EMDR for Mining and Related Trauma: The Underground Trauma Protocol

David Blore has now been providing EMDR to traumatized miners since 1993. As with other specialized client groups, the Single Trauma (STP) and Recent Trauma Protocol (RTP) have required modifications. The author has collated the modifications made, and presented them here as the Underground Trauma Protocol (UTP). The UTP is intended to provide a rapid and effective method of conducting EMDR with traumatized miners and other similar, very specific, client groups.

The Underground Trauma Protocol Script Notes

The principal use of the UTP is for traumatized miners of coal, gold, nickel, gems, and so forth. It has also been used with the following populations: traumatized tunnelers (e.g., excavators of tunnels in both war and peace); those traumatized in rail accidents in tunnels (e.g., fire in Channel Tunnel, Kings Cross tube fire); those traumatized in underground leisure pursuits (e.g., exploration of caves, pot holing); those traumatized by being trapped (e.g., in collapsed buildings as in Turkish earthquakes); and those traumatized during 9/11 in New York and the 7/7 bombings in London.

There are three golden rules to follow when working with traumatized miners.

1. If possible visit a coal mine and check out the underground environment for yourself—there's nothing better for getting an idea of working conditions and increasing your standing amongst the miners themselves, as well as picking up some of the jargon.

2. Always remember the underground environment is totally different to a trauma on the surface. The environment can be so different it is difficult to believe you are on planet Earth!
3. *Never* underestimate the significance of *heat* in relation to traumatic memories of the underground environment.

David Blare recommends that the treatment of this client group only be undertaken by fully trained EMDR clinicians who have experience with modifying protocols and existing clinical experience of using cognitive interweave. In addition to Shapiro's instructions (Shapiro, 2001), it is important to cover the following points for miners.

Important information to ask for during history taking is to be clear how much of the underground environment was involved in the incident. "Integrity" of the underground environment refers to the whole underground environment, not just the immediate site of the incident in question. It is important to remember that the underground environment is not like the surface; it is a world in miniature. If the integrity of the underground environment is affected, in essence, the whole underground world is affected.

Checking whether safety procedures were followed in the United Kingdom can be gleaned after investigations via Her Majesty's Mines Inspectorate. In the United Kingdom, Her Majesty's Mines Inspectorate comes under the Health and Safety Executive (HSE): [www.hse.gov.uk](http://www.hse.gov.uk) then do search for Her Majesty's Mines Inspectorate. Other countries have equivalent systems. A good place to start is the U.S. Department of Labor Web site: [www.msha.gov](http://www.msha.gov). This covers mining safety organizations in 17 countries.

During the Assessment Phase, use the Standard Trauma Protocol (STP) for all memories, except for those below ground. Through the author's experience, an efficient order of tackling targets is the following: heat, darkness, and then disorientation. This is probably because they are related to fear (thus negative affect), which in turn relates to survival.

For underground memories, target the "hottest" or most affect-laden first or use the Recent Trauma Protocol, starting with the memories below ground. For underground memories, target the memories of the actual event in the following order: associated heat, associated darkness, and associated disorientation. For the miner, "hottest" means the most affect-laden and "cool" is the equivalent of relaxed or chilled out. In fact, SUDs can become SUTs (Subjective Units of Temperature Scale), if necessary.

Say, "On a scale of 0 to 10 where 0 is cool or cold and 10 is the hottest you can imagine. . . ."

Some useful process material can be gleaned from Blare (1997). Bear in mind that images specifically relating to damage to the integrity of the underground environment are frequently associated with a tactile sense of heat. These memories can be very intense and distressing to recall and can challenge the strongest machismo. Emotions are a foreign commodity to most miners and these memories feature in virtually all underground memory abreactions. All other abreactions generally relate to subsequent above ground events such as attending colleagues' cremations, for example, of which there can be many.

Since miners are medically checked regularly, they are not going to be physically weak, but their pretrauma beliefs are likely to be inaccurate. It is very common for miners to have given no thought whatsoever—to an accident—to the potential for disaster (e.g., when there is a mile of rock above you). On the other hand, most miners can expect injuries at some time in their working life, but generally not to the extent that they will realize their invulnerability belief exists or needs to be challenged. Miners are known for having no cognitions; so it does help to be mindful of these points when it comes to treating them.
Related to the previous comments is the issue of the client identifying memories that clash with perceived machismo. One way around this is to initially label memories A, B, C, and so on. Although this may smack of covert avoidance to the cognitive-behavioral among us, EMDR is the only psychotherapy that the author knows of that can be conducted blind to even the therapist (See chapter 25, the "Blind to Therapist Protocol"). The author considers that it is a means to an end. If images can be readily and rapidly treated this way, there is no reason why later on some judicious cognitive therapy cannot be added to the EMDR to challenge belief structures. Shapiro frequently tells us that EMDR is not a stand-alone treatment and that it should be part of an overall therapeutic program.
The Underground Trauma Protocol Script

Phase 1: Client History

When working with clients presenting with underground trauma, there are important types of information that are crucial to creating effective case conceptualization and treatment.

1. Say, “During the traumatic event was there damage to the integrity of the underground environment? For instance, did the traumatic event damage a significant part of the underground environment such as a roof collapse or affect a component of the working environment that could affect the entire environment as in damage to ventilation or airflow?”

If the answer is yes, the following are the types of events to look for:

1. Roof collapse or cave-in
2. Gas blowout (fractured pocket of gas under high compression)
3. Oil inrush (fractured pocket of oil under high compression)
4. Explosion, fire, or major disruption to airflow
5. Major equipment failures
6. Some “tripping-out” incidents (e.g., failure in situ of winding gear)

If one of the above occurred, proceed to Question 3.
In complex traumas—at a colliery—it is helpful to obtain a sketch of the underground layout and identify the direction of airflow prior to the traumatic event. Then, estimate how long the client had been underground and, if possible, how much fluid the client consumed during the time underground.
If the answer is no, it is likely that the trauma involved a very local incident, possibly even a single coal miner in a specific situation, then ask the following:

2. Say, “During the traumatic event if there was no damage to the integrity of the underground environment, what happened?”

These are the types of events that can occur:

1. Fatal accident (client in immediate proximity of fatal event)
2. Serious injury to colleague
3. First aid responsibilities to colleague (successful or otherwise)
4. Serious injury to self
5. Dehydration (Another factor unique to the underground environment—geothermal and equipment underground, depth of mining level and thus adequate fluid intake—ongoing during heavy manual work thus the possibility of dehydration is an ever-present threat. Dehydration can alter memory
quality and become a small trauma all on its own. Also dehydration relates to heat and heat [see later] communicates trauma around the underground environment.

6. Witness to extreme anxiety in another miner (including panic attacks underground)

7. Other personal incidents (unless widespread such as in “tripping-out”)

Now ask the following questions, tailored to the specific event just identified:

3. Say, "How, specifically, did you become aware of the traumatic event?"

Note: Heat, or sudden rise in environmental temperature underground is thus a “language of trauma” and on a potential treatment target in itself. Clinical experience seems to suggest that the heat sensation relates to increasing ambient temperature brought about by disruption to underground airflow management. This means that a major accident can, and is, communicated around the underground environment by means of methods other than direct verbal communication. In addition, increase in heat can increase the risk of dehydration, which can also bring about distortions to memories. Consequently miners who were underground at the time of the accident, yet who were neither in the direct vicinity of the accident nor were involved in the rescue, can easily have traumatic memories characterized by a sensation of heat. It is possible to assess to what extent this was a problem at the time by reviewing underground site plans that usually contain information about airflow.

4. Say, "Was there an increase in environmental temperature?"

5. Say, "What were the reactions of your colleagues?"

Note: Memories of smells can be particularly resistant memories and seem to play a large part in reactivating traumatic memories at a later date. Large quantities of disinfectant can be used (even pumped through airflow systems) to mask smells of decomposition—rescue working conditions are already hampered by rapid decomposition because of increased temperatures and humidity. Unfortunately, what helps to facilitate rescue working conditions at the time ends up being part of the traumatic memory repertoire that requires treatment. More problematic still are the actual images themselves that can easily seem to produce evidence that the client didn’t cope.

6. Say, "Were there any changes in smells?"

Note: Disruption to airflow throughout the underground tunnels during a major traumatic event very quickly communicates the trauma around the underground tunnels in some instances several miles underground.
7. Say, "Were there any changes in airflow?"

8. Say, "Were there any other changes that you noticed?"

9. Say, "What other things did you notice that were not from what others told you?"

Note: Communications themselves are traumatic and damage to the underground environment may mean that low-tech methods of communications (word of mouth) predominate until communications can be restored. In the meanwhile, "Chinese whispers" can result in unintentional secondary traumas.

10. Say, "Were there things that people told you that bothered you and that you cannot get out of your mind?"

11. Say, "At the time, what was your perception of what happened?"

Note: A perennial problem underground is dust. Coal dust mixed with air is a highly explosive "cocktail." The problem is kept under control in coal mines by mixing the coal dust and air with stone dust. However, this can't be controlled during a major incident such as a roof collapse. The amount of dust is vast and tends to obscure vision of the disaster site. The degree of lack of visibility thus indicates proximity to the primary site of the disaster.

12. Say, "Was it that you did not see what happened through a loss of visibility or are you unable to recall what happened?"

13. Say, "What were you doing at the time?"

14. Say, "What had been your work instructions?"

15. Say, “Who gave you those instructions?”

Note: Perhaps “location” should be “distance from the shaft” as the farther from the shaft, the longer underground the traumatized miner is likely to be. Remaining effectively trapped underground—even if not physically injured—can greatly intensify the trauma. It therefore follows that the farther from the shaft a traumatized miner is, the more dehydrated he is likely to be. Clearly the question on losing track of time and disorientation will assist the history taking.

16. Say, “Where were you underground?”

Note: United Kingdom rules on the wearing of equipment including watches and carrying cigarette lighters (obviously) underground are very strictly enforced—loss of time is easy with no access to daylight either and is even worse during emotionally charged situations such as mines rescue work.

17. Say, “At any POINT, did you lose track of time or were you disoriented?”

18. Say, “Do you have any images associated with ‘heat’?”
   See earlier explanation about the important role of heat in mining disaster memories.

Note: Coal miners are an extremely close-knit community much more so than virtually all other occupational groups with the possible exception of the armed forces. Often dads and sons may work together—thus emotional ties form a critical mass to the trauma itself.

19. Say, “Did you know the individual(s) involved personally?”

Note: Under normal circumstances, underground miners often work in small teams. They rely upon each other, but small incidents may cause serious injuries to others. If memories are associated with guilt, it may well be because the individual miner feels personally responsible for his colleagues’ injuries. During mine rescue work where time is of the essence, corners can be cut in practice for the sake of the rescue. In either case, Her Majesty’s Mines Inspectorate will hold an inquiry and interview each person involved—this can also be a traumatic experience. Knowing whether relevant procedures were or were not followed will help identify all manner of secondary and subsequent issues, even secondary gain.
20. Say, "Were there specific safety procedures being followed?"

21. Say, "How long were you underground?"

22. Say, "Approximately how much fluid did you consume during the time underground?"

Note: Miners worldwide have a reputation for alcohol consumption. The author has encountered miners who consume well over 200+ units (a unit is defined as 10 millilitres/8 grams of ethanol) per week. They have built an enormous tolerance to alcohol. It is unrealistic in many cases to ask them to cut down on alcohol consumption prior to EMDR. However, this subject should be addressed as alcohol comes as a very natural method of blotting out traumatic memories.

23. Say, "What is the approximate minimum number of drinks you consume in an average working week?"

24. Say, "What is the approximate maximum number of drinks you consume in an average working week?"

25. Say, "How frequently do you drink the maximum?"

Note: Also, miners may hugely underestimate other coping strategies such as smoking. They can't smoke underground so asking how much is smoked will not help. Ask if they chew tobacco or take snuff or both while working. This may be important, as there is anecdotal evidence that snuff can also mask smells.

26. Say, "Do you chew tobacco while working? If so, in what quantity?"

27. Say, "Do you take snuff while working? If so, in what quantity?"

Ask any other questions deemed appropriate here that are important for the therapist's history taking.
Phase 2: Preparation

Forming a Bond With the Client

If at all possible, familiarize yourself with the basics of mining jargon. Just as languages vary worldwide, so does jargon. If you don’t understand a term, ask. This is important to your clients’ faith in your ability to understand who they are and what they have been through.

Alcohol should not be consumed on the day of the EMDR session—this author once had a miner who had convinced me he had not drunk any alcohol that day and who subsequently lost his balance while tracking eye movements and fell off the seat (fortunately without injury)!  

Creating a Safe Place

Safe places involving images relating to fishing, the family, open air, sunlight, gardening, and holidays were the most popular amongst a group of 20+ miners treated. One miner picked being a mile underground at a colliery with a better safety record as his safe place image, but this had to be replaced!

The Safe Place for Miners Script

Image

Say, “I’d like you to think about some place you have been or imagine being that feels very safe or calm. Perhaps being on holiday somewhere or doing something relaxing such as gardening or fishing.” (Pause) “What might you be doing?”

Emotions and Sensations

Say, “As you think of that safe (or calm) place or activity, notice what you see, hear, and feel right now.” (Pause) “What do you notice?”

Enhancement

Say, “Focus on your safe (or calm) place or activity, its sights, sounds, smells, and body sensations. Tell me more about what you are noticing.”

Bilateral Stimulation (BLS)

Say, “Bring up the image of that place or activity. Concentrate on where you feel the pleasant sensations in your body and allow yourself to enjoy them. Now concentrate on those sensations and follow my fingers (or whatever BLS you use).”

Use four to six sets.
Say, "How do you feel now?"

Repeat several times if the process has enhanced the client's positive feelings and sensations.
If positive, say the following:
Say, "Focus on that."
Repeat BLS.
Say, "What do you notice now?"

Cue Word
Note: An interesting choice of cue word that cropped up from time to time was "cool" or even "cold"—especially given the importance of "heat" in the traumatic memories described earlier.
Say, "Is there a word or phrase that represents your safe (or calm) place or activity?"

Then say, "Think of ______ (cue word) and notice the positive feelings you have when you think of that word. Now concentrate on those sensations and the cue word and follow ______ (state BLS using)."

Use short sets (four to six) of BLS with any positive responses.
Say, "How do you feel now?"

Repeat several times. Enhance positive feelings with BLS several times.

Self-Cuing
Say, "Now I'd like you to say that word ______ (cue word) and notice how you feel."

Cuing With Disturbance
Say, "Now imagine a minor annoyance and how it feels."
(Pause)
Say, “Now bring up your safe (or calm) place or activity _______ and notice any shifts in your body.”

Do BLS.
Guide the client through the process until he is able to experience the positive emotions and sensations. Repeat as often as necessary.

**Self-Cuing With Disturbance**

Say, “Now I’d like you to think of another mildly annoying incident and bring up your safe (or calm) place or activity by yourself, again, especially noticing any changes in your body when you have gone to your safe (or calm) place.”

**Practice**

Say, “I’d like you to practice using your safe place or activity, between now and our next session, any time you feel a little annoyed. Keep track of how things go and we’ll talk about it next time we meet.”

**Past Memories**

**Phase 3: Assessment**

Above Ground Trauma Targets. Use the Standard Trauma Protocol (STP) for all memories, except for those below ground (see below). For above ground trauma related to underground events, tackle targets according to the following order: heat, darkness, and then disorientation.

Say, “Let’s list the issues we are going to tackle according to how hot they are. For instance on a scale from 0 to 10 where 0 = Cold memories or no sense of heat; 10 = Hottest memories of all.”

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<td>(cold memories or no sense of heat)</td>
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“Let’s start with the hottest problem and then all those that follow.”

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**Incident**

When a picture is unavailable, Shapiro advises the clinician to have the client “think of the incident.” An alternative, and one that in the past this author has used instead of locating any picture is the following:

Say, “Think of anything you remember about the accident that is hot (failing this, substitute hot with dark or disorientated).”

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Note: See Phase 1 above, relating to memories associated with heat.
Picture

Say, "What image represents the worst part of the memory or incident?"

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Negative Cognition (NC)

Mining still has a huge machismo problem and it can hamper rapid treatment if the client feels he must identify perceived failings such as admission of certain negative cognitions. The following have been the negative cognitions most encountered clinically:

"I am useless."
"I am worthless."
"I am weak."
"I'm a waste of space."
"I can't cope."
"I let my colleagues down."

Say, "What words go best with the picture that express your negative belief about yourself now?"

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Positive Cognition (PC)

Say, "When you bring up that picture or incident, what would you like to believe about yourself now?"

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Validity of Cognition (VoC)

Say, "When you think of the incident (or picture), how true do those words ________ (clinician repeats the positive cognition) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?"

1 2 3 4 5 6 7
(completely false) (completely true)

Emotions

Say, "When you bring up the picture (or incident) and those words ________ (clinician states the negative cognition), what emotion do you feel now?"
Subjective Units of Disturbance (SUD)

Adapting the SUD Scale to the Miner Population

There is no reason to stick with “distress” as the posting to your SUD scales. Others may be more appropriate, try any of these suggestions:

0 = Cold memories or no sense of heat; 10 = Hottest memories of all
0 = Light memories (e.g., daylight); 10 = Very dark memories (i.e., zero visibility)
0 = Normal size or oriented content; 10 = Very large or completely disorientated content

Say, “On a scale of 0 to 10, where 0 is ______ (state scale using: no disturbance, cold memories, no sense of heat, light memories as in daylight, normal size, or oriented content) or neutral and 10 is the ______ (state scale using: highest disturbance, hottest memory of all, very dark memories with zero visibility, very large, or completely disorientated content) that you can imagine. How ______ (disturbing, hot, dark, large, or disorientated) does it feel to you now?”

0 1 2 3 4 5 6 7 8 9 10
(no disturbance) (highest disturbance)

Location of Body Sensation

Say, “Where do you feel it (the disturbance) in your body?”

After this list is processed, using Phases 4–7, go on to the next list if it is necessary.

Say, “Let's list the issues we are going to tackle according to how dark they are. For instance on a scale from 0 to 10 (0 = Light memories [e.g., daylight]; 10 = Very dark memories [i.e., zero visibility]).”

0 1 2 3 4 5 6 7 8 9 10
(light memories) (very dark memories)

“Let's start with the darkest problem and then all those that follow.”

After this list is processed, using Phases 4–7, go on to the next list if it is necessary.
Say, "Let's list the issues we are going to tackle according to how disorientated they feel. For instance on a scale from 0 to 10 where 0 = Normal size or oriented content (10 = Very large or completely disorientated content).

0 1 2 3 4 5 6 7 8 9 10
(normal size or oriented) (very large or completely disorientated content)

"Let's start with the most disorientated problem and then all those that follow."

Use Phases 4–7 of the Standard EMDR Protocol to process this list completely.

Underground Trauma Memory Targets. For underground memories, target the "hottest" or most affect-laden first or use the Recent Trauma Protocol (see chapter 20 in this volume), starting with the memories below ground. When targeting the actual event, use the following order: associated heat, associated darkness, and associated disorientation. See above for scripts.

**Phase 4: Desensitization**

**Present Triggers**

Use the Standard EMDR Protocol format for the past memories and any present triggers. The latter can include many current problems including news broadcasts, changes in circumstances relating to any injury, changes in income, loss of contact with colleagues, issues relating to being trapped, the post-incident inquiry, or merely uncertainty about the future and so on.

**Future Template**

As regards to the future template, it is useful to know the miner's intentions. Is he returning to work underground, working as redeployed to surface work, or leaving mining altogether? It is likely that a single image will be insufficient if the miner is returning to work underground because the process of returning is complicated so installing the future template as multiple images in the form of a video can be useful.

If the miner is returning to surface working or leaving mining altogether, use the standard future template with a single image of coping or readjusting.

If the miner is returning to underground work in the mine, do the following:

Say, "Which of the following elements of your return to work underground create anxiety when you think of them now?"

- **Sight of the headstocks to the colliery** (The headstock is the visible—sometimes from several miles—metal structure usually with a single, large cable winding-wheel showing at the top.)
- **Clothing and equipment**
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• Top of shaft (sometimes called the tally room)
• Descending or ascending in the cage (also called the chair—the term for the lift in the shaft)
• The shaft bottom
• Underground transport (underground trains are sometimes referred to as Paddys)
• Coal face itself or other working location
• Other aspects of working underground particularly any awareness of increases in temperature

Identify each component and desensitize as per normal as follows:

Say, “I would like you to imagine yourself coping effectively with _______ (insert item from list above) in the future. With the positive belief _______ and your new sense of _______ (i.e., strength, clarity, confidence, calm), imagine stepping into this scene.

Notice what you see and how you are handling the situation.

Notice what you are thinking, feeling, and experiencing in your body.

Are there any blocks, anxieties, or fears that arise as you think about this future scene?”

If yes, say the following:

Say, “Then focus on these blocks and follow my fingers (or any other BLS).”

If the blocks do not resolve quickly, evaluate if the client needs any new information, resources, or skills to be able to comfortably visualize the future coping scene. Introduce needed information or skills.

Say, “What would you need to feel confident in handling the situation?”

Or say, “What is missing from your handling of this situation?”

If the block still does not resolve and the client is unable to visualize the future scene with confidence and clarity, use direct questions, the Affect Scan, or the Float-Back Technique to identify old targets related to blocks, anxieties, or fears. Use the EMDR Standard Protocol to address these targets before proceeding with the template. (See Worksheets in the Appendix.)

When there are no apparent blocks and the client is able to visualize the future scene with confidence and clarity as in the following:

Say, “Please focus on the image, the positive belief, and the sensations associated with this future scene and follow my fingers (or any other BLS).”
Do several sets until the future template is sufficiently strengthened.

Then say, "Close your eyes and keep in mind the experience that you will have in the future. 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."

If any sensation is reported, do BLS.

If it is a positive or comfortable sensation, do BLS to strengthen the positive feelings.

If a sensation of discomfort is reported, reprocess until the discomfort subsides.

Check the VoC.

Say, "When you think of the incident (or picture) how true do those words ______ (clinician repeats the positive cognition) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?"

1 2 3 4 5 6 7
(completely false) (completely true)

**Movie as a Future Template**

Next, ask the client to move from imagining one scene or snapshot to imagining a movie about coping in the future, with a beginning, middle, and end. Encourage him to imagine coping effectively in the face of specific challenges or triggers. Make some suggestions to help inoculate him for future problems.

Say, "This time, I'd like you to close your eyes and play a movie, imagining yourself coping effectively with ______ (state where client will be) in the future. With the new positive belief ______ (state positive belief) and your new sense of ______ (strength, clarity, confidence, calm), imagine stepping into the future. Imagine yourself coping with ANY challenges that come your way. Make sure that this movie has a beginning, a middle, and an end. Notice what you are seeing, thinking, feeling, and experiencing in your body. Let me know if you hit any blocks. If you do, just open your eyes and let me know. If you don’t hit any blocks, let me know when you have viewed the whole movie."

If the client hits blocks, address as above with BLS, interweaves, new skills, information, resources, direct questions, Affect Scan, or Float-Back, and so forth.

If the client is able to play the movie from start to finish with a sense of confidence and satisfaction, ask the client to play the movie one more time from beginning to end and introduce BLS. In a sense, you are installing this movie as a future template.
Phase 5: Installation
Say, “How does _______ (repeat the PC) sound?”

__________

Say, “Do the words _______ (repeat the PC) still fit, or is there another positive statement that feels better?”

__________

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

Say, “As you think of the incident, how do the words feel, from 1 (completely false) to 7 (completely true)?”

1 2 3 4 5 6 7
(completely false) (completely true)

Say, “Think of the event, 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.

Phase 6: Body Scan
Say, “Close your eyes and keep in mind the original memory 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.”

Phase 7: Closure
Say, “Things may come up or they may not. If they do, great. Write it down, and it can be a target for next time. If you get any new memories, dreams, or situations that disturb you, just take a good snapshot. It isn’t necessary to give a lot of detail. Just put down enough to remind you so we can target it next time. The same thing goes for any positive dreams or situations. If negative feelings do come up, try not to make them significant. Remember, it’s still just the old stuff. Just write it down for next time. Then use the tape or the Safe Place exercise to let as much of the disturbance go as possible. Even if nothing comes up, make sure to use the tape every day and give me a call if you need to.”
Phase 8: Reevaluation

It is important to pay attention to the following questions when the client returns after doing EMDR work.

Say, “When you think of whatever is left of the problem that we worked on last time, how disturbing is it now on a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel now?”

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Say, “Have you noticed any other material associated with the original memory since the last session?”

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Say, “Have all the necessary targets been reprocessed so that you can feel at peace with the past, empowered in the present, and able to make choices for the future?”

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Say, “Has the work that we have done with EMDR helped you be more adaptive in your day-to-day life?”

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The author welcomes feedback on its use. Free help is available if using this protocol via e-mail: help@davidblore.co.uk