

Blind-to-Therapist EMDR protocol – clinician checklist

EMDR supervision handout 62.1 © David Blore 2016

PHASE 1

1. Be vigilant for client expectations!
2. It is fine to not disclose
3. EMDR will work whether or not material is disclosed
4. There is a difference between non-disclosure and avoidance... it is crucial the client realises the difference and does not avoid the memory itself
5. There is no need to investigate why the memory cannot be disclosed

PHASE 2

6. Usual preparation + +
7. Safety first
8. The nature of 'change'
9. The dry run
10. Client conveying 'change' to the clinician
11. Distinguishing between blocked processing and the end of a channel of association

PHASE 3

12. 'Target word'
13. Stationary target memory
14. Do not use NCs, PCs or a VoC rating
15. Identify emotion(s)
16. SUDs rating
17. Identify body location(s) of emotion(s)

PHASE 4

18. Notice: 'Target word'/Emotion/Location
19. Communicating 'change'/'no change' to the clinician
20. Deciding whether 'no change' = blocked processing or end of a channel of association
21. Using visual interweaves
22. Respect all spontaneous revelations
23. Accept all PCs even those 'not worded as per the textbook', and never identify an equivalent NC - or rate the PC with a VoC until Phase 5

PHASE 5 onwards

24. If no PC has been revealed to this point then ask for one
25. If a PC has been already revealed then ask if this needs to be changed ...either way, now use the VoC
26. From now on there is a dovetailing back into the standard protocol and dialogue between client and clinician

PHASE 6/7 and 8

No changes