**Phase 1** (not included yet for proof of concept/MVP as this can be done by NH in person)

Take client history, determine presenting problems – treatment goals, phobias present and duration, suitability for EMDR, strengths and coping strategies, social support, affect tolerance, willingness to manage uncomfortable emotions for a period of time.

Disqualification criteria: Substance abuse, risk of suicide, self-harm, inadequate life supports, inadequate general physical health, medications (?), history of eye problems, epilepsy or seizures, neurological impairment, psychosis, pregnancy, C-PTSD.

Font colours: black is information for clients, *blue italic is questions requiring client response/AI involvement*

**Phase 2 – Introduce EMDR for phobias, preparation for EMDR**

**Can this program help me?**

A phobia is an overwhelming and debilitating fear of something, often an object, place, situation (such as fear of heights) or animal (such as spiders or snakes). In addition, people sometimes have phobias about a feeling, such as nausea, which may be linked to a fear of vomiting (emetophobia). People with phobias such as these, often organise their life around avoiding the things that cause the anxiety. In some cases, this can be very restrictive and distressing for the person, and those close to them. These types of phobias are sometimes referred to as ‘simple’ phobias.

With ‘simple’ phobias, the experience of fear is often so intense and distressing that the sufferer may feel completely justified in their fear - and may not even wish to seek help for it! This is often the case with a snake or spider phobia. Because of this perceived justification, phobia sufferers are often more embarrassed about their dramatic ‘over-reaction’ and seek help to reduce this, rather than to work on the fear of the object/place/situation/animal.

Phobias can also be more complicated, wherein the phobic person needs to make choices and take action over a period of time before they become exposed to the feared situation, all the while suffering anticipatory anxiety of eventually facing their fear. Fear of flying, agoraphobia and social anxiety/social phobia would be considered more complicated phobias.

*My phobia is of an object, place, situation or animal, I think it is a ‘simple’ phobia* 🡪 next

*My phobia is more ‘complicated’* 🡪 sorry, we cannot help with this yet….we recommend you reach out to an EMDR or cognitive behavioural therapist online or in your area

**EMDR for simple phobias – what’s involved**

Many therapies for overcoming phobias take a behavioural approach. This works by teaching or showing a phobic person’s threat system that they are able to come into contact with increasing ‘doses’ of the cause, and nothing bad happens. This teaching happens by systematically exposing the phobic person to increasingly anxiety-provoking triggers, without resorting to the habitual coping strategies. This is called graded exposure therapy. Exposure therapy can be very effective, however it can be difficult for therapists to reproduce the triggers (such as spiders or snakes) in appropriate ‘doses’, and perhaps even more difficult for the phobic person to tolerate it, with the levels of fear they experience.

Fortunately, EMDR has a strong evidence-base for treating phobias effectively and rapidly, without the need for exposure. Foundational to EMDR treatment is the perspective that most mental health difficulties, including phobias, are derived from earlier life experiences that likely overwhelmed our ability to cope. EMDR targets these early experiences that are retained in an un-processed state, often with sensory (visual, sound, pain etc) material linked, rather than as normal, processed memories.

In the context of EMDR for over-coming phobias, these earlier life experiences seem to have set in motion a pattern of responses to the phobic stimuli. The response may include a physiological response (such as increased heart rate, sweating), a behavioural response (such as hiding, running away, or avoiding), an emotional response (such as disgust, or fear), and a cognitive response including negative beliefs about ourselves. Because the early experiences remain un-processed, anything in your day-to-day life can trigger a similar response to that of the overwhelming early experience. Often this response may seem disproportionate or exaggerated for the current situation but would have been entirely appropriate for the early experience.

EMDR therapy involves guiding the person to access the memory network of the early experience, then facilitates processing this memory, including the sensory and physiologically-linked information. During successful processing, the early, un-processed memory becomes unstuck, and new, more helpful or adaptive information gets incorporated with the original memory, leading to more appropriate responses in the present.

This means that careful selection of these overwhelming early experiences is critical. To overcome a phobia successfully with EMDR, the phobic person will identify the earliest experience of feeling overwhelmed by their fear of their target phobia. Next, the phobic person will identify their worst, or most intense experience of the having the phobia, this is likely to be another experience of feeling overwhelmed with fear. Finally, the phobic person will identify the most recent example they have of feeling fear related to this phobia.

These three target memories are then processed via the eight phases of EMDR. Finishing processing these memories will likely lead to a significant reduction in phobic responses in present-day situations, however any remaining distress related to present-day triggers may also be processed using the same eight-phases. As a final step, the phobic person may use EMDR to reinforce an appropriate response in future imagined scenarios to complete treatment.

*I can identify my earliest experience of feeling overwhelmed by fear related to my phobia* 🡪 continue

*I don’t know when I first became scared of it* 🡪 float back

**Testing Bilateral Stimulation (BLS)**

Before we proceed, we want to be sure you have an appropriate physical set-up ready for the next steps. Please ensure you are sitting comfortably and have chosen how you will do the bilateral stimulation required for EMDR processing - either tracking a ball moving horizontally with your eyes, or hearing alternating left/right sounds. Please note: the eye movements are considered more effective for treatment.

(Image 1 - of someone sitting comfortably, with phone on stand, horizontal orientation, at eye level, approximately 30cm from face. Image 2 – of someone sitting at a desk with desktop or laptop in suitable position.)

*I am in a comfortable position for processing 🡪 next*

Test ball speed (eg 24, 25, 26, 27) Please choose the fastest speed you feel able to tolerate.

Sounds – test sound and speed (eye movements continue, but client can close their eyes).

Client to choose BLS eye movements only or combined eye movements and sound (but set both up beforehand)

*I prefer just the eye movements*

*I prefer sound as well as tracking the ball.*

**Emotion regulation techniques**

Before we begin working on your phobia, it is important that you have confidence in your own ability to reduce your anxiety or fear, should you need to.

*I am confident that I have tools for managing my anxiety and fear 🡪 continue to EMDR*

*I would like to learn square breathing to help manage my anxiety and fear 🡪 continue to square breathing*

*I would like to learn how to calm my anxiety and fear using ‘calm place’ imagery 🡪 go to developing and calm place*

**Square breathing – script**

*We can use this slow-breathing technique to slow our heartrate down and soothe our nervous system when we anticipate fear or when we start to feel anxious. This is a great way to regain access to your calm, focused mind, when anxiety is taking over, such as before public speaking, an exam or dental procedure!*

*You can begin by sitting comfortably, with a straight back, shoulders back – not slouched, and two feet flat on the floor. Place one hand across your chest, and one hand on your belly and breathe normally. Which hand is moving more? Usually, our chest hand moves more when we are awake, which in fact only uses a fraction of our lung capacity.*

*Instead, try inhaling through your nose, pushing your belly hand out as you inhale – like your belly is a balloon being inflated. Your chest hand will remain virtually still. Then your belly hand moves back as you exhale through your nose or mouth. This style of breathing uses nearly all of your lung capacity. Spend a few moments getting used to this style of breathing.*

*We will be practicing ‘square breathing’, where we will inhale through the nose for a count of four, hold our breath for a count of four, exhale through the nose or mouth for a count of four and hold again for a count of four. First we will empty our lungs, exhaling everything, then we will try square breathing for two minutes. Before we begin, please indicate/say out loud on a scale of 0-10 how stressed or agitated you feel now? 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 🡪 next*

*2 mins square breathing  
Let’s begin by emptying our lungs, exhaling all the air, deflating our belly, then breathe in….two….three….four, hold…..two…..three…..four, out…. two…..three…..four, hold…. two…..three…..four.*

**Creating a ‘calm place’**

*We are going to use an EMDR technique to help you create an imagined ‘calm place’ in your mind, and therefore a feeling of calm in your body. Once we have created, installed and enhanced this feeling using eye movements or sounds to help us, it will be helpful for you to practice using this tool, once a day if possible, when you are not anxious. When you are comfortable using this tool, you may find it helpful for calming and soothing yourself when anxiety, stress and fear start to take over.*

***Calm Place Script***

*Please think about a place or space you can imagine being in, that feels calming to you. It may be a real place you have been to, or it could be an imaginary place. Where would you be?*

*Please close your eyes and imagine being there. As you imagine being there, please begin to notice your surroundings.*

*What do you see around you? Is it light? Dark?*

*How do you feel there, warm, cold, what is beneath you? Are you sitting? Standing?*

*What can you hear?*

*Can you smell anything?*

*Are you tasting anything?*

*Is there anything else about this place you are noticing?*

*Please close your eyes if that feels comfortable and bring up the image of your calm place with all those aspects.*

*Does it feel good or pleasant in your body as you enjoy being there? Yes 🡪 continue*

*Please notice where it feels good or pleasant in your body and allow yourself to enjoy those pleasant sensations. Now concentrate on where you feel the pleasant sensations and follow the ball. (slow ball movements x 6)*

*What are you noticing?*

*It was pleasant 🡪 continue*

*It was negative/unpleasant 🡪 create a different calm place*

*Focus on those pleasant sensations and follow the ball. (slow ball movements x 6)*

*Continue repeating if new pleasant sensations or enhancement are reported. When there is no further change 🡪 continue*

*Is there a word or phrase that describes that place or how you feel in that place?*

*Focus on that word and notice the positive sensations you have in your body when you think of that word. Concentrate on those sensations and the word, hold them together in your mind and follow the ball. (slow ball movements x 6)*

*What are you noticing?*

*It was positive 🡪 continue*

*It was negative/unpleasant 🡪 create a different calm place*

*Focus on that and follow the ball. (slow ball movements x 6)*

*Now, please say the word out loud and notice the pleasant sensations in your body and follow the ball. (wait for word, slow ball movements x 6)*

*Please practice going to your calm place in your mind once a day while you are feeling relatively relaxed. Once you are comfortable with using it, you can begin to use it when you are feeling mild distress.*

**Phase 3 – Assessment, setting up the target for processing**

Can you remember the first time you remember thinking, feeling or reacting with fear about it?

Yes 🡪 next

No 🡪 float back technique

*Floatback Script*

*Please bring to mind the most recent time you were exposed to it (what you have the phobia about). As you hold that recent scene in your mind, notice what feelings are coming up for you. What do you notice? Also notice where those feelings are held in your body. What body sensations are you noticing? As you notice these emotions and body sensations, let your mind float back to an earlier time in your life when you had similar thoughts, feelings and body sensations. You don’t need to search for anything, just let your mind float back to the earliest memory you have.*

**Earliest Memory**

*When you think back to that early memory, what comes to mind that represents the worst part of it?*

Answer

**Negative Belief**

*When you think of that scene, what negative belief about yourself comes to mind? With that scene in mind, what negative belief about yourself still feels true today?*

(Must be: dysfunctional self-assessment, self-limiting, an “I” statement, related to the phobia, connected to their fear. Cannot be a simple statement of emotion eg I’m scared.)

(If ‘I’m scared’, then ‘What belief about yourself goes with being scared? ‘, ‘what does being scared by it say about you?’)

Examples/options

**Safety**  
I’m vulnerable  
I’m in danger  
I’m not safe  
I’m going to die

**Control**  
I’m powerless  
I’m not in control  
I’m helpless  
I can’t manage/cope

**Self-Defectiveness**  
I’m weak  
I’m shameful  
I’m inadequate  
I’m not good enough  
I’m worthless

**Preferred Belief**  
*When you bring up that scene and the negative belief about yourself, what do you think you’d prefer to believe about yourself now instead?*

(Must be: an “I” statement in the present, where the client wants to get to regarding the phobia, a desired goal that feels acceptable and possible, addresses the same issue as the negative belief. Cannot be a negative eg I am NOT…, does not include always or never, a magical though)

**Safety**  
I can take care of myself (I can learn to take care of myself)  
I’m safe now (I can learn to keep myself safe)  
I’m safe, I’m alive

**Control**  
I have choices now  
I’m in control now  
I can handle it

**Self-Defectiveness**  
I’m strong  
I’m honourable  
I’m fine as I am  
I’m good enough  
I have value

**Value of Cognition (VoC) – Preferred Belief**  
*When you bring that scene to mind, how true do those words (preferred belief) feel to you now on a scale of 1-7, where 1 feels false and 7 feels completely true?*

*State preferred belief for client “I…” VoC response 1-7*

(choose new preferred belief if VoC=1)

**Emotion**

*When you bring up that scene and that negative self-belief “xxxx” what emotions are coming up for you now?*

(Must be emotion – ie one word such as fear, shame)

**Subjective Unit of Distress (SUDs)**

*On a scale of 0-10, where 0 is nothing and 10 is the highest distress you can imagine, how distressed do you feel remembering that scene now?*

**Body Sensation**  
*Sink into your body and notice where your body is holding that distress. Where do you feel those sensations in your body?*

**Phase 4 – Desensitisation/Reprocessing**

*We are ready to move into processing, and you will be asked to think about a few things at once to activate your early memory. You’ll be asked to hold in mind your memory with an image, that belief about yourself, and the physical sensations that they generate. With those in mind you will be asked to follow the ball with your eyes, keeping your head as still as is comfortable. If you have chosen sounds, you may close your eyes and just listen to the sounds.*

*You will follow this bilateral stimulation for less than a minute, just noticing whatever comes up. Please remain curious and just notice without judging yourself, nor trying to control your thinking. You may notice other memories, images, sounds, thoughts, words, feelings or body sensations, or you may not notice anything at all while you track the ball or listen to the sounds. This is almost like a free-association’ for your mind, and may feel a bit like you’re dreaming things. Try to remain as relaxed as possible. After a number of reps, the bilateral stimulation will stop and you will be asked to take a deep, slow breath in and out, and to say out loud what you are noticing now.*

*If at any point you feel overwhelmed, you may press the emergency stop on the screen (highlight emergency stop). However, we are on a journey to reach our destination (repeat goals) and it is important to keep moving as long as possible.*

**Desensitisation**

1. *Please recall the scene of that early memory and that negative self-belief (I…) and notice what you are feeling in your body. When you are read, press next* 🡪

b) BLS fast x 38 (‘just notice what comes up’)

*Take a big breath in through your nose if you can…. and out…what are you noticing now?*

Answer –

*OK, let’s notice that*

Continue until same content, no change, or ‘nothing’ after two sets. Then 🡪

**Back to target**

Let’s return to the original scene we started with, when you bring that to mind now, what comes up?

Answer –

*OK, let’s notice that*

BLS fast x 38 (‘just notice what comes up’)

*Take a big breath in through your nose if you can…. and out…what are you noticing now?*

Answer –

*OK, let’s notice that*

Repeat all steps in 1. until client reports nothing is emerging even after going back to the target.

*When you recall that memory now, how distressing is it for you on a scale of 0-10 with 0 being no distress and 10 being the highest distress you can imagine?*

Answer

If distress rating is 0, continue BLS for one set to verify there is no new material

If distress rating is greater than 0, continue with BLS 🡪 *Let’s go back to that memory and notice what sensations you have in your body. Start again from b).*