

EMDR Quick Reference

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8 Phases of EMDR		
Phase	Name	Key Activities
1	History & Treatment Planning	Identify targets, assess readiness, develop treatment plan
2	Preparation	Explain EMDR, establish safety, teach stabilization (Safe Place)
3	Assessment	Image, NC, PC, VOC, emotion, SUD, body location
4	Desensitization	BLS until SUD = 0 or ecological
5	Installation	Strengthen PC until VOC = 7
6	Body Scan	Clear residual body sensations
7	Closure	Stabilize, debrief, prepare for between sessions
8	Reevaluation	Check progress, identify new targets

Assessment Components		
Component Description ----- -----		
Image Worst part of memory **NC** Negative Cognition (I am...) **PC** Positive Cognition (I am...)		
VOC Validity of Cognition (1-7) **Emotion** Current feeling **SUD** Disturbance (0-10)		
Body Where felt in body		
		Common Negative Cognitions: - I am not safe / I am in danger - I am powerless / I have no control - I am worthless / I am not good enough - I am unlovable / I don't deserve love - I should have done something
		Positive Cognition Pairs: - I am safe now / I can protect myself - I have choices / I am in control - I am worthy / I am good enough - I am lovable / I deserve love

Session Language	
Phase 3 Setup: - "What image represents the worst part?" - "What negative belief about yourself goes with that?" - "What would you like to believe instead?" - "How true does [PC] feel now, 1-7?" - "What emotion do you feel?" - "0-10, how disturbing is it now?" - "Where do you feel it in your body?"	**During Processing:** - "Go with that" / "Notice that" - "What comes up now?" - "Just notice" / "Let whatever happens, happen" **Checking SUD:** - "When you bring up the original incident, 0-10, how disturbing is it now?" **Installation:** - "Think of the original event. Does [PC] still fit, or is there another positive belief?" - "Hold them together" (BLS)

Complex Trauma Modifications	
Modification	Purpose
Extended Phase 2	Build resources before processing
Fractionated Processing	Shorter sets, more check-ins
Resource Installation	Strengthen coping before trauma work
Interweaves	Cognitive, somatic, relational bridges
Titration	Process in smaller pieces

AIP Model: Adaptive Information Processing—traumatic memories are stored maladaptively; EMDR facilitates reprocessing into adaptive resolution.