

Appendix A: Worksheets

Past Memory Worksheet Script (Shapiro, 2001, 2006)

Incident

Say, "The memory that we will start with today is _____ (select the next incident to be targeted)."

Say, "What happens when you think of the _____ (state the issue)?"

Or say, "When you think of _____ (state the issue), what do you get?"

Picture

Say, "What picture represents the entire _____ (state the issue)?"

Location of Body Sensation

Say, “Where do you feel it (the disturbance) in your body?”

Phase 4: Desensitization

To begin, say the following:

Say, “Now, remember, it is your own brain that is doing the healing and you are the one in control. I will ask you to mentally focus on the target and to follow my fingers (or any other BLS you are using). Just let whatever happens, happen, and we will talk at the end of the set. Just tell me what comes up, and don’t discard anything as unimportant. Any new information that comes to mind is connected in some way. If you want to stop, just raise your hand.”

Then say, “Bring up the picture and the words _____ (repeat the NC) and notice where you feel it in your body. Now follow my fingers with your eyes (or other BLS).”

Phase 5: Installation

Say, “How does _____ (repeat the PC) sound?”

Say, “Do the words _____ (repeat the PC) still fit, or is there another positive statement that feels better?”

If the client accepts the original PC, the clinician should ask for a VoC rating to see if it has improved:

Say, “As you think of the incident, how do the words feel, from 1 (completely false) to 7 (completely true)?”

1 2 3 4 5 6 7
 (completely false) (completely true)

Say, “Think of the event and hold it together with the words _____ (repeat the PC).”

Do a long set of BLS to see if there is more processing to be done.

Phase 6: Body Scan

Say, “Close your eyes and keep in mind the original memory and the 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.”

Phase 7: Closure

Say, *“Things may come up or they may not. If they do, great. Write it down and it can be a target for next time. You can use a log to write down what triggers images, thoughts or cognitions, emotions, and sensations; you can rate them on our 0 to 10 scale where 0 is no disturbance or neutral and 10 is the worst disturbance. Please write down the positive experiences, too.*

“If you get any new memories, dreams, or situations that disturb you, just take a good snapshot. It isn’t necessary to give a lot of detail. Just put down enough to remind you so we can target it next time. The same thing goes for any positive dreams or situations. If negative feelings do come up, try not to make them significant. Remember, it’s still just the old stuff. Just write it down for next time. Then use the tape or the Safe Place exercise to let go of as much of the disturbance as possible. Even if nothing comes up, make sure to use the tape every day and give me a call if you need to.”

Phase 8: Reevaluation

There are four ways to reevaluate our work with clients.

1. Reevaluate what has come up in the client’s life since the last session.

Say, *“OK. Let’s look at your log. I am interested in what has happened since the last session. What have you noticed since our last session?”*

Say, *“What has changed?”*

If the client has nothing to say or does not say much, say the following:

Say, *“Have you had any dreams or nightmares?”*

Say, *“What about _____ (state symptoms you and client have been working on) we have been working on; have you noticed any changes in them? Have they increased or decreased?”*

Say, *“Have you noticed any other changes, new responses, or insights in your images, thoughts, emotions, sensations, and behaviors?”*

Say, *“Have you found new resources?”*

Say, *“Have any situations, events, or other stimuli triggered you?”*

Use the material from your reevaluation to feed back into your case conceptualization and help decide what to do next concerning the larger treatment plan.

2. Reevaluate the target worked on in the previous session. Has the individual target been resolved? Whether the previous processing session was complete or incomplete, use the following instructions to access the memory and determine the need for further processing.

Say, *“Bring up the memory or trigger of _____ (state the memory or trigger) that we worked on last session. What image comes up?”*

Say, *“What thoughts about it come up?”*

Say, *“What thoughts about yourself?”*

Say, *“What emotions do you notice?”*

Say, "What sensations do you notice?"

Say, "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 it feel now?"

0 1 2 3 4 5 6 7 8 9 10

(no disturbance)

(highest disturbance)

Evaluate the material to see if there are any indications of dysfunction. Has the primary issue been resolved? Is there ecological validity to the client's resolution of the issue? Is there associated material that has been activated that must be addressed?

If you are observing any resistance to resolving the issue, say the following:

Say, "What would happen if you are successful?"

If there are no indications of dysfunction, and SUD is 0, do a set of BLS to be sure that the processing is complete.

Say, "Go with that."

Say, "What do you get now?"

Check the PC.

Say, "When you think of the incident (or picture), how true do those words _____ (repeat the PC) 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)

If the VoC is 7, do a set of BLS to be sure that the processing is complete.

Say, "Go with that."

Say, "What do you get now?"

If there are any signs of dysfunction, such as a new negative perspective(s) or new facets of the event, or the SUD is higher than 0, say the following:

Say, "OK, now please pay attention to the image, thoughts, and sensations associated with _____ (state the memory or trigger) and just go with that."

Continue with the Standard EMDR Protocol until processing is complete. If the VoC is less than 7, say the following:

Say, *“What is keeping it from being a 7?”*

Note the associated feelings and sensations, and resume processing.

Say, *“Go with that.”*

Continue with the Standard EMDR Protocol through the body scan until processing is complete.

If a completely new incident or target emerges, say the following:

Say, *“Are there any feeder memories contributing to this problem?”*

Do the assessment phase on the appropriate target and fully process it. It is not unusual for another aspect of the memory to emerge that has to be processed.

If the client claims that nothing or no disturbance is coming up (or he can't remember what was worked on in the previous session), and the therapist thinks that the work is probably still incomplete and that the client is simply not able to access the memory, say the following:

Say, *“When you think of _____ (state the incident that was worked on) and the image _____ (state the image) and _____ (state the NC), what body sensations do you feel now?”*

Say, *“Go with that.”*

Continue processing with the Standard EMDR Protocol.

If the client wants to work on a charged trigger that came up since the last session instead of the target from the previous session, say the following:

Say, *“Yes, this IS important information. Tell me about what came up for you.”*

Then assess the magnitude of the trigger. If it is indeed a severe critical incident, then proceed accordingly, using the assessment phase to target the new material and return to the original target when possible.

If it is not, then say the following:

Say, *“Yes, this is important; however, it is important that we finish our work on _____ (state what you are working on) before moving to another target. It is like what happens when you have too many files open on your computer and it slows down, or finishing the course of antibiotics even if you feel OK (or any other appropriate metaphor for your client).”*

Fully reprocess each target through the body scan and reevaluation before moving on to the next in order to ensure optimal results.

3. At various critical points in treatment (before moving on to the next symptom, theme, goal, etc.), reevaluate what has been effectively targeted and resolved and what still has to be addressed.

Say, *“Now that we have finished this work, let’s reevaluate our work so far.”*

“Remember _____ (state the work you have done). 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 it feel now?”

0 1 2 3 4 5 6 7 8 9 10

(no disturbance)

(highest disturbance)

If the SUD is higher than 0, evaluate what else should be done by continuing to work with the disturbance in the framework of the Standard EMDR Protocol.

Also evaluate whether the client has been able to achieve cognitive, behavioral, and emotional goals in her life.

Say, *“Have you accomplished all of the goals that we had contracted to work on, such as _____ (read the list of agreed-upon goals)?”*

If not, evaluate what still remains to be targeted, such as feeder memories.

Say, *“Please scan for an earlier memory that incorporates _____ (state the NC). What do you get?”*

Use the Standard EMDR Protocol to process any feeder memories. Check if previously identified clusters of memories remain charged.

Say, *“Are there any memories left concerning _____ (state the cluster of memories previously worked on)?”*

If so, work on the memory(ies), using the Standard EMDR Protocol. Make sure to incorporate the positive templates for all previously disturbing situations and projected future goals. See the Future Template Worksheet Script.

4. Before termination, reevaluate targets worked on over the course of therapy and goals addressed during treatment.

Say, "Let's check the _____ (state the cluster) we worked on earlier. When you think about it, are there any other memories that were not involved that you are aware of now?"

If there is more unresolved material, check with BLS to see if the charge decreases. If not, use the Standard EMDR Protocol.

Participants are significant individuals in the client's life who should be targeted if memories or issues regarding them remain disturbing.

Say, "Let's check if there are any remaining concerns or memories concerning _____ (state whoever the client might be concerned about). Is there anything that still is bothering you about _____ (state the person's name)?"

If there is more unresolved material, check with BLS to see if the charge decreases. If not, use the Standard EMDR Protocol.

Say, "Are there any PRESENT or RECENT triggers that remain potent?"

Say, "Are there any current conditions, situations, or people that make you want to avoid them, act in ways that are not helpful, or cause you emotional distress?"

If there is more unresolved material, check with BLS to see if the charge decreases. If not, use the Standard EMDR Protocol.

Say, "Are there any future goals that have not been addressed and realized?"

Make sure to use the future template for each trigger, new goal(s), new skill(s), issues of memory, or incorporating the client's new sense of himself. See the Future Template Worksheet Script in this appendix.

Present Trigger Worksheet Script

Target and reprocess present triggers identified during history taking, reprocessing, and reevaluation. Steps for working with present triggers are the following.

1. Identify the presenting trigger that is still causing disturbance.
2. Target and activate the presenting trigger using the full assessment procedures (image, NC, PC, VoC, emotions, SUDs, sensations).
3. Follow phases 3 through 8 with each trigger until it is fully reprocessed (SUD = 0, VoC = 7, clear body scan) before moving to the next trigger.

Note: In some situations, a blocking belief may be associated with the present trigger, requiring a new targeting sequence plan.

4. Once all present triggers have been reprocessed, proceed to installing future templates for each present trigger (e.g., imagining encountering the same situation in the future; see future template protocols).

Present Stimuli That Trigger the Disturbing Memory or Reaction

List the situations that elicit the symptom(s). Examples of situations, events, or stimuli that trigger clients could be the following: another trauma, the sound of a car backfiring, or being touched in a certain way.

Say, “*What are the situations, events, or stimuli that trigger your trauma _____ (state the trauma)? Let’s process these situations, events, or stimuli triggers one by one.*”

Situations, Events, or Stimuli Trigger List

Target or Memory

Say, “*What situation, event, or stimulus that triggers you would you like to use as a target today?*”

Picture

Say, “*What picture represents the _____ (state the situation, event, or stimulus) that triggers you?*”

Future Template Worksheet (Shapiro, 2006)

The future template is the third prong in the Standard EMDR Protocol. Work with the future template occurs after the earlier memories and present triggers are adequately resolved and the client is ready to make new choices in the future concerning the issue(s). The purpose is to address any residual avoidance, any need for further issues of adaptation, to help with incorporating any new information, and to allow for the actualization of client goals. It is another place, in this comprehensive protocol, to catch any fears, negative beliefs, inappropriate responses, and so forth; to reprocess them; and also to make sure that the new feelings and behavior can generalize into the clients' day-to-day lives.

There are two basic future templates:

1. Anticipatory Anxiety

Anticipatory anxiety should be addressed with a full assessment (phase 3) of the future situation.

2. Skills Building and Imaginal Rehearsal

These do not require a full assessment of target and can begin directly with "running a movie."

Future Template Script (Shapiro, 2001, pp. 210–214; 2006, pp. 51–53)

Check the Significant People and Situations of the Presenting Issues for Any Type of Distress

It is helpful to check to see if all the material concerning the issue upon which the client has worked is resolved or if there is more material that has escaped detection so far. The future template is another place to find if there is more material that requires reprocessing.

Significant People

When the client's work has focused on a significant person, ask the following:

Say, "*Imagine yourself encountering that person in the future _____ (suggest a place that the client might see this person). What do you notice?*"

Watch the client's reaction to see if more work is necessary. If a client describes a negative feeling in connection with this person, check to see if it is reality based.

Say, "*Is _____ (state the person's name) likely to act _____ (state the client's concern)?*"

If the negative feeling is not matching the current reality, say the following:

Say, "*What do you think makes you have negative feelings toward _____ (state the person in question)?*"

Phase 6: Body Scan

Say, *“Close your eyes and keep in mind the original memory and the 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.”*

Make sure that this anticipatory anxiety is fully processed before returning to the future template.

The future template for appropriate future interaction is an expansion of the installation phase; however, instead of linking the positive cognition with the past memory or trigger, the PC is linked to the future issues. Once the client’s work has been checked and the other known issues in the past and present have been resolved, the client has the choice to do a more formal future template installation. The first option is to work with the situation or issue as an image.

Image as Future Template: Imagining Positive Outcomes

Imagining positive outcomes seems to assist the learning process. In this way, clients learn to enhance optimal behaviors, to connect them with a PC, and to support generalization. The assimilation of this new behavior and thought into a positive way to act in the future is supported by the use of BLS.

Say, *“I would like you to imagine yourself coping effectively with or in _____ (state the goal) in the future. With the positive belief _____ (state the positive belief) and your new sense of _____ (state the quality: i.e., strength, clarity, confidence, calm), imagine stepping into this scene. Notice what you see and how you are handling the situation. Notice what you are thinking, feeling, and experiencing in your body.”*

Again, here is an opportunity to catch any disturbance that may have been missed.

Say, *“Are there any blocks, anxieties, or fears that arise as you think about this future scene?”*

If yes, say the following:

Say, *“Then focus on these blocks and follow my fingers (or any other BLS).”*

Say, *“What do you get now?”*

If the blocks do not resolve quickly, evaluate if the client needs any new information, resources, or skills to be able to comfortably visualize the future coping scene. Introduce needed information or skills.

Say, *“What would you need to feel confident in handling the situation?”*

Or say, *“What is missing from your handling of this situation?”*

If the block still does not resolve and the client is unable to visualize the future scene with confidence and clarity, use direct questions, the affect scan, or the Float-Back Technique to identify old targets related to blocks, anxieties, or fears. Remember, the point of the 3-Pronged Protocol is not only to reinforce positive feelings and behavior in the future, but also, again, to catch any unresolved material that may be getting in the way of an adaptive resolution of the issue(s). Use the Standard EMDR Protocol to address these targets before proceeding with the template (see Worksheets in this appendix). If there are no apparent blocks and the client is able to visualize the future scene with confidence and clarity, say the following:

Say, *“Please focus on the image, the positive belief, and the sensations associated with this future scene and follow my fingers (or any other BLS).”*

Process and reinforce the positive associations with BLS. Do several sets until the future template is sufficiently strengthened.

Say, *“Go with that.”*

Then say, *“Close your eyes and keep in mind the image of the future and the 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 BLS.

Say, *“Go with that.”*

If it is a positive or comfortable sensation, do BLS to strengthen the positive feelings.

Say, *“Go with that.”*

If a sensation of discomfort is reported, reprocess until the discomfort subsides.

Say, *“Go with that.”*

When the discomfort subsides, check the VoC.

Say, *“When you think of the incident (or picture), how true do those words _____ (repeat the PC) 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)			

Continue to use BLS until reaching a VoC = 7 or there is an ecological resolution. When the image as future template is clear and the PC true, move on to the movie as future template.

Movie as Future Template or Imaginal Rehearsing

During this next level of future template, clients are asked to move from imagining this one scene or snapshot to imagining a movie about coping in the future, with a beginning, middle, and end. Encourage clients to imagine themselves coping effectively in the face of specific challenges, triggers, or snafus. Therapists can make some suggestions to help inoculate clients with future problems. It is helpful to use this type of future template after clients have received needed education concerning social skills and customs, assertiveness, and any other newly learned skills.

Say, *“This time, I’d like you to close your eyes and play a movie, imagining yourself coping effectively with or in _____ (state where client will be) in the future. With the new positive belief _____ (state positive belief) and your new sense of _____ (strength, clarity, confidence, calm), imagine stepping into the future. Imagine yourself coping with ANY challenges that come your way. Make sure that this movie has a beginning, middle, and end. Notice what you are seeing, thinking, feeling, and experiencing in your body. Let me know if you hit any blocks. If you do, just open your eyes and let me know. If you don’t hit any blocks, let me know when you have viewed the whole movie.”*

If the client hits blocks, address as above with BLS until the disturbance dissipates.

Say, *“Go with that.”*

If the material does not shift, use interweaves, new skills, information, resources, direct questions, and any other ways to help clients access information that will allow them to move on. If these options are not successful, it usually means that there is earlier material still unprocessed; the Float-Back and affect scan are helpful in these cases to access the material that keeps the client stuck.

If clients are able to play the movie from start to finish with a sense of confidence and satisfaction, ask them to play the movie one more time from beginning to end and introduce BLS.

Say, *“OK, play the movie one more time from beginning to end. Go with that.”*

Use BLS.

In a sense, you are installing this movie as a future template.

After clients have fully processed their issue(s), they might want to work on other positive templates for the future in other areas of their lives using these future templates.

References

- Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures* (2nd ed.). New York, NY: Guilford Press.
- Shapiro, F. (2006). *EMDR: New notes on adaptive information processing with case formulation principles, forms, scripts and worksheets*. Watsonville, CA: EMDR Institute.