

## EMDR Pain Protocol (short version)

### Target

Develop target based on whether pain is trauma-related or not.

a) **Traumatic Pain**

*“When you think of the incident that led to your pain, what picture do you get?”*

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b) **Non-Traumatic Pain**

*“Can you describe the pain in terms of how it feels physically?” (suggest size, color, etc if client needs help describing their pain)?*

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*‘Is there an image that goes with that?’ or ‘when you describe your pain that way, what does it feel like? what does it remind you of?’*

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### Negative Cognition (NC)

*“What does the pain (or memory) make you believe about yourself?”*

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## Sensation/Location

Elicit the sensation/location. If you have already done this (eg; when you asked the client to describe their pain earlier) you may go straight to desensitization.

*“Where do you feel it (the pain) in your body?”*

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## Desensitization

*“Now I’d like you to focus on the pain [or memory] the way you’ve just described it, and those words (NC), listen to the bilateral tones and just let whatever happens happen.”* Commence Bls (preferably continuous audio and do not cease Bls when checking-in with client until after you notice a change or you feel like its been long enough for something to have happened).

Say, *“What do you notice now?”*

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If client reports a positive difference, say,

*“That’s fine, just go with that.”*

Continue bls reviewing client’s experience at appropriate periods without ceasing bls until a relatively stable level of improvement is achieved.

When the pain is gone or the changes have plateaued review SUDs and Voc.

Say, *“On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how bad does it feel now?”*

0	1	2	3	4	5	6	7	8	10
(no pain)					(highest pain)				

*“Does it feel like you can achieve any further improvement?”*

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## Chapter 13: Therapist resources

If the SUD is zero either strengthen it with an additional set of bls or go to installation phase. If the pain (or distress) is still a SUDs of more than zero ask;

*“What prevents the number from being a zero?”*

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*“Go with that.”* Discuss whatever response is given and ask the client whether or not they would like to continue working

Pause and ask client what they notice now. If they report feeling better ask,

*“Do you want to continue?”* If the client answers yes restimulate until the pain has resolved fully or the changes plateau and return to Voc. If no go to installation phase (either creating antidote imagery if client has residual pain or normal installation if pain is satisfactorily resolved).

### Installation (antidote imagery)

#### 1. Imagery based on sensory changes

Whats there now where the pain was before? Can you describe those feelings of comfort (eg; soft, loose, natural etc).

*“Is there an image that goes with those feelings?”*

*“What do those feelings remind you of? What do they feel like? (eg; a pool of water, a wet towel etc)”*

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*“Now think of a word that goes with that image and go with that.”*

Re-stimulate.

*“How does \_\_\_\_ (repeat the PC) sound?”*

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***“Do those words still fit, or is there another positive statement that feels better?”***

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If the client accepts the original positive cognition, the clinician should ask for a VOC rating to see if it has improved:

***“Think of the pain (or memory), and hold it together with the words \_\_\_\_\_  
\_\_\_\_\_ (repeat the PC).”***

Do a long set of BLS to see if there is more processing to be done.

Finish up by instructing client to practice bls and activating and thinking of their healing imagery as often as they can when they are in pain

## **2. Imaginal healing imagery**

***“Think of something that could take the pain away or make it better, don’t worry about whether it seems realistic or not, just let your imagination run wild”.***

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Commence bls while the client is still searching for an answer to the question. Cease bls after 30 -45 seconds and ask ***“what did you get?”*** or ***“what came up?”***

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***“How does that make you feel?”***

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## Chapter 13: Therapist resources

Assuming its something positive, instruct client to *“think of that”* and restimulate with bls. If the client cant think of anything advise them this is just an imaginal exercise and it doesn't have to be realistic. But do not accept answers like an injection or an operation - these are not sufficiently client-based,

Once the client has focused on the healing image + bls a couple of times with it either holding or strengthening, ask;

*“Is there a word that goes with how you feel when you think of that image?”*

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Resume bls until the client reports stable link between the image and the trigger word and instruct client to practice thinking of their healing imagery as often as they can when they are in pain and to try and find or add a new detail each time they do it so it becomes richer and stronger.

### Installation phase

#### VoC

If you skipped the VoC in the set up say; *So if I ask you to think of the changes that have happened here what belief do you have about your ability to manage the pain now?*

If you did obtain a VoC in the set-up phase say *“When you think of the pain now, how true do those words\_\_\_\_\_ (clinician repeats the positive cognition) feel to you now on a scale of 1-7, where 1 feels completely false and 7 feels totally true?”*

1            2            3            4            5            6            7

Sometimes the original VoC is not longer a good fit. Ask; *“Is there another positive statement or cognition that fits better now? If so, what would it be?”*

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Instruct the client to *“just think of your pain now and that thought and just notice..”*

Perform 8 slow bilateral eye movements. Check again.

*“So how does that feel now?”*

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## Body Scan

*“So if I ask you to think of your original pain (or distress) now, how does it feel in your body?”*

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You should have already done this but if any significant discomfort is still reported restimulate with bls or create antidote resources if you haven't already.

*“OK, do you have any idea about what's stopping the pain from changing?”*

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When the client reports no pain or it is apparent that the client cannot improve any further, *“Close your eyes and keep in mind the original memory/image and the positive cognition. Then bring your attention to the different parts of your body, starting with your head and working downward. Any place you find any tension, tightness or unusual sensation, tell me.”*

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## Closure

*“Now that you are feeling better you are probably wondering how long the effects will last. Experience suggests that these changes can last anywhere from a few hours to being permanent. Even if the pain comes back, it is often weaker because of the way EMDR effects memory. The most important thing is to just have an open mind and pay attention to what you are feeling in the present. Many people find that EMDR helps them feel more in touch with their feelings and this can lead to increased self-care and reduced stress and pain flare-ups.*

*You can also use the antidote imagery we created or bilateral stimulation by yourself to control your pain. I am going to give you a recording of this sound. Whenever you need relief from pain (or stress, or even insomnia) just play this app/audio download/CD etc (whatever applies). and concentrate on the negative feelings you want relief from, just like you did here today. The more you practice the more you will succeed. Of course if your pain persists beyond what you feel you can cope with you should always seek medical help ”*