



EMDR Phase 1

Phase 1 – History Taking & Treatment Planning

- Appropriateness for EMDR
- Level and types of trauma
- Develop therapeutic relationship
- Identify resources
- Potential targets

Possible considerations: neurological problems, epilepsy, brain damage, concussions, migraines, ECT history, eye problems, cardiac conditions, schizophrenia, or active legal issues. Excessive use of benzos or active marijuana smoking within 24 hours of sessions may hinder success.

Incident History Taking

- Active & dormant symptoms
- Related internal images, thoughts, & feelings
- Developmental trauma history
- Relational and family context

Basic Treatment Planning

- 10 worst experiences
 - Touchstone events – earliest related
 - Float back - Affect bridge
- Desired outcome
- Negative cognitions
- Positive cognitions
- Symptom- memories related to symptom
- Theme - break down into a theme, keep breaking down until more doable - and find a time for the theme (complex trauma)

Readiness

- Support system
- Economic concerns
- Timing considerations
- Comorbid disorders
- Secondary gain issues

Screen for Complex Trauma & Dissociative Disorders

- Years of unsuccessful therapy



- Depersonalization/Depersonalization
- Intrusive thoughts
- Flashbacks
- Memory lapses
- Flooding
- Active homicidal/suicidal

Assessments

- Adverse Childhood Experiences Scale (ACES)
- Dissociative Experiences Scale (DES II)
- Multidimensional Inventory of Dissociation (MID v06)
<https://www.mid-assessment.com/>
- Dissociative Disorders Interview Schedule DSM-5 (DDIS)
- Systematic Assessment of Dissociation (SCID-D)
- Interview and getting to know client