

**Welcome to the  
Free Preview  
of the  
8:3 Guidebook!**

Our 8:3 Guidebook series is split into 3 sections: the QuickStart, Guidebook, and Companion. This preview contains pages from our Client Guidebook.

If you're interested in using the 8:3 Guidebook Series at your practice, please reach out to us!

We'd love to hear feedback as well! Feel free to email us at [YourEMDRGuide@gmail.com](mailto:YourEMDRGuide@gmail.com)

This preview will allow you to interact with the pages and save your responses.

**Thank you!**

8:3

# Guidebook

This Guidebook Belongs to:

---

Written by  
Amy Ikerd, MSW, LCSW, LCAC, EMDRIA Approved Consultant  
and Julie Timke, MSW, LCSW, LAC, EMDRIA CIT

# Your EMDR Guide

# How to use this Guidebook

Use the index to jump to a chapter:

Welcome and Introduction	1
EMDR Basics	2
Preparing for an Intensive	3

Click on the **Title** or **Page Number** to jump to that chapter

Type directly on the page, use checkboxes, and dropdowns:

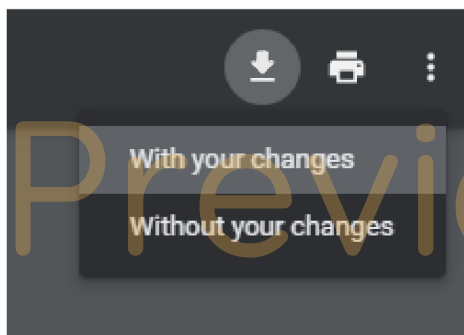
Try me!

Click on the blue boxes to type into them

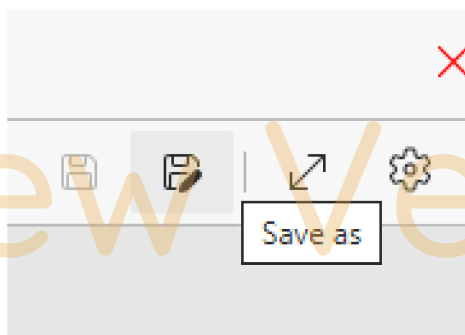
Click on the box to mark or unmark them

Click or use your arrows to select your answer

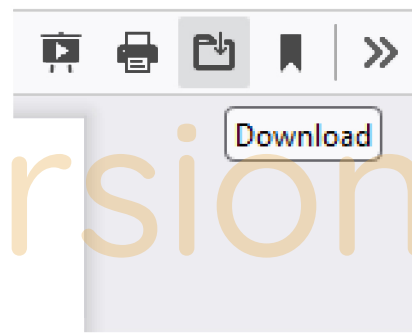
Make Sure to Save your changes!



Using Google Chrome:  
Download with your changes



Using Microsoft Edge:  
Save As



Using FireFox:  
Download

Please name your file: "First Initial Last Name Guidebook"

Click on the page number to jump back to the index

## Your EMDR Guide

##

# Index

## Before EMDR

Welcome and Introduction 1

8 Phases, 3 Prongs, and EMDR Preparation 2

EMDR Questions and Concerns 4

Informed Consent **Not included in Preview** 5

Resource Identification 7

Self Care Checklist 8

Bilateral Stimulation and Monitoring Tasks **Not included in Preview** 9

Belief Inventory 10

Check-In 14

Present Triggers **Not included in Preview**

Things to Notice 15

Parts Work 20

Check In **Not included in Preview** 23

Future Outcomes 24

## Appendix

8.3 Guidebook and Quickstart were written by:

Amy Ikerd, MSW, LCSW, LCAC, EMDRIA Approved Consultant

Julie Timke, MSW, LCSW, LAC, EMDRIA CIT and

Designed by Anna Timke

Edited by Katherine Long

Please Contact High Fidelity for usage rights and questions about customization. © 2023 Your EMDR Guide

# Your EMDR Guide

Preview Version

Preview Version

Preview Version

Preview Version

Preview Version

Preview Version

Preview Version



Before  
EMDR

# Welcome and Introduction

Thank you for choosing Your EMDR Guide for your EMDR work!

We hope that you find the Guidebook to be a great resource with all the steps and information you'll need to have a successful treatment experience. Your therapist or other member of your care team will direct you to which portions of the guidebook to complete, but feel free to do additional work if you would like.

EMDR is a distinctive integrative treatment approach with eight-phases and focuses on three prongs of a person's life: their past, present, and future. Many people think EMDR is only the "eye movement" intervention, but all eight phases are needed!

Your therapist will need to gather all the needed and relevant information to complete a roadmap for treatment to get you the best outcomes. We will begin with assessing past disturbing life experiences, current triggers that lead to activation, and future goals along with any fears or blocking beliefs that might interfere with reaching those goals. Throughout the treatment we will continue to assess the past, present, and future areas so that you get the following outcomes:

**Desensitization of emotional and physical disturbances**

**Insight and Positive changes in physical and emotional responses**

**Integration: new learning becoming available in the current life context**

**Personal growth and resilience**

We would like you to use and keep the guidebook so that you have a record of what you learned about yourself as well as insights and skills to live differently. You might consider sharing the book with your primary therapist so that they can have the full details of your journey.

# 8 Phases of EMDR

1

## History & Treatment Planning

Work together to create a plan based on past trauma and existing resources.



2

## Preparation

Discuss EMDR and any questions or concerns. Get some resources set up and ready to use.



3

## Assessment

Establish targets for reprocessing and get baseline measures before beginning the next step.



4

## Desensitization

Start Bilateral Stimulation and work to decrease distress.



5

## Installation

Increase validity of the positive belief until the client believes it.



6

## Body Scan

While remembering the previous disturbance, scan the body for additional stress.



7

## Closure

Even if you have not finished reprocessing, close out the session with some grounding and stabilization.



8

## Reevaluation

Go over previous targets to make sure that the results have been maintained.



## 3 Prongs

### Past Prong

Touchstone Memory

Linking present symptoms to past experiences

### Present Prong

Triggers, how it affects your life in the moment

Triggers increase the arousal in the system

### Future Prong

Build a future

What do you want to experience?

What do you want to believe?

What do you want to do?

Potential future challenges

# EMDR

## Preparation

Are there any last things to know before starting this process?

There are a couple things to keep in mind while getting ready for this treatment:

**First and foremost**, make sure you are planning space around your sessions. Some reprocessing may continue to happen after sessions, because of this it's important to make sure you allow yourself the space to do this. You may end up using the techniques learned in sessions to ground yourself.

**It is also important** that you come to EMDR sessions as rested as possible and substance free. Even though this may be a challenge, it's important to make sure the EMDR can be as effective as possible.

**The most important thing** to remember is that there is no wrong way to do EMDR. Don't stress over what you think should happen, there is no one way that EMDR feels like for all people or one speed that all people reprocess things.

**It's also okay to stop at any time.** Telling your clinician that you want to pause will not harm your progress.

After you come in for the first session, your team may decide that another therapist is best suited to meet your needs. This is not a personal failure or an indication that your first session went poorly. This happens because we want to make sure that you have the highest level of care possible for your specific situation. The therapists at our office often have different focuses and specialties; switching can ensure that you match with the therapist who is best able to guide you through this process.

Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating in this therapeutic method. For some people, this method may result in sharper memory. For others, fuzzier memory follows the treatment. If you are involved in a legal case and need to testify, please discuss this with your therapist before beginning EMDR.

Is there a word you would like to use to indicate you want to stop the session?

---



# Self Care Checklist

Self-Care is vital when doing EMDR work. Throughout each phase it is possible for strong emotions to be present and for your physical and mental energy to be challenged. Give yourself permission to go at your own pace and incorporate as many of the following recommendations as possible:

Create an environment that is free from distractions and allows you some privacy.

This is a good time to use an essential oil, put on some calming music, or use binaural beats. If you see something in the room that will distract you, put it away until you're finished.

Check in with your body: are you hungry, thirsty, or need to get a few things off your mind before you begin?

Grab a snack if you're feeling hungry, and get some water to sip on while working. If you've got things on your mind, write them out so you can return to them later. Try box breathing or doing your own preferred breathing exercise for 2 minutes.

Do you have someone to reach out to if you need support as you complete the Guidebook?

Reach out to a friend, family member, or person you trust and let them know you may need emotional support if you feel unsafe or unstable.

Select one resource and focus on that for 2 to 5 minutes before going further

More information about resources can be found in the Appendix. [Click here](#) to jump to the Resources Section.

# Belief Inventory

In this segment, we will be using a SUD scale. SUD stands for Subjective Units of Distress. This is a scale that measures how distressing certain thoughts are to you.

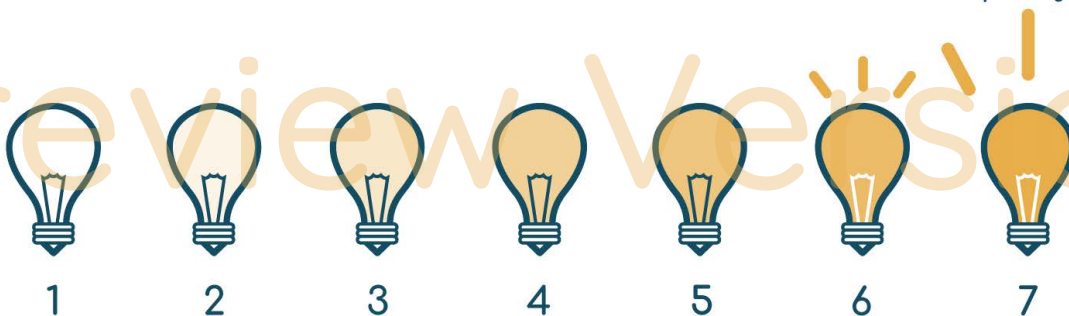


A 0 on the SUD Scale means you find the thought to be completely neutral and not distressing at all. A 10 on the SUD scale means you cannot even bear to think about it. It is so distressing that you are having a physical reaction to the thought.

We will also be using a VoC Scale. VoC stands for Validity of Cognition. This is a scale that measures how true you believe something is.

Not True at all

Completely True



A 1 on the VoC Scale means you do not believe the statement at all. A 7 on the VoC Scale means you believe the statement is true without any question.

# Belief Inventory



Read the following statements and rate them based on how distressing they are to you with zero being not distressing and ten being extremely distressing. Please use the scale above for reference.

- I am alone.
- I am unimportant.
- I am bad.
- I am invisible.
- I am not good enough.
- I am powerless.
- I have to be in control.
- I am going to die.
- I am a failure.
- I am responsible.
- I am unlovable.
- I am vulnerable.
- I am worthless.
- I am selfish.
- I should have done something. I am inadequate.
- It's not safe to feel.
- I am helpless.
- I am abandoned.
- I am trapped.
- I am in danger.
- I am overwhelmed.

# Belief Inventory

Not True at all

Completely True



1



2



3



4



5



6



7

Read the following statements and rate them based on how well they apply to you with zero being not true and 7 being very true. Please use the scale above for reference.

I am good enough.

I can exist.

I can get my needs met.

I survived.

I can begin to learn when and how to feel.

I have value regardless.

I can get through it.

I can control what I can.

I can safely let go of some control.

I did what I could.

I can learn how to trust my judgment.

I am okay as I am.

I can accept myself.

I can learn from my mistakes.

I can recognize appropriate responsibility.

I can protect myself.

I can survive.

I can recognize what I can and cannot control.

# Belief Inventory

Write all negative beliefs that you rated as an eight or higher on the SUD scale on the lines below:

Write the positive cognition that corresponds to the negative belief:

Preview Version  
Preview Version  
Preview Version  
Preview Version  
Preview Version  
Preview Version  
Preview Version

Preview Version

Preview Version

Preview Version

Preview Version

Preview Version

Preview Version

Preview Version



# Appendix

Adaptive Information Processing (AIP) Model	i
Bilateral Stimuli <b>Not included in Trial Version</b>	ii
BioFeedback	iii
Emotion Examples	iv
Resources <b>Not included in Trial Version</b>	v
SUD and VoC Scales	xiv

# Emotion Examples

Accepted	Accepting	Aggressive	Amazement
Amused	Anger	Annoyance	Annoyed
Anticipation	Apprehension	Astonished	Attentive
Awe	Balances	Betrayed	Bold
Bored	Brave	Broken	Calm
Comfortable	Compassionate	Contemptuous	Curious
Delighted	Desperate	Detached	Disapproval
Discouraged	Disgusted	Distracted	Eager
Ecstatic	Empty	Fear	Fearless
Foolish	Fragile	Free	Fulfilled
Gloomy	Gratified	Grief	Honored
Hurt	Important	Inadequate	Indifferent
Insecure	Inspired	Interest	Jealous
Joy	Loathing	Love	Mocked
Nervous	Optimistic	Outraged	Peace
Pensive	Playful	Pouty	Powerless
Rage	Rejected	Remorse	Resentful
Respected	Sadness	Self-Assured	Sensitive
Shy	Small	Smothered	Surprise
Sympathetic	Terror	Thankful	Thrilled
Torn	Trust	Victimized	Vigilant
Vulnerable	Withdrawn		

EMDR uses a scale called the **SUD Scale** to measure distress. SUD stands for **Subjective Units of Distress**. On this scale, a zero is no distress and a ten is extreme distress.

This scale will be used as you process the memories to indicate how distressing your negative belief is.

Not Distressing

Slightly Distressing

Moderately Distressing



0

1

2

3

4

5

Very Distressing

Intolerable



6

7

8

9

10

EMDR uses a scale called the **VoC Scale** to measure how true you think statements are. VoC stands for **Validity of Cognition**. On this scale, a one is not believing the statement at all and a seven is full belief in the statement.

This scale will be used with the positive cognition to assess how true you find the positive cognition.

Not True at all

Completely True



1

2

3

4

5

6

7