

Activity Selection Guide

Part 1 contains a range of activities intended to support individualized preparation for an EMDR intensive. It is not expected that every activity will be appropriate or necessary for every client.

Use this guide to select activities based on the client's presenting concerns, treatment goals, readiness, current functioning, resources, capacity for reflection, and your clinical judgment. Consider how activities relate to one another and revise later cross-references when an earlier activity is omitted.

Activity	Primary purpose	When it may be useful	Potential considerations	Optional?	Approximate time
Somatic Mindfulness Resources	Introduces body awareness, breathing, body scan, and present-moment noticing practices.	When increasing body awareness or identifying supportive practices may assist with preparation and pacing.	Internal attention may feel uncomfortable or activating for some clients, including those experiencing panic, dissociation, health anxiety, chronic pain, or limited connection to body sensations. Select or modify individual practices rather than assigning the entire section automatically.	Yes	20–35 minutes
Understanding Your Nervous System	Introduces three general nervous system patterns and helps clients notice related body sensations, thoughts, urges, and sources of support.	When the client may benefit from basic language for recognizing activation, settling, or disconnection.	This is a reflective framework, not a diagnostic assessment. Avoid presenting the patterns as fixed categories. If omitted, also consider omitting Revisiting Your Nervous System Patterns and revising later nervous-system references.	Yes	15–25 minutes
Qualities That Support You	Helps clients identify personal qualities that support perspective,	When identifying existing strengths or qualities the client would like greater	Some clients may find qualities abstract or difficult to access. Difficulty identifying a quality should not be interpreted as	Yes	10–15 minutes

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	connection, and intentional responding.	access to may support preparation or goal development.	resistance or lack of readiness. This activity is referenced in later resource and integration activities.		
Positive Belief Inventory	Helps clients notice positive beliefs that feel accessible and beliefs they may want to strengthen.	When identifying existing strengths, resources, desired beliefs, or areas relevant to treatment planning.	Clients may respond based on what they think should be true rather than what feels true. The activity should not be used as a scored assessment. If omitted, revise references to the inventory in Identifying Your Resources and other selected activities.	Yes	10–20 minutes
Identifying Your Resources	Identifies supportive experiences and present-day resources connected to positive beliefs and supportive qualities.	When preparation would benefit from identifying natural supports, coping strategies, personal strengths, or experiences the client may draw upon.	Some clients may have difficulty connecting with positive experiences or resources. Avoid pressuring the client to produce a positive emotional or body response. This activity refers to the Positive Belief Inventory and Qualities That Support You.	Yes	15–25 minutes
Negative Belief Inventory	Helps clients identify beliefs or negative cognitions that become more noticeable during distress.	When clarifying recurring beliefs may assist with treatment planning, target development, or identifying treatment goals.	Reviewing negative beliefs may increase shame, distress, or self-criticism. Clients should not be asked to determine targets or independently process experiences connected to the beliefs. If omitted, revise references to negative beliefs in subsequent activities.	Yes	15–25 minutes
Trigger Inventory	Helps clients identify triggers and	When understanding present-day activation	This activity may bring distressing experiences to mind.	Yes	15–25 minutes

Activity	Primary purpose	When it may be useful	Potential considerations	Optional?	Approximate time
	associated thoughts, emotions, body sensations, urges, and responses.	and recurring patterns may support treatment planning.	Encourage brief responses without detailed recounting or independent processing. Consider the client's stability, resources, and current level of activation.		
Exploring Your Parts and Protective Responses	Introduces a parts-informed perspective and helps clients explore recurring internal or protective responses.	When conflicting internal experiences, avoidance, overcontrol, shutdown, self-criticism, or other protective patterns are relevant to treatment.	Use only when parts-informed language falls within the clinician's competence and is appropriate for the client. Clarify that "parts" is a way of understanding internal experience and does not imply separate personalities. If omitted, revise later references to parts and protective responses.	Yes	20–35 minutes
Attachment and Childhood	Explores early caregiving relationships, emotional needs, support, beliefs, and learned relational responses.	When childhood relationships or attachment experiences appear relevant to present concerns or treatment goals.	Reflection on caregiving relationships may activate grief, shame, loyalty conflicts, anger, or traumatic memories. Clients should not be asked to provide detailed trauma narratives. Consider family, cultural, adoption, foster-care, and nontraditional caregiving contexts.	Yes	15–30 minutes
Current Relationship Patterns	Invites reflection on closeness, vulnerability, support, uncertainty, conflict, repair, boundaries,	When present relationship patterns are connected to treatment goals or may clarify how earlier	This is not a scored attachment assessment or diagnostic measure. Consider current relational safety, coercion, abuse, cultural context, and	Yes	15–25 minutes

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	and mutuality in current relationships.	experiences influence current functioning.	whether a relationship-focused activity is appropriate.		
Developmental History	Helps clients notice experiences, beliefs, relationships, strengths, and resources across developmental periods.	When a broad life-span perspective may assist with identifying patterns, changes, resources, or periods relevant to treatment.	The activity may feel extensive or emotionally activating. Clients may not remember early periods and should be permitted to leave stages blank. The 0–10 rating reflects current concern, not the amount or severity of adversity.	Yes	20–40 minutes
Understanding and Exploring Relational Responses Under Stress	Helps clients recognize recurring ways they may minimize, fix, control, withdraw, pursue, appease, or adapt during relational stress and connect these responses with beliefs and protective patterns.	When relational stress, conflict, boundaries, reassurance seeking, overfunctioning, withdrawal, or appeasement are relevant to treatment goals.	Avoid using the responses as personality labels or implying that the client is responsible for another person's harmful behavior. Consider relational safety, power differences, coercion, and abuse.	Yes	20–30 minutes
Moving Toward Greater Choice in Relationships	Helps clients explore how they would like to respond with greater awareness, choice, alignment, and access to supportive beliefs and qualities.	When the client has identified a familiar relational response and wants to consider alternative responses, communication, boundaries, or resources.	This activity builds on the preceding relational-response activity. Do not use it to suggest that a client should communicate differently, become more vulnerable, or remain engaged in an unsafe relationship.	Yes	15–25 minutes
Revisiting Your Nervous System Patterns	Integrates nervous system patterns with experiences, beliefs, parts, relational	When the clinician wants the client to bring together themes identified across Part 1.	This activity assumes that the client completed or reviewed Understanding Your Nervous System and several subsequent	Yes	15–25 minutes

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	responses, supportive qualities, and resources.		activities. Omit or adapt rows that refer to activities the client did not complete.		
Treatment Goals	Helps clients identify desired emotional, cognitive, physical, relational, and functional changes for their intensive.	When additional reflection may clarify the client's priorities, hoped-for changes, and indicators of meaningful progress.	Goals should be reviewed collaboratively and should not be treated as promises or required outcomes. Clients may need support translating broad hopes into clinically appropriate treatment goals.	Yes, but generally recommended	15–25 minutes