

# An Integrative Framework for EMDR:

## Trauma Processing, Internal Systems, & Neurodivergence

*Eye Movement Desensitization and Reprocessing (EMDR) is an evidence-based psychotherapy originally developed by Francine Shapiro for the treatment of trauma and trauma-related disorders. Grounded in the Adaptive Information Processing (AIP) model, EMDR posits that psychopathology is often the result of maladaptively stored memories that remain insufficiently processed, contributing to persistent distress, dysregulated affect, and negatively held self-beliefs (Shapiro, 2018). Through structured protocols and the use of bilateral stimulation, EMDR facilitates the reprocessing of these memories, allowing for adaptive integration across cognitive, emotional, and somatic domains.*

*The standard EMDR protocol is organized into eight phases, history taking, preparation, assessment, desensitization, installation, body scan, closure, and reevaluation, which together provide a comprehensive framework for trauma treatment (Shapiro, 2018). As illustrated in this packet, these phases function not as rigid steps but as an interconnected system, supporting stabilization, processing, and integration over time.*

*Contemporary clinical perspectives increasingly recognize that traumatic memory networks are not experienced as singular, cohesive narratives, but rather as fragmented, state-dependent experiences that may be associated with distinct emotional, cognitive, and somatic patterns (van der Kolk, 2014). From an internal systems perspective, these patterns can be understood as adaptive "parts" of the self, protective or wounded aspects that carry specific memories, beliefs, and survival strategies (Richard C. Schwartz, 2021). While EMDR is not inherently a parts-based model, its focus on accessing discrete memory networks, shifting negative cognitions, and integrating previously unprocessed material aligns with the broader clinical goal of fostering internal coherence and self-leadership.*

*A growing body of empirical research supports the efficacy of EMDR in the treatment of posttraumatic stress disorder (PTSD) and related conditions. Meta-analyses and randomized controlled trials have demonstrated that EMDR is comparable to, and in some cases more efficient than trauma-focused cognitive behavioral therapies (World Health Organization, 2013; Bisson et al., 2013). EMDR has been recognized as a first-line treatment for PTSD by multiple international organizations, including the World Health Organization and the American Psychological Association.*

*In parallel, there is increasing recognition of the intersection between trauma and neurodevelopmental differences, particularly in individuals with attention-deficit/hyperactivity disorder (ADHD). ADHD is associated with differences in executive functioning, emotional regulation, and attentional control that can influence how individuals encode, store, and retrieve emotional experiences (Barkley, 2015; Brown, 2013). Emerging research suggests that individuals with ADHD may experience heightened sensitivity to stress, increased emotional reactivity, and difficulty with self-regulation, all of which may interact with trauma exposure and processing (Shaw et al., 2014; Sibley et al., 2021).*

*From a neurodivergence-affirming perspective, these patterns are understood not as deficits alone but as variations in cognitive and regulatory systems that require attuned, flexible, and strengths-based approaches to care. Within this context, EMDR offers a potentially adaptive framework for supporting individuals with ADHD and related neurodivergent profiles, particularly when modifications are made to pacing, preparation, and resourcing to account for attentional variability and nervous system activation.*

*Neurobiologically, EMDR is increasingly conceptualized as engaging memory reconsolidation processes and facilitating integration across neural networks (Solomon & Shapiro, 2008). Its emphasis on dual attention, somatic awareness, and present-moment orientation aligns with broader trauma-informed approaches that recognize the role of the body and nervous system in healing (van der Kolk, 2014). When integrated with parts-informed frameworks, EMDR may support not only symptom reduction but also increased internal differentiation, reduced polarization, and greater access to adaptive self-states.*

*This packet reflects both the foundational structure of EMDR as developed by Francine Shapiro and applied clinical learning through training with Kendal Hart. It is intended as a structured clinical resource that integrates core EMDR principles with a trauma-informed, relational, and neurodivergence-affirming perspective. While maintaining fidelity to the eight-phase model, this work also emphasizes the importance of attunement, pacing, and clinical flexibility in response to individual client needs.*

*In this way, the packet serves not only as a procedural guide but as an integrative framework, one that supports the reprocessing of memory, the reorganization of internal systems, and the restoration of adaptive functioning across mind and body.*

## References

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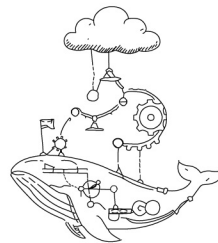
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# EMDR EIGHT PHASES

<p><b>01.</b></p> <p><b>HISTORY</b></p> 	<p><b>02.</b></p> <p><b>PREPARATION</b></p> 	<p><b>03.</b></p> <p><b>ASSESSMENT</b></p> 	<p><b>04.</b></p> <p><b>DESENSITIZATION</b></p> 
<p>/ History Taking / Case Conceptualization, &amp; Treatment Planning / Treatment Planning / Memory Selection &amp; Ordering / Rapport / Track NC themes &amp; narrow a NC target / When you have a NC prompt for a memory /</p> <p>— “Tell me a little bit about what’s going on that brings you in for therapy today.”</p> <p>— “When is the first time you remember thinking, feeling, believing that about yourself?”</p> <p>— “Who taught you that?”</p> <p>— “Where did you learn that?”</p> <p><b>Float Back Script:</b> “As you bring up the recent experience of _____ notice the image that comes to mind, the negative belief you’re having about yourself along with any emotions and sensations, and let your mind float back to an earlier time in your life when you may have felt this way before and just notice what comes to mind.”</p> <p><b>Affect Scan Script:</b> “Bring up that experience, the emotions and the sensations that you’re having now and allow yourself to scan back for the earliest time you experienced something similar....”</p>	<p>/ Client Preparation Resourcing Scripts / Safe/Calm Place + Container + Grounding skills (slow BLS) / Emotion regulation focus /</p> <p><b>CALM SAFE PLACE EXERCISE:</b></p> <p><b>Image:</b> “I’d like you to think about a place you have been or imagine being that feels very calm or safe. Perhaps being on a beach or sitting by a mountain stream. What image represents your place?”</p> <p><b>Emotions &amp; Sensations:</b> “Focusing on that image, notice what you see, hear, and feel. Notice your emotions and where you feel that in your body. Describe what you’re noticing.”</p> <p><b>Enhancement:</b> “Focus on your calm/safe place—its sights, sounds, smells, and body sensations.”</p> <p><b>EYE Movements:</b> “Bring up the image of that place. Concentrate on where you feel the pleasant sensations in your body and allow yourself to enjoy them. Concentrate on those sensations and follow my fingers. (6-12 slow passes of BLS) How do you feel now?”</p> <p><input type="checkbox"/> If Positive: “Focus on that. (6-12 slow passes of BLS) What do you notice now?” Repeat and enhance with BLS four to six times.</p> <p><input type="checkbox"/> If Negative: Try to enhance the original image. If it remains negative, redirect the client to</p> <p>another calm/safe place or use another form of resource development such as the container exercise.</p> <p><b>Cue Word:</b> ““Is there a word or phrase that represents your safe place? Think of _____ and notice the positive feelings that you have when you think of that word. Concentrate on those sensations and the word _____ and follow my fingers. (6-12 slow BLS) How do you feel now?”</p> <p><b>Self-cueing:</b> “Now, on your own, want you to bring up the image and the word, noticing the positive sensations. How was that?”</p> <p><b>Cueing w/ Disturbance:</b> “Now, I want you to recall a recent minor annoyance (SUD 1-2) (wait until they have indicated they have found one) and notice the negative feelings. Now, turn your attention back to your calm place and word _____ and notice any shifts in your body. What did you notice?”</p> <p><b>Self-Cueing w/ Disturbance:</b> ““I’d like you to think of another mildly annoying incident (SUD 2-3); notice how you feel. Now, follow that same exercise on your own until you reach a relaxing conclusion.”</p>	<p>/ Assessment / Negative &amp; Positive Cognition List / TICES / Nervous system activation before processing /</p> <p>— <b>Image:</b> “What picture represents the incident?”</p> <p>— <b>NC:</b> “What words go best with that picture that express your negative beliefs about yourself now?”</p> <p>— <b>PC:</b> “When you bring up that picture (or experience), what would you prefer to believe about yourself instead?”</p> <p>— <b>VOC:</b> “When you think of that incident, how true do those words (repeat P) feel to you now on a scale from 1 to 7 where 1 feels completely false and 7 feels completely true”</p> <p>— <b>Emotions:</b> “When you think of that incident, and the words [repeat NC], what emotions do you feel now?”</p> <p>— <b>SUD</b> (Subjective Units of Disturbance): “From zero, which is no disturbance or neutral to 10, which is the worst you can imagine, how disturbing does it feel to you”</p> <p>— <b>Physical Sensation:</b> “Where do you feel it in your body?”</p>	<p>/ Desensitization / Challenges in Processing Feeder Memories / Blocking Beliefs / Cognitive Interweaves /</p> <p>— <b>Begin Desensitization:</b> “Now remember, it is your own brain that is doing the healing, and you are the one in control. I will ask you to focus on the target mentally and to follow my fingers with your eyes. Just let whatever happens to happen, and we will talk at the end of the set. Just tell me what comes up, and don’t discard anything as unimportant. Any new information that comes to mind is connected in some way. If you want to stop, just raise your hand.”</p> <p>— “I’d like you to bring up that image _____, those negative words _____ (repeat the negative cognition), notice where you are feeling it in your body, and follow my fingers.”</p> <p>— <b>After each “set” of BLS</b> [ Immediately after phase 3, Add BLS (25+ ) fast passes</p> <p>“What are you noticing?”</p> <p>“Go with that.” [ If 3+ positive, neutral, off topic responses, return to target</p> <p>“Let’s go back to the original memory/experience, what comes up for you now?”</p> <p>“Go with that.” [ Process until SUD=0 * [ If SUD is low, ask *</p> <p>“What keeps it a 1/2/3 &amp; not a 0?” [ Add BLS to whatever the answer is [ Repeat until it’s a 0 [ If stuck at 1-3, likely blocking belief needs to be targeted [ See phase 7 to end sessions</p>

EMDR PHASES

References:  
 Hart, K. (2025). Treating trauma with EMDR & IFS: A clinician’s guide to integrating eye movement desensitization & reprocessing therapy with internal family systems. New Harbinger Publications.  
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## EMDR EIGHT PHASES

<h3>05.</h3> <h4>INSTALLATION</h4> 	<h3>06.</h3> <h4>BODY SCAN</h4> 	<h3>07.</h3> <h4>CLOSURE</h4> 	<h3>08.</h3> <h4>REEVALUATION</h4> 
<p><b>Purpose of Phase 5</b></p> <p>___ Check the validity and applicability of the Positive Cognition (PC)            ___ Enhance the Positive Cognition            ___ Connect it to the original target memory</p> <p><b>Checking the Positive Cognition</b></p> <p><i>"Do the words _____ (repeat the PC) still fit, or is there another positive statement that feels better?"</i></p> <p><b>Check the VOC</b></p> <p><i>"As you think of the event/incident/memory, how do the words feel, from 1 (completely false) to 7 (completely true)?"</i></p> <p><b>Link the PC and the Target and Add BLS</b></p> <p><i>"Think of the event/incident/memory and hold it together with the words _____ (Repeat PC)."</i></p> <p>___ Start BLS - (25 fast passes)            ___ Continue to check the VOC after each BLS set until the client reports a VOC of 7.            ___ If the client gets stuck at a number, ask, <i>"What prevents it from being a 7?"</i>            ___ When the client provides an answer, say, <i>"Notice that,"</i> and add BLS.            ___ Continue to reprocess with BLS until it gets to a 7 (or less if ecologically sound) and then move on to Phase 6: Body Scan.</p> <p>At times, the client may not be able to get their VOC to a 7. The client will generally be able to report a blocking belief. If it is benign, the clinician should proceed to phase 6: body scan. If it is a dysfunctional belief (e.g., "I don't deserve to be healthy"), administer BLS. Still, if it doesn't remit, it will need to be reprocessed as a complete EMDR treatment on the associated memory driving the negative self-assessment (see 'Blocking Beliefs' for more information).</p>	<p><b>Purpose of Phase 6</b></p> <p>___ Target bodily sensations connected to the target memory and neutralize them.</p> <p><b>Body Scan</b></p> <p><i>"Close your eyes and keep in mind the original memory /event and the positive belief (state PC). Then bring your attention to the different parts of your body, starting with your head and working downward. Any place you find tension, tightness, or unusual sensations, tell me."</i> (Clinicians should note this is without BLS).</p> <p>If the client identifies any bodily sensations, ask them to <i>"notice it"</i> and add BLS.</p> <p>The goal is for the client to report no negative bodily sensations. Continue to utilize BLS with the client's focus on body sensations until they report no tightness, tension, or unusual sensations.</p> <p>If the client shares any positive bodily sensations, reinforce those by the clinician stating <i>"Notice that"</i> while administering BLS.</p> <p>Once the Body Scan is clear (e.g., the client reports no tension, tightness, or unusual sensation), move on to Phase 7: Closure.</p>	<p><b>Purpose of Phase 7</b></p> <p>___ Ensure stability            ___ Close a session</p> <p>There are two scenarios where clinicians will use closure:</p> <p>___ 1. Closing a session when a target is <b>ENTIRELY REPROCESSED</b> (e.g., SUD=0, VOC=7, &amp; a clear body scan). In this instance, the clinician should tell the client it is time to stop, positively reinforce their work, debrief them about the experience.</p> <p>___ 2. Closing a session when a target is <b>UNFINISHED</b> (e.g., SUD is above 0, or VOC is below 7, or the body scan is not yet clear.) In this instance, tell the client it is time to stop, do not take an additional SUD, VOC, or do a body scan.</p> <p>___ Stabilize with safe or place, container, or other similar exercises.            ___ Encourage, positively reinforce, and debrief.            ___ Explain what they may experience or notice in between sessions and what to do if they feel overwhelmed or notice new material.</p> <p>Example: "Processing may continue after our session. You may or may not notice new insights, thoughts, memories, physical sensations, or dreams. Please make a note of whatever you notice. We will talk about that at our next session. Remember to use one of the relaxation or grounding techniques as needed."</p> <p>It is good to have a few final minutes for talk therapy to help ground the client. Ask them about present-day things they have going on, such as a work situation or weekend plans.</p>	<p><b>Purpose of Phase 8</b></p> <p>___ Check-in after EMDR processing session to ensure the changes are maintained            ___ Evaluate progress overall and with the specific target memory            ___ Review remaining targets within the client's treatment plan</p> <p><b>Check the Results</b></p> <p>___ Assess symptoms            ___ Identify changes in behaviors            ___ Explore reactions to present triggers            ___ Explore any new thoughts, insights, or information</p> <p><b>Issues Specific to Target Memory</b></p> <p>___ New parts of the target memory that may have emerged            ___ Other associated memories            ___ New present day triggers that have emerged            ___ Assess if the SUD remained 0 and VOC remained 7</p> <p><b>Resuming Reprocessing of an Unfinished Target Memory</b></p> <p>Therapy sessions usually end without complete processing of a targeted memory. Where a clinician should begin the next session depends on where the last session ended. Below are several examples:</p> <p><b>When the SUD on the target memory is not yet a 0</b></p> <p>Suggestion: access via a component of the memory (TCES)</p> <p><b>IMAGE:</b></p> <p><i>"Bring up the memory we have been working on. What is the image that represents the worst part of it as you think about it now?"</i></p> <p><b>Emotions:</b></p> <p><i>"What emotions are you experiencing now?"</i></p> <p><b>SUD:</b></p> <p><i>"On a scale from 0-10, how disturbing is it?"</i></p> <p><b>Body Location:</b></p> <p><i>"Where do you feel it in your body?"</i></p> <p>Then, begin reprocessing:  <i>"Focus on the experience where you feel the sensations in your body and follow my fingers."</i> (BLS)</p> <p><b>If the SUD = 0 and the Positive Cognition has a VOC of less than 7</b></p> <p>Resume phase 5: Installation and focus on getting the VOC to 7.            Then, move on to body scan.</p> <p><b>If the SUD = 0, the VOC = 7, but you did not finish the body scan</b></p> <p>Complete the body scan.            Then, move on to Future Template.</p>

References:

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# Negative Cognitions

Examples of Negative and Positive Cognitions

## Negative Cognitions

### Responsibility/Defectiveness

*I'm not good enough  
I don't deserve love  
I am a bad person  
I am incompetent I  
am worthless/inadequate  
I am shameful  
I am unlovable  
I am defective/broken/disposable  
I deserve only bad things  
I am permanently damaged  
I am ugly/my body is...  
I do not deserve...  
I am stupid/not smart enough  
I am insignificant/unimportant  
I am a disappointment  
I deserve to die  
I deserve to be miserable  
I am different/don't belong*

### Responsibility: Action

*I should have done something  
I did something wrong  
I should have known better  
I am shameful/I am stupid/bad person  
I am inadequate/weak*

### Safety/Vulnerability

*I cannot trust anyone  
I cannot protect myself  
I am in danger  
I am not safe/The world is not safe  
I am going to die  
It's not OK (safe) to feel/show my emotions*

### Power/Control

*I am not in control  
I am powerless/helpless  
I cannot get what I want  
I cannot stand up for myself  
I cannot let it out  
I cannot be trusted  
I cannot trust myself  
I cannot trust my judgment  
I am a failure/will fail  
I cannot succeed  
I can't handle it (I'm out of control)  
I have to be perfect/please everyone*

## Positive Cognitions

*I am good enough/fine as I am  
I deserve love; I can have love  
I am a good (loving) person  
I am competent  
I am worthy; I am worthwhile  
I am honorable  
I am lovable  
I am valuable/worth/good enough  
I deserve good things  
I am/can be healthy  
I am fine/attractive/lovable  
I can have/deserve  
I am intelligent/able to learn  
I am significant/important  
I am OK just the way I am  
I deserve to live  
I deserve to be happy  
I am fine the way I am  
I did the best I could  
I learned/can learn from it  
I do the best I can/I can learn  
I'm fine as I am  
I am adequate/strong  
I can choose whom to trust  
I can learn to protect myself  
It's over; I am safe now  
I am safe now/The world is safe now  
I am safe now  
I can safely feel/show my emotions.  
I am now in control  
I now have choices  
I can get what I want  
I can make my needs known  
I can choose to let it out  
I can be trusted  
I can learn to trust myself  
I can trust my judgment  
I can succeed  
I can succeed  
I can handle it  
I can be myself/make mistakes*

### Negative Cognition

Suggested questions to elicit an appropriate NC from a client:

[ \_\_ ] "What does that say about you as a person?"

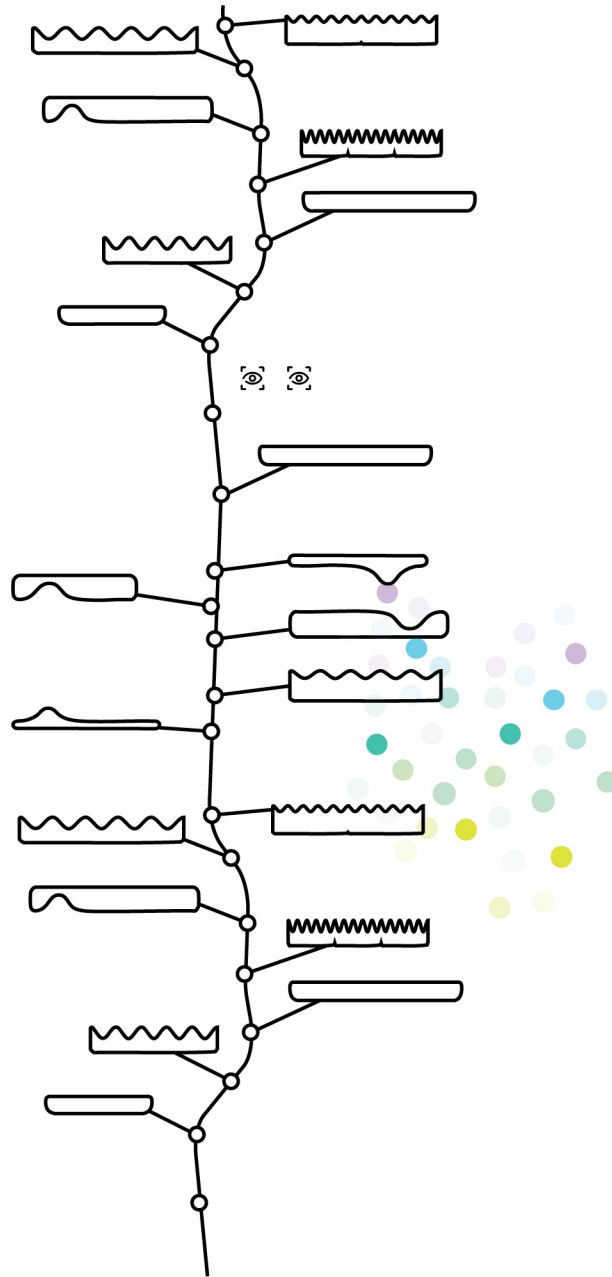
[ \_\_ ] "What do you think of yourself in your worst moments even if you know it isn't true?"

[ \_\_ ] "What words best go with the picture that expresses your negative belief about yourself?"

[ \_\_ ] Offer a list of suggestions (provided) if they cannot independently identify an NC.

### Positive Cognition

Ask: "When you bring up that picture (or experience), what would you like/prefer to believe about yourself instead?"

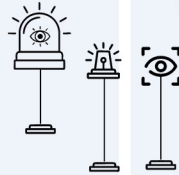


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# 01. HISTORY



*/ History Taking / Case  
Conceptualization, &  
Treatment Plannin /  
Memory Selection &  
Ordering / Rapport /  
Track NC themes &  
narrow a NC target /  
When you have a NC  
prompt for a memory /*

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\_\_ Q: "Tell me a little bit about what's going on that brings you in for therapy today."

\_\_ [Identify specifics about symptoms, frequency, length, examples...]

\_\_ Q: "When is the first time you remember thinking, feeling, believing that about yourself?"

\_\_ Q: "Who taught you that?"

\_\_ Q: "Where did you learn that?"

\_\_Q: "What were the messages your mom sent you or your dad sent you?"

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## FLOAT BACK SCRIPT:

"As you bring up the recent experience of \_\_\_\_\_, notice the image that comes to mind, the negative belief you're having about yourself along with any emotions and sensations, and let your mind float back to an earlier time in your life when you may have felt this way before and just notice what comes to mind."

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## AFFECT SCAN SCRIPT:

"Bring up that experience, the emotions and the sensations that you're having now and allow yourself to scan back for the earliest time you experienced something similar...."

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*Negative Cognition  
Suggested questions to elicit an appropriate NC from a client:*

[ \_\_ ] Q: "What does that say about you as a person?"

[ \_\_ ] Q: "What do you think of yourself in your worst moments even if you know it isn't true?"

[ \_\_ ] Q: "What words best go with the picture that expresses your negative belief about yourself?"

>>> Offer a list of suggestions (provided) if they cannot independently identify an NC.

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*Positive Cognition  
Ask: "When you bring up that picture (or experience), what would you like/prefer to believe about yourself instead?"*

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*Nervous  
System  
Activation  
is Key*

## 02. PREPARATION



*/ Client Preparation  
Resourcing Scripts /  
Safe/Calm Place +  
Container + Ground  
ing skills (slow BLS)  
/ Emotion regulation  
focus /*

### CALM SAFE PLACE EXERCISE:

#### IMAGE:

"I'd like you to think about a place you have been or imagine being that feels very calm or safe. Perhaps being on a beach or sitting by a mountain stream. What image represents your place?"

#### EMOTIONS & SENSATIONS:

"Focusing on that image, notice what you see, hear, and feel. Notice your emotions and where you feel that in your body. Describe what you're noticing."

#### ENHANCEMENT:

"Focus on your calm/safe place, its sights, sounds, smells, and body sensations."

#### EYE MOVEMENTS:

"Bring up the image of that place. Concentrate on where you feel the pleasant sensations in your body and allow yourself to enjoy them. Concentrate on those sensations and follow my fingers. (6-12 slow passes of BLS) How do you feel now?"

If Positive: "Focus on that. (6-12 slow passes of BLS) What do you notice now?" Repeat and enhance with BLS four to six times.

If Negative: Try to enhance the original image. If it remains negative, redirect the client to another calm/safe place or use another form of resource development such as the container exercise.

#### CUE WORD:

"Is there a word or phrase that represents your safe place? Think of \_\_\_\_\_ and notice the positive feelings that you have when you think of that word. Concentrate on those sensations and the word \_\_\_\_\_ and follow my fingers. (6-12 slow BLS) How do you feel now?"

#### SELF-CUEING:

"Now, on your own, want you to bring up the image and the word, noticing the positive sensations. How was that?"

#### CUEING W/ DISTURBANCE:

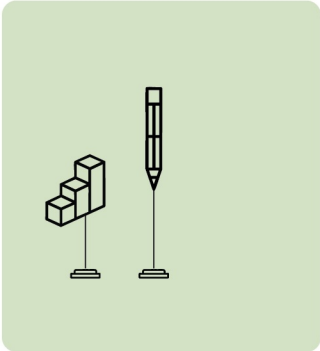
"Now, I want you to recall a recent minor annoyance (SUD 1-2) (wait until they have indicated they have found one) and notice the negative feelings. Now, turn your attention back to your calm place and word \_\_\_\_\_ and notice any shifts in your body. What did you notice?"

#### SELF-CUEING W/ DISTURBANCE:

"I'd like you to think of another mildly annoying incident (SUD 2-3); notice how you feel. Now, follow that same exercise on your own until you reach a relaxing conclusion."

# 03.

## ASSESSMENT



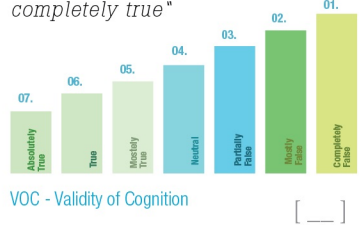
/ Assessment / Negative & Positive Cognition List / TICES / Nervous system activation before processing /

**IMAGE:** "What picture represents the incident?"  
[ \_\_\_\_\_ ]

**NC:** "What words go best with that picture that express your negative beliefs about yourself now?"  
[ \_\_\_\_\_ ]

**PC:** "When you bring up that picture (or experience), what would you prefer to believe about yourself instead?"  
[ \_\_\_\_\_ ]

**VOC:** (VALIDITY OF COGNITION)  
"When you think of that incident, how true do those words [repeat P] feel to you now on a scale from 1 to 7 where 1 feels completely false and 7 feels completely true"



**Emotions:** "When you think of that incident, and the words [repeat NC], what emotions do you feel now?"  
[ \_\_\_\_\_ ]

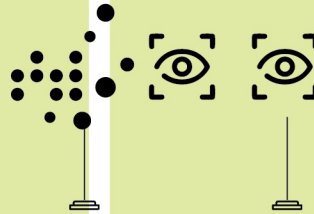
**SUD:** (SUBJECTIVE UNITS OF DISTURBANCE)  
"From zero, which is no disturbance or neutral to 10, which is the worst you can imagine, how disturbing does it feel to you"



**Physical Sensation:**  
"Where do you feel it in your body?"  
[ \_\_\_\_\_ ]

# 04.

## DESENSITITATION



*/ Desensitization / Challenges in Processing Feeder Memories / Blocking Beliefs / Cognitive Interweaves /*

### BEGIN DESENSITIZATION:

*"Now remember, it is your own brain that is doing the healing, and you are the one in control. I will ask you to focus on the target mentally and to follow my fingers with your eyes. Just let whatever happens to happen, and we will talk at the end of the set. Just tell me what comes up, and don't discard anything as unimportant. Any new information that comes to mind is connected in some way. If you want to stop, just raise your hand."*

*"I'd like you to bring up that image \_\_\_\_\_, those negative words \_\_\_\_\_ (repeat the negative cognition), notice where you are feeling it in your body, and follow my fingers."*

### AFTER EACH "SET" OF BLS

[ Immediately after phase 3, Add BLS  
[ 25(+/-) fast passes

*"What are you noticing?"*

*"Go with that."*  
[ If 3+ positive, neutral, off topic responses, return to target

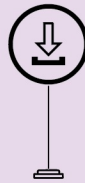
*"Let's go back to the original memory/experience, what comes up for you now?"*

*"Go with that."*  
[ Process until SUD=0°  
[ If SUD is low, ask "

*"What keeps it a 1/2/3 & not a 0?"*  
[ Add BLS to whatever the answer is  
[ Repeat until it's a 0  
[ If stuck at 1-3, likely blocking belief needs to be targeted  
[ See phase 7 to end sessions

# 05.

## INSTALLATION



### Purpose of Phase 5

*/ Check the validity and applicability of the Positive Cognition (PC)  
/ Enhance the Positive Cognition  
/ Connect it to the original target memory*

### CHECKING THE POSITIVE COGNITION

*"Do the words \_\_\_\_\_ (repeat the PC) still fit, or is there another positive statement that feels better?"*

### CHECK THE VOC

*"As you think of the event/incident/memory, how do the words feel, from 1 (completely false) to 7 (completely true)?"*

### LINK THE PC & THE TARGET & ADD BLS

*"Think of the event/incident/memory and hold it together with the words \_\_\_\_\_ (Repeat PC)."*

\_\_\_ Start BLS - (25 fast passes)

\_\_\_ Continue to check the VOC after each BLS set until the client reports a VOC of 7.

\_\_\_ If the client gets stuck at a number, ask, *"What prevents it from being a 7?"*

\_\_\_ When the client provides an answer, say, *"Notice that,"* and add BLS.

\_\_\_ Continue to reprocess with BLS until it gets to a 7 (or less if ecologically sound) and then move on to Phase 6: Body Scan.

At times, the client may not be able to get their VOC to a 7. The client will generally be able to report a blocking belief. If it is benign, the clinician should proceed to phase 6: body scan. If it is a dysfunctional belief (e.g., "I don't deserve to be healthy"), administer BLS. Still, if it doesn't remit, it will need to be reprocessed as a complete EMDR treatment on the associated memory driving the negative self-assessment (see 'Blocking Beliefs' for more information).

# 06.

## BODY SCAN



### Purpose of Phase 6

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*/ Target bodily sensations connected to the target memory and neutralize them.*

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### Body Scan

*"Close your eyes and keep in mind the original memory /event and the positive belief (state PC). Then bring your attention to the different parts of your body, starting with your head and working downward. Any place you find tension, tightness, or unusual sensations, tell me."*

(Clinicians should note this is without BLS).

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If the client identifies any bodily sensations, ask them to *"notice it"* and add BLS.

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The **goal is for the client to report no negative bodily sensations**. Continue to utilize BLS with the client's focus on body sensations until they report no tightness, tension, or unusual sensations.

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If the client shares any positive bodily sensations, reinforce those by the clinician stating *"Notice that"* while administering BLS.

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Once the Body Scan is clear (e.g., the client reports no tension, tightness, or unusual sensation), move on to Phase 7: Closure.

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# 07.

## CLO-SURE



### Purpose of Phase 7

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/ *Ensure stability*  
/ *Close a session*  
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#### **There are two scenarios where clinicians will use closure:**

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\_\_ **01.** Closing a session when a target is **ENTIRELY REPROCESSED** (e.g., SUD=0, VOC=7, & a clear body scan). In this instance, the clinician should tell the client it is time to stop, positively reinforce their work, debrief them about the experience.  
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\_\_ **02.** Closing a session when a target is **UNFINISHED** (e.g., SUD is above 0, or VOC is below 7, or the body scan is not yet clear.) In this instance, tell the client it is time to stop, do not take an additional SUD, VOC, or do a body scan.  
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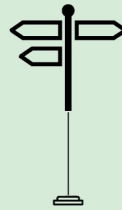
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- \_\_ Stabilize with safe or place, container, or other similar exercises.
  - \_\_ Encourage, positively reinforce, and debrief.
  - \_\_ Explain what they may experience or notice in between sessions and what to do if they feel overwhelmed or notice new material.
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**Example:** *"Processing may continue after our session. You may or may not notice new insights, thoughts, memories, physical sensations, or dreams. Please make a note of whatever you notice. We will talk about that at our next session. Remember to use one of the relaxation or grounding techniques as needed."*  
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It is good to have a few final minutes for talk therapy to help ground the client. Ask them about present-day things they have going on, such as a work situation or weekend plans.  
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# 08.

## REEVAL- UATION



### Purpose of Phase 8

- \_\_\_ Check-in after EMDR processing session to ensure the changes are maintained
- \_\_\_ Evaluate progress overall and with the specific target memory
- \_\_\_ Review remaining targets within the client's treatment plan

### Check the Results

- \_\_\_ Assess symptoms
- \_\_\_ Identify changes in behaviors
- \_\_\_ Explore reactions to present triggers
- \_\_\_ Explore any new thoughts, insights, or information

### Issues Specific to Target Memory

- \_\_\_ New parts of the target memory that may have emerged
- \_\_\_ Other associated memories
- \_\_\_ New present day triggers that have emerged
- \_\_\_ Assess if the SUD remained 0 and VOC remained 7

### Resuming Reprocessing of an Unfinished Target Memory

Therapy sessions usually end without complete processing of a targeted memory.

Where a clinician should begin the next session depends on where the last session ended. Below are several examples:

### When the SUD on the target memory is not yet a 0

Suggestion: access via a component of the memory (TICES)

### IMAGE:

*“Bring up the memory we have been working on. What is the image that represents the worst part of it as you think about it now?”*

### Emotions:

*“What emotions are you experiencing now?”*

### SUD:

*“On a scale from 0-10, how disturbing is it?”*

### Body Location:

*“Where do you feel it in your body?”*

Then, begin reprocessing:

*“Focus on the experience where you feel the sensations in your body and follow my fingers.” (BLS)*

### If the SUD = 0 and the Positive Cognition has a VOC of less than 7

Resume phase 5: Installation and focus on getting the VOC to 7.

Then, move on to body scan.

### If the SUD = 0, the VOC = 7, but you did not finish the body scan

Complete the body scan.

Then, move on to Future Template.