EMDR ASSIST

FREE CLINICIAN RESOURCE

FOR EMDR CLINICIANS · NOVEMBER 2026 EDITION

EMDR 2.0 — Dual-Task Menu & Load Ladder

25 clinician-tested tasks graded by working-memory load, with escalation rules

A graded menu of 25 dual-task pairings for EMDR 2.0 — from baseline eye movements to tri-modal ceiling tasks. Pick the lowest task that still produces visible effort. Escalate only when SUD is flat across two consecutive sets and the image remains clearly held.

Use this live, in session.

EMDR Assist turns protocols like this into guided, phase-by-phase session tools — SUD/VoC tracking, scripts and notes in one place.

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- Evidence-based
- Fully referenced
- Reviewed November 2026
- Free to use in practice

Clinical use notice. Educational reference material for EMDRIA-trained clinicians. EMDR 2.0 is a research-supported extension of the standard 8-phase protocol (Shapiro, 2018) and requires prior Basic Training. It does not replace supervision, consultation, or clinical judgement. EMDR Assist is not affiliated with or endorsed by the developers of EMDR 2.0 (de Jongh, Matthijssen and colleagues).

How to use this menu

Pair a verbal task with a visual client and a motor task with a verbally fluent one, to compete with their strongest encoding modality.

Load	Task	Modality	Notes
1	Slow horizontal eye movements	Visual	Baseline — where standard EMDR sits
1	Bilateral audio tones	Auditory	Passive; low WM cost
2	Butterfly hug, slow	Tactile / motor	Self-administered; safe fallback
2	Knee tapping alternating	Tactile	Useful when eye movements fatigue
3	Fast horizontal eye movements (2 Hz)	Visual	Increases saccadic load
3	Random-direction eye movements	Visual	Adds unpredictability
3	Butterfly hug + slow counting up	Tactile + verbal	Introductory 2.0 pairing
4	Eye movements + serial +3 counting	Visual + verbal	Standard 2.0 entry
4	Eye movements + category fluency	Visual + verbal	‘Animals starting with S’
4	Circular eye-movement pattern	Visual	Higher spatial demand
4	Tapping pattern (1-2, 1-2-3, 1-2-3-4)	Motor	Working-memory sequence
5	Eye movements + serial −7 (from 100)	Visual + verbal	Classic high-load task
5	Eye movements + backward spelling	Visual + verbal	Use a 6–8 letter neutral word

Load	Task	Modality	Notes
5	Random eye movements + days backward	Visual + verbal	Low arithmetic anxiety
5	Butterfly hug + backward spelling	Motor + verbal	For clients who dislike arithmetic
6	Fast random + serial −7	Visual + verbal	Ceiling for most adults
6	Eye movements + generate opposites	Visual + verbal	'Hot / cold, up / down…'
6	Tapping pattern + counting backward	Motor + verbal	No visual channel; useful in telehealth
7	Fast random + backward spelling	Visual + verbal	Reserve for stable clients
7	Eye movements + mental rotation task	Visual + visuospatial	'Picture a chair rotating'
7	Dual n-back style ('was it same 2 back?')	Verbal + WM	Use only if client is quick
7	Fast eye movements + reciting a rhyme in reverse	Visual + verbal	Playful and taxing
8	Fast random + serial −7 + tapping pattern	Tri-modal	Ceiling; brief bursts only
8	Random eye movements + backward spelling + foot tap	Tri-modal	Only with visible tolerance
—	Grounding fallback: 5-4-3-2-1	Sensory	Not a load task; use to close / settle

Escalation rules

- Escalate only when SUD is unchanged across two sets AND the image is still held clearly.
- Change one variable at a time (add a task, increase BLS speed, or switch modality) — never all three.
- De-escalate immediately at the first sign of image loss, dissociation, or spike in distress; return to the previous rung and shorten the set.
- Editorial convention (not an evidence-derived threshold): do not exceed load 6 without at least three prior successful EMDR 2.0 sessions with the client.
- Close with two sets at load ≤3 to restore integration.

References

Every clinical claim in this resource is traceable to the sources below. Instruments are public domain or used under their published terms.

1. Andrade, J., Kavanagh, D., & Baddeley, A. (1997). Eye-movements and visual imagery: A working memory approach to the treatment of post-traumatic stress disorder. *British Journal of Clinical Psychology*, 36(2), 209–223.

2. Engelhard, I. M., van den Hout, M. A., Janssen, W. C., & van der Beek, J. (2010). Eye movements reduce vividness and emotionality of “flashforwards”. *Behaviour Research and Therapy*, 48(5), 442–447.

3. Matthijssen, S. J. M. A., Brouwers, T., van Roozendaal, C., Vuister, T., & de Jongh, A. (2021). The effect of EMDR versus EMDR 2.0 on emotionality and vividness of aversive memories in a non-clinical sample. *European Journal of Psychotraumatology*, 12(1), 1956793.

4. van den Hout, M. A., Rijkeboer, M. M., Engelhard, I. M., Klugkist, I., Hornsveld, H., Toffolo, M. J. B., & Cath, D. C. (2012). Tones inferior to eye movements in the EMDR treatment of PTSD. *Behaviour Research and Therapy*, 50(5), 275–279.