



Chapter 7.2 - History-Taking and Assessment Phase

The history-taking and assessment phase forms the bedrock of effective EMDR therapy. During this phase, therapists engage in an in-depth exploration of the client's life history, actively listening for experiences that contribute to current presenting problems. This careful collection of historical data enables the identification of key traumatic events, current triggering circumstances, and future situations that may require adaptive responses.

History-taking involves mapping out the timeline of a client's life, identifying both negative and positive events that have left a lasting impression. Therapists may delve into early childhood, adolescence, and adulthood to uncover formative experiences. In this process, they listen for instances of abuse, neglect, accidents, losses, or any event that the client perceives as distressing or life-altering. Real-life therapist accounts often highlight 'light bulb moments' where seemingly unrelated past events reveal their significance in the client's current dysfunction.

The information gathered then forms the basis for creating a target sequencing plan, a strategic approach to processing traumas. This plan considers the necessity and readiness to address each memory based on the client's current stability, potential distress, and therapeutic goals. Prioritization aims to offer the most therapeutic benefit, considering both symptom relief and the client's capacity to engage with the material without becoming overwhelmed.

During the assessment phase, therapists help the client articulate a specific negative cognition related to the targeted memory—an often subconscious belief developed in

response to the traumatic event(s). For example, a client who experienced bullying may carry the belief, "I am worthless." Therapists guide the conversation towards the identification of a positive cognition to instill, such as "I am valuable," which serves as a goalpost for the therapeutic process.

The assessment also involves gauging subjective distress through tools like the Subjective Units of Distress Scale (SUDS), which provides a quantifiable metric by which to measure the intensity of emotional disturbance linked to the targeted events and monitor progress throughout therapy.

Emotional disturbance is further assessed through inquiries about related physical sensations and emotions, as the body often holds trauma in ways that transcend cognition. Therapists are trained to notice somatic cues within sessions that might point to unresolved trauma, enriching the assessment and direction of the therapy.

Key Takeaways:

- Detailed history-taking is crucial for identifying significant life events that impact the client's current issues.
- The target sequencing plan strategically prioritizes traumatic events for processing.
- Negative cognitions associated with traumatic events are identified and marked for replacement with positive cognitions.
- Subjective Units of Distress Scale (SUDS) are utilized to measure and track emotional disturbance.
- Physical sensations and emotions associated with memories are explored to inform the EMDR process fully.
- Therapists must be attuned to somatic cues that can reveal deeper layers of trauma during the assessment.