

# EMDR protocol for target selection and treatment of fears and phobias

## 1. Formulate the therapeutic goal for your patient

Formulate a clear goal of what the patient desires to be attained by the end of the treatment. It is important to share with your patient your vision concerning his/her complaints and the treatment you think is needed:

*"What we have to figure out now is which memories are crucial for understanding your fear. I assume you were not born with this fear? So your fear started due to a certain event or series of events. Through these experiences you have learned to fear and avoid certain objects and situations.....(e.g., 'a dog'). As memories, these experiences are still active. Every time you are exposed to a difficult situation - say: a walk in a park or a barking dog - fear conditioned memories of a former 'damaging' event, such as being bitten by a dog, can, consciously or unconsciously, be triggered and reactivated. With EMDR, I will help you resolve/integrate these memories so that they lose their emotional charge. Once these memories become neutral, they will no longer stand in your way, preventing participation in situations formerly obstructed by fear. You will be able to take that walk in the park, greet a stranger, pet a dog, or.....(any other activity that is feared). You may re-experience a sense of safety and confidence and do things you couldn't do before. To find the right memories, I'll ask you, as if in a time machine, to search your mind through time, to determine which events on your timeline started, or aggravated, your fear."*

## 2. Identify the event that started the fear, and subsequent events that contributed to the fear, and place these on a timeline

■ The therapist draws a line. This will be the x-axis of a graph that displays the evolution of the fear in time.

*"We're going to create a timeline which indicates the course of your fear in time. How old are you now?"*

■ Specify the current age of the patient on the right end side of the line, and write a "0" (years old) on the left end of the line.

■ Identify the event at which time, or after which, the fear began, and identify events after which the fear clearly worsened. Place these events on the timeline.

a. *"You weren't born with this problem, right?....So, in the beginning there was nothing, but somewhere on the line your fear started.....In your memory, when did this fear start?.....Please mark on the timeline when this event occurred (i.e., the time after which the fear started.)"*

Check: "Are you sure you did not suffer from this fear prior to this event?  
If it was there earlier, include the related event by placing it on the timeline."

b. "After what event(s) did the fear get worse?"..... Which experiences gave rise to how fearful you are now?" Mark these events on the timeline too.

■ Identify the scariest disaster image the patient has about a future confrontation with the object or situation he fears, and indicate when *that* fear first started.

"What do you think will happen to you when you are exposed to the object or situation you fear?" ..... "When and what event started this fear?".....And "When and what event made this fear worse?"

### **3. Indicate the severity of the fear on the y-axis and create a line that graphically displays the course of the complaints in time**

"We now have collected the events that are related to your fear on a timeline. Let's take a look how your fear was affected by these events over time. Please draw a line to create a graphic display (draw a y-axis) showing how the severity of your fear has changed over time. An upward 'bend' in the chart-line means that a specific event made a significant contribution to your fear so that it increased in severity..... Do you understand this?"

Mark the y-axis by using numbers from 0 to 10, where 0 means 'no fear' and 10 means 'most severe fear'." (Ask the patient to draw the y-axis and provide whatever support s/he needs.)  
"How severe was your fear in this period,.....and in this period,.....?"

### **4. Decide what memories should be processed, and in which order**

Process all relevant memories as indicated on the timeline. Do this in chronological order, from left to right, starting with the memory of the event after which the complaints began. There may be reasons to depart from this rule of thumb. For example, if there is reason to believe that a certain, more recent, event contributed to a strong worsening of the fear (a significant 'bend' in the line indicating a strong increase in distress.)

In case of doubt, the following questions can be asked to identify relevant memories:

- "Reviewing all of this, in order to make your life go better, which of these memories do you think need to be processed/fixated first?"
- "What memory influences your fear most, now?"
- "When you bring these memories to mind, which memory causes the most tension?"

Determine, based on the patient's answers, which memory to start with.

### **5. Apply the Standard Protocol to the memories identified above. Repeat this step for all relevant memories that fuel the current fear.**

## **6. Check for the presence of anticipatory fear based upon a disaster image about the future (Flashforward; if not, go to step 10)**

■ After all old memories that currently fuel the fear have been resolved, check whether the patient has an explicit disaster image about the future (a so-called 'Flashforward'). What does the patient think will happen to her/him, in the worst case, if what is feared cannot be avoided?

*"What we have to figure out now is what you fear will happen/go wrong when you are confronted with..... (object or situation that is avoided). Basically, what catastrophe do you expect to happen, that prevents you from doing what you want or need to do? What's the 'doom scenario' or 'worst nightmare' that's in your head?"*

■ Invite the client to create a still image of this disaster scenario and process this mental representation with the basic protocol (SUD = 0, VoC = 7).  
A standardized NC of "I am powerless" (in relation to the disaster image) is normally used. And the statement, "I can deal with it" (the image) is used for the PC.

## **7. Prepare the client for the future (future template) or (better) run a mental video**

A future template is a future (still) image of a desired situation, in which the client finds that s/he does not perform or respond adequately and engages in unwanted behavior. A future template should only be installed if all relevant memories (and any flashforward) have been fully processed (SUD = 0, VOC = 7).

■ Do not accept catastrophic aspects in this target image. If present, use a Flashforward procedure to process.

■ A future template is always installed in combination with the standard PC ("I can do this!"). Periodically check in with:

*"To what extent do you feel capable of dealing with this situation?"*

■ Continue installing the PC until the VOC does not increase any further.

## **8. Mental video check**

■ Ask the patient, with eyes closed, in their imagination, to go through a future (formally anxiety provoking) situation from the beginning to the end, in order to check whether there are aspects ('cues') that provoke any tension and, therefore, might prevent the person from confronting the formerly frightening situation.

■ Ask client to open his/her eyes when discomfort or tension is sensed, and to concentrate on the anxiety provoking or disturbing cue. Then perform one set of eye movements and let the client continue this movie until he/she experiences his/her next tension. Do another set. Continue this procedure until the end.

*“This time, I’d like you to imagine yourself stepping into the scene of a future confrontation with the object or the situation. Close your eyes and play a movie of this happening, from the beginning until the end. Imagine yourself coping with any challenges that come your way. Notice what you are seeing, thinking, feeling, and experiencing in your body. And tell me about that. While playing this movie, let me know if you hit any blocks of tension. If you do, just open your eyes, concentrate on what you see or otherwise experience, and I do one set of eye movements. Then continue playing the mental video until you feel any tension again. Open your eyes, concentrate of what you experience and I do another set. Resume the movie, and run the movie until the end.*

■ If the client is at the end of his or her mental video he or she is asked to play the movie once more, from the beginning until the end; eye movements are introduced if the client encounters any new tension.

*“Okay, play the movie one more time from beginning to end and open your eyes when you experience tension. Concentrate on what you see or otherwise experience. When you open your eyes this is a sign for me to perform another set of eye movements.*

■ Repeat this procedure several times until the movie can be played without any tension or significant disturbance during the movie.

## **9. Homework assignments**

■ Conduct in vivo confrontations (or behavioral experiments) with the phobic objects or situations together with the client in the form of homework assignments related to the (formerly) frightening situation.

**10. Reevaluate with the patient the remaining complaints and symptom clusters. If necessary, repeat the entire procedure from step 2.**