The Phobia and Present Anxiety EMDR Protocol
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Manda Holmshaw: Moving Minds
EMDR Workshops

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Basic assumption of the EMDR AIP model:

Present phobias and some current anxieties are manifestations of past unprocessed events.
The three layered-approach: Case conceptualisation

• Process *past event/s* that laid foundation of present problem

• Process *worst event* and remaining current triggers

• Develop *future template* of coping with feared stimuli/ situation
History taking and Treatment planning

• Usual history
• Fear/Phobia History
• Determine appropriate and feasible treatment goal – behaviourally
• Identify CS (Stimulus situation): “Describe the object or situation that you are afraid of. What about ..... triggers your fear most?”
Identify expected consequence/catastrophe (UCS):

“What are you afraid of that could happen when you are exposed to....?”
Experience (Target) 1

• Identify the origin of current fear – **Target 1**
  Conditioning event – “When did this fear begin?/ When did you first became aware of (feared consequence)?”
• Check for an earlier event
• “Are you sure you were not already fearful before this event?”
• Touchstone
Experience (Target) 2

- Most representative experience
- “What is the most extreme or most frightening experience related to this fear?”
Experience (target) 3

- Most recent experience
- “What is the most recent time that you experienced this fear which is still disturbing when you think about it?”
Wasp Phobia: 11 year old boy

• Presented with mother – only child
• Bright, friendly, successful at school
• Foundation: 4 years of age: grandmother, “not a real boy”
• Most fearful: being chased at school
• Most recent event: wasp in garden – table tennis
• Triggers: summer outside, peers at school, sound of wasps/bees
• Treatment goal: to be in presence of wasps/bees without anxiety
Target processing

• Each identified experience/ target is processed, applying the standard protocol

• Reprocess other targets if necessary
Installation of Future Template

• Run a detailed mental video of the whole process, use bilateral stimulation to process any discomfort
Preparation for future confrontations

• If necessary: behavioural experiments/exposure tasks to enhance self confidence to confront fear eliciting cues

• Relaxation/self control techniques if necessary
Closure

• At the end of every session, install a separate positive state

• “What was the most positive thing you learned today?”

• “What does it say about you as a person?” (identity) - install

• De Jongh, A: 2006
Past – Touchstone memory

Identify the past event that laid the foundations of the phobia/present anxiety by floating back from presenting symptoms
• Negative cognition (When client cannot identify memory but can identify a NC)

• Affect scan/ Affect Bridge (When client has present distress, but cannot identify earliest memory or an NC)
• Target and process the touchstone memory first, using the full protocol, before moving to worst memory, then present trigger/s and future template

• Float Forward (dealing with anticipatory anxiety) may be required
Float Forward (for anticipatory anxiety)

• Worst imaginable situation in the future around engaging in previously feared situation

• Target that with standard protocol:
  e.g. Driving on a motorway, overcome by anxiety, pull off on hard shoulder, attract attention of police

• Image, NC, PC, VoC, Emotion, SUDs, Location in body
Resource Installation

• This may be necessary before EMDR commences Or

• During desensitisation Or

• After desensitisation in preparation of future scenarios i.e. Self assertiveness
Thank you

Questions?

manda.holmshaw@moving-minds.org

admin@emdrworkshops.com