-10).
4. If this issue remains disturbing, name 4 things you can touch right now.
5. Continue naming and assessing a SUD (0-10) until the SUD is lower.
  - a. Name 3 things you can hear.
  - b. Name 2 things you can smell.
  - c. Name 1 thing you can taste.
6. Notice the state shift.

## ACUPRESSURE BREATHING

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1. Locate the muscle between your thumb and index finger.
2. Firmly and slowly massage the muscle with the thumb and index finger of your other hand.
3. Massage and breathe in rhythm.
4. Cue with a present, mild disturbance, then shift to using acupressure breathing, noticing the affect shift.

## 3-5\* BELLY BREATHING

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1. Place one hand on your upper chest and the other on your belly button.
2. Inhale through your stomach to a count of 3 in your mind, letting it inflate. Allow your chest to remain still.
3. Exhale through your mouth to a count of 5 in your mind, feeling your stomach deflate. Again, allow your chest to remain still.
4. Repeat as needed.
5. Think of a mild, present disturbance, use your 3-5 belly breathing, and notice the shift.

*\* Other variations incorporating working memory taxation and the parasympathetic nervous system (4-6 count, 7-11 count and a longer exhale than inhale) may also be used \**

## EYE ROLL

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1. Look down at the floor/ground.
2. Inhale as you slowly roll your eyes up to the ceiling/sky.
3. Exhale as you slowly roll your eyes down to the floor/ground.
4. Repeat as needed.
5. Think of a present, mild disturbance, practice your eye rolls three times, then notice the shift.

Notes: \_\_\_\_\_

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\_\_\_\_\_

# SECURING YOUR SPACE (Adapted from Jim Knipe)

## GOAL

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To assist clients who struggle to access a “calm or peaceful place” or let their guard down by developing skills to secure their present space as effectively as possible, regardless of the situation. This skill is useful at the beginning of the session, especially in telehealth sessions to assess safety/privacy.

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## STEPS

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### 1. Explain the concept of creating a secure space

**Therapist:** *Securing your space considers that even though the environment may not always be totally safe, today we will help you learn how to increase a sense of security when possible.*

### 2. Measure security

**Therapist:** *How secure do you feel right now on a scale from 0-5 where zero is not secure at all and five is as secure as you can imagine being?*

0                      1                      2                      3                      4                      5

### 3. Identify security elements or strategy

**Therapist:** *What is it that makes your space feel secure right now in this moment?  
Ex: Tattoos, jewelry, clothing, phone, pictures, textures, scents, water bottles/coffee cups etc.*

List and tap in/ walk through each element or strategy the client has used that is positive to establish their level of security. Have the client tap 6-8 times slowly back and forth with each example and its positive experience. If experience is neutral or negative, skip the tapping in.

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If not mentioned, ask the client how secure they feel with you, their therapist, right now and why:

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### 4. Remeasure security

**Therapist:** *Now, how secure do you feel on a scale from 0-5 where zero is not secure at all and five is as secure as you can ever imagine being? Tap in or walk through if an increase is reported.*

0                      1                      2                      3                      4                      5

Slowly tap into the positive feelings associated with the client’s rating. If the client is not experiencing anything positive, do not tap in.

Notes:

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## PEACEFUL PLACE *(Safe Place: Shapiro, 2018, pp. 117-119; Rehearse: Kiessling, 2010)*

### 1. Identify

**Therapist:** *Can you imagine a place or experience where you recently felt peaceful or calm? Tell me about it. What did you see, hear, smell, touch, or taste there? Be as descriptive as possible.*

### 2. Emotions and sensations

**Therapist:** *What positive emotions and sensations are you experiencing as you imagine your place?*

### 3. Enhance and deepen with calming stimulation

**Therapist:** *As you focus on your calm, peaceful place, slowly tap in your positive emotions, sensations, and thoughts. Tap in or walk through 6-8 slow taps.*

### 4. Cue Word

**Therapist:** *Give your peaceful place a name. Now repeat that name and the positive feelings you mentioned above. What do you notice? Tap in or walk through **positive** feelings 6-8 slow taps.*

### 5. Practice (Rescript) With Mild Disturbance

**Therapist:** *Now think of a mildly disturbing recent experience, repeat your peaceful place's name, and imagine being there. Notice the shift you experience. What do you notice?*

*\* Tap in or walk through the ability to shift into your peaceful place with 6-8 slow taps\**

### 6. Rehearse

**Therapist:** *Now imagine a time soon when you anticipate needing your peaceful place. Rehearse how you will use your peaceful place and imagine how you will respond. What do you notice?*

*\* Tap in or walk through if the client had a positive shift — focusing on the shift with 6-8 slow taps\**

### 7. Closure

**Therapist:** *I'd like you to practice the peaceful place skill between now and the next time you come in. Sometimes it will work, sometimes you may forget to use it and sometimes it will not work as you hoped. We can revisit this skill next session and rework things if needed. Remember, half of change is acknowledgement.*

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CONSTRUCTING A CONTAINER *(Kiessling, 2010, adapted from Landry Wildwind)*

## GOAL

---

To introduce the concept of a container, ask your client if there are ever times, they need to set aside intrusive thoughts, feelings, or experiences in order to focus or perhaps when trying to sleep. This skill is also useful at the end of trauma processing sessions where some disturbance remains.

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## STEPS

---

### 1. Identify

**Therapist:** *Can you imagine a container that is strong enough to hold the material you want to put away temporarily? What comes to mind for your container?*

**If needed,** add: It may be helpful to have a way to put things in and take things out of the container.

(a “two-way valve”), or other design characteristics that will help things stay contained. (e.g., a lock, tape, locating the container inside another container or location, etc.).

### 2. Imagine using the container

**Therapist:** *Now imagine how it feels knowing that you can use your container to hold things until you are ready to work with them. What do you notice?*

### 3. Enhance: Deepen with slow resource tapping

**Therapist:** *Now slowly (tap in/walk through) as you imagine using your container, noticing your positive emotions, sensations, and thoughts. Tap in: Approximately 6-8 slow taps only if the client is noticing a shift to positive/calmer.*

### 4. Cue Word

**Therapist:** *Give your container a name. Now repeat that name and the positive feelings you have when using it. What do you notice? Tap in if client names positive feelings-approximately 6-8 slow taps.*

### 5. Practice (Rescript): Containing mild disturbance

**Therapist:** *Now think of a mildly disturbing recent experience and put it into your container. What do you notice? Tap in if client names positive feelings-approximately 6-8 slow taps.*

### 6. Rehears

**Therapist:** *Now imagine a time soon when you would anticipate needing your container. Rehearse how you will use your container and imagine how you will respond. What do you notice? Tap in if client names positive feelings-approximately 6-8 slow taps.*

### 7. Closure

**Therapist:** *I'd like you to practice the container skill between now and the next time you come in. Sometimes it will work, sometimes you may forget to use it and sometimes it will not work as you hoped. We can revisit this skill next session and rework things if needed.*



# RESOURCE/SKILL/BEHAVIOR WORKSHEET (Modification of RDI: Leeds & Korn; Extended Resourcing, Kiessling)

*A generic template that may be used to develop any resource, skill or behavior.*

## DEVELOPING

---

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1. **Identify** the client's concern. \_\_\_\_\_
  
2. **Imagine** a strength, skill, or belief you have used to handle similar situations. Tell me about it: \_\_\_\_\_
  
3. **What positive emotions and sensations** are you experiencing as you recall that using that strength, skill, or belief? What do you notice? \_\_\_\_\_  
\_\_\_\_\_
  
4. **Enhance:** Deepen with calming stimulation  
As you focus on (the resource), tap in the positive emotions, sensations, and thoughts, you are experiencing. (Approximately 6-8 slow taps)
  
5. **Cue word**  
*Give your resource a name. Now repeat that name and the positive feelings you have. What do you notice? (Approximately 6-8 slow taps)*

## EXTENDED RESOURCING

---

### Rescript

*Rescript a recent time when you could have used your resource and imagine how you would have responded differently. What do you notice?*

\_\_\_\_\_  
(Tap in if the client had a positive shift — focusing on the change)

### Rehearse

*Imagine a time soon when you anticipate needing your resource. Rehearse how you will use it in that situation. What do you notice?*

\_\_\_\_\_  
(Tap in if the client had a positive shift — focusing on the change)

## CLOSURE

---

I'd like you to practice the container skill between now and the next time you come in. Sometimes it will work, sometimes you may forget to use it and sometimes it will not work as you hoped. We can revisit this skill next session and rework things if needed.



# WHEEL OF ADAPTIVE RESOURCES (K. Werk, R. Kiessling, 2006)

## GOAL

---

To draw attention to, enhance, and expand positive resources and coping skills that the client may have minimized or rarely utilized. Any skill or resource can be used in this exercise, including:

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- Grounding skills (breathing, acupressure, etc.)
- Coping/calming affect management skills (container, calm place, etc.)
- Positive figures
- Desired behaviors or positive thoughts/beliefs/values (coping with urges or difficult situations)

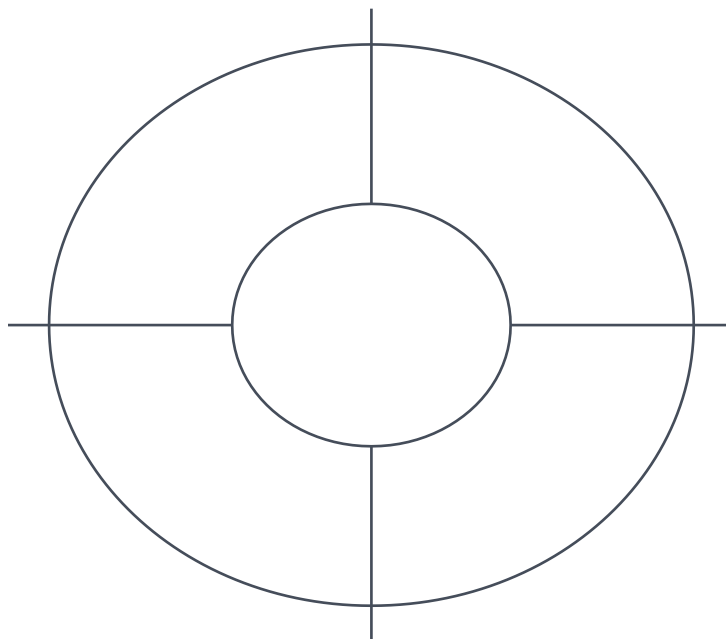
## STEPS

---

1. Draw one smaller circle inside a larger circle.
2. Identify the challenging situation.
3. In the center circle, write the positive resource, the desired skill or the cognition/belief you will need to help manage the situation.
4. In the next ring, list four situations (related or not) when you have experienced that resource.
5. Around the outer rim of the circle, list the positive emotions and/or sensations you experienced during each situation.
6. In a clockwise order, focus on each situation and tap into the positive emotions, sensations, and/or beliefs.
7. Optional: Extend the resource by rehearsing future situations where the resource would be helpful (tap in any positive emotions/sensations).

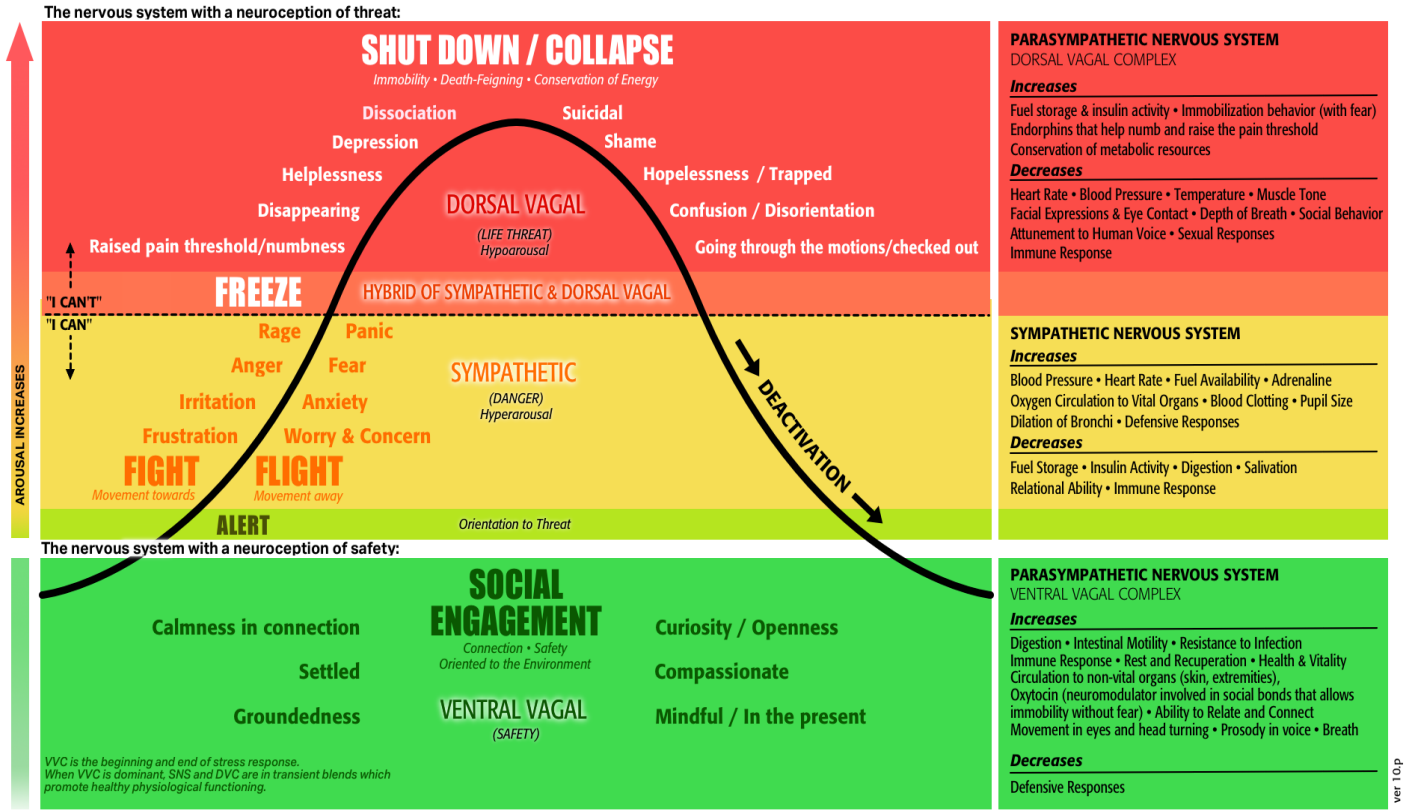
## CHALLENGING SITUATION

---



# POLYVAGAL RESOURCES

## POLYVAGAL THEORY CHART OF TRAUMA RESPONSE



ver 1.0 p

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Adapted by Ruby Jo Walker from Cheryl Sanders, Anthony "Twig" Wheeler, And Steven Porges.

rubjowalker.com

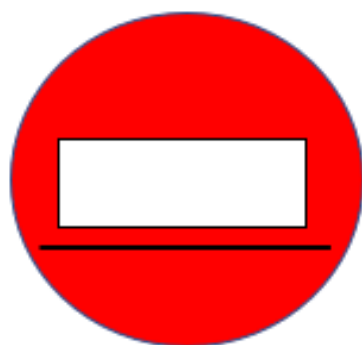
## Intensity of Feelings Chart-Polyvagal Traffic Light



	Happy	Sad	Angry	Confused	Afraid	Weak	Strong	Guilty
High	Elated Excited Overjoyed Thrilled Exuberant Ecstatic Fired up Delighted	Depressed Disappointed Alone Hurt Left Out Dejected Hopeless Sorrowful	Furious Enraged Outraged Aggravated Irate Seething	Bewildered Trapped Troubled Desperate Lost	Terrified Horrified Scared stiff Petrified Fearful Panicky	Helpless Hopeless Beat Overwhelmed Impotent Small Exhausted Drained	Powerful Aggressive Gung Ho Potent Super Forceful Proud Determined	Sorrowful Remorseful Ashamed Unworthy Worthless
Medium	Cheerful Up Good Relieved Satisfied Contented	Heartbroken Down Upset Distressed Regret	Upset Mad Annoyed Frustrated Agitated Hot Disgusted	Disorganized Foggy Misplaced Disoriented Mixed up	Scared Frightened Threatened Insecure Uneasy Shocked	Dependent Incapable Lifeless Tired Rundown Lazy Insecure Shy	Energetic Capable Confident Persuasive Sure	Sorry Lowdown Sneaky
Mild	Glad Content Satisfied Pleasant Fine Mellow Pleased	Unhappy Moody Blue Sorry Lost Bad Dissatisfied	Perturbed Uptight Dismayed Put out Irritated Touchy	Unsure Puzzled Bothered Uncomfortable Undecided Baffled Perplexed	Apprehensive Nervous Worried Timid Unsure Anxious	Unsatisfied Under par Shaky Unsure Soft Lethargic Inadequate	Secure Durable Adequate Able Capable	Embarrassed

TRAUMA TRAFFIC LIGHT WORKSHEET –  
WHAT STATE/ZONE ARE YOU IN? UTILIZE BASK-MODEL (BRAUN, 1988)  
TO IDENTIFY DIFFERENT ASPECTS ON A CONTINUUM OF AWARENESS.

CUE  
WORDS



Dorsal Vagal-Immobilized-Collapsed-Discontinuity

What does this say about you?

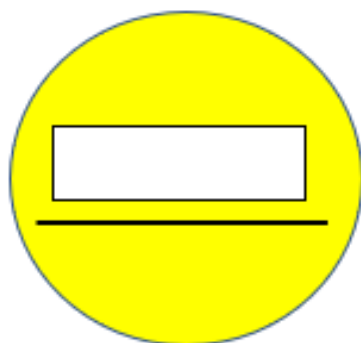
What does this say about your environment?

Behavior:

Affect (Emotion):

Sensation (Body):

Knowledge (Belief):



Sympathetic-Mobilized-Fight-Flight-Fawn

What does this say about you?

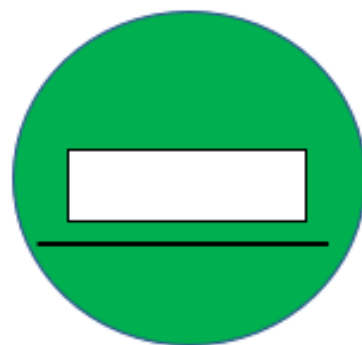
What does this say about your environment?

Behavior:

Affect (Emotion):

Sensation (Body):

Knowledge (Belief):



Ventral Vagal-Secure-Social Engagement

What does this say about you?

What does this say about your environment?

Behavior:

Affect (Emotion):

Sensation (Body):

Knowledge (Belief):







# Beginning EMDR Phases 3-7

## STANDARD EMDR PROCESSING INSTRUCTIONS

---

### REVIEW THE TARGET SEQUENCE PLAN AND SELECT THE INCIDENT TO BE PROCESSED:

---

**Therapist:** We've agreed to process: \_\_\_\_\_  
(Name the selected incident from the Target Sequence Plan)

---

### CLARIFY STOP SIGNAL

---

**Therapist:** What signal will you give me if you want to stop?

---

### INSTRUCTIONS TO CLIENT (READ AS A SCRIPT)

---

**Therapist:** I will read a series of questions to remind us of the incident we have chosen to start processing today and take some baseline measurements. After that, I will begin the BLDAS stimulation.

*During the stimulation, allow your mind to free-associate or daydream. Just allow whatever happens to happen.*

*When it seems you've processed a bit, I'll begin slowing down, and then stop.*

*If I begin slowing down and you want to keep processing, give me a 'keep going' signal, and I'll keep going until you are ready to stop.*

*After we stop, I'll ask you to briefly report what you notice without thinking about whether it makes sense.*

*We will continue this process until the incident is no longer disturbing or we have run out of time.*

*If processing becomes too intense, please let me know, and we will adjust the processing to stay within your window of tolerance.*

*If you complete the processing with this incident before we run out of time, we will strengthen your positive belief and check for any remaining physical symptoms that may have been associated with the incident.*

*If we are still processing the incident and we are running out of time, I will ensure we stop with enough time for grounding, and then we can talk about the experience and help you anticipate what to expect between sessions.*

**Proceed to the next page for EMDR Phase 3: Assessment**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Phase 3: Standard EMDR Assessment (Access, Activate, Attach Checklist: EMDR Consulting)

**Stop Signal:** Remember, you have a stop signal that you can use if you need to stop.

**Specific Incident:** We have decided to work on \_\_\_\_\_  
(Write down the specific incident)

**Worst Part:** When you think of the incident, what represents the worst part (image, sound, smell, etc.)?

\_\_\_\_\_  
(Write down the brief description)

**Negative Cognition (NC):** When you think of (repeat the client's worst part of the incident), the negative cognition we identified earlier was:

\_\_\_\_\_  
(Write down the negative cognition)

**Positive Cognition (PC):** When you think of (repeat the client's worst part of the incident), the adaptive or preferred cognition we identified is:

\_\_\_\_\_  
(Write down the positive cognition)

**Validity of [Positive] Cognition (VoC):** When you think of (repeat the client's worst part of the incident), how true do the words (name the positive cognition) feel to you now?

(totally false)    1    2    3    4    5    6    7    (totally true)

**Negative Emotions:** When you think of (repeat the client's worst part of the incident) what negative emotions are you feeling now?

\_\_\_\_\_  
(Write down the emotion/s)

**SUD:** On a scale from 0 (no disturbance) to 10 (highest disturbance), how disturbing is it now?

(Circle one)    0    1    2    3    4    5    6    7    8    9    10

**Body Location:** And where do you feel the disturbance in your body? \_\_\_\_\_

**Proceed to the next page for Standard EMDR Phase 4: Desensitization**

# Phase 4: Desensitization, Standard EMDR

## BEGIN PROCESSING

---

**Therapist:** Bring up the worst part of the incident and the words \_\_\_\_\_ (NC) and where you feel it in your body. Now follow my (BLDAS - fast eye movements or tapping).

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## PHASE 4: DESENSITIZATION - INSTRUCTIONS FOR THE THERAPIST

---

1. Provide BLDAS (eye movements or tapping) for 20 or more seconds (paced by client's non-verbal), at processing speed (1-2 round trips per second)

**Therapist:** Take a breath. Let it go. What do you notice?  
Go with that. (fast BLDAS-20 or more seconds)  
(Client may report images, sensations, thoughts, etc)

2. Continue to alternate BLDAS:

**Therapist:** Take a breath. Let it go. What do you notice? Go with that (as long as the client is reporting change)

3. When the client no longer reports change, return to target/incident

**Therapist:** As you think of \_\_\_\_\_ (name the agreed upon incident) now, what do you notice now?  
Go with that.

- If the client reports something new-continue BLDAS (steps 1 & 2 above)
- If the client reports no change, proceed to taking a SUD

4. Taking a SUD

**Therapist:** How disturbing is it now when you think of \_\_\_\_\_ (name the agreed upon incident) from 0-10?

- If SUD is above 2:

**Therapist:** Go with that.

Continue BAS until client no longer reports change.

- SUD = 1 or 2:

**Therapist:** Is there anything that will help this go lower? Go with that (BLDAS) with whatever the client reports.

Ideally, the client reports a SUD 0 before moving on to Phase 5. However, if there is still no change and the SUD remains at a 1 or 2, consider it makes sense under the circumstances (ecologically sound) and **proceed to Phase 5: Installation.**

# EMDR PROCESSING

## Phase 5: Installation

Link incident and positive cognition:

**Therapist:** Does the original positive cognition still fit, or is there a better one as you think of \_\_\_\_\_ (name the agreed upon incident)?  
If there is a better one now, use it for installation.

**Therapist:** When you think of \_\_\_\_\_ (name the agreed upon incident) and your positive cognition, how true does it feel now, 1-7 where 1 is completely false and 7 is completely true? Go with that. (BLDAS 10-15 seconds)

At the end of the BLDAS set, recheck the VoC: 1-7

**Therapist:** When you think of \_\_\_\_\_ (name the incident) and your positive cognition, how true does it feel now, 1-7?

If still less than 7:

**Therapist:** Go with that. (BLDAS-10-15 seconds)

Repeat alternating BLDAS and asking for the VoC until the VoC stops increasing. VoC may not reach 7 in EMD. You can always ask the client if they think it can go higher or what would assist with it going higher.

## Phase 6: Body Scan

After the VoC stops increasing:

**Therapist:** Think of \_\_\_\_\_ (name the agreed upon incident) and your \_\_\_\_\_ positive cognition and scan your body. What do you notice?  
Go with that. (BLDAS-10-15 seconds)

**Therapist:** Now when you scan your body, what do you notice?

If the client reports a new memory or sensation continue processing until neutral or put into container  
Once body is clear/becomes neutral, repeat the body scan.

**Therapist:** Think of \_\_\_\_\_ (name the agreed upon incident) and your positive cognition. Scan your body, what do you notice?  
Go with that. (BLDAS-10-15 seconds)

Repeat 1 and 2 until the body scan is calm/neutral.

**Proceed to Future Installation and Closure**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMDR Future Installation & Phase 7: Closure

## Future Installation

**Therapist:** *Think of a time in the future where the negative cognition could be triggered. Identify the worst part and an image of that moment.*

**Therapist:** *Combine that image of the future trigger with the positive cognition of*

---

*(name Positive Cognition)*

**Therapist:** *How true does it feel now, 1-7 (VoC) where 1 is completely false and 7 completely true?*

**Therapist:** *Follow my (BLDAS-10-15 seconds)*

Continue with sets as long as the positive/adaptive is growing or until time to start closure.

## Phase 7: Closure

**Therapist:** *You've done some excellent work today. What have you learned from this experience? (Clinician may also share their experience, insights, etc., with the client)*

**Therapist:** *Processing may continue after session and you may have thoughts, emotions, body sensations or dreams related to this.*

**Therapist:** *Make a note of anything significant, and remember you have your container and peaceful place skills as needed. Next time, we will check the work from today and proceed from there.*

### Complete Treatment Session Notes

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Contained (EMDR) Processing Instructions

To be used if the client has chosen Contained Processing in order to manage affect or material. Target the present and future while containing the rest.

---

## **REVIEW THE TARGET SEQUENCE PLAN AND SELECT PRESENT OR FUTURE INCIDENT TO BE PROCESSED**

---

**Therapist:** We've agreed to process: \_\_\_\_\_  
(Name the selected incident from the Target Sequence Plan)

---

## **CLARIFY STOP SIGNAL**

---

**Therapist:** What signal will you give me if you want to stop?

---

## **INSTRUCTIONS TO CLIENT (READ AS SCRIPT)**

---

**Therapist:** I will read a series of questions to remind us of the incident we have chosen to start processing today and take some baseline measurements.

*After that, I will begin the stimulation. I'll do the stimulation for approximately 15-20 seconds. During the stimulation, allow your mind to notice anything about the incident or issue we have chosen to process. Just allow whatever happens to happen.*

*After I stop the stimulation, I'll ask you to report what you notice specifically about the incident we have agreed to process.*

*We'll keep repeating that process until the incident is no longer disturbing or we have run out of time.*

*If processing becomes too intense, please let me know, and we'll modify the processing so it stays within your window of tolerance.*

*If you finish the incident before we run out of time, we will strengthen your positive belief and check for any remaining physical symptoms that may have been associated with the incident.*

*If we are still processing the incident and we are running out of time, I'll ensure we stop with enough time for grounding, and then we can talk about the experience and help you anticipate what to expect between sessions.*

**Proceed to Phase 3: Assessment for Contained Processing**

Notes: \_\_\_\_\_

\_\_\_\_\_

# Phase 3: Assessment For Contained (EMDR) Processing

(Access, Activate, Attach Checklist: EMDR Consulting)

**Stop Signal:** Remember, you have a stop signal that you can use if you need to stop.

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**Specific Incident:** We have decided to work on \_\_\_\_\_  
(Write down the specific incident)

**Worst Part:** When you think of the incident, what represents the worst part (image, sound, smell, etc.)?

\_\_\_\_\_  
(Write down the brief description)

**Negative Cognition (NC):** When you think of (repeat the client's worst part of the incident), the negative cognition we identified earlier was:

\_\_\_\_\_  
(Write down the negative cognition)

**Positive Cognition (PC):** When you think of (repeat the client's worst part of the incident), the adaptive or preferred cognition we identified is:

\_\_\_\_\_  
(Write down the positive cognition)

**Validity of [Positive] Cognition (VoC):** When you think of (repeat the client's worst part of the incident), how true do the words (name the positive cognition) feel to you now?

(totally false)    1    2    3    4    5    6    7    (totally true)

**Negative Emotions:** When you think of (repeat the client's worst part of the incident) what negative emotions are you feeling now?

\_\_\_\_\_  
(Write down the emotion(s))

**SUD:** On a scale from 0 (no disturbance) to 10 (highest disturbance), how disturbing is it now?

(Circle one)    0    1    2    3    4    5    6    7    8    9    10

**Body Location:** And where do you feel the disturbance in your body? \_\_\_\_\_

**Proceed to the next page for Standard EMDR Phase 4: Desensitization**

# Contained (EMDR) Processing Phases 4-5

## **BEGIN PROCESSING**

---

**Therapist:** Bring up the worst part of the incident and the words \_\_\_\_\_  
(name the NC) and notice where you feel it in your body. Now, follow my (BLDAS-fast eye movements or tapping).

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## **PHASE 4: DESENSITIZATION (INSTRUCTIONS FOR THE CLINICIAN)**

---

1. Provide BLDAS (eye movements or tapping) for 15-20 seconds at processing speed (1-2 round-trips per second) and then say:

**Therapist:** Take a breath. Let it go. When you think of \_\_\_\_\_  
(name the incident) what do you notice?  
Go with that. (BLDAS)

2. Continue to alternate BLDAS and:

**Therapist:** Take a breath. Let it go. When you think of \_\_\_\_\_  
(name the incident) what do you notice? Continue as long as the  
client is reporting change

3. When the client no longer reports change, take a SUD:

**Therapist:** As you think of \_\_\_\_\_ (name the incident), how  
disturbing is it 0-10?

- If SUD is above 2:

**Therapist:** Go with that, just focusing on \_\_\_\_\_  
(name the incident) (BLDAS)

- SUD = 1 or 2: Is the 1 or 2 related to this incident? If so,

**Therapist:** Go with that (BLDAS)

If not related to this incident, it may be related to other incidents that are contained. In that case, **proceed to Phase 5 Installation.**

*Because we have agreed to place other incidents in the container for Contained processing, it is ok to have a SUD above 0 and still **proceed to Phase 5: Installation.***

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Contained Processing - Phase 6, Future Installation & Phase 7

## PHASE 6: BODY SCAN

---

After the VoC stops increasing

**Therapist:** Think of \_\_\_\_\_ (name the agreed upon incident) and your positive cognition and scan your body. What do you notice?  
Go with that. (BLDAS-10-15 seconds)

**Therapist:** Now when you scan your body, what do you notice?

If the client reports a new memory or sensation continue processing until neutral or put into container  
Once it clears/becomes neutral, repeat the body scan.

**Therapist:** Think of \_\_\_\_\_ (name the agreed upon incident) and your positive cognition. Scan your body, what do you notice?  
Go with that (BLDAS-10-15 seconds)

Repeat 1 and 2 until the body scan is calm/neutral.

## Future Installation

---

**Therapist:** Think of a time in the future where the negative cognition could be triggered.  
Identify the worst part and an image of that moment.

**Therapist:** Combine that image of the future trigger with the positive cognition of

\_\_\_\_\_  
(Name Positive Cognition)

**Therapist:** How true does it feel now, 1-7 (VoC) where 1 is completely false and 7 completely true?

**Therapist:** Follow my (BLDAS-10-15 seconds)

Continue with sets as long as the positive/adaptive is growing or until time to start closure.

## PHASE 7: CLOSURE

---

**Therapist:** You've done some excellent work today. What have you learned from this experience? (Clinician may also share their experience, insights, etc, with the client)

**Therapist:** Processing may continue after session and you may have thoughts, emotions, body sensations or dreams related to this.

**Therapist:** Make a note of anything significant, and remember you have your container and peaceful place skills as needed. Next time, we will check the work from today and proceed from there.

# EMD Processing Instructions

If the client has chosen EMD to restrict processing to only one incident with no memory retrieval with the goal of desensitization and a shift in visual imagery.

---

## **REVIEW THE TARGET SEQUENCE PLAN AND SELECT A TARGET INCIDENT TO BE PROCESSED**

---

**Therapist:** We've agreed to process: \_\_\_\_\_  
(Name the selected target incident from the Target Sequence Plan)

---

## **CLARIFY STOP SIGNAL**

---

**Therapist:** What signal will you give me if you want to stop or if anything comes up other than the incident we have chosen?

---

## **INSTRUCTIONS TO CLIENT (READ AS A SCRIPT)**

---

**Therapist:** I will read a series of questions to remind us of the incident we have chosen and take some baseline measurements.

After that, I will begin the stimulation. I'll do the stimulation for approximately 10-15 seconds. During the stimulation, just allow yourself to notice the disturbance around the incident.

After I stop the stimulation, I'll ask you to report your disturbance on this specific incident from 0-10. We'll keep checking in on the disturbance level between sets of stimulation and noticing what is changing about it.

If processing becomes too intense, please let me know, and we can stop processing.

If you finish the incident before we run out of time, we'll strengthen your positive belief.

If we are still processing the incident and we are running out of time, I'll ensure we stop with enough time for grounding, and then we can talk about the experience and help you anticipate what to expect between sessions.

### **Proceed to Phase 3: Assessment for EMD**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Phase 3: Assessment For EMD

(Access, Activate, Attach Checklist: EMDR Consulting)

**Stop Signal:** Remember, you have a stop signal that you can use if you need to stop.

**Specific Incident:** We have decided to work on \_\_\_\_\_

(Write down the specific incident)

**Worst Part:** When you think of the incident, what represents the worst part (image, sound, smell, etc.)?

\_\_\_\_\_  
(Write down the brief description)

**Negative Cognition (NC):** When you think of (repeat the client's worst part of the incident), the negative cognition we identified earlier was:

\_\_\_\_\_  
(Write down the negative cognition)

**Positive Cognition (PC):** When you think of (repeat the client's worst part of the incident), the adaptive or preferred cognition we identified is:

\_\_\_\_\_  
(Write down the positive cognition)

**Validity of [Positive] Cognition (VoC):** When you think of (repeat the client's worst part of the incident), how true do the words (name the positive cognition) feel to you now?

(totally false)    1    2    3    4    5    6    7    (totally true)

**Negative Emotions:** When you think of (repeat the client's worst part of the incident) what negative emotions are you feeling now?

\_\_\_\_\_  
(Write down the emotion/s)

**SUD:** On a scale from 0 (no disturbance) to 10 (highest disturbance), how disturbing is it now?

(Circle one)    0    1    2    3    4    5    6    7    8    9    10

**Body Location:** And where do you feel the disturbance in your body? \_\_\_\_\_

**Proceed to the next page for Standard EMD Phase 4: Desensitization**

# EMD Phases 4-7

## BEGIN PROCESSING

---

**Therapist:** Bring up the worst part of the incident and the words \_\_\_\_\_  
(name the NC). Now follow my (BLDAS - fast eye movements or tapping).

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## PHASE 4: DESENSITIZATION - INSTRUCTIONS FOR THE THERAPIST

---

1. **Provide BLDAS** (eye movements or tapping) for 10-15 seconds at processing speed (1-2 round trips per second) and then say:

**Therapist:** Take a breath. Let it go. When you think of \_\_\_\_\_  
(name the agreed upon incident), how disturbing is it now on a scale of 0-10?  
Go with that. (BLDAS 10-15 seconds)

2. **Continue to alternate BLDAS and:**

**Therapist:** Take a breath. Let it go. When you think of \_\_\_\_\_  
(name the agreed upon incident), how disturbing is it now on a scale of 0-10?  
Go with that. (BLDAS 10-15 seconds for 3 sets of BLDAS)

3. **After a 3<sup>rd</sup> set of BLDAS, ask:**

**Therapist:** When you think of \_\_\_\_\_ (name the agreed upon incident), what  
is changing?  
Go with that. (BLDAS 10-15 seconds)  
As you think of \_\_\_\_\_ (name the agreed upon incident), how  
disturbing is it now on a scale of 0-10?

4. **Continue processing**, repeat steps 1 and 2 until the SUD no longer changes or is as low as it can get and then proceed to Phase 5: Instillation. SUD may not get to 0 in EMD.

## PHASE 5: INSTALLATION

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Link incident and positive cognition:

**Therapist:** Does the original positive cognition still fit, or is there a better one as  
you think of \_\_\_\_\_ (name the agreed  
upon incident)?  
If there is a better one now, use it for installation.

**Therapist:** When you think of \_\_\_\_\_ (name the  
agreed upon incident) and your positive cognition, how true does it  
feel now, 1-7 where 1 is completely false and 7 is completely true? Go  
with that. (BLDAS 10-15 seconds)

At the end of the BLDAS set, recheck the VoC: 1-7

**Therapist:** When you think of \_\_\_\_\_ (name the  
incident) and your positive cognition, how true does it feel now, 1-7?

If still less than 7:

**Therapist:** Go with that. (BLDAS-10-15 seconds)

Repeat alternating BLDAS and asking for the VoC until the VoC stops increasing. VoC may not reach 7 in EMD. You can always ask the client if they think it can go higher.

### **Future Installation**

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**Therapist:** *Think of a time in the future where the negative cognition could be triggered. Identify the worst part and an image of that moment.*

**Therapist:** *Combine that image of the future trigger with the positive cognition of \_\_\_\_\_ (name Positive Cognition).*

**Therapist:** *How true does it feel now, 1-7 (VoC) where 1 is completely false and 7 completely true?*

**Therapist:** *Follow my (BLDAS-10-15 seconds)*

Continue with sets as long as the positive/adaptive is growing or until time to start closure.

### **PHASE 7: CLOSURE**

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**Therapist:** *You've done some excellent work today. What have you learned from this experience? (Clinician may also share their experience, insights, etc., with the client)*

**Therapist:** *Processing may continue after session and you may have thoughts, emotions, body sensations or dreams related to this.*

**Therapist:** *Make a note of anything significant, and remember you have your container and peaceful place skills as needed. Next time, we will check the work from today and proceed from there.*

**Complete Treatment Session Notes**

# Blocking Belief Questionnaire (Knipe)

Please give a number from 1 (feels completely untrue) to 7 (feels completely true) for each statement.

- \_\_\_ I'm embarrassed that I have this problem.
- \_\_\_ I will never get over this problem.
- \_\_\_ I'm not sure I want to get over this problem.
- \_\_\_ If I solve this problem, I will feel deprived.
- \_\_\_ I don't have the strength or the will power to solve this problem.
- \_\_\_ If I really talk about this problem, something bad will happen.
- \_\_\_ This is a problem that can only be solved by someone else.
- \_\_\_ If I ever solve this problem, I will lose a part of who I really am.
- \_\_\_ I don't want to think about this problem any more.
- \_\_\_ I should solve this problem, but I don't always do what I should.
- \_\_\_ I like people who have this problem better than people who don't..
- \_\_\_ It could be dangerous for me to get over this problem.
- \_\_\_ When I try to think about this problem, I can't keep my mind on it.
- \_\_\_ I say I want to solve this problem, but I never do.
- \_\_\_ It could be bad for someone else for me to get over this problem.
- \_\_\_ If I get over this problem, I can never go back to having it again.
- \_\_\_ I don't deserve to get over this problem.
- \_\_\_ This problem is bigger than I am.
- \_\_\_ If I got over this problem, it would go against my values.
- \_\_\_ Someone in my life hates this problem.
- \_\_\_ There are some good things about having this problem.
- \_\_\_ I don't have a problem.
- \_\_\_ I've had this problem so long, I could never completely solve it.
- \_\_\_ I have to wait to solve this problem.
- \_\_\_ If I solve this problem, I could lose a lot.
- \_\_\_ If I solve this problem, it will be mainly for someone else.

# TREATMENT SESSION NOTES

**Client:** \_\_\_\_\_

**Presenting concern:** \_\_\_\_\_

**Treatment Session #:** \_\_\_\_\_

## Pre-session Information

<b>Target:</b> (circle one)	<b>Past</b>	<b>Present</b>	<b>Future</b>								
<b>Processing:</b> (circle one)	<b>Standard EMDR</b>	<b>Contained</b>	<b>Restricted EMD</b>								
<b>Targeted Incident</b> _____											
<b>Negative Cognition</b> _____											
<b>Positive Cognition</b> _____											
<b>VoC</b> (circle one)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>				
<b>Emotions</b> _____											
<b>SUD</b> (circle one)	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>Body Location</b> _____											

## Post-session Information

<b>Session Outcome</b> (circle one)	<b>Completed</b>	<b>Unfinished (SUD&gt;0)</b>									
<b>SUD</b> (circle one)	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>VoC:</b> (circle one)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>				
<b>Closure Stabilization needed</b>		(circle those used)									
	None	Grounding	Container	Peaceful Place	Other						
<b>Treatment Notes:</b> _____											
_____											
_____											
<b>Additional Treatment:</b> _____											
_____											
_____											



## Processing Adaptation Comparison Chart

### Standard EMDR

### Contained

### Restricted EMD

<p><b>Phase 1: History</b> Develop Target Sequence Plan</p> <p><b>Phase 2: Review and Stop Signal</b></p> <p><b>Phase 3: Access and Activate</b></p> <ol style="list-style-type: none"> <li>1. Incident's worst part</li> <li>2. Negative Belief</li> <li>3. Positive Belief</li> <li>4. VoC: 1, 2, 3, 4, 5, 6, 7</li> <li>5. Emotions</li> <li>6. SUD: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10</li> <li>7. Body Location</li> </ol> <p><b>Phase 4: Desensitization</b></p> <ol style="list-style-type: none"> <li>1. DAS: 20 or more seconds: paced by client non-verbals</li> <li>2. <i>Breathe.</i></li> <li>3. <i>What do you notice now?</i></li> <li>4. <i>Go with that.</i> DAS (paced)</li> <li>5. Repeat until no change <i>SUD: 0-10. Go with that.</i> (DAS-paced by client non-verbals)</li> <li>6. End of desensitization               <ul style="list-style-type: none"> <li>• SUD=0</li> </ul> </li> </ol> <p>Desensitization of entire neural network may take multiple sessions</p> <p><b>Phase 5: Installation</b></p> <ol style="list-style-type: none"> <li>1. <i>Think of the incident and the positive belief.</i></li> <li>2. <i>Hold the two together.</i></li> <li>3. VoC: 1, 2, 3, 4, 5, 6, 7</li> <li>4. DAS: 10-15</li> <li>5. VoC=7</li> </ol> <p><b>Phase 6: Body Scan</b></p> <ol style="list-style-type: none"> <li>1. Hold incident and positive belief.</li> <li>2. Scan your body.</li> <li>3. DAS: 10 seconds or more with any sensation</li> <li>4. Goal: calm or neutral sensations</li> </ol> <p><b>Phase 7: Closure</b></p> <ol style="list-style-type: none"> <li>1. Stabilize</li> <li>2. Debrief</li> <li>3. Integrate</li> </ol>	<p><b>Phase 1: History</b> Obtain narrative of incident, develop a target plan as is appropriate.</p> <p><b>Phase 2 Review and Stop Signal</b></p> <p><b>Phase 3: Access and Activate</b></p> <ol style="list-style-type: none"> <li>1. Incident's worst part</li> <li>2. Negative Belief</li> <li>3. Positive Belief</li> <li>4. VoC: 1, 2, 3, 4, 5, 6, 7</li> <li>5. Emotions</li> <li>6. SUD: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10</li> <li>7. Body Location</li> </ol> <p><b>Phase 4: Desensitization</b></p> <ol style="list-style-type: none"> <li>1. DAS: 15-20 seconds</li> <li>2. <i>Breathe.</i></li> <li>3. <i>Think of the incident.</i></li> <li>4. <i>What do you notice now?</i></li> <li>5. <i>Go with that.</i> DAS</li> <li>6. Repeat until no change</li> <li>7. <i>SUD: 0-10</i></li> <li>8. <i>Go with that.</i> DAS</li> <li>9. End of desensitization               <ul style="list-style-type: none"> <li>• SUD may be above 0</li> </ul> </li> </ol> <p><b>Phase 5: Installation</b></p> <ol style="list-style-type: none"> <li>1. <i>Think of the incident and the positive belief.</i></li> <li>2. <i>Hold the two together.</i></li> <li>3. VoC: 1, 2, 3, 4, 5, 6, 7</li> <li>4. DaS: 10-15 seconds, repeat 3</li> <li>5. VoC may or may not =7</li> </ol> <p><b>Phase 6: Body Scan (Conditional)</b></p> <ol style="list-style-type: none"> <li>1. Hold incident and positive belief.</li> <li>2. Scan your body. If connected to target:</li> <li>3. DAS: 10-15 seconds with any sensation</li> <li>4. Goal: calm or neutral sensations</li> </ol> <p><b>Phase 7: Closure</b></p> <ol style="list-style-type: none"> <li>1. Stabilize</li> <li>2. Debrief</li> <li>3. Integrate</li> </ol>	<p><b>Phase 1: History</b> Identify incident</p> <p><b>Phase 2: Review and Stop Signal</b></p> <p><b>Phase 3: Access and Activate</b></p> <ol style="list-style-type: none"> <li>1. Incident's worst part</li> <li>2. Negative Belief</li> <li>3. Positive Belief</li> <li>4. VoC: 1, 2, 3, 4, 5, 6, 7</li> <li>5. Emotions</li> <li>6. SUD: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10</li> <li>7. Body Location (clinical judgment)</li> </ol> <p><b>Phase 4: Desensitization</b></p> <ol style="list-style-type: none"> <li>1. DAS: 10-15 seconds</li> <li>2. <i>Breathe.</i></li> <li>3. <i>Think of the incident.</i></li> <li>4. <i>SUD: 0-10?</i></li> <li>5. <i>Go with that.</i> DAS</li> <li>6. After 3rd DAS:               <ul style="list-style-type: none"> <li>• <i>What's changed?</i></li> <li>• <i>SUD: 0-10</i></li> <li>• <i>Go with that.</i> DAS</li> </ul> </li> <li>7. Repeat 1-6</li> <li>8. End of desensitization               <ul style="list-style-type: none"> <li>• SUD may be above 0</li> </ul> </li> </ol> <p><b>Phase 5: Installation</b></p> <ol style="list-style-type: none"> <li>1. <i>Think of the incident and the positive belief.</i></li> <li>2. <i>Hold the two together.</i></li> <li>3. VoC: 1, 2, 3, 4, 5, 6, 7</li> <li>4. DAS: 10-15 seconds, repeat 3</li> <li>5. VoC may or may not =7</li> </ol> <p><b>Phase 6: Body Scan</b> Skip body scan</p> <p><b>Phase 7: Closure</b></p> <ol style="list-style-type: none"> <li>1. Stabilize</li> <li>2. Debrief</li> <li>3. Integrate</li> </ol>
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# Free CID app: Moovement by Moovd (Apple Store and Google Play)

## CID: Critical Incident Desensitization - Roy Kiessling 2013

Not considered EMDR or Psychotherapy

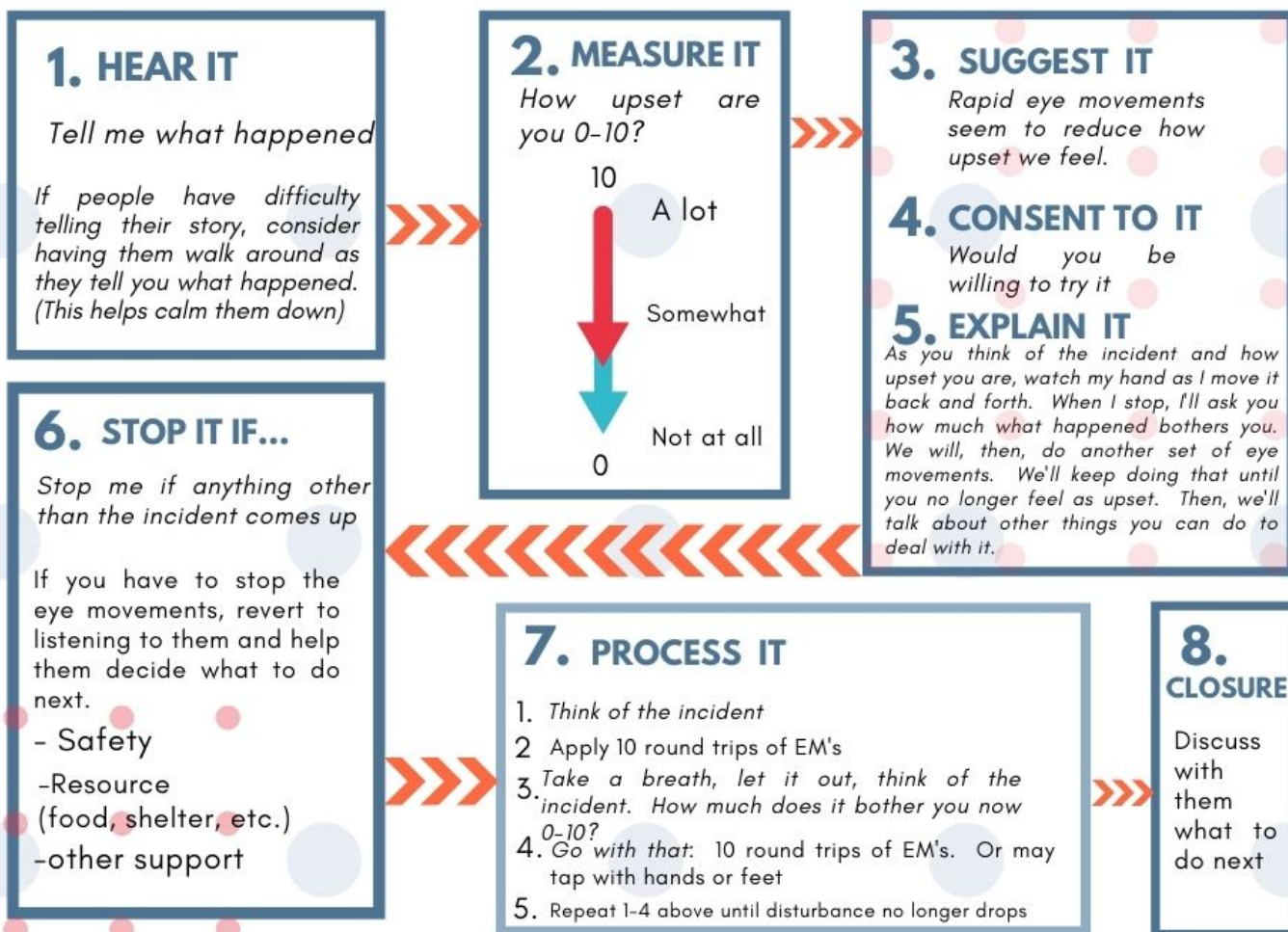


APPLE



GOOGLE

## »»» CID critical incident desensitization



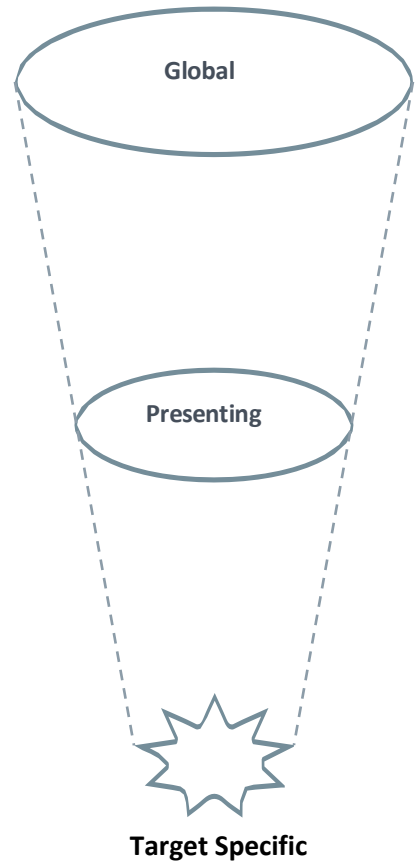
# Phase 8: Reevaluation

## REEVALUATION TREATMENT SESSION

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### CHECK-IN QUESTIONS

- How have things been since we last met?
  
- Any new thoughts or insights about the processing we did during our last session?
  
- When you think of the incident we processed with EMDR, what do you notice?
  
- Would you like to process a little more on the incident?



Notes:

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# REEVALUATION WORKSHEET

## 1. Reevaluation: 10-15 minutes

**Discuss:** *How long has it been since our last session?*

**Global:**

***Bio-psychosocial  
check-in***

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**Presenting Complaint**

- 1. Symptoms
- 2. Triggers
- 3. Behavior/Response
- 4. Insights
- 5. New memories
- 6. Dreams

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**Target Specific**

- 1. Insights
- 2. New memories
- 3. SUD: 0-10

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## 2. Target additional Incidents

Time permitting, review the Targeting Sequence Plan and process additional incidents withing the plan using the processing modality of choice, i.e., EMD, EMDr, EMDR.