Appendix A: Fidelity Checklists

Few clinicians look forward to having their work evaluated. However, such evaluations are often essential to advancing scientific knowledge or to enhancing clinical skills. The degree to which a manualized method is applied as intended is referred to as a fidelity rating. A system for fidelity rating is a fundamental component of the "gold standard" (Foa & Meadows, 1997) for evaluating the strength of treatment outcome studies of posttraumatic stress disorder. In addition, EMDR International Association (EMDRIA)-Approved Consultantsneed to have an objective set of criteria for evaluating the clinical work of those seeking the designation of EMDRIA Certified in Eye Movement Desensitization and Reprocessing (EMDR) therapy. Training supervisors may also be called on to assess the work of prelicensed clinicians in applying EMDR therapy.

Until the 2008 publication of an "EMDR Fidelity Questionnaire" for children (Adler-Tapia & Settle,2008), there were no published fidelity rating scales for assessing the application of EMDR therapy. Six fidelityrating scales were developed for the first edition of this book. For the second edition, these fidelity scales were carefully reviewed and revised. The following resources were reviewed as potential sources of relevant standards: "EMDR Fidelity Questionnaire"(Adler-Tapia & Settle, 2008), EMDR Readiness Questionnaires (Sine &Vogelman-Sine, 2004), the "EMDR Implementation Fidelity Rating Scale" available from the EMDRIA Research Committee (Korn, Zangwill, Lipke, & Smyth,2001), the EMDRIA Consultation Packet (Standards and Training Committee, EMDR International Association, 2001),the EMDR Europe Accredited Practitioner Competency-Based Framework (EMDR Europe, 2015), and "Clinical Competencies for the Six Core Competencies: An Update on the Work of the EMDRIA Professional Development Subcommittee"(EMDRIA Professional Development Subcommittee, 2015b).

This set of rating scales can be used by clinicians for self-rating. They can be used in clinical supervision by supervisees and clinical supervisors to clarify the use of EMDR therapy. They can be used in conjunction with consultation as part of the basic training in EMDR and to help prepare clinicians for the advanced designation of EMDRIA certification. Researchers should be aware that in addition to the scales in this chapter, the "EMDR Implementation Fidelity Rating Scales" (Korn et al., 2001) are available from the EMDRIA Research Committee as described on the EMDRIA website (EMDRIA, 2015e). What follows is an overview of the six fidelity rating scales developed for this manual.

1. There is one fidelity scale covering history taking, case formulation, and treatment planning.
2. There are three fidelity scales for the Preparation Phase. The first scale covers general preparation issues including informed consent issues. A second fidelity scale covers the use of calm place exercise. A third scale addresses the use of Resource Development and Installation(RDI)—including both appropriate use and avoiding excessive or inappropriate use. This scale can be skipped as not applicable in many treatment situations. When applicable, it can be used repeatedly if necessary to cover installation of resources during more than one treatment session.
3. A single reprocessing session rating scale is used repeatedly as necessary for as many targets as there are to be rated. It includes a reevaluation section at the start that is skipped and not scored for the first reprocessing session for the patient.
4. The sixth rating scale provides an assessment of overall treatment including adjustments to the treatment plan based on previous reprocessing sessions and reevaluation

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of the patient; whether targets related to past, present, and future were identified and reprocessed appropriately; and whether treatment goals were achieved.

Each of the six scales in this system uses a 3-point numeric rating:

a. "0" signifies missing or no adherence.
b. "1" signifies adherence is identified but is weak or flawed.
c. "2" signifies adherence is good.

Average rating scores are to be calculated for each scale as a whole and for each of the six sections of the reprocessing scale. Note that because some items are only scored when applicable, the total number of items to be averaged has to be counted for sections containing such items. There are a few critical items that, when applicable, are counted as two items. These doubled items contain two sets of rating numbers for ease in counting the number of items to be averaged.

Finally, there is a summary chart where average ratings from each applicable fidelity rating scale can be listed and a global fidelity score can be computed. There is space on this summary chart for up to three applications of RDI and up to eight EMDR reprocessing sessions. The interpretation of the average ratings is as follows. An average rating of less than 1 signifies inadequate adherence. An average rating of more than 1 signifies weak adherence. An average rating of more than 1.25 signifies adequate adherence. An average rating of more than 1.5 signifies good adherence. An average rating of 1.75 signifies superior adherence.

EXHIBIT A.1

EMDR Therapy Fidelity Rating Scale for History Taking, Case Formulation, and Treatment Planning			
Subject Code:		Date of Session:	
Rater:		Date of Review:	
Comments:		Average Rating:	

Rating Scale: No Adherence: 0, Weak: 1, Good: 2

1	Did the clinician obtain a list of presenting complaints and symptoms?	0	1	2
2	Did the clinician identify the subject's treatment goals regarding desired behavioral, somatic, affective, and cognitive changes as well as any treatment-related concerns or fears?	0	1	2
3	Did the clinician identify current external and internal stimuli and patterns of response associated with symptoms?	0	1	2
4	Did the clinician obtain a life history of adverse and traumatic events?	0	1	2
5	Did the clinician identify childhood and current attachment patterns?	0	1	2
6	Did the clinician rule out medical and other risk issues for EMDR reprocessing?	0	1	2
7	Did the clinician identify nature and degree of structural dissociation (primary, secondary, or tertiary) using standard tools and thorough clinical assessment?	0	1	2
8	Did the clinician identify specific and co-occuring diagnoses including any personality disorders?	0	1	2
9	Did the clinician assess history and current substance abuse?	0	1	2
10	Did the clinician assess history and current danger to self and others?	0	1	2
11	Did the clinician assess history and current tension reduction, self-injurious, and therapy interfering behaviors?	0	1	2
12	Did the clinician assess coping skills and affect tolerance and provide a Preparation Phase of appropriate length (i.e., long enough while not needlessly delaying or avoiding reprocessing)?	0	1	2
13	Did the clinician develop a collaborative treatment plan and sequence of targets appropriately clustered and prioritized by symptom severity and treatment goals?	0	1	2
14	Did the clinician develop an overall case formulation informed by the AIP model?	0	1	2
	History-Taking Phase average score: Total divided by 14 items.			

EXHIBIT A.2

EMDR Therapy Fidelity Rating Scale for Preparation Phase Session			
Subject Code:		Date of Session:	
Rater:		Date of Review:	
Comments:		Average Rating:	

Rating Scale: No Adherence: 0, Weak: 1, Good: 2

1	Did the clinician provide psychoeducation on trauma and recovery?	0	1	2
2	Did the clinician provide psychoeducation on subject's role in sessions?	0	1	2
3	Did the clinician obtain and record informed consent to treatment with EMDR therapy?	0	1	2
4	Did the clinician encourage the use of bilateral eye movements (rather than taps or tones) and assess subject's tolerance for bilateral eye movements?	0	1	2
		0	1	2
5	Did the clinician have subject rehearse a stop signal?	0	1	2
6	Did the clinician provide an appropriate metaphor to enhance mindful noticing?	0	1	2
7	Did the clinician assess, teach, and reevaluate anxiety-reduction skills as needed?	0	1	2
8	Did the clinician assess, teach, and reevaluate dissociation reduction skills as needed?	0	1	2
9	Did the clinician use calm (safe) place or RDI before reprocessing?	0	1	2
	Preparation Phase average score: Divide total by 10. Nine items and item 4 is doubled.			

EXHIBIT A.3

EMDR Therapy Fidelity Rating Scale for Calm Place—Safe Place Exercise			
Subject Code:		Date of Session:	
Rater 1:		Date of Review:	
Comments:		Average Rating:	

Rating Scale: No Adherence: 0, Weak: 1, Good: 2

1	Did the clinician provide an explanation and purpose for the calm place exercise?	0	1	2
2	Did the clinician assist in identifying an appropriate memory or image?	0	1	2
3	Did the clinician elicit additional sensory details?	0	1	2
4	Did the clinician add brief sets (4–12 cycles) of bilateral eye movements (or alternate bilateral stimulation)?	0	1	2
5	Did the clinician ask subject to report feelings and observations after each set of stimulation?	0	1	2
6	Did the clinician ask subject to identify a cue word or phrase and rehearse it with the imagery and additional sets of bilateral stimulation?	0	1	2
7	Did the clinician ask subject to rehearse the imagery and cue word(s) without guidance?	0	1	2
8	Did the clinician ask subject to remember a disturbing incident or situation and then rehearse the exercise again with guidance?	0	1	2
9	Did the clinician ask subject to remember another disturbing incident or situation and then rehearse the exercise again without guidance?	0	1	2
10	Did the clinician ask subject to identify an alternate memory or image if the first led to negative associations? *(Skip if not applicable.)*	0	1	2
	Calm (safe) place exercise average score: One item can be skipped. Possible total of 10 items.			

EXHIBIT A.4

EMDR Therapy Fidelity Rating Scale for Resource Development and Installation			
Subject Code:		Date of Session:	
Rater:		Date of Review:	
Comments:		Average Rating:	

Rating Scale: No Adherence: 0, Weak: 1, Good: 2

1	If RDI was used for stabilization, did the clinician identify the presence of one of the following four criteria before using RDI? (*Skip if RDI was not used for stabilization*. ***Counts as two items if applicable.***) a. The subject shows impaired self-regulation skills, engages in angry outbursts, maladaptive tension reduction behaviors, dangerous or impairing substance abuse, self-injurious behaviors, or therapy interfering behaviors, or has expressed fears of starting EMDR reprocessing, and standard methods for self-control (progressive relaxation, breathing exercises, or calm place exercise) have proven insufficient. b. The clinician identified a substantial risk the subject would terminate treatment prematurely if EMDR reprocessing were started because of borderline shifts from idealizing to devaluing the clinician; weak ego strength; intolerable shame over acting out or tension reduction behaviors; or inability to cope with reexperiencing incompletely reprocessed or other intrusive, painful memories. c. The subject has episodes of being overwhelmed by affect, is confused, and is unable to express thoughts, concerns, or affects about events in a coherent narrative. d. EMDR reprocessing has led to chronically incomplete treatment sessions or to adverse impacts on subject's day-to-day functioning.	0 0	1 1	2 2
2	Did the clinician provide an explanation and purpose for the RDI exercise?	0	1	2
3	Did the clinician identify an appropriate, current, challenging target situation from a behavioral chain analysis or a chronically incomplete reprocessing target?	0	1	2
4	Did the clinician assist in identifying one or more qualities or skills needed for the target situation?	0	1	2
5	Did the clinician assist in identifying one or more appropriate memories or images for the qualities or skills needed for the target situation?	0	1	2
6	Did the clinician prompt the subject (if needed and appropriate) to consider mastery memories, role models, supportive others, and symbols as potential sources for adaptive responses? *(Skip if not applicable.)*	0	1	2
7	Did the clinician elicit additional sensory details?	0	1	2
8	Did the clinician repeat these sensory details to enhance recollection and vividness of the memory or image?	0	1	2
9	Did the clinician add brief sets (4–12 cycles) of bilateral eye movements or alternate bilateral stimulation?	0	1	2
10	Did the clinician ask the subject to report feelings and observations after each set of stimulation?	0	1	2
11	If needed, did the clinician repeat the sensory details to restore access to the resource memory or imagery before subsequent sets of stimulation?	0	1	2
12	Did the clinician ask subject to identify cue words or linking imagery and rehearse with the resource and additional sets of stimulation?	0	1	2
13	Did the clinician ask subject to identify an alternate memory or image if the first led to negative associations? *(Skip if not applicable.)*	0	1	2
14	Did the clinician verify the subject was able to mentally rehearse making use of one or more resources with adequate confidence in a future occurrence of the target situation?	0	1	2
15	Did the clinician verify in a follow-up session that the subject was better able to manage the target situation? *(Skip if not applicable.)*	0	1	2
	Resource Development and Installation average score: Up to four items can be skipped. Fifteen items, one can be doubled.			

EXHIBIT A.5

EMDR Therapy Fidelity Rating Scale for Reprocessing Session			
Subject Code:		Date of Session:	
Rater:		Date of Review:	
Comments:		Average Rating:	

Rating Scale: No Adherence: 0, Weak: 1, Good: 2

	Reevaluation Phase average score (items 1–4):			
	Assessment Phase average score (items 5–14):			
	Desensitization Phase average score (items 15–28):			
	Installation Phase average score (items 29–34):			
	Body Scan Phase average score (items 35–38):			
	Closure Phase average score (items 39–45):			
	Reevaluation Phase			
1	Did the clinician reevaluate the subject's experience since the last session with attention to feedback from the log, presenting complaints, responses to current stimuli, and additional memories or issues that might warrant modifications to the treatment plan? (This is crucial after history-taking sessions as well as after stabilization and reprocessing sessions.)	0	1	2
2	Did the clinician check the SUD and VoC on the target from the last session? (*Skip if this is the first reprocessing session.*)	0	1	2
3	Did the clinician check for additional aspects of the target from the last session that may need further reprocessing? (*Skip if this is the first reprocessing session.*)	0	1	2
4	If the target from the last session had been incomplete or if in this session the subject reported the SUD were now a 1 or above or the VoC were a 5 or below, did the clinician resume reprocessing on the target from the last session? (*Skip if this is the first reprocessing session or if a more appropriate, disturbing, earlier or related memory was identified and selected as the next target.*)	0	1	2
	Reevaluation Phase average score (items 1–4): Possible total of four items. Three items (2, 3, and 4) can be skipped before reprocessing sessions have begun.			
	Assessment Phase			
5	Did the clinician select an appropriate target from the treatment plan?	0	1	2
6	Did the clinician elicit a picture (or other sensory memory) that represented the entire incident or the worst part of the incident?	0	1	2
7	Did the clinician elicit an appropriate negative cognition (NC)?	0	1	2
8	Did the clinician elicit an appropriate positive cognition (PC)?	0	1	2
9	Did the clinician assure that the NC and PC address the same thematic domain: responsibility, safety, choice?	0	1	2
10	Did the clinician obtain a valid VoC by referencing the felt confidence of the PC in the present while the subject focused on the picture (or other sensory memory)?	0	1	2
11	Did the clinician elicit the present emotion by linking the picture and the NC?	0	1	2
12	Did the clinician obtain a valid SUD (i.e., the current level of disturbance for the entire experience—not merely for a present emotion)?	0	1	2
13	Did the clinician elicit a body location for current felt disturbance?	0	1	2
14	Did the clinician follow the standard assessment sequence listed above?	0	1	2
	Assessment Phase average score (items 5–14): Total of 10 items.			
	Desensitization Phase			
15	Before beginning bilateral eye movements or alternate bilateral stimulation, did the clinician instruct subject to focus on the picture, NC (in the first person), and the body location?	0	1	2

(*continued*)

EXHIBIT A.5 (*continued*)

EMDR Therapy Fidelity Rating Scale for Reprocessing Session				
16	Did the clinician provide bilateral eye movements or alternate bilateral stimulation of at least 24 to 30 repetitions per set as fast as could be tolerated comfortably? (*Note*: Children and adolescents and a few adult subjects require fewer passes per set, e.g., 14–20.)	0	1	2
17	During bilateral eye movements or alternate bilateral stimulation, did the clinician give some periodic nonspecific verbal support (perhaps contingent to nonverbal changes in subject) while avoiding dialogue?	0	1	2
18	At the end of each discrete set of bilateral eye movements or alternate bilateral stimulation, did the clinician use appropriate phrases to have the subject, "Rest, take a deeper breath, let it go"(while not asking the subject to "relax") then make a *general* inquiry ("What do you notice now?") while avoiding narrowly *specific* inquiries about the image, emotions, or feelings?	0	1	2
19	After each verbal report, did the clinician promptly resume bilateral eye movements or alternate bilateral stimulation without excessive delay for discussion and without repeating subject's verbal report?	0	1	2
20	If verbal reports and nonverbal observations indicated reprocessing was effective, after reaching a neutral or positive channel end, did clinician return attention to the selected target and check for additional material in need of reprocessing (i.e., "What's the worst part of it now?")?	0	1	2
21	If verbal reports or nonverbal observations indicated reprocessing was ineffective, did the clinician vary characteristics of the bilateral eye movements or alternate bilateral stimulation (speed, direction, change modality, etc.)? (*Skip if not applicable*. Counts as two items if applicable.)	0 0	1 1	2 2
22	If verbal reports or nonverbal observations indicated reprocessing was ineffective, did the clinician do any of these? *(Skip if not applicable.* Counts as two items if applicable.) 1. Explore for an earlier disturbing memory with similar affect, body sensations, behavioral responses, urges, or belief. 2. Explore for a blocking belief, fear or concern disrupting effective reprocessing, and then identify a related memory. 3. Explore target memory for more disturbing images, sounds, smells, thoughts, beliefs, emotions, or body sensation. 4. Invite subject to imagine expressing unspoken words or acting on unacted urges. 5. Offer one or more interweaves.	0 0	1 1	2 2
23	If subject showed extended intense emotion, or if reprocessing was ineffective, did clinician show appropriate judgment in selecting and offering one (or if necessary more) interweave(s) from among the categories of responsibility, safety, and choices while avoiding excess verbiage? *(Skip if not applicable.* Counts as two items if applicable.)	0 0	1 1	2 2
24	If subject showed extended intense emotion, did the clinician continue sets of bilateral eye movements or alternate bilateral stimulation with increased repetitions per set, remain calm, compassionate, and provide verbal cueing paced with the bilateral stimulation to encourage the subject to continue to "just notice" or "follow"? *(Skip if not applicable.* Counts as two items if applicable.)	0 0	1 1	2 2
25	If a more recent memory emerged, did the clinician acknowledge its significance, offer to return to the more recent memory later, and redirect the subject back to the selected target memory within one or two sets of bilateral eye movements or alternate bilateral stimulation? *(Skip if not applicable.)*	0	1	2
26	If an earlier (antecedent) memory emerged, did the clinician continue bilateral eye movements or alternate bilateral stimulation on the earlier memory until it was resolved before redirecting the subject back to the selected target memory (or make a clinically informed decision to help the subject contain this material until a later date due to concerns the subject was not ready to confront this material)? (*Skip if not applicable.*)	0	1	2
27	If it became clear it was not possible to complete reprocessing in this session, did clinician show appropriate judgment to avoid returning subject's attention to residual disturbance in target, skip Installation and Body Scan Phases, and go directly to closure? (*Skip if not applicable.*)	0	1	2
28	If it appeared the Desensitization Phase may have been complete, did clinician show appropriate judgment to return subject's attention to target to confirm the SUD was 0 (or an "ecological" 1) by offering at least one more set of bilateral eye movements or alternate bilateral stimulation on the target before going to the Installation Phase? (*Skip if not applicable.)*	0	1	2
	Desensitization Phase average score (items 15–28): Up to eight items can be skipped. Fourteen items, plus four can be doubled.			

(*continued*)

EXHIBIT A.5 (*continued*)

EMDR Therapy Fidelity Rating Scale for Reprocessing Session				
Installation Phase				
If the Desensitization Phase was completed (and item 27 was scored) proceed to score Installation Phase items. If the Desensitization Phase was incomplete, skip both the Installation and Body Scan Phases and proceed to score the Closure Phase. However, if the desensitization was incomplete and the clinician incorrectly proceeded to the Installation or Body Scan Phases, these phases should be scored and down rated accordingly.				
29	Did the clinician confirm the final PC by inquiring whether the original PC still fit or if there were now a more suitable one?	0	1	2
30	Before offering bilateral eye movements or alternate bilateral stimulation, did the clinician obtain a valid VoC (i.e., by having subject assess the felt confidence of the PC while thinking of the target incident)?	0	1	2
31	Did the clinician offer more sets of bilateral eye movements or alternate bilateral stimulation after first asking each time that the subject focus on the target incident and the final PC?	0	1	2
32	Did the clinician obtain a valid VoC after each set of bilateral eye movements or alternate bilateral stimulation?	0	1	2
33	After sets of bilateral eye movements or alternate bilateral stimulation, if the VoC did not rise to a 7, did the clinician inquire what prevents it from rising to a 7 and then make an appropriate decision to target the thought or move to body scan or closure? (*Skip if not applicable.)*	0	1	2
34	Did the clinician continue sets of bilateral eye movements or alternate bilateral stimulation until the VoC was a 7 and no longer getting stronger (or a 6 if "ecological")? *(Skip if not applicable.) (Note either item 33 or 34 should be scored unless there were [a]insufficient time to complete the Installation Phase or [b]a new issue emerged that prevented completing the Installation Phase.)*	0	1	2
	Installation Phase average score (items 29–34): Up to two items can be skipped. Possible total six items.			
Body Scan Phase				
35	Did the clinician obtain a valid body scan (asking subject to [a] report any unpleasant sensation while focusing on [b] the final PC and [c] the target incident with eyes closed)?	0	1	2
36	*If any unpleasant sensations were reported,* did the clinician continue with additional sets of bilateral eye movements or alternate bilateral stimulation until these sensations became neutral or positive? If unpleasant sensations were reported and bilateral stimulation was not offered, was there an appropriate clinical rationale (i.e., linkage to a different memory)? *(Skip if not applicable.)*	0	1	2
37	*If a new memory emerged*, did the clinician make an appropriate decision to continue by targeting the new memory in the session or later as part of the treatment plan? *(Skip if not applicable.)*	0	1	2
38	*If pleasant sensations were reported*, did the clinician target these and continue with additional sets of bilateral eye movements or alternate bilateral stimulation as long as these sensations continued to become more positive? *(Skip if not applicable.)*	0	1	2
	Body Scan Phase average score (items 35–38): Up to three items can be skipped. Possible total of four items.			
Closure Phase				
39	Did the clinician make an appropriate decision to move to closure?	0	1	2
40	Did the clinician assure subject was appropriately reoriented to the present by (a) *assessing* subject's residual distress and need to change state and to enhance orientation to the present and (b) *if needed* then offer appropriate and sufficient structured procedures (such as guided imagery, breathing exercises) for decreasing anxiety, distress, dissociation, and for containment?	0	1	2
41	Did the clinician support mentalization by inviting subject to comment on changes in awareness, perspective, and self-acceptance related to the target experience?	0	1	2
42	Did the clinician offer empathy and psychoeducation where appropriate, and statements to normalize and help to put into perspective the subject's experience? *(Skip if not applicable.)*	0	1	2
43	Did the clinician brief the subject on the possibility between sessions of continuing or new, positive or distressing thoughts, feelings, images, sensations, urges, or other memories or dreams related to the reprocessing from this session?	0	1	2

(*continued*)

EXHIBIT A.5 (*continued*)

EMDR Therapy Fidelity Rating Scale for Reprocessing Session				
44	Did the clinician request that the subject keep a written log of any continuing or new issues or other changes to share at the next session?	0	1	2
45	Did the clinician remind the subject to practice a self-control procedure daily or as needed?	0	1	2
	Closure Phase average score (items 39–45): Total of seven items. One item #42 may be skipped.			

EXHIBIT A.6

EMDR Therapy Fidelity Rating Scale for Overall Treatment			
Subject Code:		Date of Session:	
Rater:		Date of Review:	
Comments:		Average Rating:	

Rating Scale: No Adherence: 0, Weak: 1, Good: 2

1	Did the clinician assess the degree to which subject achieved treatment goals regarding desired behavioral, somatic, affective, and cognitive changes?	0	1	2
2	Did the clinician assess the degree to which adverse and traumatic events from subject's history were resolved and offer further EMDR reprocessing as indicated?	0	1	2
3	Did the clinician assess the degree to which maladaptive patterns of response to current external and internal stimuli were resolved and offer further EMDR reprocessing as indicated?	0	1	2
4	Did the clinician assess the degree to which the subject could benefit from exploring new behavioral choices (such as overcoming previous avoidant behaviors) or integrating new skills or a new self-image for the future and offer further EMDR reprocessing with a future template or RDI to consolidate a new self-image as indicated?	0	1	2
	Overall treatment average score: Total of four items.			

EXHIBIT A.7

EMDR Therapy Fidelity Summary Chart		
Fidelity Rating Scales	**Average Scores Rater 1**	**Average Scores Rater 2**
History-Taking Phase		
Preparation Phase		
Calm (safe) place Exercise		
RDI 1 (optional)		
RDI 2 (optional)		
RDI 3 (optional)		
Reprocessing session 1		
Reprocessing session 2		
Reprocessing session 3		
Reprocessing session 4		
Reprocessing session 5		
Reprocessing session 6		
Reprocessing session 7		
Reprocessing session 8		
Overall treatment		
Average across all charts		
Rater 1 comments		
Rater 2 comments		

Average rating	Adherence interpretation
0–0.99	Inadequate
1.0–1.25	Weak
1.26–1.50	Adequate
1.51–1.75	Good
1.76–2.00	Superior