

EMDR PAIN PROTOCOL

© Carlijn de Roos and Sandra Veenstra, version July 2007

Based on the EMDR procedure by Francine Shapiro, Erik ten Broeke and Ad de Jongh and the pain protocol of Mark Grant.

Name _____

Date: _____

1. Introduction

- a. Set up and establishing rapport
- b. Explanation of EMDR and pain
- c. Establishing the appropriate distance and speed
- d. Choice of bilateral stimulation (visual, auditory or tactile)
- e. Stop signal

2. Pain Target: actual pain

- a. Say: *"Describe how the pain feels now."*

- b. Say: *"Make a picture / an image of how the pain feels now. Describe the picture / the image."*

N.B. Does not have to be realistic, using imagination is OK.

Helpful questions for example:

"If the pain would have a colour, what colour would it be?"

"If the pain would have a shape / size, which shape / size would it be?"

"If the pain would have a temperature, which temperature would that be (hot / cold)?"

"Is it hard or soft?"

- c. Say: *"Make a drawing of how your pain feels now."*

3. Negative Cognition (NC)

Say: "If you think of the pain / concentrate on the pain, what words go best to express a negative belief about yourself or the pain now."

NC:

Check if this word affects client the most now.

Helpful questions:-

"What does this pain say about you as a person?"

What would you call such a person?"

"What is this sort of person often called?"

4. A. Preferred positive cognition (PC)

Say: "if you think of the pain / concentrate on the pain, what would you prefer (like) or think / believe about yourself instead of _____ (state the negative cognition)?"

PC:

B. Validity of Cognition (VOC 1-7)

Say: "if you think of the pain / concentrate on the pain, how true does the statement - _____ (state the positive cognition) feel to you right now, on a scale of 1-7, where 1 feels completely false and 7 feels totally true?"

VOC =

5. A. Emotion(s)

Say: "If you think of the pain/concentrate on the pain and at the same time you say _____ (state the negative cognition), what emotions do you feel now?"

B. Painscore (subjective units of pain (SUP), 0-10)

Say: "If you think of the pain / concentrate on the pain and at the same time you say - _____ (state the negative cognition), how strong does the pain feel on a scale of 0-10, where 0 is no pain at all and 10 is the worst pain you can have."

SUP=

C. Location of the pain

Say: "Where do you feel this most in your body?"

6. A. Desensitization (use appropriate bilateral stimulation)

Hold your fingers in front of client's eyes

1. Say: "Look at my fingers. Concentrate on the pain and say to yourself _____ (state the negative cognition). Feel the pain in _____ (state the location of the pain)."
 2. Allow the client to concentrate and ask: "OK, have you got it?"
 3. Say: "Follow my fingers."
 4. Do bilateral stimulation
 5. Say: "What are you noticing now?" or "What do you get now?"
 6. Say: "Go / Stay with that" or "concentrate on that."
 7. Do bilateral stimulation
- Continue until there are no new changes (chain of associations)

B. SUP > 0: Back to target: back to actual pain

1. Say: "If you think of the pain / concentrate on the pain, how strong does the pain feel (note 0-10)? What is there in the pain that is causing the _____ (state the SUP) or what aspect of the pain is causing the _____ (state the SUP)?"
 2. "Go / Stay with that" or "Concentrate on that".
- Do bilateral stimulation
4. Repeat procedure until SUP = 0

C. SUP=0:

To step 7

Attention: SUP > 0 at the end of the session: go to 8a

Final SUP =

7. Installation (of PC if SUP = 0)

7.a. Test VOC (with PC and image of the pain as it is in your head now).

Say: "If you concentrate on the pain, how true does _____ (state the positive cognition) feel on a scale of 1-7, where 1 feels completely false and 7 feels totally true?"

- 7.b. 1. Say: "Concentrate on the pain and say to yourself _____ (state the positive cognition), have you got it?"
2. Do bilateral stimulation
3. Test VOC
4. Check VOC level after each set: continue until VOC = 7

Attention: VOC < 6/7 at the end of the session: go to 10

Final VOC =

8. A. Installation of “antidote – imagery.”

If your client reports a change in pain, ask questions to build a resource out of the change such as

“What is there instead of the pain?”

“What is there now, where there was pain before?”

If the pain does not change, you can ask:

“What can you think of that can take the pain away or make it better?”

B. Say: *“Make a picture / an image of it”* (This doesn’t have to be realistic, using imagination is OK.) Install the image. Eventually, when it changes, say:

“What is it exactly?” or *“What does it remind you of?”*

Continue with the bilateral stimulation until no more change occurs.

C. Pair a word with a metaphor and install for example. Say: *“Mention a word that fits your feeling when you concentrate on the image.”*

Continue with the bilateral stimulation until no more change occurs.

9. Body scan (after installation of PC, if SUP = 0)

Say: *"If you think of the pain and say to yourself _____ (repeat the PC), mentally scan your entire body from top to toe and notice if you feel any tension. Is there any tension?"*

- a. If there is tension, do sets of bilateral stimulation and ask: *"What comes up / what do you notice now?"* Continue until the tension is gone and / or there are no more new associations.

10. Positive closure (at the end of every session)

- a. Say: *"What is the most positive things you have learned about yourself in the last hour regarding the pain?"* If necessary: *"What does this say about yourself (as a person)?"*

- b. Install with bilateral stimulation until there are no further (positive) changes.
- c. Explanation about the coming three days (as in the EMDR standard protocol).
Say: *"The pain intensity can temporarily increase. Sometimes this is the case but not always."*
- d. Instruction diary, contact information etc.