



EMDR Protocols

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1. EMDR Standard Protocol

1. Target issue, memory, event, or symptom

“Which part would you like to begin working on?”

2. Target image

“What image represents the worst part of this event?” “Which part of this memory bothers you most?”

3. Negative cognition

“When you think of that incident, what negative thought or belief do you have about yourself now?”

“What negative thing does that incident say about you now?”

4. Positive cognition

“When you think of that incident and those negative words [negative cognition] what would you prefer to believe about yourself now? “ (“I” statement)

5. VoC (Validity of Cognition)

“When you think of that incident how true do those words [positive cognition] feel to you now on a scale of 1 to 7, given 0 completely false, and 7 very true?”

6. Emotions

“When you think of that incident and those words [negative cognition] what emotions do you feel now?”

7. SUDs (Subjective Units of Distress)

“How disturbing does it feel to you now, on a scale from 0 to 10, given 0 is no disturbance, and 10 highest disturbance?”

8. Location of body sensation

“Where do you feel that in your body?”

Notice any impulses (e.g., hiding, shrinking, disappearing)

Follow whatever emerges with BLS

Preliminary instructions

“I will ask you to tune in to the target image. We will do sets of tapping (or other BLS) to help you process.”

“You just need to notice whatever comes up, and whatever comes up is right.”

“Try to tolerate as much emotion as you can, but give the stop signal if you feel overwhelmed.”

“After each set I will ask you to give a brief report of what you were aware of.”

9. Desensitization

“Bring the target image & negative cognition to mind, notice where you are feeling it in your body.”

“Just notice it”, “Just observe”, “Let it flow”

“What are you noticing now?”

If client reports new material: “Go with that”, “Notice that”

10. Installation of positive cognition

“Do the words [positive cognition] still fit, or would another positive statement be more suitable?”

Check VoC: “Think about the original incident and the words [positive cognition].

How true do they feel now (1-7)?”

“Bring the target image & positive cognition together in your mind”.

Complete sets of BLS until no change. (Continue installation as long as long as adaptive material is emerging)

If client reports a VoC of 6 or less continue sets of BLS.

If client reports a VoC of 6 or 7 continue until no further material emerges then proceed to body scan.

11. Body scan

“Close your eyes & concentrate on the incident and the positive cognition. Mentally scan your entire body. Tell me if you feel anything.”

If positive sensations are reported do a short set of slow BLS, if more positive sensations are reported give more slow sets of BLS.

If any discomfort reported process (“go with that”) with fast sets of BLS until no further negative sensations reported.

12. Post-session processing

“You might find that the processing we have done today continues after the session. You might become aware of memories, thoughts, sensations or dreams. Just notice what you experience and let me know in the next session. You are welcomed to write me an email too, I will briefly



2. EMDR Shame Protocol

1. Target Theme (Shame)

What shame-related experience, memory, or pattern would you like to work on?

2. Target Image

What image represents the most distressing or shame-filled part of the experience?

3. Negative Cognition (Shame Belief)

When you think of that experience, what negative belief do you have about yourself?

Examples: "I am bad", "I am unlovable", "There is something wrong with me"

4. Positive Cognition

What would you prefer to believe about yourself now?

Examples: "I am worthy", "I am acceptable", "I am enough"

5. Validity of Cognition (VoC)

How true does the positive belief feel now on a scale of 1 to 7?

6. Emotions

When you think of the experience and the negative belief, what emotions do you feel?

Examples: shame, embarrassment, fear, sadness

7. SUDs (Disturbance Level)

How disturbing does it feel now on a scale of 0 to 10?

8. Body Sensation

Where do you feel the shame in your body?

Examples: collapse in chest, heat in face, urge to hide or disappear

9. Desensitization (Shame Focus)

Bring up the image, negative belief, and body sensation together

Notice any impulses (e.g., hiding, shrinking, disappearing)

Follow whatever emerges with BLS

10. Repeat 7-9

11. Blocks & Interweaves

If processing becomes stuck, consider:

- "Whose shame is this?"
- "What if this was not your fault?"
- "How would you view someone else with the same experience?"

12. Installation of Positive Cognition

Pair the original memory with the new adaptive belief

Strengthen any sense of expansion, relief, or grounding in the body

13. Body Scan

Scan the body for any residual tension or shame

Process any remaining disturbance

14. Closure & Integration

Reinforce resources (safety, boundaries, self-compassion)

Remind client that processing may continue after the session

Decision tree

If client is reporting new material continue with sets of BLS.

If SUDs are greater than 0 or 1 further processing is normally necessary.

When client reports SUDs of 0 or 1 move to installation of the positive cognition.

If no further material emerges then proceed to body scan.



3. EMDR Flash Protocol

The Flash Technique is a gentle, minimally intrusive method for processing traumatic memories. It allows the client to process a disturbing target while maintaining focus on a positive engaging focus (PEF), significantly reducing the risk of overwhelm. This protocol outlines the steps for implementation.

1. Prerequisites:

Client is stable and has a sufficient capacity to engage with a positive memory.

Ensure there is no earlier "feeder memory" causing the disturbance for the current target. If there is, consider using Flash on that earlier memory first.

2. Identify Positive Engaging Focus (PEF)

"We're going to start by finding a positive memory or image that you can really connect with. Think of something that brings you a sense of peace, joy, or engagement. This could be a favorite place, a memory with a pet, a time you felt proud, or even a piece of music. What comes to mind?"

"Great. As you focus on that, can you notice the feelings associated with it?"

3. Choose a Target and Check SUD

"Now, I'd like you to think of a memory or event that feels disturbing to you. Without telling me the details, just get a sense of it. On a scale of 0 to 10, where 0 is no disturbance and 10 is the highest disturbance possible, how disturbing would it be?"

"Okay. To make this work best, I'm going to ask you not to share the details of the memory with me. We just need to know that it's there. Is this coming from an earlier memory, or is it its own event?"

4. Begin Bilateral Stimulation (BLS) with PEF

Strengthen the PEF with a few short, slow sets of BLS (eye movements or tapping).

"Let's focus on that positive image again. I'm going to have you do a few slow passes of tapping/eye movements while you hold onto that good feeling."

"Now, we're going to add one piece. As we continue, I will ask you to do a few things, but your only job is to keep your mind completely on that positive focus. No need to let the disturbing memory come in at all."

5. Triple Eye Blink

While the client is engaged with the PEF and BLS continues, instruct them to perform a rapid triple blink. Repeat 3-5 times.

"Okay, now with your next set of taps, I'd like you to blink three times, quickly, one right after the other. Just blink and keep your mind on your positive place. Ready?"

"Great. We're going to do that 3 times in a row, all while you stay focused on your [PEF]."

If the client reports any disturbance from the trauma while focusing on the PEF, the PEF is not strong enough. Enhance the PEF or choose a new one.

If the client struggles to blink and do BLS simultaneously, pause BLS, have them blink, then resume BLS.

6. Check the Target

After completing 5 consecutive triple blinks where the client remained completely engaged, check for changes in the target memory.

"Good. Now, I'd like you to check in with that original memory for a moment. Just touch on it slightly. Does it seem different to you in any way?"

"How disturbing does it feel now, from 0 to 10?"

Note: Expected changes include the memory feeling farther away, less vivid, less emotional, or even difficult to find. If no change is reported, repeat steps 3-5 (a second set of five triples) as it may take two sets to begin processing.

7. Repeat Sets Until Effective

Continue repeating the sequence of 4-5 triple flashes until the disturbance has significantly decreased or the technique is only marginally effective.

"Let's go back to your positive focus. We'll do another set."

8. Decision Points:

If SUDs drops by less than 2 after two sets, ask: "What aspect of the memory is causing the most disturbance right now?" Then immediately begin another set of flash triples targeting that.

If the SUD rating has not dropped, try to clarify the problem. Is there a disturbing aspect of the memory that the client has not considered? Is the PEF engaging enough, or related to the trauma, or has there been intrusion of negative material from the traumatic memory during the flashing? Is there an earlier related memory (feeder) that is causing the target to be disturbing? Is there a blocking belief? Is there a sticky cognitive distortion?

If the SUDs has dropped to 0 or 1, check for any unprocessed channels (e.g., other aspects of the memory, body sensations) before considering the target fully processed.



4. Recent Traumatic

Episode Protocol (R-TEP)

R-TEP is an early EMDR intervention designed for recent traumatic events. It conceptualizes the trauma as a continuum (the T-Episode), including the original event and all subsequent experiences up to the present. The protocol uses a staged, "telescopic" approach to identify and process multiple Points of Disturbance (PoDs) before addressing the episode as a whole. The client should be stable enough to tolerate brief narrative exposure.

1. T-Episode Narrative + Continuous BLS

"We're going to start by telling the story of what happened, from the beginning of the event right up to today. As you tell the story, I'll have you tap your legs and follow my hand with your eyes. Just tell me what happened, and I'll follow along."

Client tells the story aloud while receiving continuous, slow BLS (both tactile tapping and eye movements simultaneously).

Duration: One complete telling of the T-Episode.

2. Episode Google Search (G-Search) + Continuous BLS

"Now, without talking, I want you to scan the whole episode like a Google search on a computer. Scan from the original event up to today, in no particular order. Just notice what comes up. When you find the first thing that feels disturbing—an image, a sensation, a thought—just let me know and we'll stop."

Continue continuous BLS (tactile + eye movements) throughout the G-Search.

The client silently scans the T-Episode for any Point of Disturbance (PoD).

The first PoD identified becomes the initial processing target.

Key: PoDs do not need to be in chronological order.

3. Telescopic Processing (PoD Level)

For each PoD identified, process using the **3-stage telescoping strategy** (EMD → EMDr → EMDR), starting with the narrowest focus.

3.1 Assessment of PoD (PoD Level)

"Let's work with that first disturbance you found. On a scale of 0 to 10, where 0 is no disturbance and 10 is the highest disturbance possible, how disturbing would it be? Now describe the event from different

aspects such as image or body feelings." "How true does the VoC feel?"

3.2 Desensitization (Telescopic Processing)

Choose the narrowest strategy that allows processing to proceed while keeping the client within their window of tolerance.

Decision Points During Desensitization:

"What are you noticing now?"

- If association is directly related to PoD or T-Episode (or is positive/adaptive): Continue BLS.
- If association departs from PoD/T-Episode (e.g., earlier memory):

"Okay, we'll note that. Let's go back to the original target."

- Return to target image and check SUD. Continue with EMD or EMDr strategy.

3.3 Installation (PoD Level)

"Do the words [PC] still fit, or would another positive statement be more suitable?"

"Bring the target image and positive cognition together. How true do they feel now (1-7)?"

NO PHASE 6: BODY SCAN at this stage. Body scan is reserved for Episode-level processing.

4. Closure (Extended)

If the session ends with processing incomplete, use strong closure exercises.

"We've done important work today. Let's take a moment to return to your calm place. Notice how it feels to be here."

"Whatever processing we've started may continue. Notice any thoughts, sensations, or dreams that come up, and we can talk about them next time."

5. Repeat G-Search & Process Remaining PoDs

After each PoD is processed (SUDs 0 or ecological), return to G-Search.

"Now, let's do another Google search. Scan the whole episode again, from the original event up to today. Just notice if any other disturbance comes up."

Repeat Step 2 (G-Search) and Step 3 (Telescopic Processing) for each new PoD identified.

Continue until no further disturbance is found during G-Search.

6. Episode-Level Processing (Full Standard Protocol)



Once all PoDs are processed, process the entire T-Episode using the full Standard EMDR Protocol (Phases 3-7). **This is the first time the Body Scan is used.**

If discomfort: process with BLS until resolved.

7. Assessment (Episode Level)

"Now, as you think about the entire episode—everything from [original event] up to today—what picture represents the worst part?"

"What negative belief goes with that picture?"

"What would you prefer to believe about yourself now?"

"How true does [PC] feel (1-7)?"

"What emotions do you feel?"

"On a scale of 0 to 10, how disturbing does the entire episode feel?"

"Where do you feel it in your body?"

11. Closure

Standard closure exercises.

Reinforce resources and self-soothing skills.

12. Reevaluation (Follow-Up)

In the next session, check SUDs and VoC for the T-Episode.

Address any new material that may have emerged.

Assess for any remaining disturbance.

8. Desensitization (Episode Level)

Use standard EMDR processing, allowing associations to flow freely.

"Bring up the image, the negative cognition, and the body sensation. Just notice what comes up."

9. Installation (Episode Level)

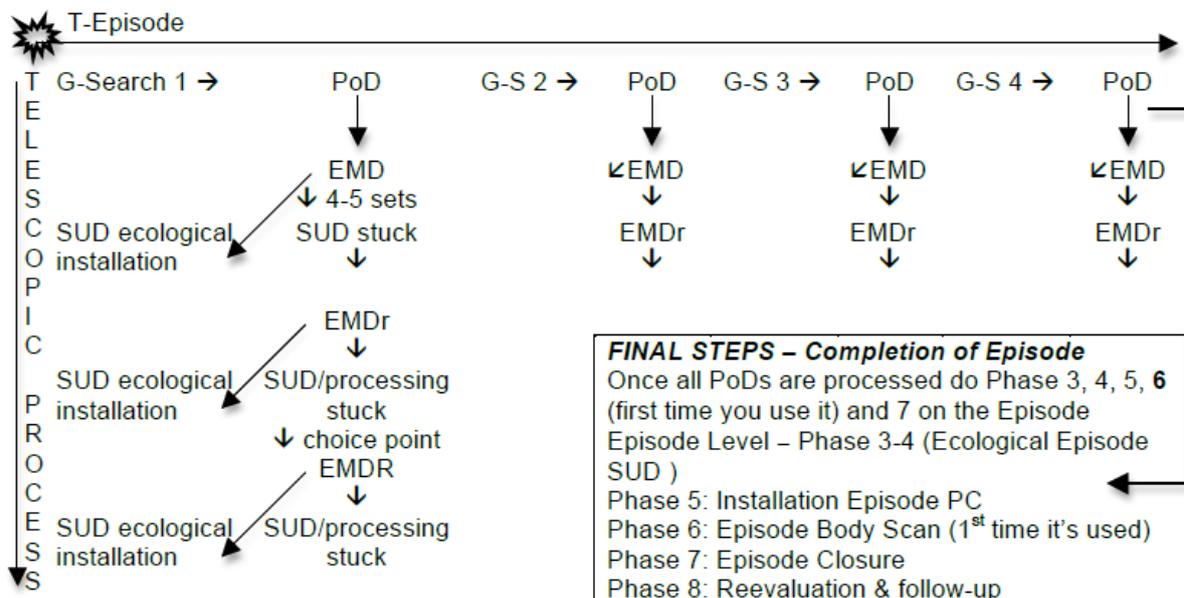
"Do the words [PC] still fit? Bring the episode and the positive cognition together."

"What have you learned about yourself from this experience?"

10. Body Scan (Episode Level)

"Close your eyes and concentrate on the episode and the positive cognition. Mentally scan your entire body. Tell me if you feel anything."

If positive sensations: slow BLS to strengthen.





5. EMDR Interweave

Guidance

Blocked processing

If processing is blocked (client is reporting no change after sets of BLS) try these less intrusive/directive/interventional techniques before attempting cognitive interweaves:

- Change type, direction, speed of BLS.
- Change length of sets of BLS.
- Focus on the sensation in the body: “Where are you feeling that in your body?”
- Float back for touchstone or feeder memories and then process those: “Just allow your mind to float back to time where you might have felt that before”.

Cognitive interweaves

Cognitive interweaves are strategies to ‘jump start’ blocked processing. The golden rule is to use as minimal an intervention as possible (“stay out of the way”) and then to allow processing to take place naturally. The aim is not to have a long conversation, but to change the client’s perspective enough to allow them to continue processing. Interweaves introduce new adaptive information into the memory processing, and are often introduced in the form of a question the client will be able to give a ‘yes’ or ‘no’ answer for. The aim is to help the client bring on-line adaptive information (e.g. ‘Abuse is never the fault of the victim’) and to integrate it with their trauma material (e.g. ‘The abuse was my fault’).

Process interweaves

Process interweaves aim to keep the client within the ‘window of tolerance’

- Reassurance: “You’re doing well”, “I’m here with you”.
- Try making the image black & white (e.g. if blood is involved in the image).
- Try putting something between you and the image (e.g. a sheet of bullet-proof glass).
- Distancing client from the image (e.g. “Imagine the image is on a screen a long way away from you”).

Content interweaves

Client blocks will typically be related to one of three themes:

- Responsibility (or defectiveness)
- Safety

- Choice (or control)

A range of interweave types are detailed below:

New information

- Is the client missing information that it would help them to know?

Bring ‘on-line’ information the client already has

- “I’m confused ... ”
- “That’s interesting ... ”
- “What if this was your child ... ?”
- “What would you say to a friend ... ?”
- “What would a good friend say to you ... ?”
- “What would your adult self say to your child self?”
- “What does that child need to hear in order to comfort them?”
- Socratic questions (a short series e.g. “How big were you? ... How big was he? ... So how could you have stopped him?”)

Verbalization & action

- “What would you like to say to them now?”
- “What would like to do that you maybe couldn’t do at the time?” (instruct to “imagine doing that”)

Useful questions

- “You must have a really good and important reason for believing that, how does thinking about it this way help you?”
- “How long should you punish yourself for this?”
- “If this was a crime, how long would a court punish someone for it?”
- “How much of the responsibility is theirs?”

Example blocks & interweaves

- Block: “It’s my fault” (responsibility)-> Interweave: “I’m confused, is abuse the fault of the victim?”
- Block: “It’s my fault” (responsibility) -> Interweave: “Whose responsibility was it to keep you safe?”
- Block: “It’s my fault” (responsibility) -> Interweave: “Could you have stopped him?”, “How big were you, and how big was he?”
- Block: “I’m unsafe”(safety) -> Interweave: “Are you safe right now?”
- Block: “I’m helpless and powerless” (choice) ->Interweave: “Can you choose now?”
- Block: Freezing & feeling helpless (choice) ->Interweave: “What does that scared little girl need to hear to comfort her?”