

CASE NO. /

NAME.....DATE.....

PHASE 2 (PREPARATION) CHECKLIST**1 ADOPTING A CLINICAL STANCE**

- Therapist's role: facilitate the client's self-healing process.
- Therapist's attitude: one of respect and accommodation of client's need for safety and reassurance, finely attuned to needs and characteristics of the client.

2 FORMING A BOND WITH THE CLIENT

- Atmosphere of safety and confidence
- Setting a firm therapeutic alliance, honesty and trust
- Joint recognition of agreed goals
- Understanding of need for honest communication, truth telling
- Client cannot 'do EMDR wrongly' and client is in control

3 EXPLAINING THE THEORY

- Use client-friendly language - metaphor and analogy particularly useful:
 "trauma appears to get locked into the nervous system"
 "eye movements whilst awake, like REM sleep, seem to unlock the trauma"
 "your brain does the healing and you are in control"

4 TESTING EYE MOVEMENTS

1. test eye movements for client comfort - distance / direction etc.
2. test speed of eye movements
3. alternative eye movement tracking strategies
4. alternative bilateral stimulation
5. arrangements for stopping therapy (avoid saying 'stop')

5 CREATING A SAFE PLACE

Reason: 1) to create a self-soothing image for temporary rest during processing,
 2) to aid closing down an incomplete session.

step 1: identify an image that evokes a personal sense of safety and calm.

step 2: client focuses on image, feels emotions and identifies pleasing physical sensation.

step 3: enhancement of the imagery and affect may take place.

step 4: pairing of image and pleasant sensations, with short set eye movements

step 5: client identifies single-word cue to image and pleasant sensations, with further eye movements

step 6: as step 5 without eye movements

step 7: client brings up minor distressing image and notices negative feeling, therapist guides client through safe place until negative feelings dissipate

step 8: as step 7 without therapist help.

NOTES RELATING TO SAFE PLACE:

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PHASE 2 (PREPARATION) CHECKLIST continued

6 DESCRIBING THE MODEL

- Disturbing material gets continually triggered (constantly comes to mind).
- This material is stored in the brain as isolated memories, therefore new learning can't take place.
- Elsewhere in the brain is adaptive information needed to resolve disturbing material.
- Processing results in linking adaptive information to the disturbing material.
- Networks link up and new information 'comes to mind' and disturbing material is resolved

7 SETTING EXPECTATIONS

- Emphasise safety, joint participation, and client control.
- Nothing will be imposed, therapist will always honour 'stop' signals.
- Processing is a function of client's own self-healing.
- 'Traveling by train' metaphor - the scenery (disturbing images) will pass by.
- Don't attempt to concentrate on imagery and track eye movements (demonstrate on 'neutral' image if needed).
- Overall procedure: focus on target > eye movements > feedback
- Sometimes things will change, sometimes they won't
- There are no supposed-to's
- Any questions?

8 ADDRESSING CLIENT FEARS

- Address all doubts and fears, answer all questions honestly.
- Issues of: 'fears of going crazy'; 'not coming out of the imagery'; 'shame & guilt'
- OK not to divulge information to the therapist
- Offer client articles to read about EMDR
- Arrange face-to-face discussion with clients who have had EMDR before

9 READINESS FOR EMDR

- Do you consider that the client is ready to re-processing disturbing memories Yes / No
- If no what further preparation is needed?

CLINICAL NOTES