DUTCH EMDR STANDARD PROTOCOL

1. Introduction
EMDR can be suitably applied when a diagnosis is set and the memory that is playing a part in the symptoms is chosen. Furthermore, avoidance behavior or anxiety provoking situations are inventoried (if applicable)

a. Specific instructions:
“I’m going to ask you about your memory regarding the event that we’re going to work on. (this event has been determined previously) At a certain point I will ask you to concentrate on specific aspects of the memory. More specifically, I will ask you about the image in your mind that is still the worst to focus on, at this moment”

Establishing the chairs, distance and frequency of eye movements (when using EM, or EMDR device). When using a different distracting task: demonstrate the use of the CD and place the headset on patients head before talking about the event / Explain and demonstrate the use of ‘hand-taps’

“I want to ask you to be a spectator who is observing the things that are happening to you from the moment you start following my hand. Those things can be thoughts, feelings, images, emotions, physical reactions or maybe other things. These can relate to the event itself, but also to other events, that seem to have no relationship to this particular event.. Just notice what comes up, without trying to influence it, and without dwelling on the question whether it’s going well or not. It’s important that you don’t try to keep the image, that we will start with, in mind all the time. The image is just the starting point of anything that can and may come up. Every once in a while we will go back to this image to check how disturbing it still is to look at. Keep in mind that is impossible to do anything wrong, as long as you just follow what’s there and what comes up”.

2. Assessment
2.1 Traumatic memory

a. Visual representation of the negative event/experience/memory (film)
“Now tell me, without too many details, the memory of the event, from the moment where you feel it starts, til the moment that you feel it ends. Outline your memory broadly. It’s about what you remember of it now and not what happened exactly.”

Invite the patient to narrate the whole memory, and ask –if necessary occasionally with some curiosity- “how did it go from there” until the end of the memory is reached.
Check: Is this the complete memory, or are there things that happened - on the same day - before or after the event, that according to you, also belong to the memory?

b. Target selection:

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Make a choice whether you’ll work with the film-metaphor or photo album-metaphor.

Film metaphor:
“You’ve just told me how you remember this event. Now I’m asking you, what presently is the most disturbing image of this memory?
Play the movie of the memory, pause it, when it is the most disturbing image. We are searching particularly for an image with you in it. It should not be the picture of what you found most disturbing at that time, but what is now, at this moment, the most disturbing image to look at, including images that show what could have happened”………………..“So you’re looking at yourself from a distance …. “What does this image look like?” ……

If patient does not see him/herself in the image and it’s a image describing a situation in which (s)he plays an active role him/herself: “Where do you see yourself in the image?”
(Thus: description of an image, with the patient in it).

Or:

Photo album metaphor:
“Imagine you have a photo album in your head, with photos or snapshots that show how you remember this event/incident momentarily; it’s possible that you see images of things that didn’t really happen, but are added to the album later on. We are looking particularly for a image with you in it. Which photo is at this moment the worst to look at?………………..“What do you see in the photograph?”…………

If the patient does not see him/herself in the image and it’s a image describing a situation in which (s)he plays an active role him/herself: “Where do you see yourself in the image?”
(Thus: description of a photo, with the patient in it).

Check if appropriate: “Just to be sure, is this the image that you find most disturbing to look at right now, or is this the image that shows what you found most disturbing back then?”

If helpful, select a neutral working title for the image.

If there is more than one image: “bring both images up, project them next to each other on an imaginary white wall..which one of the two is most disturbing to you now?”

A drawing can be made of the image (how the worst moment of the incident is represented in the mind of the patient) if useful. Use a separate piece of paper or a flip over. Be sure the patient draws him/herself in it, and that the drawing shows no bird’s eye view.

Ask yourself - listening to the story and regarding the target selection - to which domain the (hypothesized) negative cognition might belong to:

■Control (e.g. “I am helpless”)

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Safety (in regard to the situation, e.g. “I am – (subjectively) - still in danger”)

Self-esteem (e.g. “I am worthless; stupid; bad; disgusting; weak; cowardly”)

Responsibility & guilt: (e.g. “I am guilty”)

2.2 Negative cognition (NC)

“What we need to find out now, what makes this image so disturbing for you now, when you look at it, apart from how disturbing it was back then.”

“What is it, that still makes the image so disturbing for you, right now?”

Follow, if the answer points at the domain ‘Control’ (A) and ‘safety’ (B), If the answer points at the domain ‘Self-esteem and guilt’ (C)

A. control
If the answer makes probable that it is about control, e.g. the helplessness is relived, or the image is in itself aversive. Leading question:
“Apparently you still feel powerless/helpless (or: again) when you look at this image”

B. Safety
If the answer makes probable that it is about actual loss of the sense of safety: “does it feel true that you feel yourself (again) in danger when you bring up the image?”

C. Self-esteem and guilt

If the answer makes it probable that the image activates a negative belief about the patient him/herself, you repeat the question “what makes this image so disturbing for you now?” If the patient’s answer does not directly refer to a dysfunctional evaluation (e.g. to behavior, like “I stood there, doing nothing” the following questions might be helpful.

“What does it say about you (e.g. that you did nothing) as a person? “how is such a person often called?”. If it remains unclear proceed with:
“If you bring up the image, which negative statement about yourself is the most suitable?”

Check if appropriate: “Just to make sure: When you look at the image and you say to yourself: “I am....., is that what affects you the most?”

NC: .................................................................................................................................

In case there are more possible NC’s and patient finds it hard to choose between them:

“Bring up the image and say to yourself: ‘I am......(NC1).’ ......keep looking at the image and say to yourself ‘I am....(NC2).’ ......which of the two combinations disturbs you the most at this moment?”

2.3 Preferred (positive) cognition (PC)

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“If you bring up the image again, what would you prefer (want) to think or believe about yourself now, instead of ………..[NC]………..?“:

- Control (present it straight away without asking the PC-question): “I can handle it (looking at the image); I can manage it”
- Safety (regarding the situation): “I am safe (now)”
- Self-esteem: “I am OK; worthwhile; competent; strong”
- Guilt: “I did all I could do; “I am innocent/ I am not guilty”

Helping questions: What would you call a person like that? Do you know anybody who is not a….NC? What would you call such a person?

PC:…………………………………………….

2.4 Credibility / Validity of Cognition (VoC 1-7)
"While bringing up the image in your mind, how true does the statement – Positive cognition – feel to you now, on a scale from one to seven, where one feels completely false and seven feels completely true?“

VoC =

Only when using CD or hand-taps: “Now close your eyes”.

2.5 Emotion
"while bringing up the image and simultaneously saying to yourself: ……..[NC], what emotion (for example scared, anxious, angry, sad) do you feel at this moment?“

2.6 Disturbance (SUD 0-10)
"When you bring up the image and you say to yourself……………..[NC], how disturbing does that feel now (or: how much tension do you feel now), on a scale from zero, not disturbing at all/or no tension at all, to ten, as disturbing as it can be (or as tensed as you can get)“

2.7 Location of body sensation
"Where in your body do you feel this disturbance or tension the most?“

3. Desensitization (using sets of EM; adjust when using clicks or hand taps)
Hold your hand in front of the patients eyes: “Look at my fingers (or: fingertips)”
-When using headphones: if necessary, make the patient put on his headset again “Keep your eyes closed.”
Keep the image in mind and say to yourself ………..[NC]“ “Be aware of the tension in your ……….[location of body sensation]“
Allow the patient time to concentrate…. “Follow my hand” or “Concentrate on the clicks” “… and wait what comes up”
Distracting stimulus (EM approximately 30 seconds) (clicks approx. 45-60 seconds)

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“What comes up”/“What are you noticing”/“What do you get now?” (don’t start a dialogue!) “Concentrate on that (aspect)”/“Keep going”/ Stay with that” Distracting stimulus

Continue until there are no changes (end of ‘chain of associations’) or at least every 5 – 10 minutes. Then go ‘back to target’.

**Back to target**

a). Test SUD. “Go back to the image that we started with as it is now stored in your mind. How disturbing is it now to look at the image, on a scale from zero to ten, where zero is not disturbing at all, and ten is as disturbing as it can get?” (NOW WITHOUT USING THE NC!!). If SUD > 0:
b). “What aspect of the image is causing that disturbance/tension (You may name the number, e.g. ‘What is there in the image that is causing the 4?’). “What do you see?........”
c). “Concentrate on that aspect......Okay, got it?”

Continue with EM until there is no change, or go back to target after not more than 10 minutes.

Repeat the ‘Back to target’-procedure until SUD = 0. If SUD = 0. “are you sure there is not a remnant of disturbance that comes up when you bring up the image?”

If necessary continue the desensitization until the original image feels completely neutral. Then continue with Installation (step 4)

NB: When you need to close the session with SUD > 0 then go to ‘positive closure’ (step 7).

**4. Installation of PC**

a). Test VoC (PC + image) “Go back to the image we started with, as it is stored in your mind now, and say to yourself .................[PC]”. On a scale from one (completely false) to seven (completely true), how true does this statement feel to you now?”

b). Instructions (even if VoC is 7 right away): “Look at the image and say to yourself....[PC]........ “Got it?”
c). New set of EM or set of clicks (Do not ask for associations!)

Continue with steps a, b & c until VoC =7

**5. Body scan** (Only if you have sufficient time in the session)

a). “Close your eyes, bring up the image , say to yourself .................[PC] and mentally scan your entire body, from head till toe and explore if this image is causing any tension”
b). In case of tension: set(s) EM and ask “What comes up”? Continue and repeat a and b until the tension has gone and/or there are no more new associations. If necessary

**6. Future template** (Only if appropriate or useful)
a). the future template is an image of a future situation where the patient applies functional behavior (that was avoided earlier). The FT follows the desensitization of all relevant targets and is (only) useful when the patient relies on avoidance and/or safety behavior. Identify beforehand which situations are avoided or bring about much fear, related to the desensitized targets

b). Ask the patient to describe the image: “What image do you have in mind?” Make sure that there are no catastrophic aspects in the image (if so consider doing a flashforward before)
c). “Bring up this image and say to yourself: “I can handle it”, OK, got it?”
d). Set of EM
e). “Bring up the image again, on a scale from zero to seven. To what extent do you think you can manage to really do it?”
f). Install (c, d & e) with EM/clicks until VoC doesn’t increase anymore. (similar to installation of PC)

NB: Do not inquire about tension/SUDs; do not ask for any associations!

7. Positive Closure (at the end of every session; this is separate from the Target Image)
   a). “What is the most positive or most worthwhile you have experienced or learned about yourself in the last hour regarding this event?”
   b). If necessary: “What does that say about you as a person? or “How do you call someone like that?”
   c). ‘posture yourself as someone who is ......”
   d). Set EM
e). “Is there another positive thing that comes up?
   f). Continue at each positive thing that comes up, that means install with EM or other stimuli until there are no further (positive) changes.

   Explanation about the upcoming (three) days: agreements, diary, email, contact information etc.

8. Next session
   a. Complete what you were working on:
      - If SUD > 0 at the start of the session: Use ‘Back to target’ to get started (without naming the NCI).
      - If SUD target image = 0 and Voc PC < 7: continue installation of PC (procedure from 4a on)
      - If SUD target image = 0 and Voc PC = 7: Check the whole ‘film’ or ‘photo album’ if there really aren’t any disturbing ‘images’ left. If a disturbing image is detected, start a new EMDR-procedure, if there’s enough time left.
   b. When there are still problems left: search for the targets that cause these problems and start again (2).

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