WORKSHEET 90 · FOR THE PSYCHOLOGIST

What to expect from EMDR therapy

Understanding the phases and preparing your questions

AIM

Inform the person about what EMDR therapy involves (history, preparation and stabilisation, reprocessing of memories, re-evaluation) and help them prepare their questions and resources.

WHO IT IS FOR

People starting or considering EMDR therapy.

DURATION

15 min in session or as reading

HOW TO RUN IT

1. Present the main phases: history taking, preparation and stabilisation, reprocessing of the chosen memories, re-evaluation.
2. Explain bilateral stimulation (eye movements, taps, sounds) and that the person stays in control (stop signal).
3. Talk about what may happen between sessions (dreams, emotions, memories) and how to cope with it.
4. Gather the person's questions and fears.

POINTS TO WATCH

> EMDR is recommended by the WHO for post-traumatic stress disorder. The stabilisation phase is essential: don't start reprocessing without sufficient resources.

REFERENCES

Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures (3rd ed.). Guilford.

World Health Organization (2013). Guidelines for the Management of Conditions Specifically Related to Stress. WHO.

PSYCHOLOGIST'S NOTES

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WORKSHEET 90 · WORKSHEET TO HAND OUT

What to expect from EMDR therapy

EMDR is a therapy that helps the brain "digest" difficult memories. It is done in phases, at your pace, and you always stay in control. Here is what to expect, and space to prepare your questions.

1. First we talk about your history and what you want to change.
2. We prepare resources to stabilise you (calm place, container, grounding).
3. Then we work on the chosen memories, with eye movements, taps or sounds. You can stop at any time.
4. In each session we review what has changed.

My questions	My fears	What could help me

What would I like this therapy to change for me?

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WORKSHEET 91 · FOR THE PSYCHOLOGIST

My window of tolerance

Noticing when I am over-activated, under-activated or in my zone

AIM

Present the window of tolerance model (the zone in which one can feel and think at the same time, with hyperarousal above and hypoarousal below) and help the person spot their signs and what helps them return to their zone.

WHO IT IS FOR

Trauma, overwhelming emotions or feeling “shut down”, preparation for EMDR.

DURATION

20 min in session

HOW TO RUN IT

1. Draw the window: in the centre, the zone in which you can feel and think; above, hyperarousal (panic, anger, agitation); below, hypoarousal (emptiness, numbness, disconnection).
2. Help the person identify their own signs for each zone.
3. List what helps them come down (from above) and wake up again (from below).
4. Explain that therapy aims to widen this window gradually.

POINTS TO WATCH

> This model is a useful clinical metaphor, not a measure. If the person often drops into hypoarousal (dissociation), adapt the pace (worksheet 94).

REFERENCES

Siegel, D. J. (1999). The Developing Mind: Toward a Neurobiology of Interpersonal Experience. Guilford.

Ogden, P., Minton, K. & Pain, C. (2006). Trauma and the Body: A Sensorimotor Approach to Psychotherapy. Norton.

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WORKSHEET 91 · WORKSHEET TO HAND OUT

My window of tolerance

Everyone has a “window” in which they can feel emotions and keep thinking. Above it, we speed up; below it, we shut down. Knowing your window helps you know what to do to get back into it.

1. Above my window (over-activated): my signs (racing heart, anger, panic).
2. Inside my window: how I feel when I am in my zone.
3. Below (shut down): my signs (emptiness, numbness, far away from everything).
4. What helps me get back into my zone, from above and from below.

Zone	My signs	What helps me get back

In which situations do I most often leave my window?

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WORKSHEET 92 · FOR THE PSYCHOLOGIST

The container

Setting aside, for a while, what overwhelms you

AIM

Build in the imagination a safe container in which the person can temporarily store intrusive memories, images or emotions between sessions, to retrieve them later in therapy.

WHO IT IS FOR

Stabilisation phase, intrusive memories between sessions. To be built in session.

DURATION

15-20 min in session; use when needed

HOW TO RUN IT

1. Invite the person to imagine a container solid enough to hold what overwhelms them (a chest, a box, a vault), with sensory details.
2. Suggest putting into it what feels intrusive, in whatever form they prefer (an image, a word, a colour).
3. Check that the container closes properly and that the contents stay there until the next session.
4. Remind them that the contents are not forgotten: they will be retrieved and worked on in therapy.

POINTS TO WATCH

> The container is a temporary aid, not a means of lasting avoidance. If the person can't close it or feels worse, adapt the resource.

REFERENCES

Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures (3rd ed.). Guilford.

Korn, D. L. & Leeds, A. M. (2002). Preliminary evidence of efficacy for EMDR resource development and installation in the stabilization phase of treatment of complex posttraumatic stress disorder. Journal of Clinical Psychology, 58(12), 1465-1487.

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WORKSHEET 92 · WORKSHEET TO HAND OUT

My container

Best done with your psychologist

Between two sessions, some memories or emotions can spill over. You can imagine a solid container to store them in, for a while. They are not lost: you will retrieve them in session, when the time is right.

1. My container (shape, material, colour, lock): _____
2. What I put inside, in whatever form I like (an image, a word, a colour).
3. I close it firmly and put it in a safe place.
4. I notice how I feel when the container is closed.

Day	What I stored	Did it close properly? (yes/no)	Calm afterwards /10

What makes my container more solid?

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WORKSHEET 93 · FOR THE PSYCHOLOGIST

Coming back to the here and now

Grounding yourself when a memory intrudes

AIM

Offer grounding techniques for reorienting to the present when a traumatic memory or an emotion intrudes: orientation (where, when), senses (5-4-3-2-1), body (feet, objects), reminder of current safety.

WHO IT IS FOR

Re-experiencing, intrusive memories, emotional overwhelm linked to the past.

DURATION

2-5 min; prior practice

HOW TO RUN IT

1. Practise the techniques in session, when the person is calm.
2. Orientation: saying where you are, the date, how old you are today.
3. Senses: naming 5 things you can see, 4 you can hear, 3 you can touch, 2 smells, 1 taste; holding a grounding object.
4. Body and safety: feet on the floor, posture, a reminder sentence (“that was then, now I am safe”).

POINTS TO WATCH

> Adapt the techniques (eyes open, movement) to each person. If re-experiencing is frequent, it should be worked on in a suitable therapeutic framework.

REFERENCES

Ogden, P., Minton, K. & Pain, C. (2006). Trauma and the Body: A Sensorimotor Approach to Psychotherapy. Norton.

Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures (3rd ed.). Guilford.

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WORKSHEET 93 · WORKSHEET TO HAND OUT

Coming back to the here and now

When a memory floods in, your body can react as if it were happening now. These gestures help you remind your body and mind that you are here, today, and that that moment has passed.

1. Where am I? What is today's date? How old am I today?
2. I name 5 things I can see, 4 I can hear, 3 I can touch, 2 smells, 1 taste.
3. I feel my feet on the floor and hold a grounding object.
4. I tell myself: "That was then. Today, here, I am safe."

Situation	What helped me	Here and now /10 (before)	Here and now /10 (after)

My grounding object or sentence:

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WORKSHEET 94 · FOR THE PSYCHOLOGIST

Recognising when I disconnect

Spotting the signs of dissociation and coming back

AIM

Help the person recognise their signs of dissociation (absence, unreality, numbness, memory gaps), their triggers and ways of coming back to the present.

WHO IT IS FOR

People with traumatic experiences who describe moments of absence or disconnection. To be worked on with a psychologist.

DURATION

20 min in session

HOW TO RUN IT

1. Normalise: dissociation is the brain's protective reaction to something that is too intense.
2. List the person's own signs (fixed gaze, feeling of floating, unreal world, numb body, losing track of time).
3. Identify the triggers and the early signs.
4. Prepare ways of coming back (sensory stimulation, movement, orientation, worksheet 93) and what the people around them can do.

POINTS TO WATCH

> Frequent or marked dissociation requires specialist assessment and adapting the pace of therapy (extended stabilisation before any reprocessing).

REFERENCES

Van der Hart, O., Nijenhuis, E. R. S. & Steele, K. (2006). The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization. Norton.

Ogden, P., Minton, K. & Pain, C. (2006). Trauma and the Body: A Sensorimotor Approach to Psychotherapy. Norton.

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WORKSHEET 94 · WORKSHEET TO HAND OUT

Recognising when I disconnect

Best done with your psychologist

When something is too intense, the brain can “cut the power”: you feel far away, unreal, numb, as if absent. It is a protection. Recognising it helps you come back gently.

1. My signs of disconnection (fixed gaze, floating, unreal world, numb body…).
2. What usually triggers these moments.
3. The early signs, before I go completely.
4. What helps me come back (moving, touching something cold, saying where I am).

When	Trigger	Signs	What helped me come back

What the people around me can do to help me come back:

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WORKSHEET 95 · FOR THE PSYCHOLOGIST

My resources

Gathering what holds me up: people, places, qualities, memories

AIM

Identify and strengthen the person's resources (supportive relationships, places, personal qualities, memories of competence, inspiring figures), usable during therapy and in daily life.

WHO IT IS FOR

Preparation and stabilisation phase, a low sense of having resources.

DURATION

20 min in session

HOW TO RUN IT

1. Explore four kinds of resources: people (real or symbolic), places, personal qualities, moments when the person felt capable.
2. For each resource, gather an image, sensations and an associated sentence.
3. Within EMDR, some resources can be strengthened according to the resource development and installation protocol.
4. Keep the list as a "toolbox" for later.

POINTS TO WATCH

> Choose resources that are not ambivalent (unrelated to the trauma). If a resource brings up negative emotions, set it aside.

REFERENCES

Korn, D. L. & Leeds, A. M. (2002). Preliminary evidence of efficacy for EMDR resource development and installation in the stabilization phase of treatment of complex posttraumatic stress disorder. Journal of Clinical Psychology, 58(12), 1465-1487.

Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures (3rd ed.). Guilford.

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My resources

Best done with your psychologist

You have already been through difficult things: you have resources, even if you don't always see them. Gathering them here helps you lean on them during therapy and in daily life.

1. People who support me (close to me, or figures I admire).
2. Places where I feel good.
3. My qualities, and a moment when I felt capable.
4. For each resource: what I feel in my body when I think of it.

Resource	Type (person, place, quality, moment)	What I feel when I think of it

Which of my resources helps me most at difficult times?

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WORKSHEET 96 · FOR THE PSYCHOLOGIST

After a difficult session

Looking after yourself between two sessions

AIM

Prepare a simple self-care plan for the hours and days following an intense therapy session (reprocessing of memories), and what to note down.

WHO IT IS FOR

People in trauma therapy (EMDR or other).

DURATION

10 min in session; use after sessions

HOW TO RUN IT

1. Explain that processing may continue after the session (dreams, memories, emotions, tiredness).
2. Prepare a plan for after the session: a quiet moment, a calming activity, someone to call.
3. Encourage keeping a brief log: what comes up, in a few words, without reliving it in detail.
4. Clarify when and how to contact the psychologist.

POINTS TO WATCH

> If the aftermath of sessions is often very difficult, slow the pace and strengthen stabilisation.

REFERENCES

Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures (3rd ed.). Guilford.

Ogden, P., Minton, K. & Pain, C. (2006). Trauma and the Body: A Sensorimotor Approach to Psychotherapy. Norton.

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WORKSHEET 96 · WORKSHEET TO HAND OUT

After a difficult session

After a session in which difficult memories have been worked on, the brain sometimes carries on "digesting": tiredness, dreams, emotions coming up. This is common. Planning how to look after yourself helps you get through these moments.

1. Straight after the session: a quiet moment (a walk, a hot drink, music).
2. In the evening: a gentle activity, going to bed early if I can.
3. If something comes up: I note it in a few words, without reliving it, and use my resources (container, grounding, calm place).
4. If it is too intense: I contact my psychologist.

Date	What came up (in a few words)	What I did	How I feel /10

What helps me most after a session?

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