

Article for EMDR Now, by Mark Brayne

October 2014

The Standard Protocol: Time to Move On?

Imagining the EMDR Association for a moment as a debating society, I'd like to propose a motion.

"This House believes that the EMDR Standard Protocol, and especially its third Assessment Phase, has served its purpose in its present form, and that it is now time to redefine EMDR with focus on its core elements of AIP, safety, trauma-focused targeting and bilateral stimulation.

Revolutionary stuff - apostasy even. I've used EMDR for more than 10 years now, and it's at the heart of the psychotherapy I offer. As trainee, then Practitioner, then Consultant, I have faithfully recited and adhered to the Standard Protocol, complete with its eight phases and order of questions and phrases, NCs, PCs, VoCs, SUDs and the rest.

But EMDR is not a religion. And dogma in psychotherapy doesn't just limit growth and development. It's dangerous.

I'm not wishing to challenge Francine Shapiro's brilliant AIP-based insight into how emotional healing takes place, or the overarching progress of EMDR from preparation and history-taking through target selection and focus, BLS, installation of positive cognitions and closure/re-evaluation.

But after 25 years of EMDR, I believe that Shapiro and her disciples are wrong to insist on the primacy of the Standard Protocol and of eye movements, and to condemn other approaches to core EMDR as model drift.

If you're really honest with yourself and put fear of supervisor-censure to one side, how often have you struggled, and what's worse found your client struggling, with the blocking of affect and flow that so often comes with strict adherence to the phraseology and sequence of the Standard Protocol Assessment Phase, and especially the heavy, early focus on cognitions and scoring.

How often have you found yourself guiltily going "off-piste", and missing out or re-ordering bits of the Standard Protocol, dancing with your client in the magic of the moment, finding it works brilliantly and quietly resolving never, *ever* to admit this either to an EMDR colleague or, especially, to your supervisor.

That is, if you have a supervisor, which far too many EMDR-trainees don't.

If we as therapists feel we have to hide our best work from our accrediting supervisors or the Association, how healthy is that for the furtherance of EMDR?

And, this is critical: think how many trainees and clients have been discouraged from continuing with EMDR, or even getting going at all, because of an overly rigid emphasis on the Standard Protocol.

In my practice, and (ever less) discreetly in my supervision work, I have become a fan of Laurel Parnell's no-nonsense, direct, client-focused approach to EMDR, which she describes in books such as *A Therapist's Guide to EMDR* (2007) and *Attachment-Focused EMDR* (2013).

To Parnell, EMDR in essence consists of only four principal phases – Safety, Firing up the Networks, BLS and ending with Safety. I'm sure this will resonate with those of us who've found ourselves at

times just adding BLS to whatever is going on in the moment, and finding it can shift the deepest of blocks.

That's what we do with children, and, if you think about it, in most of the EMDR therapy we do with adults aren't we working with child ego states?

Parnell's core sequence, or Modified Protocol, cuts out the left-brain complications, progressing from Preparation to an Assessment Phase which identifies Target Image, Emotions, Body Sensations and Self-Belief (no need to add the descriptor negative) in that order, with scales only if they're helpful, followed by a rapid transition to BLS.

The Modified Protocol continues on through the usual phases of Installation (with an appropriate PC which, as most of us experience, usually emerges spontaneously), Body Scan, Closure and Re-evaluation.

I also applaud Parnell's emphasis on resourcing well beyond the Safe/Special Place, to include the routine installation of Nurturing, Protector and Wisdom Figures, as well as her encouragement of simple bridging back (not floating, a wrong word for this) from distress in the present, with the three-plus-one phrase: *Trace that back in time. As far as you can. Without censoring: What do you get?* and then targeting what comes up with knee taps or buzzers/headphones rather than Eye Movements.

Of course, we all know that the Standard Protocol can work very well, especially with single-incident PTSD (which, let's not forget, is all it's officially validated for internationally by bodies such as NICE or the WHO), and with clients at risk of getting lost in right-brain affect. And it has had its important, indeed even survival-critical, place in the 25 years that EMDR has needed to establish itself, in the face of often thoroughly unpleasant political hostility.

But in the rich and complex psychotherapy which many of us practise, my argument here is that an inflexible emphasis on a manualised Standard Protocol, in training as in supervision, has become counter-productive. For the sake of our clients, it's now time to move on.

Reading:

Parnell, L. Attachment-Focused EMDR: Healing Relational Trauma. 2013.

Parnell, L. A Therapist's Guide to EMDR. 2010.

Van der Kolk, B. The Body Keeps the Score. 2014.

Marich, J. EMDR Made Simple: Four Approaches to Using EMDR with Every Client. 2011