

**TREATING ANXIETY, OBSESSIVE-COMPULSIVE,  
AND MOOD-RELATED CONDITIONS**

**EYE MOVEMENT DESENSITIZATION AND REPROCESSING**

# **EMDR THERAPY**

**SCRIPTED PROTOCOLS AND  
SUMMARY SHEETS**

**Eye Movement Desensitization and Reprocessing**

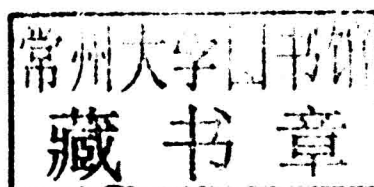
# **EMDR Therapy**

**Scripted Protocols and Summary Sheets**

## **TREATING ANXIETY, OBSESSIVE-COMPULSIVE, AND MOOD-RELATED CONDITIONS**

Edited by

**Marilyn Luber, PhD**



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**Marilyn Luber, PhD**, is a licensed clinical psychologist and has a general private practice in Center City, Philadelphia, Pennsylvania, working with adolescents, adults, and couples, especially with complex posttraumatic stress disorder (C-PTSD), trauma and related issues, and dissociative disorders. She has worked as a Primary Consultant for the FBI field division in Philadelphia.

In 1992, Dr. Francine Shapiro trained her in Eye Movement Desensitization and Reprocessing (EMDR). She was on the Founding Board of Directors of the EMDR International Association (EMDRIA) and served as the Chairman of the International Committee until June 1999. Also, she was a member of the EMDR Task Force for Dissociative Disorders. She conducts facilitator and consultation trainings and teaches other EMDR-related subjects both nationally and internationally. Since 1997, she has coordinated trainings in EMDR-related fields in the greater Philadelphia area. In 2014, she was a member of the Scientific Committee for the EMDR Europe Edinburgh Conference. Currently, she is a facilitator for the EMDR Global Alliance to support upholding the standard of EMDR Therapy worldwide.

In 1997, Dr. Luber was given a Humanitarian Services Award by the EMDR Humanitarian Association. Later, in 2003, she was presented with the EMDR International Association's award "For Outstanding Contribution and Service to EMDRIA" and in 2005, she was awarded "The Francine Shapiro Award for Outstanding Contribution and Service to EMDR."

In 2001, through EMDR HAP (Humanitarian Assistance Programs), she published, *Handbook for EMDR Clients*, which has been translated into eight languages; the proceeds from sales of the handbook go to EMDR HAP organizations worldwide. She has written the "Around the World" and "In the Spotlight" articles for the EMDRIA Newsletter, four times a year since 1997. In 2009, she edited *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations* (Springer) and *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Special Populations* (Springer). She interviewed Francine Shapiro and co-authored the interview with Dr. Shapiro for the *Journal of EMDR Practice and Research* (Luber & Shapiro, 2009) and later wrote the entry about Dr. Shapiro for E. S. Neukrug's, *The SAGE Encyclopedia of Theory in Counseling and Psychotherapy* (2015). Several years later, in 2012, she edited Springer's first CD-ROM books: *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols With Summary Sheets CD-ROM Version: Basics and Special Situations* and *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols With Summary Sheets CD-ROM Version: Special Populations*. In 2014, she edited, *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, and Summary Sheets*. In 2015, three ebooks were published that supplied protocols taken from *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, and Summary Sheets: EMDR Therapy With First Responders* (ebook only), *EMDR Therapy and Emergency Response* (ebook only), and *EMDR Therapy for Clinician Self-Care* (ebook only). The text, *Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Trauma- and Stressor-Related Conditions* will be released in 2015. Currently, she is working on *Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Medical-Related Conditions*.

To Ad de Jongh,  
my friend and colleague,  
for his insight, guidance, humor, and  
for his dedication to EMDR Therapy and the EMDR community

All the evidence that we have indicates that it is reasonable to assume in practically every human being, and certainly in almost every newborn baby, that there is an active will toward health, an impulse toward growth.

—Abraham Maslow, PhD

**Benedikt L. Amann, MD, PhD**, specialized in psychiatry and psychotherapy at the Ludwig-Maximilians University in Munich, Germany. During his training, he initiated scientific projects on bipolar disorder and received grant funding from the Stanley Medical Research Centre. As a research assistant, he spent 1 year each in the Department of Neuropsychiatry and Neurology in London, UK, and in the Bipolar Disorders Unit of Hospital Clinic in Barcelona, Spain. In 2006, he was contracted as the principal investigator for the Ministry of Health in Spain and was named member of the CIBERSAM, the most relevant scientific network to study mental diseases in Spain. Since then, he has been working at the FIDMAG Research Foundation Germanes Hospitalàries, in Barcelona, Spain, with a scientific focus on neuroimaging, clinical studies about mental disorders, and the comorbidity of trauma and severe mental illness. As an EMDR clinician, he founded the Barcelona EMDR Research Group and initiated basic and clinical research on EMDR. He is a member of the Spanish and European EMDR Scientific Committees, author of more than 80 scientific articles in national and international peer-reviewed journals, and lectures regularly at national and international congresses. In 2015, the EMDR Europe Association presented him with the Francine Shapiro Award.

**Roser Batalla, PsyD**, is a clinical psychologist and EMDR consultant in Barcelona, Spain. She has undergone training in Brainspotting, brief strategic therapy, cognitive behavioral therapy (CBT), EMDR, and neuro-linguistic programming and rhythmic movement therapy and special training for emergencies, catastrophes, and grief work. She works with infants, children, and adults. She is a member of the Barcelona EMDR Research group.

**Millia Begum, MD**, is a consultant psychiatrist within the National Health Service (NHS) Lanarkshire in the West of Scotland region. She is also an EMDR Europe-approved consultant. She has a keen interest in posttraumatic stress disorder (PTSD) and related conditions. She has worked collaboratively with Therese McGoldrick over the years, publishing research papers and promoting EMDR through joint presentations on various trauma-related topics. She has published with other colleagues in peer-reviewed journals, the most recent being a systematic review of the world literature on Olfactory Reference Syndrome.

**Vicky Blanch, PsyD**, is licensed in clinical psychology. She is an EMDR facilitator and consultant and she is trained in neuropsychology, hypnosis, brief strategic therapy, and sensorimotor therapy. She has participated in various research projects concerning EMDR and is a member of the Barcelona EMDR Research group.

**Karsten Böhm, D Phil, Dipl Psych**, is a consultant in EMDR and CBT; EMDR facilitator; and specialist in obsessive-compulsive disorder (OCD), anxiety disorders, and PTSD psychotherapy. He is a member of the German EMDRIA board and also of the German National Guideline Commission on the treatment of OCD. He lectures on psychotherapy for the EMDR Institute Germany, for Institutes for Cognitive Behavior Therapy (in Stuttgart and Basel, Switzerland), for medical councils, and for different congresses (Deutschen Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde [DGPPN] Congress Berlin, etc.). He has published a number of articles, chapters, and working materials on



the use of EMDR with OCD patients. From 2003 to 2009, he worked as a clinical and ward psychologist at the University Hospital of Freiburg. Currently, he is working as a lead psychologist in Klinik Friedenweiler of Friedenweiler in the Black Forest, Germany.

**Keith Brown, BSc(Hons), MB, ChB, MRCP, FRCPsych, FRCPE**, is an honorary professor at Stirling University and a retired consultant psychiatrist. He cofounded and was codirector of the first trauma clinic in Scotland that specialized in the use of EMDR. He has coauthored a number of research papers on EMDR, PTSD, and body dysmorphic disorder. He has served on a number of government advisory bodies related to psychological trauma. He was the chairman of the Scottish Intercollegiate Guideline Network (SIGN), a member of the Scottish Medicines Consortium (SMC), and sat on the advisory board of the British National Formulary (BNF).

**Dolors Capellades, PsyD**, is licensed in clinical psychology and is an EMDR practitioner. She has undergone training in Brainspotting, brief strategic therapy, CBT, EMDR, and neuro-linguistic programming. For 20 years, she has worked in a private practice focusing on PTSD, attachment disorders, psychosomatic disorders, severe mental disorders, and personality disorders. She is a member of the Barcelona EMDR Research group.

**Maria José Carvajal, PsyD**, is licensed in clinical psychology and is an EMDR facilitator and consultant. She has undergone training in brief strategic therapy, EMDR, and neuro-linguistic programming. She currently works in the Stress Traumatic Institute in Barcelona, Spain, and is a member of the Barcelona EMDR Research group.

**Anna Maria De Divitiis, PsyD**, is a clinical psychologist, EMDR facilitator, and approved consultant. She is cofounder of the Italian EMDR Association (Associazione per l'EMDR in Italia) and was on its board of directors for 10 years. She has worked for 26 years as a lead psychologist at Family Planning Centers (NHS) and has conducted Childbirth Preparation Courses with expectant women. She is a trainer of trainers of Childbirth Preparation Course in a number of professional training institutes. She teaches psychotraumatology, attachment theory and psychotherapy, and attention deficit/hyperactivity disorder (ADHD) at the A.T. Beck Institute in Caserta (Cognitive Behavioral Psychotherapy Training Centre). She has taught critical incident stress intervention at the Civil Defense Center in Naples. She has presented several papers and has published articles on EMDR and drug addiction intervention and the prevention of birth trauma and postpartum depression. She has participated in humanitarian projects through the Italian EMDR Association.

**Ad de Jongh, PhD**, is both a clinical psychologist and a dentist. He is a professor of anxiety and behavior disorders at the Behavioural Science Department of the Academic Centre for Dentistry (ACTA) in Amsterdam, the Netherlands, a collaboration of the University of Amsterdam and Vrije University. He is also an honorary professor at the School of Health Sciences of Salford University in Manchester, UK. He is involved in research investigating the efficacy of evidence-based treatments for the consequences of traumatic events in a variety of target populations, including children, people with intellectual disabilities, and people with complex psychiatric conditions, including psychosis and schizophrenia. He has (co-)authored more than 250 scientific articles and book chapters on anxiety disorders, and their treatment, as well as 5 books, and provides lectures and courses in his field of expertise, both in the Netherlands and abroad. He is an EMDR Europe-accredited trainer. In 2011, he received the outstanding EMDR Research Award from the EMDR International Association.

**Franz Ebner, MD**, is a specialist in psychiatry and psychotherapy. He is a senior trainer and supervisor in the German EMDR Institute with Arne Hofmann and, since 2000, he has conducted trainings in German-speaking countries, China, and Slovakia. He started as an EMDR facilitator in 1995. From 1998 until 2008, he was the head of one of the first inpatient trauma programs in a psychiatric hospital (Klinik Hohe Mark) in Oberursel, near

Frankfurt, Germany. He has published articles and chapters in two books on EMDR. Currently, he treats trauma patients in the outpatient department for a clinic in Frankfurt and has a private practice.

**Isabel Fernández, PsyD**, is a clinical psychologist. She is trained in CBT and is a member of the faculty of the Italian School of Cognitive Behavior Therapy. She has worked as a consultant psychologist for the psychiatric ward of Niguarda Hospital in Milan, Italy, conducting clinical research projects. Currently, she is the director of the Psychotraumatology Research Center of Milan and has published various articles and books on trauma and EMDR. She is an EMDR Europe–approved trainer, chairman of the Italian Association of EMDR, and EMDR Europe president. She belongs to the board of directors of the Italian Federation of Scientific Psychological Societies. She has directed and organized emergency psychology interventions in natural and incidental disasters and has worked in cooperation with civil defense and firefighters for debriefing and psychological support concerning the stress of emergency workers. She trains psychology graduates, postgraduates, and clinicians on trauma, EMDR, and crisis interventions.

**Francisca García, PsyD**, is a clinical psychologist and EMDR trainer. Her specialties are in health, sexology, and sophrology. In 2001, Francisca was a founding member of the Spanish EMDR Association, but her active clinical experience with EMDR dates back to 1998. She is the president of the Spanish EMDR Association and Institute, dedicated to the organization of EMDR trainings and investigation of EMDR. In collaboration with EMDR Italy, she has trained more than 400 Cuban psychologists. She has participated in numerous research projects, and lectures in the fields of education and clinical psychology.

**Michael Hase, MD**, is a psychiatrist, psychotherapist, EMDR senior trainer, and EMDR consultant. He is head of the Department of Psychosomatic Medicine at the Diana Klinik Bad Bevensen, Germany. From 2007 to 2009, he was head of the Department of Psychosomatic Medicine at the Reha-Centrum Hamburg (former Reha-Zentrum Berliner Tor). From 1986 to 1987, he served as a physician with the Bundeswehr (Federal German Army). He studied neurology and psychiatry until 1992 and worked as a consultant at Luenenburg Psychiatric Hospital until 2007. During that time, he also did research on EMDR in the treatment of addiction. He is a registered specialist in psychotraumatotherapy and lecturer at the Training Institute for Psychotherapy in Luenenburg, Germany, and at various institutes in Europe. Since 2011, Dr. Hase has been the president of EMDRIA Deutschland. In 2015, he founded the Luenenburg Center of Stress Medicine. His current research focuses on EMDR for the treatment of depression, National Acupuncture Detoxification Association (NADA) ear acupuncture, and burnout.

**Arne Hofmann, MD**, is a specialist in psychosomatic and internal medicine. He is a senior trainer and is a trainers' trainer in Europe. He introduced EMDR into the German-speaking countries of Europe after a 1991 residency at the Mental Research Institute in Palo Alto, California, where he learned about EMDR, and went on to head the German EMDR Institute. In 1994, he started the first inpatient trauma program in a psychiatric hospital near Frankfurt, Germany. Later, at the university of Cologne, he assisted in developing aftercare programs subsequent to mass disaster events, such as the 1998 train catastrophe in Eschede, the 2002 school shooting in Erfurt, and the 2004 tsunami in Southeast Asia. He is a founding board member of the German-speaking Society of Traumatic Stress Studies (DeGPT) and EMDR Europe. He also is a member of a German National Guideline Commission on the treatment of PTSD and acute stress disorder. He has published a number of articles, one book on EMDR, and coedited three other books on trauma and EMDR. He has been teaching at the universities of Cologne, Witten-Herdecke, and Peking, and lectures internationally. He received the Ron Martinez Award from the EMDR International Association in 2003 and the first David Servan Schreiber Award of the EMDR Europe Association in 2013.

**Ferdinand Horst, MSc**, is a licensed clinical psychologist and accredited practitioner in EMDR. He is combining clinical practice, research, and management in the Department of

Psychiatry at St. Elisabeth Hospital, Tilburg, the Netherlands. His specialties are the assessment and treatment of complex (neuro)psychiatric disorders, PTSS, panic disorder, anxiety, and depression.

**Maria Lehnung, PhD**, is a researcher who works and publishes in the field of brain trauma and developmental issues. She is also a clinical psychologist, working in private practice. She is an EMDR consultant and facilitator. She is involved in recent research on EMDR and depression and has coauthored a number of recent articles and a book on EMDR. She has been teaching at the University of Kiel, Germany.

**Peter Liebermann, MD**, is a specialist in psychiatry and psychotherapy. He is a senior trainer in Europe. He is a founding board member of the German-speaking Society of Traumatic Stress Studies (DeGPT) and EMDRIA Germany and served as president from 2005 to 2012. Since 2011, he has been the treasurer of EMDR Europe. He also is a member of a German National Guideline Commission on the treatment of PTSD. He has published a number of articles on EMDR and on the aftermath of the Holocaust.

**Robin Logie, PhD**, is a clinical psychologist in private practice. He is an EMDR Europe consultant and facilitator. He is a member of the board of EMDR Association UK and Ireland and was president of the association for 3 years. Dr. Logie's particular interests include the use of EMDR with OCD, the Flashforward Procedure, and applications of attachment theory. He is extensively involved in EMDR supervision of individuals and groups and contributes to consultants' training in the United Kingdom, as well as running workshops on supervision for EMDR consultants.

**Walter Lupo, PsyD**, is licensed in clinical psychology and is an EMDR consultant and facilitator. He is one of the founding members of the Clínica Logos in Barcelona and team coordinator of the Psychiatry and Psychology Stress and Functional Medicine Institute Ignacio Umbert, Corachán Clinic, in Barcelona. He is a tutor at the Faculty of Psychology at the Central University, Barcelona. He is a member of the scientific committee of the Spanish EMDR Association, has participated in various EMDR research projects, and is a member of the Barcelona EMDR Research group.

**Priscilla Marquis, PhD**, is a clinical psychologist and has been practicing EMDR since 1990. She has trained individuals in EMDR around the world in places such as Nicaragua, Bangladesh, and in underserved communities in the United States. She is an EMDRIA-certified consultant. She has published research on the treatment of PTSD with EMDR as part of the Kaiser Permanente Health Maintenance Organization study. She is Obsessive Compulsive Foundation Certified and has been working on OCD and its spectrum disorders since 1996. She has specialized in anxiety disorders since that time. She was the Anxiety Team leader at Kaiser San Francisco from 1997 to 2005. Dr. Marquis currently works as a neuropsychologist and leader of the OCD Spectrum Disorders treatment group at Kaiser San Francisco. She also works in private practice as a consultant and practitioner of EMDR.

**Therese McGoldrick, BA, ENBCC650, RMN**, is the head of Behavioural Psychotherapy and the Trauma Service with NHS Forth Valley in Central Scotland and an honorary senior research fellow at the University of Stirling. She is an EMDR Europe consultant, an EMDR Institute-approved facilitator, a previous member of the EMDR UK and Ireland Board, and current member of the editorial board of the *EMDR Journal of Practice and Research*. She has a keen interest in research and has coauthored a number of papers published in peer-reviewed journals; in 2003, she received the EMDRIA award for outstanding contribution to research in EMDR. She has presented at national and international conferences on her work and has also been part of humanitarian assistance programs in Bangladesh, Turkey, and Northern Ireland. She sits on the Scottish Trauma Advisory Group (STAG), which advises the Scottish government on trauma-related issues.

**Luca Ostacoli, MD**, specializes in psychiatry and is an EMDR consultant of the Italian EMDR Association. He is a researcher and teacher at Turin University in clinical psychology and psychotherapy. Since 2001, he has been the head of the University Service of Psychosomatics and Mood Disorders at San Luigi Hospital, Orbassano (Turin). He applies EMDR Therapy in patients who are medically ill and in those suffering from mood, borderline, and psychotic disorders. After the earthquake in Emilia (Italy), he participated in the crisis intervention response, conducting EMDR groups for adults and integrating the group format with individual EMDR, as needed. Furthermore, he has been part of the response team after other acute traumas in the community setting.

**Marian Ponte, PsyD**, has a degree in psychology from the University in Barcelona, Spain, and has had specialty training in sexuality, at the University of Valencia, Spain. She has worked in the areas of mental health and psychology interventions with immigrants and gives lectures in trauma centers and in universities on sexuality, psychology, trauma, and EMDR, with a focus on physically abused women. She has co-organized EMDR courses in Spain, is a clinical facilitator and supervisor of EMDR, and has participated in various research projects concerning EMDR.

**Christine Rost, MD**, is a medical doctor with a specialization in gynecology, obstetrics, and psychotherapy. She is an EMDR trainer with the EMDR Institute Germany. Since 1998, she has had a private practice in Frankfurt/Main as a psychotherapist. She specializes in psychotrauma and EMDR.

**Maria José Sánchez, PsyD**, is licensed in clinical psychology. She is an EMDR facilitator and consultant. She has undergone training in Brainspotting, brief strategic therapy, hypnosis, gestalt therapy, and neuro-linguistic programming. She has participated in various research projects concerning EMDR and is a member of the Barcelona EMDR Research group.

**Jesús Sanfíz, PsyD**, is a licensed clinical psychologist in Barcelona, Spain, and an EMDR Europe-accredited consultant. His special interests include crisis intervention, the treatment of complex PTSD and PTSD following military trauma, and terrorist attacks. He was involved in humanitarian projects in Africa and Europe. He is cofounder and director of the Stress Traumatic Institute in Barcelona, Spain. He is a member of the Barcelona EMDR Research group.

**Antonia Santed, PsyD**, is licensed in clinical psychology and is an EMDR facilitator and consultant. She has trained in brief strategic therapy (master level) and has a postgraduate diploma in clinical hypnosis. Currently, she is the director of the Adala Psychological Center and the Barcelona Trauma Institute. Furthermore, she has participated and coordinated various research projects on EMDR.

**Christie Sprowls, PsyD**, is a psychologist, executive, and personal and work-life balance coach, and has been in independent practice in Austin, Texas, for more than 25 years. Dr. Sprowls is an EMDR trainer affiliated with both the EMDR Institute and the EMDR Humanitarian Assistance Program. She has been presented with two Humanitarian Assistance Awards from the EMDR Institute for her service in disaster sites abroad. Dr. Sprowls travels internationally, speaking, training, and conducting workshops.

**Visal Tumani, MD**, is a psychiatrist and psychotherapist with a specialty in trauma (DeGPT). She is running and supervising a special outpatient unit at the University Hospital of Ulm for Psychiatry and Psychotherapy for patients with PTSD.

In 2013, Dr. Vincent John Felitti presented Dr. Robert F. Anda and his groundbreaking work on “The Adverse Childhood Experiences Study” (ACE Study) at the EMDR International Association’s annual conference in Austin, Texas. The ACE Study is a research study conducted by Kaiser Permanente Health Maintenance Organization and the Centers for Disease Control and Prevention with the purpose of finding out the effects of stressful and traumatic experiences during childhood on adult health (acestudy.org website, 2015). Between 1995 and 1997, more than 17,000 volunteers were recruited into a long-term study to follow up on their health outcomes from a Kaiser HMO. In this cohort, 50% were female, 74.8% were Caucasian, 75.2% had attended college, all had jobs and health care, and the average age was 57 years. What they learned revolutionized our basic understanding of the etiology of mental and physical illness. From the reports of the participants in the survey, they discovered that 63% had at least one childhood trauma, whereas 20% had experienced at least three or more categories of trauma, which were labeled *adverse childhood experiences (ACE)*. ACE included experiences of abuse as in emotional (11%), physical (28%), and sexual (21%); neglect comprising emotional (15%), and physical (10%); growing up in households where a member was mentally ill (19%), in jail or prison (5%); used alcohol and/or drugs (27%), lost a parent due to separation or divorce (23%); or witnessed their mother-treated violently (13%). Felitti and Anda’s important discovery was the more categories of trauma experienced in childhood, the greater the likelihood of experiencing high-risk factors in adulthood for alcoholism and alcohol abuse, chronic obstructive pulmonary disease (COPD), depression, fetal death, hallucinations, illicit drug use, ischemic heart disease (IHD), liver disease, risk of intimate partner violence, multiple sexual partners, obesity, poor health-related quality of life, posttraumatic stress disorder (PTSD), sexually transmitted diseases (STDs), smoking, suicide attempts, and/or unintended pregnancies. These are important findings that inform our work as EMDR practitioners.

Felitti and Anda (2009, pp. 77–87), in their chapter “The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare,” concluded the following concerning adverse childhood experiences:

The influence of childhood experience, including often-unrecognized traumatic events, is as powerful as Freud and his colleagues originally described it to be. These influences are long lasting, and neuroscientists are now describing the intermediary mechanisms that develop as a result of these stressors. Unfortunately, and in spite of these findings, the biopsychosocial model and the bio-medical model of psychiatry remain at odds rather than taking advantage of the new discoveries to reinforce each other.

Many of our most intractable public health problems are the result of compensatory behaviors like smoking, overeating, and alcohol and drug use which provide immediate partial relief from the emotional problems caused by traumatic childhood experiences. The chronic life stress of these developmental experiences is generally unrecognized and hence unappreciated as a second etiologic mechanism. These experiences are lost in time and concealed by shame, secrecy, and social taboo against the exploration of certain topics of human experience.

The findings of the Adverse Childhood Experiences (ACE) Study provide a credible basis for a new paradigm of medical, public health, and social service practice that would start with



comprehensive biopsychosocial evaluation of all patients at the outset of ongoing medical care.

Dr. Francine Shapiro's Adaptive Information Processing (AIP) model is in keeping with the important findings of Felitti and Anda's ACE Study (Shapiro, 2001, 2002, 2006, 2007). This model is used to guide our clinical practice and show EMDR Therapy's clinical effects. The idea is that the direct reprocessing of the stored memories of the first and other events connected with the problem—as well as any other experiential contributors—has a positive effect on clients' presenting problems. The results of case studies and open trials with various diagnostic categories support this prediction. In fact, many experts have taken the basic Standard EMDR Therapy Protocols reported by Dr. Shapiro in *Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols and Procedures* (1995, 2001) and adapted them to meet the particular needs of their clients while maintaining the integrity of EMDR Therapy.

The work on EMDR Therapy and clinical applications, as seen in the chapters in this book, are based on the AIP model. A number of EMDR Therapy clinical applications are mainly case studies or open trials that show promise; however, they are in need of further investigation. The following is a small sample of the types of conditions for which clinicians are using these clinical applications: addictions; anxiety; body dysmorphia; depression; dissociative disorders; excessive grief; family, marital, and sexual dysfunction; intellectual disabilities; pain; phobias; panic; and so on. For more information, visit the EMDR International Association website ([www.emdria.org](http://www.emdria.org)) or the EMDR Institute website ([www.emdr.com](http://www.emdr.com)).

The following are the randomized clinical trials reporting on the effectiveness of EMDR in conditions other than PTSD: adjustment disorder (Cvetek, 2008); bipolar disorder (Novo et al., 2014); fears and phobias (Doering, Ohlmeier, de Jongh, Hofmann, & Bisping, 2013; Muris & Merckelbach, 1997; Muris, Merckelbach, Holdrinet, & Sijsenaar, 1998; Muris, Merckelbach, van Haaften, & Mayer, 1997; Triscari, Faraci, D'Angelo, Urso, & Catalisano, 2011); general symptoms of anxiety and distress (Abbasnejad, Mahani, & Zamyad, 2007; Arabia, Manca, & Solomon, 2011); obsessive-compulsive disorder (Nazari, Momeni, Jariani, & Tarrahi, 2011); and panic disorder (Feske & Goldstein, 1997; Goldstein, de Beurs, Chambless, & Wilson, 2001).

This is the fourth in a series of books dedicated to the better understanding of EMDR Therapy and how the Standard EMDR Therapy principles, protocols, and procedures form the basis for the work that we do as EMDR Therapy clinicians. To understand any subject matter deeply, the rule of thumb is to know the basics so that if a departure from the structure is needed, it is done in an informed manner. The purpose of *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations* (Luber, 2009a) was to support the structure in Dr. Shapiro's earlier texts (1995, 2001) by showing each step in detail. *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Special Populations* (Luber, 2009b) built on that structure and showcased how many experts adapt the EMDR Therapy principles, protocols, and procedures for use with their specific populations, such as children; couples; and patients with dissociative disorders, complex PTSD, addictive behaviors, pain, and specific fears. The next book would have been: *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols and Summary Sheets: Anxiety, Depression, and Medical-Related Issues* to continue to show how expert clinicians are working with EMDR Therapy for anxiety disorders, depression, and medical-related issues. However, in 2011, man-made and natural disasters were coming to the fore and impacting our colleagues experiencing the Tōhoku earthquake and tsunami in Japan; floods in China, the Philippines, Thailand, Pakistan, Cambodia, India, and Brazil; earthquakes in Turkey and New Zealand; droughts and consecutive famines affecting Ethiopia, Kenya, and Somalia; storms in the United States, and so on. In consultation with Springer and EMDR colleagues in the EMDR Humanitarian Assistance Programs worldwide, the decision was made to move up the publication of *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters*, in book, CD, and e-book formats. It was published in 2014 as an up-to-date collection of the current EMDR Therapy-related responses and protocols for recent trauma events.



In 2012, *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols and Summary Sheets: Anxiety, Depression and Medical-Related Issues* was slated to appear and was originally conceptualized with *Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition (DSM-IV-R*; American Psychiatric Association, 1994) in mind; however, by the time publication grew near, *DSM-5* (5th ed.; American Psychiatric Association, 2013) had become the standard. This entailed some reorganization of the structure of the book. However, so much material was involved that it was decided to create three books instead of one. This is the first of a trio of books based on this material: *Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Anxiety, Obsessive-Compulsive, and Mood-Related Conditions*, with the choice of book, CD, and/or e-book formats. Trauma- and stressor-related issues were separated from this current book and will appear as *Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Trauma- and Stressor-Related Conditions* (Luber, in press) in late 2015 or early 2016. Medical-related issues, as well, were separated from this current book and will appear as *Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Medical-Related Issues* (Luber, in press) in 2016.

The following description from *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations* gives a clear understanding of the evolution and importance of this format:

*Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations* grew out of a perceived need that trained mental health practitioners could be served by a place to access both traditional and newly developed protocols in a way that adheres to best clinical practices incorporating the Standard EMDR Protocol that includes working on the past, present, and future issues (the 3-Pronged Protocol) related to the problem and the 11-Step Standard Procedure that includes attention to the following steps: image, negative cognition (NC), positive cognition (PC), validity of cognition (VoC), emotion, subjective units of disturbance (SUD), and location of body sensation, desensitization, installation, body scan, and closure. Often, EMDR texts embed the protocols in a great deal of explanatory material that is essential in the process of learning EMDR. However, sometimes, as a result, practitioners move away from the basic importance of maintaining the integrity of the Standard EMDR Protocol and keeping adaptive information processing in mind when conceptualizing the course of treatment for a patient. It is in this way that the efficacy of this powerful methodology is lost.

"Scripting" becomes a way not only to inform and remind the EMDR practitioner of the component parts, sequence, and language used to create an effective outcome, but it also creates a template for practitioners and researchers to use for reliability and/or a common denominator so that the form of working with EMDR is consistent. The concept that has motivated this work was conceived within the context of assisting EMDR clinicians in accessing the scripts of the full protocols in one place and to profit from the creativity of other EMDR clinicians who have kept the spirit of EMDR but have also taken into consideration the needs of the population with whom they work or the situations that they encounter. *Reading a script is by no means a substitute for adequate training, competence, clinical acumen, and integrity; if you are not a trained EMDR therapist and/or you are not knowledgeable in the field for which you wish to use the script, these scripts are not for you.*

As EMDR is a fairly complicated process, and indeed, has intimidated some from integrating it into their daily approach to therapy, this book provides step-by-step scripts that will enable beginning practitioners to enhance their expertise more quickly. It will also appeal to seasoned EMDR clinicians, trainers and consultants because it brings together the many facets of the eight phases of EMDR and how clinicians are using this framework to work with a variety of therapeutic difficulties and modalities, while maintaining the integrity of the AIP model. Although there are a large number of resources, procedures and protocols in this book, they do not constitute the universe of protocols that are potentially useful and worthy of further study and use.

These scripted protocols are intended for clinicians who have read Shapiro's text (2001) and received EMDR training from an EMDR-accredited trainer. An EMDR trainer is a licensed mental health practitioner who has been approved by the association active in the clinician's country of practice. (Luber, 2009a, p. xxi)

In 2012, the CD-ROM versions of the original 2009 books were published in a different format (Luber, 2012a, 2012b). Included in the CD-ROM were just the protocols and summary

sheets (the notes were not included, but are available in the 2009 texts in book form). As explained in the preface of *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols With Summary Sheets (CD ROM Version): Basics and Special Situations* (Luber, 2012a):

The idea for *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Summary Sheets for Basics and Special Situations* grew out of the day-to-day work with the protocols that allowed for a deeper understanding of case conceptualization from an EMDR perspective. While using the scripted protocols and acquiring a greater familiarity with the use of the content, the idea of placing the information in a summarized format grew. This book of scripted protocols and summary sheets was undertaken so that clinicians could easily use the material in *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations*. While working on the summary sheets, the interest in brevity collided with the thought that clinicians could also use these summary sheets to remind themselves of the steps in the process clarified in the scripted protocols. The original goal to be a summary of the necessary data gathered from the protocol was transformed into this new creation of data summary and memory tickler for the protocol itself! Alas, the summary sheets have become a bit longer than originally anticipated. Nonetheless, they are shorter—for the most part—than the protocols themselves and do summarize the data in an easily readable format...

The format for this book is also innovative. The scripts and summary sheets are available in an expandable, downloadable format for easy digital access. Because EMDR is a fairly complicated process, and often intimidating, these scripted protocols with their accompanying summary sheets can be helpful in a number of ways. To begin with, by facilitating the gathering of important data from the protocol about the client, the scripted protocol and/or summary sheet then can be inserted into the client's chart as documentation. The summary sheet can assist the clinician in formulating a concise and clear treatment plan with clients and can be used to support quick retrieval of the essential issues and experiences during the course of treatment. Practitioners can enhance their expertise more quickly by having a place that instructs and reminds them of the essential parts of EMDR practice. By having these fill-in PDF forms, clinicians can easily tailor the scripted protocols and summary sheets to the needs of their clients, their consultees/supervisees and themselves by editing and saving the protocol scripts and summary sheets. The script and summary sheet forms are available as a digital download or on a CD-ROM, and will work with any computer or device that supports a PDF format.

Consultants/Supervisors will find these scripted protocols and summary sheets useful while working with consultees/supervisees in their consultation/supervision groups. These works bring together many ways of handling current, important issues in psychotherapy and EMDR treatment. They also include a helpful way to organize the data collected that is key to case consultation and the incorporation of EMDR into newly-trained practitioners' practices. (Luber, 2012a, p. iv)

This text is divided into three parts with 10 chapters that cover working with *anxiety disorders*, including specific phobia, panic disorder, and the use of a specific procedure in the treatment of anxiety disorder; *obsessive-compulsive and related disorders*, including obsessive-compulsive disorder, body dysmorphic disorder, olfactory reference syndrome, and hoarding behaviors; and *mood disorders*, including bipolar disorder, major depression, and postpartum depression. To address the specific needs of their populations, authors were asked to include the types of questions relevant for history taking, helpful resources and explanations needed in the preparation phase, particular negative and positive cognitions that were frequent in the assessment phase and for cognitive interweaves, other concerns during phases 4 (desensitization) through 8 (reevaluation), a section on case conceptualization and treatment planning, and any pertinent research on their work.

In Part I, "EMDR Therapy and Anxiety Disorders," the first chapter for "Specific Phobia" is by Ad de Jongh, on "EMDR Therapy for Specific Fears and Phobias: The Phobia Protocol." This is an updated version that originally appeared in *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Special Populations* (de Jongh, 2009) and includes an important addition on the "Flashforward Procedure." Under "Panic Disorder and Agoraphobia," Ferdinand Horst and Ad de Jongh's chapter, "EMDR Therapy Protocol for Panic Disorders With or Without Agoraphobia," points to the connection of panic attacks with the patient's perception of it as a life-threatening experience as the inspiration to work within the EMDR Therapy framework. In the section on "Use of Specialized

Procedures in the Treatment of Anxiety Disorders,” Robin Logie and Ad de Jongh’s chapter, “The Flashforward Procedure,” introduces us to a very helpful way of addressing worst-case scenarios that have been resistant to resolution. This new procedure is included in a number of chapters in this book, because of its helpfulness in reframing and reprocessing difficult situations.

Part II, “EMDR Therapy and Obsessive-Compulsive and Related Disorders,” used to be included in Anxiety Disorders in *DSM-IV* (American Psychiatric Association, 1994) and now has its own section in *DSM-5* (American Psychiatric Association, 2013). Karsten Böhm—who is on the German National Guideline Commission for the treatment of OCD—introduces us to the use of EMDR Therapy and OCD in his chapter, “Obsessive-Compulsive Disorder and EMDR Therapy.” Therese McGoldrick has been an early proponent of the use of EMDR Therapy with body dysmorphic disorder. With her colleagues Millia Begum and Keith Brown, she introduces us to a “Body Dysmorphic Disorder and Olfactory Reference Syndrome EMDR Therapy Protocol.” Priscilla Marquis and Christie Spowls bring their wealth of knowledge of EMDR and the treatment of OCD spectrum disorders to their chapter, “EMDR Therapy and Hoarding: The Hoarding Protocol.”

In Part III, “EMDR Therapy and Mood Disorders,” the first section on “bipolar disorder” contains the chapter “The EMDR Therapy Protocol for Bipolar Disorder.” It is by the Barcelona EMDR Research Group under the tutelage of Benedikt L. Amann, and including Roser Batalla, Vicky Blanch, Dolors Capellades, Maria José Carvajal, Isabel Fernández, Francisca García, Walter Lupo, Marian Ponte, Maria José Sánchez, Jesús Sanfiz, Antonia Santed, and Marilyn Lubert. It is based on the results of a controlled, randomized, single-blind pilot study with 20 bipolar I and II patients with subsyndromal symptoms, and a history of various traumatic events (Novo et al., 2014). The section “Major Depression” includes the chapter “DeprEnd®—EMDR Therapy Protocol for the Treatment for Depressive Disorders,” by Arne Hofmann, Michael Hase, Peter Liebermann, Luca Ostacoli, Maria Lehnung, Franz Ebner, Christine Rost, Marilyn Lubert, and Visal Tumani. DeprEnd® is the result of a European network of depression researchers who created the EDEN Study—a multicenter randomized study in Germany, Italy, Spain, and Turkey—and offers an elegant and helpful way to address major depression. The last two chapters, in the section “Postpartum Depression,” by Anna Maria de Divitiis and Marilyn Lubert, include “EMDR Therapy Protocol for the Prevention of Birth Trauma and Postpartum Depression for the Pregnant Woman,” and “EMDR Therapy Group Protocol for the Prevention of Birth Trauma and Postpartum Depression for Pregnant Women.” These chapters are helpful in primary prevention in an individual or group setting to reduce or avoid exposure to risk factors and to enhance clients’ defenses to prevent or minimize the effects of exposure to risk factors by encouraging their optimal participation in the process of childbirth and strengthening their resilience to reduce the negative effects of stressors experienced during childbirth.

Appendix A includes the scripts for the 3-Pronged Protocol that include past memories, present triggers, and future templates. This section helps clinicians remember the important component parts of the Standard EMDR Therapy Protocol to ensure fidelity to the model. Furthermore, it allows practitioners to copy the protocols and put them in clients’ charts. Appendix B includes an updated version of this author’s “EMDR Summary Sheet” (Lubert, 2009a) and the EMDR Therapy Session Form to assist in easy retrieval of important client information and the most important components of EMDR Therapy sessions. A summary sheet that serves as a checklist showing the important steps needed in these protocols accompanies each of these chapters, with a CD-version format also available to provide mobile access.

*Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summary Sheets: Treating Anxiety, Obsessive-Compulsive, and Mood-Related Conditions*, in the manner of its predecessors, offers EMDR Therapy practitioners and researchers a window into the treatment rooms of experts in the fields of anxiety, obsessive-compulsive, and spectrum disorders, and mood-related conditions. It is designed to apply what we are learning through research and to support the increasing knowledge and capabilities of clinicians in the method of EMDR Therapy.