## **EMDR Worksheet**

Basic Information		
Name Date		
Phase 1 - Establish a checkpoint		
Safe place - Envision a place where you feel most comfortable, and write this down		
Phase 2 - Frame the presenting memory		
Presenting image/memory - Briefly describe the image or memory that is weighing on you		
Target image - What image best represents the worst part of the memory, or, the entire part of the memory?		
Negative cognitions - When you think of this memory, what negative thoughts do you have about yourself?		
Positive cognitions - When you think of this memory, what positive thoughts do you have about yourself? If you have none, what positive thoughts would you like to have?		
Validity of Positive cognition - Imagine the memory, how true does your positive cognition feel to you right now?  Rate from 1 (completely false) to 7 (completely true). If your score is 1, re-evaluate your positive cognition.		
<b>Emotion</b> - When you think of your presenting memory, how do you feel right now? Rate your level of disturbance on a scale of 1 (no disturbance/neutral) to 10 (highest disturbance)		
Sensation - When you think of your memory, what do you feel within your body?		

Basic Information		
Name	Date	
Phase 3 - Desensitization		
Titude of Descripting and the second		
Imagine your target image that represents the worst of your memory, and repeat your negative and positive cognitions		
out loud. Take note of how your body is feeling. Continue to do this throughout the following exercise.		
Demember that you will be alray and you just have to all	accepted the memory. I pak at the data on the left and	
Remember that you will be okay, and you just have to observe the memory. Look at the dots on the left and		
right at a slow pace, and alternate 20 times. Increase speed the following 20 times. If you find yourself		
breathing rapidly, or need a break, take a step back for a few moments and envision your safe place.  Remember to hold that target image in the forefront of your mind. Rest, and complete both sets again.		
Reflect on what you noticed during this exercise		
Thenest on what you noticed during this exercise		
Think over your target image again. If you feel positive t	o continue, or if when thinking of your memory brings	
up new material, then return to this exercise, with 2 sets of 20 eye movements.		
Reflect again on what you noticed during this exercise	,	
When you think of your presenting memory, how do you feel	right now? Rate your level of disturbance on a scale of 1	
(no disturbance/neutral) to 10 (highest disturbance)	,	

Basic Information		
Name	Date	
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Phase 4 - Installation		
Complete this section if you rated 0 (no disturbance) Re	sturn to your memory and reneat your nositive	
Complete this section if you rated 0 (no disturbance). Return to your memory, and repeat your positive cognitions out loud.		
As you remember your memory, how true do your positive cognitions feel now from 1 (completely false) to 7		
(completely true)?		
Complete the two sets of 20 eve movements whilst rene	ating only positive cognitions	
Complete the two sets of 20 eye movements whilst repeating only positive cognitions.  How do you feel mentally and physically? Describe the sensations		

Basic Information		
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Phase 5	- Closing	
Complete the Butterfly Hug Method to return to a resting state. Follow these steps:		
1. Sit up tall with your back straight		
Close your eyes and breathe deeply. Feel this from your diaphragm.		
3. Breathe through any negative or distressing emotions.		
4. Cross your hands and place them on your chest so each middle finger rests below the opposite collarbone.		
Fan your fingers, rest them on your chest and point your thumbs toward your chin.		
5. Interlock your thumbs		
6. Alternate slow tapping your hands on your chest (left, right, left, right, etc.) for at least 8 rounds while		
breathing deeply.		
7. Stop and check your level of distress, continuing if y	ou are starting to feel less distressed or more relaxed.	
Once finished, write down any concerns you would like to br	ing up with your psychologist (or mental health professional	
equivalent)		
Signature	Date	