

# Welcome to Day 2!



# Day 2 – Today's Agenda

01

## Review Day 1

Key takeaways and open questions

02

## Phase 2: Preparation

Finding targets, NC, PC, treatment planning

03

## Phases 3-7

Assessment through reevaluation



# Review of Day 1

Let's reconnect with what we covered – and build on it today.



# Day 1 Takeaways

## What is EMDR?

History, theory & the AIP model

## PTI Principles

Somatic & attachment approach

## The 3 Prongs

Past, Present, Future

## Regulation & The Answer

Understanding client coping strategies & mechanics





## Day 1 Review: Phase 2 Focus Areas

### Expanding the Window of Tolerance

Assessing client readiness and safety

### Preparing the Client

Predicting pitfalls based on the Answer; More and Less of

### Resources

Finding Calm and Contain; assessing client resources

### Understanding the Client's

**Answer** map to the root

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## What Questions Do You Have?

- We will continue with Phase 2 – getting to the root through the Negative Cognition.

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## What You Will Learn



### Presenting Issue / Present Triggers

A specific, current problem



### Touchstone Memory

Earliest experience relating to the present issue



### Target Memory

The memory to process – starting with the Touchstone



### Negative Cognition

A negative self-belief that helps uncover the root



### Root of the Issue

Earliest experiential time prior to the Answer

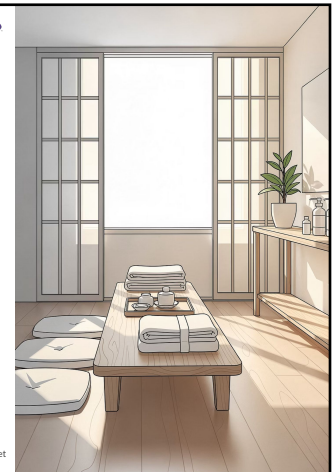
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PHASE 2

## Phase 2: Preparation

Setting the foundation for safe and effective processing.



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THE 3 PRONGS

## The 3 Prongs: Where to Start

Treatment always begins by identifying **which prong** to address first.



## The 3 Prongs: Past, Present, Future

### Past

- First experience (Touchstone Memory)
- Worst experience
- Other memories in chronological order

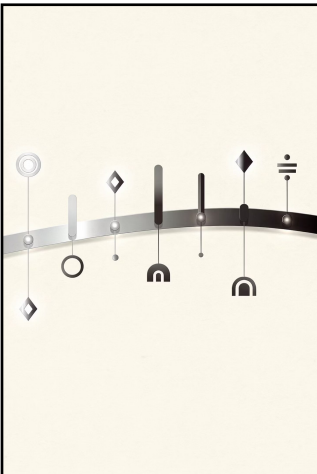
### Present

Recent times the presenting issue is activated:

- Work / School
- Social situations
- Intimate relationships

### Future

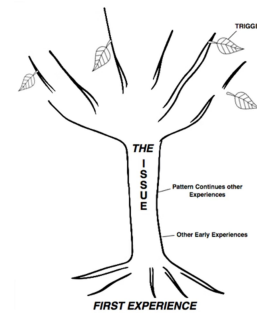
- Desired future response for each present trigger
- New patterns of behavior and feeling
- Missing experiences or underdeveloped skills



## The 3 Prongs: Order of Processing

- **One Presenting Issue at a Time**  
Stay focused – don't scatter across multiple themes
- **Start with the Touchstone Memory**  
Earliest memory first, then process chronologically
- **Then Present Triggers & Future**  
Once past memories resolve, evaluate present and install future template

In Phase 2 we ask about the **present** (how the client feels NOW) → Negative Cognition → Root → Touchstone Memory.



## Touchstone Memory: Getting to the Root

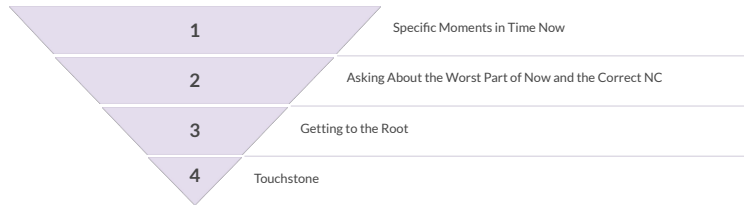
We trim the leaves to get to the first experience – the Touchstone Memory – and uncover the root cause of the client's presenting issue.

The root holds the unprocessed core experience driving today's distress.

## Touchstone Memory: Funneling Toward the Root

The funnel moves from the *presenting issue* all the way down to the earliest core memory.

### Funneling Toward the Root



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## Touchstone Memory: Direct Questioning

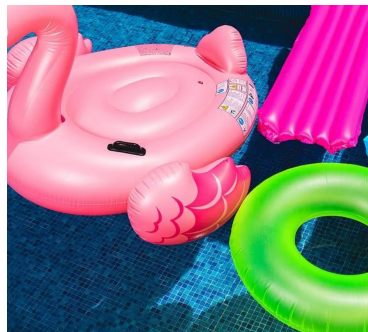
"What is an earlier time you can remember experiencing something similar?"

No matter what earlier memory they report, follow with:

"And can you think of an earlier time?"

Repeat until the client cannot recall any earlier experiences.

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## Touchstone Memory: Float Back

"As you bring up the recent experience of \_\_\_\_, notice the image that comes to mind, the negative belief 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 something similar."

(Shapiro, 2001 – p. 70 of the manual)

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## Touchstone Memory: Affect Scan

"Bring up that negative experience, the emotions and the sensations you are having now, and allow yourself to float back to the **earliest time** you experienced something similar."

The affect scan uses somatic cues – not just cognitions – to trace back to the root.

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## Finding the Root Under the Answer

In EMDR therapy, clients often present with an "Answer"—a coping belief, rigid rule, or behavioral strategy—rather than the root negative cognition (NC). These answers frequently function as defensive structures. The clinician's role is to help the client peel back these layers to identify the deeper, self-referencing negative belief that anchors the distress.

The "Answer" often sounds like a rule or a behavioral mandate, whereas the root NC is about the person's core sense of self.

Possibly the Answer	Question to Ask	Possible Root NC
I need to be perfect	And if you weren't perfect, what would that mean about you?	I am not good enough / I am a failure
I have to be in control	And if you weren't in control, what would that mean about you?	I am powerless / I am helpless
I must take care of everyone	And if you didn't, what would that mean about you?	I am not lovable / I am bad
I can't trust anyone	And what does that say about you?	I am not safe / I am vulnerable
I have to be strong	And if you weren't strong, what would that mean about you?	I am weak / I am not good enough

This is the **SAFE approach** — recommended for identifying targets by unveiling the **true experiential root** beneath the Answer.

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## Touchstone Memory: Red Flags

### No Family-of-Origin Memories

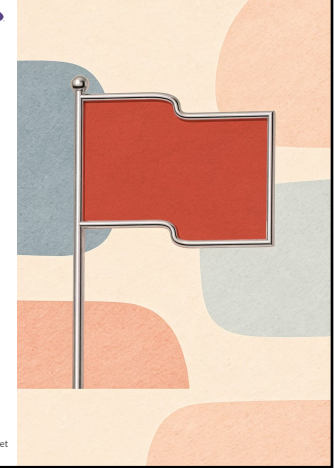
"What happened when you told your parents (caregivers)?"

### No Affect With Memories

Client may be intellectualizing — all memories reflect the Answer (staying safe/connected). Ask: "What happens when you can't do that?"

### No Disturbance About One Caregiver

"What happened when you told the *other* parent (caregiver)?"



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## Adaptations with Kids: Finding Targets

- Adapted Adult Script**  
Use the adult finding-target script for older kids; simplify language as needed
- Caregiver-Suggested Targets**  
Targets may come from a caregiver or other involved adult
- Storytelling & Observation**  
Tell stories about typical situations (orphanage environment, birth story, neglected baby) and observe the child's response

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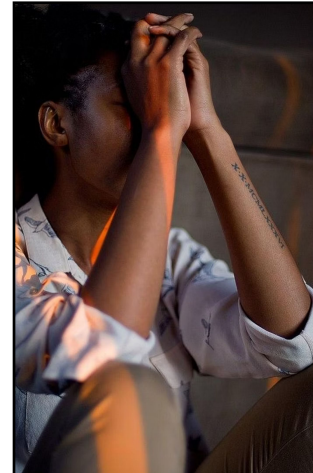



## Using the Negative Cognition to Find the Touchstone Memory

The Negative Cognition is the verbalization of disturbing affect.

It is the bridge from the present problem to the earliest unprocessed root.

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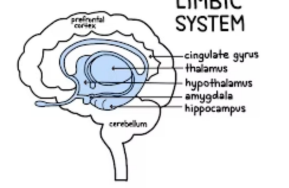


## Negative Cognition: Core Characteristics

A core, negative belief about the self.

- Feels bad**  
Emotionally painful when activated
- Feels true – but isn't**  
The belief has been avoided
- Child-level words**  
Simple, raw language – as bad as possible
- Generalizable**  
Applies across many situations and memories

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## Why the NC Matters

Finding the NC helps by:

- Activating the Disturbing Memory**  
Brings the unprocessed material into working memory
- Activating the Limbic System**  
Engages the emotional brain – essential for reprocessing

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## How to Find the NC

“When you bring up the worst part of that experience, what **negative belief** do you have about yourself right now?”

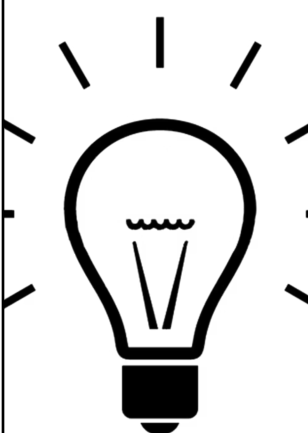
“When you focus on that anger, what is the negative belief you have about yourself, even though you may know better?”

“If that sadness (tightness, pain) had words, what would it be telling you about yourself?”

**Confirming the Correct NC:**

- “Which one feels the worst?” (when multiple NCs surface)
- “Does ‘I’m not good enough’ seem to fit?”
- “Can you feel ‘I’m stupid?’”

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## The correct NC will light up the emotional fragments of past, unprocessed memories.

You are looking for resonance – a felt sense that this belief fits the core wound.

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## Root of the Problem – or Answer to the Root?

The client's Answer will likely surface here as a coping shield.

- Watch for the Answer masking the true NC. Help the client move under the Answer to the real belief.

## Let It Be Organic

Understanding how the client had to adapt sets the conditions for their system to access the reason for the Answer.

### Ideally Organic

The NC surfaces naturally from the client's system during target-finding

### Therapist Assists When Needed

Offer possibilities via a question or a menu – gently, not prescriptively



## The NC & Caregivers

The root of the NC is often connected to our caregivers – not to assign blame, but to understand.

### Family culture

Messages passed down through the system

### What didn't happen

Absence of attunement can be just as formative

## Negative & Positive Beliefs – Continued

Negative Belief (NC)	Possible Positive Belief (PC)
<b>Defectiveness/Shame</b>	
I'm permanently damaged	I can heal
There is something wrong with me	I am fine as I am
I'm not good enough	I am good enough
I'm a bad person or I'm bad	I am good or caring
I'm incompetent	I can succeed
I'm worthless/inadequate	I am worthy
I am unlovable	I am lovable
I am stupid	I am smart enough
I am ugly	I am fine as I am
I am a disappointment	I am okay as I am
I'm different	I'm okay as I am
I'm invisible	I matter
I am a failure	I am worthy
<b>Responsibility/Guilt</b>	
It's my fault	I did the best I could
I should have done something	I did the best I could
I should have known better	I did what I could
I should not have ___	I can learn

## Negative & Positive Beliefs: Discrimination / Exclusion

Negative Belief (NC)	Possible Positive Belief (PC)
<b>Safety</b>	
I'm going to die	I survived / It's over
I am in danger	I am safe now
It's not okay to be safe	I can feel safe when I am safe
<b>Control/Choices</b>	
I am out of control	I can have control
I am powerless	I have personal power
I am helpless	I can make choices
I am weak	I am strong
I can't protect myself	I can protect myself
I can't trust my judgment	I can trust my judgment
I cannot get what I want	I can get what I want
I have to be perfect	I can be human
<b>Discrimination/exclusion</b>	
I'm less than.	I'm equal

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## From the Answer to the Root NC

Possibly the Answer	Question to Ask	Possible Root NC
I have to be perfect	What does it mean about you if you mess up or fail?	I'm worthless / I'm not good enough / I'm a failure
I have to be in control	What would happen if you are not in control?	I'm powerless / I'm incompetent
I'm a disappointment	What does that say about you?	I'm unloveable
I have to please people	What happens if you don't?	I'm not good enough / I'm invisible
I'm lazy	What does that say about you?	I'm a failure / I don't matter / I'm powerless

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# D'oh!



## Common Mistakes with the NC

### Describes a Behavior

"I drink too much" – not a self-belief

### About the Past, Not Now

"I was scared" – must be present tense

### Heady or Adult Language

"I have low self-esteem" – too intellectual; use child words

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## Kids Adaptations: Negative & Positive Beliefs

### Bad / Yucky Thoughts

- I'm bad
- I'm stupid
- I'm unwanted
- I'm not safe
- I'm ugly
- I blew it
- I'm scared

### Good Thoughts

- I'm good
- I'm smart
- I'm lovable
- I'm safe now
- I'm just right / I'm beautiful
- I did the best I could
- I made it

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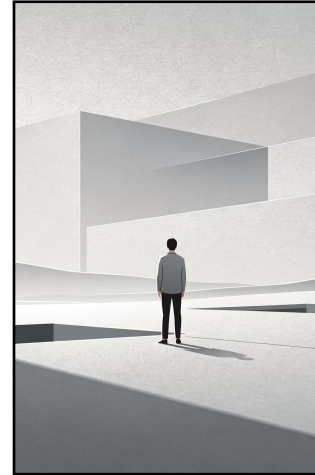


## Knowing You Have the Right NC

You will see affect when the correct NC is identified.

- ☐ Watch for shifts in the client's face, body, or voice – these signal that the belief has landed in the right place.

If there is no affect, keep exploring. The right NC lights something up.



## Positive Cognition



### Hope for the Future

Reflects where the client wants to go



### Desired Direction of Change

Points toward healing, not just the absence of pain



### Generalizable

Applies across situations, not just to one event



### Somewhat Believable

Should feel like a realistic reach – not a fantasy



## PC Mistake #1: Just Negating the NC

- ☐ Simply flipping the NC is **not** a valid PC.

Wrong: NC = "I'm ugly" → PC = "I am not ugly"

Better: "Would you like to believe 'I'm fine as I am'?"

The PC must reflect a positive direction, not just the absence of the negative.



## PC Mistakes #2 & #3



### Magical Thinking

"Everything is perfect and wonderful" – not grounded in reality; the client won't believe it

### The Leap Is Too Big

NC = "I'm worthless" → PC = "I'm extraordinary" – the gap must be bridgeable

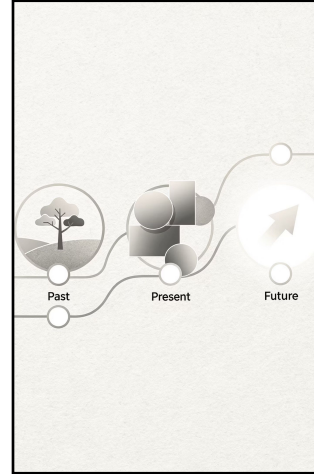




## PC Mistake #4: Confusing the Timing

Ask: "How true does the PC feel *right now?*" – not how true it felt then, or how true it *should* feel.

- ☐ The VOC rating is always about the **present moment**, even though you are holding the past memory.



## Treatment Planning: The 3 Prongs Revisited

### Past

Early events still holding emotional charge in the client's system

### Present

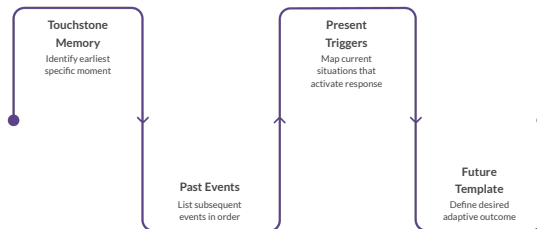
Current events activating the early unprocessed memory

### Future

How the client wants to feel, respond, and believe when triggers arise

## Completing the Treatment Plan

- ☐ Each event in the treatment plan should be a **specific moment in time**.



Completing the treatment plan goes in chronological order – from youngest age to oldest – before moving to present triggers and the future template.

## When Are Past Events Complete?

### Criteria for Completion

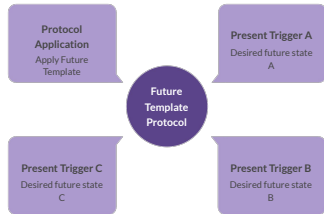
Each past event must reach:

- SUD = 0 (no disturbance)
- VOC = 7 (fully true)

### Then Evaluate Present Triggers

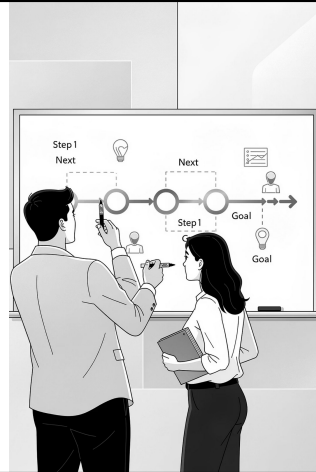
Once all past events are resolved, the present triggers are re-evaluated. If still active, process them using Phases 3–7.

## Finding Future Desired States Through Present Triggers



For each present trigger, the client and therapist collaboratively identify the desired future state – then address it with the Future Template Protocol.

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## Desired Future States

"If you don't know where you are going, you might not get there."

Ask the client for each present trigger:

How would you like to respond or feel?

How would you like to act differently?

How would you like to handle the situation?

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## Future Desired States: Script

1

### Present Trigger 1

"As you think about the present trigger of \_\_\_\_\_, how would you like to be able to react, feel, or behave when that or something similar happens in the near future?"

2

### Present Trigger 2

"As you think about the present trigger of \_\_\_\_\_, how would you like to be able to react, feel, or behave when that or something similar happens in the near future?"

3

### Present Trigger 3

"As you think about the present trigger of \_\_\_\_\_, how would you like to be able to react, feel, or behave when that or something similar happens in the near future?"

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## Treatment Plan – Targets

You can get this information from the "Finding the root under The Answer" treatment plan

Presenting Issue/ Symptom

Attachment/ Relational Longing Under the Issue

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Present Triggers

Socially

Work/ Community

Close Relationships

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## Treatment Plan – Past Events & Future States

Past Events		
Memory:	Age:	

Future Desired States		
Socially	Work/ Community	Close Relationships

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PHASE 3

### Phase 3: Assessment

## Think of this as the Activation Phase.

Asking structured questions to fully activate the target memory before processing begins.

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## Assessment: What We're Doing



Ask structured questions to activate the memory  
Stick to the script – don't improvise here

Think of Phase 3 as **flipping all the switches** – starting the engine before processing begins in Phase 4.

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## Phase 3: Procedural Steps

- |                                                                                                       |                                                                                                           |                                                                                        |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <p>🧠</p> <p><b>1. Target Memory</b><br/>Identify the specific memory to be processed.</p>             | <p>⊖</p> <p><b>2. Negative Cognition</b><br/>Elicit the negative self-belief connected to the memory.</p> | <p>⊕</p> <p><b>3. Positive Cognition</b><br/>Identify the desired positive belief.</p> |
| <p>✓</p> <p><b>4. Validity of Cognition (VOC)</b><br/>Rate how true the PC feels on a 1-7 scale.</p>  | <p>❤️</p> <p><b>5. Emotions</b><br/>Name the emotions connected to the memory.</p>                        | <p>📊</p> <p><b>6. SUD Scale</b><br/>Rate disturbance level from 0-10.</p>              |
| <p>👤</p> <p><b>7. Location in the Body</b><br/>Identify where the disturbance is felt physically.</p> |                                                                                                           |                                                                                        |

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## Assessment Worksheet

### Phase 3: Assessment Full Protocol

Specific Instructions: Prior to starting, please make sure you are in the correct seating, have already practiced speed, distance and type of DAE, and practiced the stop signal. You should be ready to start eye movements after the first question in Assessment.

Target: (In training, earliest touchstone memory found. This should be a moment in time, not an issue.)

"When you bring up that memory, what image represents the event part?"

DAE? (No image time for another perception of the five senses. "As you think of the experience, what is the worst part all?")

Negative Cognition: "What words go best with that picture that express your negative belief about yourself now?"

Positive Cognition: "When you bring up that picture, what would you prefer to believe about yourself now?"

Validity of Cognition SDC: "When you think of that picture, how true do those words (express the positive cognition) should feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?"

1 2 3 4 5 6 7  
Completely false Completely true

Emotion: "When you bring up that picture and those words (negative cognition allowed), what emotion do you feel now?"

SD: "On a scale of 1 to 10, where 1 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does the memory feel to you now?"

0 1 2 3 4 5 6 7 8 9 10  
No disturbance/neutral Highest disturbance

Location of Body Sensation: "Where do you feel in your body?"

"If I like you to bring up that picture, those negative words (express the negative cognition), and notice when you are feeling in your body and following figure (DAE) (S) generally 20 or more presentations need to read of class.)

Important! After the following question, you **immediately** reset (DAE) (S) and are in PHASE 4. (Turn to next page.)

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You can follow along on your Practice Sheet.



STEP 1

## Target Memory

Select a specific moment in time — ideally the earliest memory.

"What picture represents the worst part of the incident?"

Only if no image comes:

"When you think of the incident, what do you get?"

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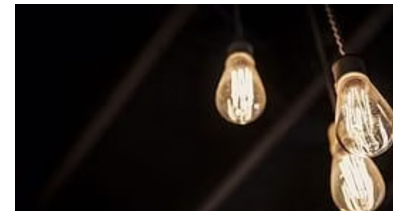
STEP 2

## Negative Cognition

"What words go best with that picture that express your negative belief about yourself now?"

Look for present-tense, child-level language that carries emotional weight.

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STEP 3

## Positive Cognition

"When you bring up that picture or incident, what would you like to believe about yourself now?"

Must be forward-looking, generalizable, and somewhat believable.

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## End of Phase 3 → Start of Phase 4

"I'd like to invite you to bring up that image, those negative words \_\_\_ (e.g., 'I'm not good enough'), notice where you are feeling it in your body, and follow my fingers."

Phase 3 is complete. Processing begins.



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## Phase 3 Adaptations for Kids

### Image

Drawing, photo, or Sentry figure

### SUD / VOC

Blocks, hands, faces – concrete and creative measures

### Emotions & Body

Magnifying glass, wand, or body outline



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## Day 2 – Key Takeaways

### Find the Root

Use Direct Questioning, Float Back, and Affect Scan to reach the Touchstone Memory

### NC & PC

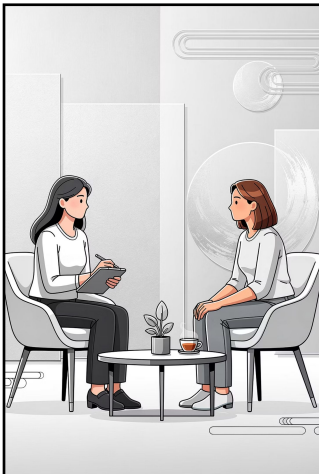
The NC activates the wound; the PC points toward healing

### Treatment Planning

Past → Present → Future, one issue at a time, in chronological order

### Phase 3: Activate

Follow the 7 procedural steps – stick to the script and watch for affect



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## Phase 4: Desensitization



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PHASE 4

## Desensitization

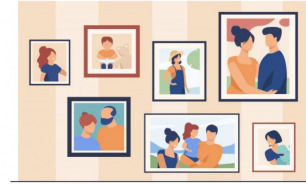
### What is Happening in the AIP?

**Accessing and Reprocessing** — the train is moving. Blocked memories are being accessed, unlocked, and reprocessed through adaptive memory networks.

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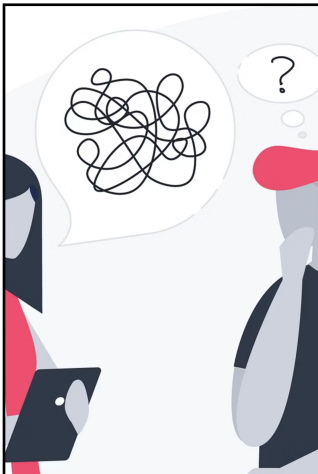
AIP MODEL

## Memory Links Into More Adaptive Networks



Isolated traumatic memories **connect** to broader, healthier memory networks — enabling new perspective, emotion, and meaning.

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PHASE 4

## Client Feedback After Each DAS Set

After every set of **Dual Attention Stimulation (DAS)**, pause and invite the client to share whatever they noticed — images, sensations, emotions, or thoughts.

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PHASE 4

## Two Key Questions


### When to Return to Target?

After 2 neutral or positive responses, no change, end of channel, or when therapist is lost.

### When to Take a SUD?

When processing feels near completion — especially when stuck at 1 or 2, or checking for blocking beliefs or feeder memories.

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PROCEDURE

## Desensitization: DAS Protocol


**Begin Immediately**  
Start DAS right after Phase 3 assessment

**15–30 Seconds**  
Approximately 24 passes per set

**As Fast As Tolerable**  
Calibrate speed to client's window of tolerance

**Stop Mid-Movement**  
End eye movement sets in the middle of a pass

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FEEDBACK

## Asking for Feedback

Keep it **general and open** — never leading. Stop DAS and ask:

"What are you noticing now?"

"Go with that." or "Notice that."

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PROCESSING SIGNS

## How to Recognize Active Processing

Memory network changes channels of association — here's what to watch for:

<p><b>Images &amp; Emotions</b></p> <p>Images shift or fade; emotional tone changes</p>	<p><b>Sensations</b></p> <p>Location or intensity of body sensations moves</p>	<p><b>Thoughts &amp; Beliefs</b></p> <p>Associations to beliefs and past experiences emerge</p>	<p><b>Perspective Shifts</b></p> <p>More adult perspective becomes accessible</p>
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The memory itself changes — that is the hallmark of successful processing.

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PHASE 4

## Types of Processing

<p><b>Visual</b></p> <p>Images shift, fade, or transform</p>
<p><b>Emotional</b></p> <p>Intensity rises and releases</p>
<p><b>Physical Sensations</b></p> <p>Body-held distress moves and resolves</p>
<p><b>Clusters &amp; Other Emotions</b></p> <p>Associated memories and feelings surface</p>



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KID ADAPTATIONS

## Phase 4 with Children

- Movement & Engagement**  
Incorporate movement; keep it entertaining and playful
- Caregiver Involvement**  
Involve trusted caregivers to boost felt safety
- Shorter Sets + Creative Expression**  
Frequent breaks; use storytelling, drawing, and scribbling

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PHASE 4 NAVIGATION

## Handling Memories As They Arise

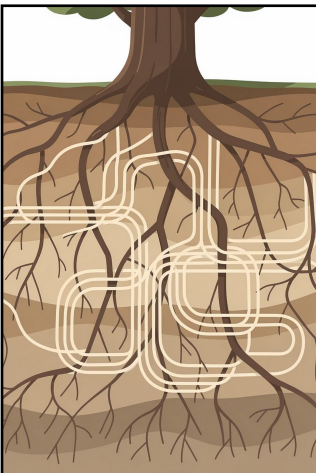
**Therapist as Container**  
Use specific tools. Stay connected while maintaining boundaries. Stay out of the way of the client's natural processing.

**When Info Isn't Moving**  
Assess for safety. Check presence and attunement. Use social engagement strategies. Return to target.

**Return to Target When...**  
2 neutral or positive responses; no change; feels different; therapist is lost; end of channel.

**Taking a SUD**  
When nearing end of processing. Getting from 1 to 0. Stuck at 1-2. Check for blocking belief or feeder memory.

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PHASE 4

## Feeder Memories

An earlier memory – not previously discovered – that is connected to the current target and feeding the disturbance.

When processing stalls, a feeder memory may be the root. Identify it, address it as a new target if needed.


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BLOCKING BELIEFS

## What Are Blocking Beliefs?

A belief that **differs from the NC** – it actively prevents successful reprocessing.

*(These are often also "Answers" that need processing.)*



**Examples**

- It's not safe to feel safe
- I need to feel anxious to achieve
- I will lose connection if I heal
- I don't deserve to feel happy

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BLOCKING BELIEFS

## What To Do With Blocking Beliefs

1

### Notice the Belief

Have the client hold the blocking belief and run a DAS set — many will process out naturally

2

### Connect to Origin

If it persists, explore when this belief was learned — it may become a new processing target

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GETTING UNSTUCK

## What if You're Stuck?

1 Change Mechanics

Switch DAS modality — try tapping or audio instead of eye movements

2 Direct Client's Focus

Gently redirect attention to image, emotion, or body sensation

3 Return to Target

Bring the client back to the original target memory

4 Check for Blocks

Assess for a blocking belief or feeder memory

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ABREACTIONS

## Intense Emotional Processing

Abreactions are **intense emotional releases** — a sign the system is working. The therapist's role is to stay present, regulated, and contain without interrupting natural processing.

- Continue DAS through an abreaction when possible. The client is processing, not destabilizing.

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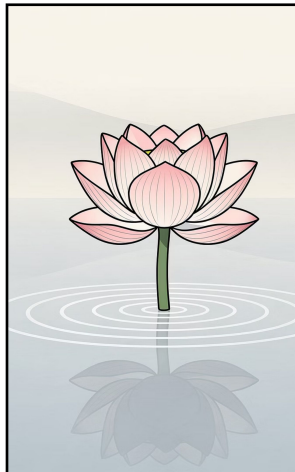


KEY PRINCIPLE

## The Answer Will Resurface.

Trust the process. Whatever surfaces during reprocessing phases is what needs to be seen. **Stay curious, stay open.**

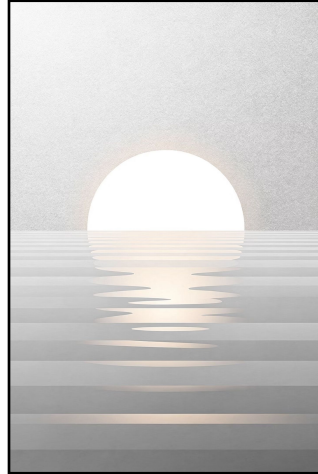
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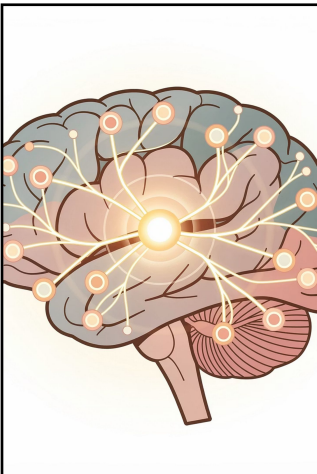


## Phase 4 Complete

Once you receive a SUD of 0 twice, Phase 4 is complete. Move forward to **Phase 5: Installation.**



## Phase 5: Installation



PHASE 5

## Installation: What It Is

### Activating & Linking Positive

Connect the Positive Cognition to the target memory through continued DAS

### Still Reprocessing

Phase 5 is reprocessing – now linking into the positive network

### Unresolved Material Surfaces

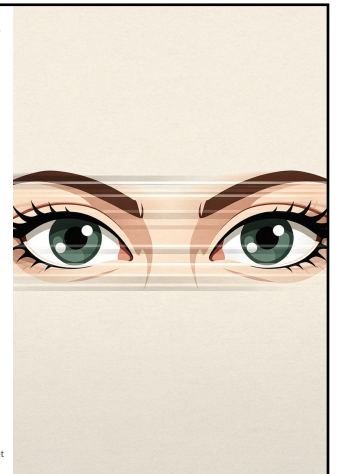
Anything that doesn't resonate with the PC will emerge to be processed



PHASE 5

## DAS in Installation: Still Long and Fast

Don't reduce pace or length during Installation. **DAS remains long and fast** – the reprocessing work continues as the positive cognition strengthens.





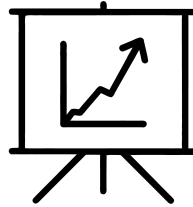
INSTALLATION PROCEDURE

## Step 1: Check the Positive Cognition

After Phase 4, the PC may have evolved. Ask:

*"When you bring up that original incident, do the words \_\_\_ (repeat the PC) still fit, or is there now a better statement?"*

It's common for a more adaptive, resonant PC to emerge after desensitization.



INSTALLATION PROCEDURE

## Steps 2 & 3: VOC Check + DAS

2

### Check the VOC

*"Think about the original incident and those words \_\_\_ (repeat PC). From 1 (completely false) to 7 (completely true), how true do they feel now?"*

3

### Link PC + Target + DAS

*"Think about the original incident and those words \_\_\_ (repeat PC) and follow my fingers."*

Continue DAS sets until the VOC reaches 7 or an ecological maximum.



## Phase 6: Body Scan



PHASE 6

## Body Scan: Purpose & Approach

### Purpose

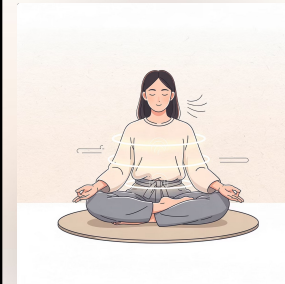
Process residual disturbance held in the body after Phase 5

### Timing

Completed after Phase 5 is fully done; DAS remains long and fast

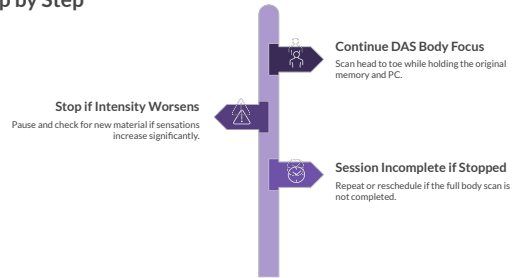
### Focus

Client scans their body from head downward for tension or unusual sensation



BODY SCAN PROCEDURE

## Body Scan: Step by Step






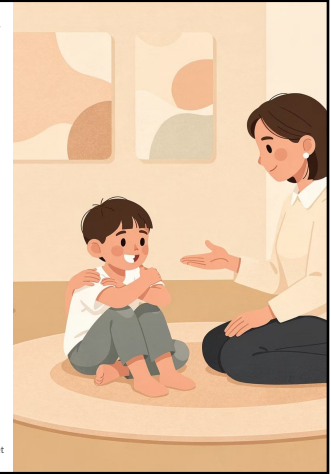
"Close your eyes and keep in mind the original memory and the PC, then bring your attention to the different parts of your body, starting with your head and working downward. Any tension, tightness or unusual sensation – tell me."

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KID ADAPTATIONS

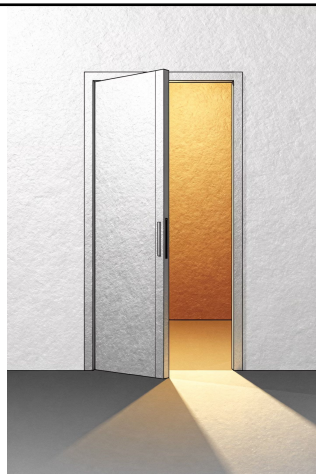
## Phase 6 with Children

-  **Magnifying Glass or Wand**  
Use a prop to help children "scan" their body in a playful, concrete way
-  **Sand Tray**  
Externalize body sensations through expressive sand tray work
-  **Draw on Body Outline or Art**  
Children mark where they feel sensations on a drawn body – creative and grounding



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## Phase 7: Closure



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PHASE 7

## 2 Types of Closure


**Complete Session**  
SUD = 0, VOC = 7, clear Body Scan. Savor and celebrate the work done.

**Incomplete Session**  
SUD > 0, VOC < 7, no clear Body Scan. Stabilize and contain before leaving.

Closure applies to all sessions – complete or incomplete. Goal: client leaves stable and present.



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COMPLETE SESSION

## Closure: When Session Is Complete

SUD = 0 · VOC = 7 · Clear Body Scan

<p><b>Express Wants &amp; Needs</b> Invite the client to name what they're feeling and what they need right now</p>	<p><b>Encourage &amp; Connect</b> Affirm the courage and effort the client brought to the session</p>	<p><b>Savor the Results</b> Give space to be present with the positive shift that occurred</p>
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INCOMPLETE SESSION

## Closure: When Session Is Incomplete

SUD > 0 · VOC < 7 · No clear Body Scan

- 1 Leave 10 Minutes for Closure**  
Plan ahead — don't let an incomplete session run to the last second
- 2 No SUD Check**  
Do not take a SUD in an incomplete closure — avoid reopening processing
- 3 Add Stabilization if Needed**  
More resources may be needed before reading the closure statement

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INCOMPLETE SESSION SCRIPT


## What to Say: Incomplete Closure

*"We are almost out of time and we will need to stop soon. You have done some very good work and I appreciate the effort you have made. What feels like the most important thing you have learned about or for yourself today?"*

If stabilization is needed before closing:

*"I would like to suggest we do a relaxation exercise (or container) before we stop. I suggest we \_\_\_." Then read the closing statement.*

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COMPLETE SESSION SCRIPT

## What to Say: Complete Closure

*"The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories or dreams. It is normal. If so, just notice what you are experiencing — and if you wish, record it on the Memories and Lies chart. Please continue to practice your resources and contact me if you need to."*

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BETWEEN SESSIONS TOOL

## Closure: The Memories and Lies Chart

A powerful tool for clients to use between Phases 7 and 8 – helping them track what surfaces after processing and build awareness between sessions.



Memories and Lies Chart

Date/Time	What was your experience?	SUD 1-10	What was the memory or lie?	Sever what is New and True

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MEMORIES AND LIES

## The Core Insight

01

### It's a Memory

What happened is in the past – it is a memory, not the present reality

02

### The Conclusion Was Not True

The belief we drew about ourselves from that memory was distorted – it was a lie

03

### Awareness Expands

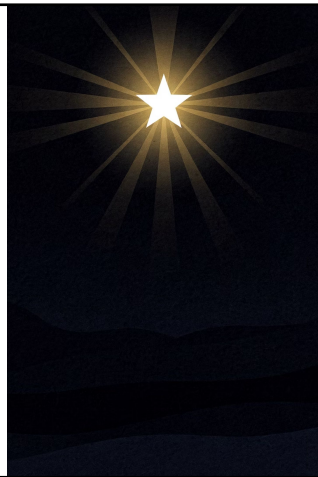
Recognizing this helps when triggered – expanding window of tolerance and resilience

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"Anything that keeps us from being a shining star is either a lie or a memory."

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KID ADAPTATIONS

## Phase 7 with Children



### With the Child

Practice a resource together before ending the session – ground and anchor the positive work.

### Remind the Caregiver

- Continue practicing resources at home
- Behaviors may temporarily get worse – this is normal
- Make a plan together for how to respond

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PRACTICUM

## Closure: Practicum Reminders

1

### Just Read It

Read the closure statement as written — don't improvise

2

### Don't Do Other Therapies

Stay in the EMDR protocol during practicum

3

### Prepare to Be Interrupted

Trainers may step in — this is part of the learning experience

4

### Call Us Before Stopping

For incomplete sessions, bring in a trainer before closing

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PRACTICUM NOTE

## Practice is required.

Personal growth is not required — but it is welcome. Engage with the practicum as a professional learning experience, not a personal therapy session.

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PRACTICUM

## Instructions for Practicing Reprocessing Phases

1

### Follow the Protocol

Use Phase 3 through 7 in sequence as trained

2

### Use Real Targets

Practice with low-disturbance, appropriate targets — stay within your training level

3

### Debrief After Each Round

Discuss what happened, what felt uncertain, and what you noticed as therapist

4

### Ask for Support

Trainers are here — call them in whenever you need guidance

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