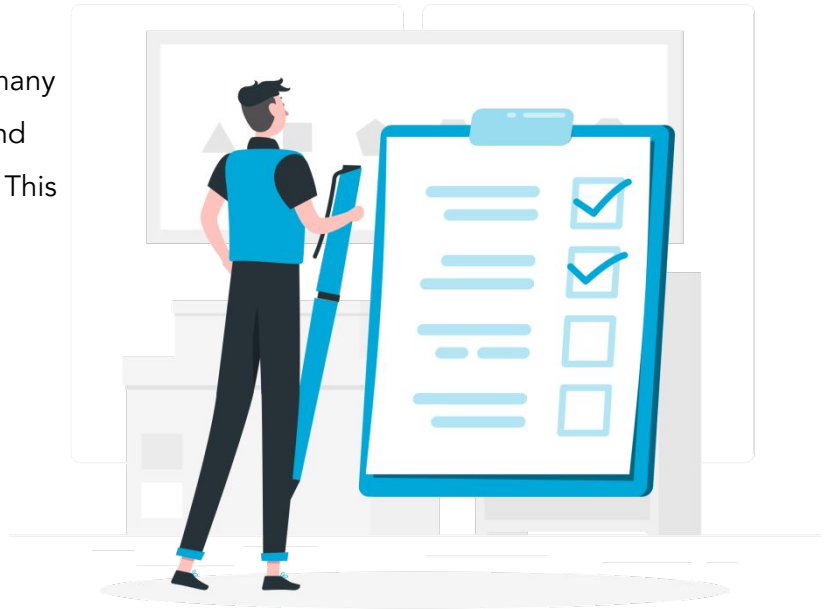


# Virtual EMDR Mechanics

Teletherapy appears to be here to stay. There are many ways that the traditional S.A.F.E. EMDR practices and procedures can be used in the virtual environment. This document will give specific instructions for use in teletherapy.

**1** Preparation phase in teletherapy checklist.

**2** Instructions for Virtual EMDR Script



## Preparation Phase Checklist

- Assure that the client is properly prepared for reprocessing. The mechanics for reprocessing should be completed the session prior to the first reprocessing session.
- Inquire/Experiment with how you are on the screen. Experiment with gallery view or speaker view, distance from the screen, and positioning.
- Instruct the client on how to Pin your video so it stays on your screen if using zoom. (There are 3 dots... beside the picture, click on those and "pin video" will be an option.)
- For reprocessing practice the eye movements on the screen with clinician's face in view and the clinician's face to the side, out of view. Which is preferred?
- For client tapping option:
  - a. Self-tapping with arms crossed and tapping on sides of arms.
  - b. Self-tapping on knees or table.
  - c. Clinician alternatively slapping down on desk. (Sound/Tapping option)
- Check on client privacy. This can be used as a boundary experiment.
- Make a plan for disconnection and reconnection. Possibly using this as an experiment, predicting the screen freezing or losing sound. Possibly having a plan B or a plan to text or call if disconnected. If disconnected be curious about the experience after reconnecting.

# Script for Mechanics in Virtual EMDR

**Practicing the Mechanics:** This is preparing for doing Phases 3 and 4. It is not to be done on the first day with clients unless there is a plan to reprocess on the 2nd session.

## Initial set up:

Experiment and check on various aspects of the screen. Is the client comfortable with the distance, the sound, gallery vs. speaker view? Instruct the client to pin the video if using Zoom, so the screen does not suddenly switch during reprocessing.

## Eye Movements Distance:

For all of the eye movement options, please make sure that the client's eyes are moving past the center line. If not, experiment with options such as "landscape" mode or a different device. Please make sure you are practicing on the device they will be using for the reprocessing session.

*"We are going to practice the eye movements. First we will practice with just my hand visible on the screen and then with my hand and face visible on the screen, then you can decide which you prefer."*

## Speed:

*"I will start out fast and slow down if needed. We want it to be as fast as you can tolerate. You do not need to try hard to focus on the fingers, it is just a way to help you move your eyes back and forth."* The therapist starts with fast movements and only slows down if the client says they need slower.

## Directions:

*"There are times when a change in direction can be useful so would it be okay to practice diagonal movements?"* The therapist does diagonal movements starting from top left first, then the other way, from top right.

## Tapping:

*“There are times when it can be useful to switch from eye movements to tapping. Would you like to practice tapping on yourself, there are several options. (Therapist demonstrates each option with the client.) First practice by crossing your arms across your body as if you are giving yourself a hug, then tap on the sides or your arms. Next, you can practice tapping on your knees like so. The next option is to tap on the desk or object in front of you like a book. Which one of these options do you feel fits best ?”*

## Sound/Tapping:

*“ Another possible option is for me to tap on by desk or knees in a way that you can hear and see. ”*  
*Therapist makes a large movement, alternating each hand hitting down on a surface or their own knees hard enough to make a sound, bringing the hands up high, about face distance so the client can see the hands.”*

## Reminder Instructions:

*“The EMDR process is intended to bring balance to your system. I will be asking you some questions with the intention of helping you to find the root of your presenting issue. As we have discussed, some disturbing experiences become stored in your system with the original images, sounds, thoughts, emotions and body sensations. When these memories are activated in the present it may feel like an over-reaction but it is just the inadequately processed memories that are being activated. As we go through this process the best thing you can do is notice your experience and give honest feedback. You do not need to try to do anything. I will do the eye movements for a while and then stop and ask you what you are noticing. At that time you can just give me a snapshot of what you are experiencing. I do not need to know everything that you experience. Whatever you experience is okay.”*

Dual Awareness/Noticing the experience/The Train/Video metaphor.

*“Some people like to use the metaphor of watching the experience go by like looking out of the window of a train or watching a video on a screen. Would one of those feel useful to you?”*

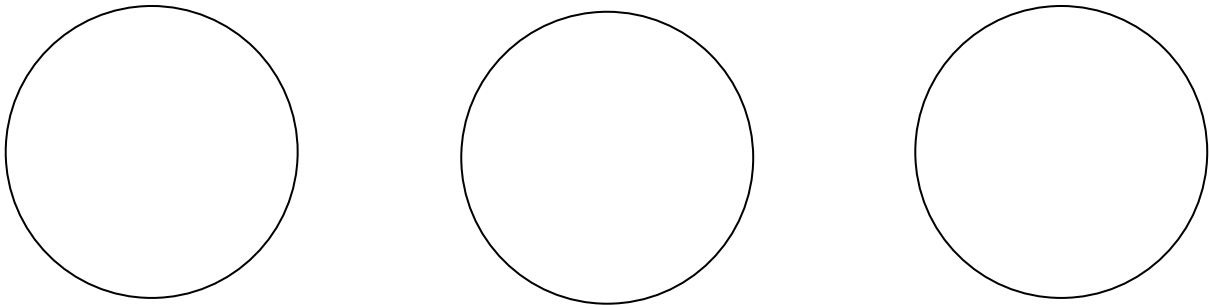
## Stop Signal:

*“If you would like to stop at any time, it is okay. Would you like to raise your hand or do a time-out signal?”*  
Therapist demonstrates the 2 methods and asks the client to practice doing the signal.

## Finding the Problem

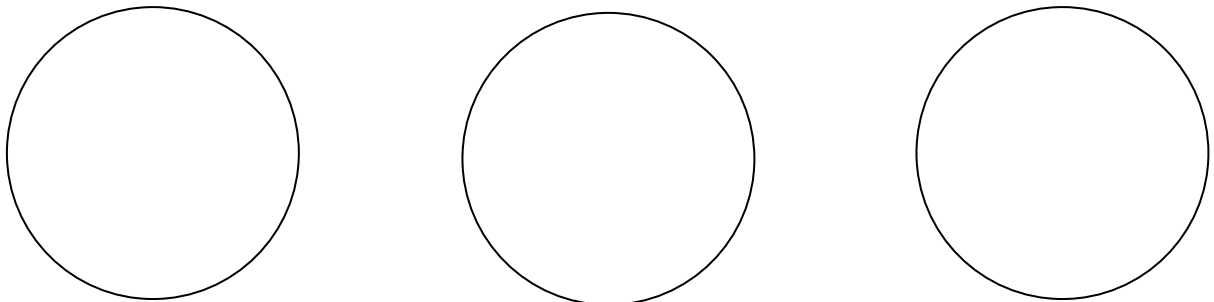
How to find the Universal Theme for the Client's Presenting Issue  
Often the presenting issue is also the client's "Answer" or adaptive strength. This exercise will help identify the attachment longing under the adaptation.

In each circle write a current issue or problem that if it was resolved, would make a significant difference in your life. Try to find something that is fairly persistent and it feels like you keep recycling it.

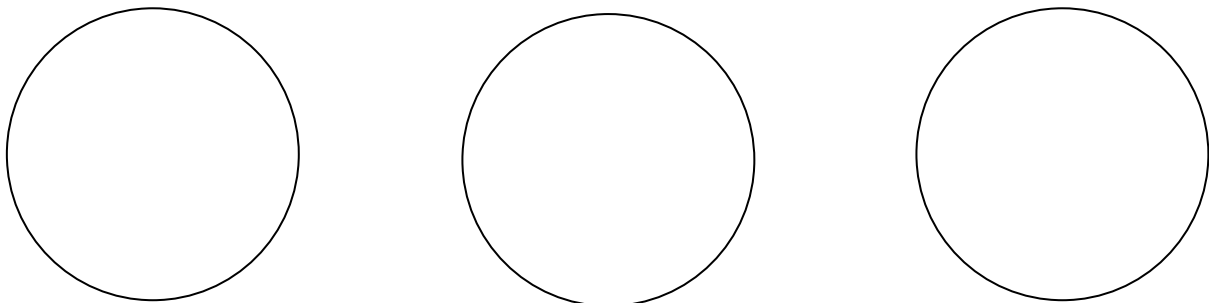


For each of the above, how is that something you are good at doing?

(Listening for how this has been a resource or adaptive to stay safe or connected)



What is the relational longing? What do you want that you are not getting?



When we go to Finding the Targets we will be looking for times when you had the hope of that longing but it didn't work out. Or you wanted this but did not get it.

# Finding the Root Under the Answer

How to identify the attachment need, longing under the answer for one issue or symptom

Finding the true experiential root of the current dysfunction is an important aspect of treatment planning. This exercise will help lead down the correct neuropathway in order to have the best chance at comprehensive treatment effects.

What is a current symptom, frustration or limitation?

When you experience the above what is the longing?

What do you want in that moment that you are not getting?

[Listening for Safety/Connection/Empowerment - Responsibility/Safety/Choice](#)

Identify recent times when you did have a hope, even a glimmer of hope, of the longing being fulfilled and it did not work out.

Note: We are looking for times that the client had the hope or longing for getting the missing attachment experience but it didn't work out.



# FINDING THE ROOT UNDER ANSWER

(We are looking for a Moment in Time to light up the limbic system. The client needs to have a specific moment but you do not need to have the details.)

When is the last time you wanted or experienced this at work or in the community? (Present Trigger 1.)

When is the last time you wanted or experienced this socially or with friends? (Present Trigger 2.)

When is the last time you wanted or experienced this with your closest relationships? (Present Trigger 3.)

What is the worst part of all of this right now?

How disturbing does it feel right now on a scale of 0-10, with 0 being no disturbance and 10 the highest disturbance?

When you bring up the worst part of that disturbance, what words express the negative belief you have about yourself NOW, even though you may know better?

(Clinician is looking for self-referencing, irrational negative belief that is the worst possible belief the client FEELS. Ex: I'm not good enough, I'm worthless, I don't matter)

When you bring up the worst part and the words.....(NC)  
what is an earlier time you can remember experiencing something similar?

Memory:

Age:

If the client doesn't give a moment in time ask "And can you remember a specific moment in time?"

What was an earlier time? (Keep asking this question until the client stops answering)

Memory:

Age:

Memory:

Age:

Memory:

Age:

## Future Desired States

*“Now I would like us to look at each present trigger and decide how you would like to react, behave, or feel in that situation when or if it happens in the future.”*

(This needs to be something you can imagine happening.)

One for each present trigger listed above. 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.”*

Future Desired State:

Future Desired State:

Present trigger 2:

*“As you think about (name second present trigger), how would you like to be able to react, feel, or behave in the future?”*

Future Desired State:

Present trigger 3:

*“As you think about .(name third present trigger), how would you like to be able to react, feel, or behave in the future?”*

Future Desired State:

Future Desired State:

*There may be more or less than 3 of each*

*Transfer the information to the Future section on the Treatment Plan Targets*

## Treatment Plan Targets

This is where you can record the answers from the Finding the Root script

Presenting Issue/Symptom

Attachment Longing Under the Issue



## Present Triggers

Socially

Work/Community

Close Relationships




## Past Events

List older memories here going from Older to Younger Memories. There may be more than 4

Memory:

Age:

- 1 .....
- 2 .....
- 3 .....
- 4 .....

## Future Desired States

For Each of the Above Present Triggers how would the client like to feel, act or behave instead?

Socially

Work/Community

Close Relationships






# 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 DAS, and practiced the stop signal. *You should be ready to start eye movements after the final 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 worst part?....."

ONLY if no image (may be another perception of the five senses): "As you think of the experience, what is the worst part of it?" .....

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 instead?....."

Validity of Cognition (VOC): "When you think of that picture, how true do those words (repeat the positive cognition above) 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 above), what emotion do you feel now?" .....

SUD: "On a scale of 0 to 10, where 0 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 it in your body?" \_\_\_\_\_

"I'd like you to bring up that picture, those negative words (repeat the negative cognition), and notice where you are feeling it in your body—and follow my fingers." (DAS/BLS generally 20 or more passes/customized to need of client.)

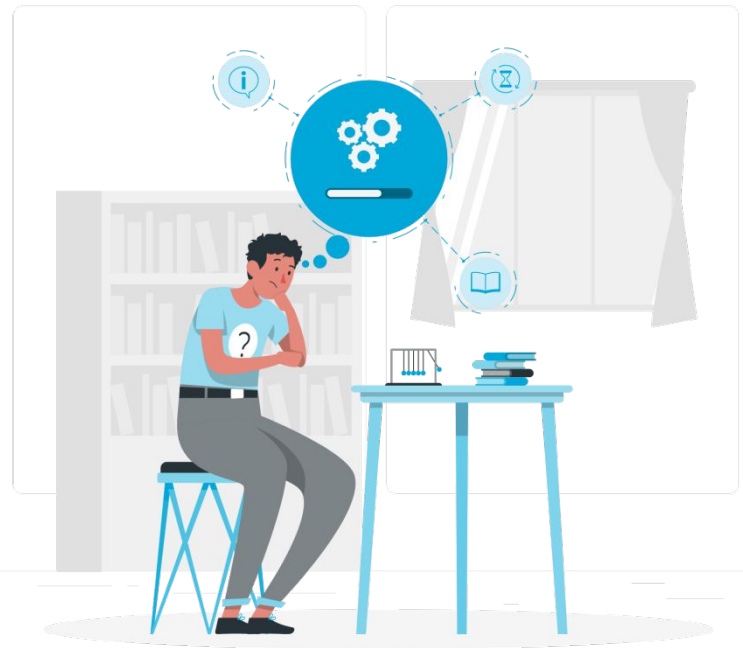
Important!! After the following question, you immediately start DAS/BLS and are in PHASE 4. (Turn to next page.

# Phase 4: Reprocessing

**A**

## DESENSITIZATION:

After the DAS of 20-30 back and forth, *“What are you noticing now?”* Allow them to answer, and no matter what they say, you say: *“Go with that.”* Then do another set of DAS, generally 20 or more passes that are customized to the needs of the client. Repeat: *“What are you noticing now? Go with that.”* Continue DAS as long as the client reports change or new information (as many sets of DAS as necessary) until the client stops reporting change for two consecutive sets of DAS, then ask (B).



**B**

## BACK TO TARGET:

*“When you go back to the original memory, what are you noticing now?”* (Pause for a response). *“Go with that.”* (DAS, 20 or more passes customized to the client). Repeat: *“What are you noticing now?”* (Pause for a response). *“Go with that.”* (Sets of DAS). Continue with sets of DAS as long as client reports change or new information (as many sets of DAS as necessary).

When the client goes back to the original target after two consecutive sets of DAS and still reports no change check SUD (see C below).

**C**

## CHECK SUD:

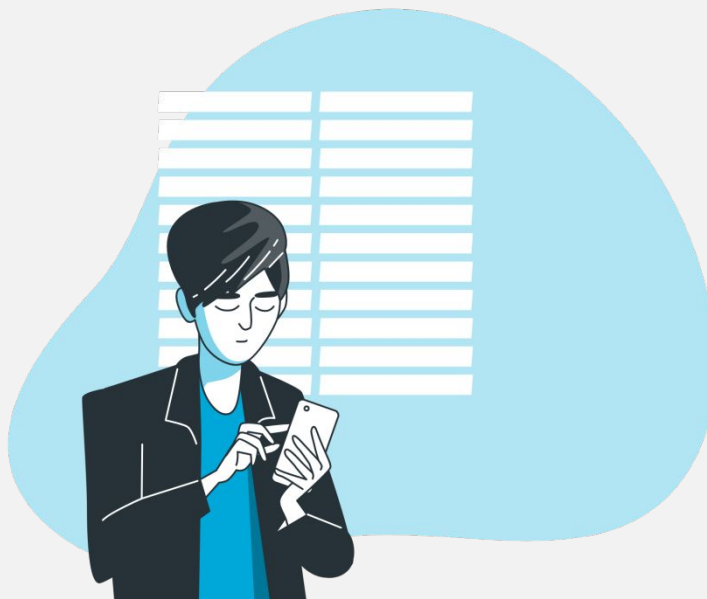
When you believe they are at or near end of processing, say *“When you bring up the original memory, on a scale of 0 to 10, where 0 is no disturbance and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now? ---Go with that.”* (Sets of DAS.) If SUD is stuck at 1 or 2, ask, *“Where do you feel it in your body? \_\_\_ Go with that.”* Set(s) of DAS or, *“What is the most disturbing part of that memory now?”*

REPEAT Steps A, B, and C until SUD is 0 twice (or ecologically sound).

# Phase 5: Installation

Installation links the desired Positive Cognition with the original memory/experience:

- 1 *"Do the words (repeat the PC) still fit, or is there another positive statement you feel would be more suitable?"*
- 2 *"Think about the memory and those words (repeat the selected PC). From 1, completely false, to 7, completely true, how true do they feel?"*
- 3 *"Hold them together. Those words \_\_\_\_\_ and that memory. " Do DAS.*
- 4 *"On a scale of 1 to 7, how true do the words (PC) \_\_\_\_\_ feel to you now?" (After each set)*
- 5 Continue installation as long as the material is becoming more adaptive. Continue sets of DAS until the VOC no longer strengthens. Once the VOC=7 (or ecological), go to Phase 6: Body Scan.
- 6 If client reports a 6 or less, check appropriateness and address blocking belief (if necessary) with additional sets of DAS. (Note: If running out of time, set aside the blocking belief to be addressed at a later time and proceed to closure for incomplete session.)



# Phase 6: Body Scan

*“Close your eyes and keep in mind the original memory and the words (repeat the selected Positive Cognition). Then bring your attention to the different parts of your body, starting with your head, and working downward. Any place you find any tension, tightness or unusual sensation, tell me.”*

If any sensation is reported, do DAS. If there is a positive/comfortable sensation, do DAS to strengthen the positive feeling. If a sensation of discomfort is reported, reprocess until discomfort subsides.

Savoring the New!

After a clear Body Scan: *“Is there a gesture or movement that would help you connect with that feeling of*

.....

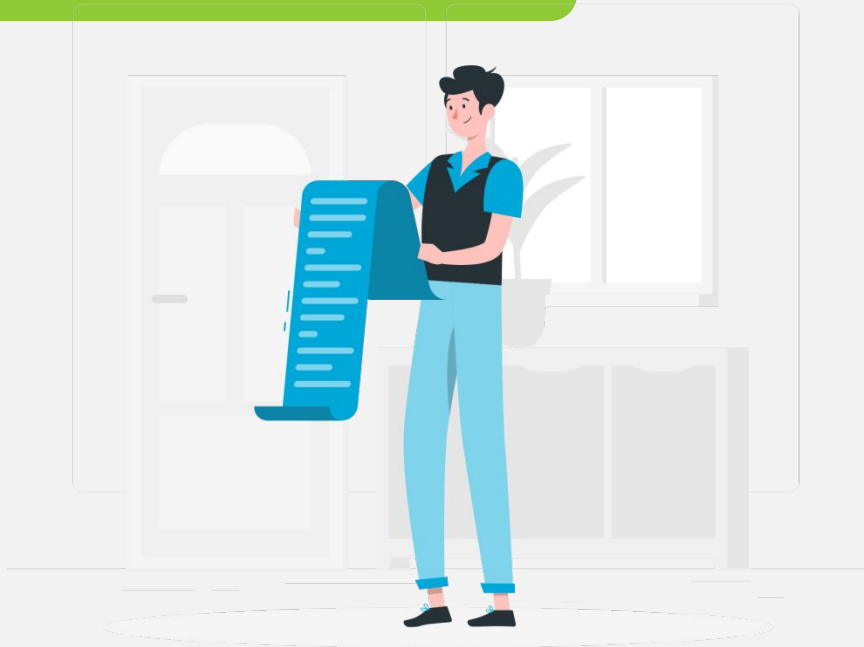
*(name the PC or new positive feeling)?”*



# Phase 7: Closure

An unfinished session is one in which a client's material is still unresolved (i.e., s/he is still obviously upset; the SUD has not gone down to 0; the VOC has not gone up to 7; you have not had time to complete the Body Scan).

The following is a procedure for closing down an unfinished session. The purpose is to acknowledge clients for what they have accomplished and assist them in being present and as stable as possible prior to leaving.



\*\*\* Procedure for closing unfinished sessions\*\*\* If complete go directly to #3.

1

Give the client the reason for stopping. *"We are almost out of time and we will need to stop soon."* Give encouragement and support for the effort made. *"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 yourself or for yourself today?"*

2

Do a containment exercise: *"I suggest we do a relaxation (or a container) exercise before we stop. I suggest we ....."* Suggest either a relaxation exercise or a container exercise. Examples include: Container imagery (put it away in a container until the next session); Safe/Calm Place; Light Stream; etc.

3

Read the "Debrief the Experience" section to the client, as scripted below:

Closure for all Sessions: *"The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories, or dreams. If so, just notice what you are experiencing and if you wish you can record it on the Memories & Lies log. Use the resources we have worked on to help manage any disturbance. We can work on this material next time. If necessary, you can call me."*