**EMDR SKILLS CHECKLIST**

This form is to be completed by the consultee prior to beginning consultation in order to assess the areas of proficiency that may need to be a focus. In order that I can be of greatest assistant as a Consultant, please be as truthful as possible with your confidence level in the areas listed below.

**SCALE: 1=Not at all confident 3=Somewhat confident 5=Totally confident**

**Knowledge of the Adaptive Information Processing Model**

\_\_\_Able to describe the AIP model

**Three-Pronged Protocol**

\_\_\_Able to describe the 3 pronged protocol

\_\_\_Completes all 3 prongs in history, target sequencing, and reprocessing

**Case Conceptualization and Treatment Planning**

\_\_\_Able to conceptualize and discuss a case using the AIP

\_\_\_Has submitted\_\_\_ Treatment Summary Forms from clinical cases

**Eight-Phases of EMDR Treatment**

**1. History-Taking**. In addition to an appropriate general history, trainee is able to:

\_\_\_Obtain and organize trauma history

\_\_\_Determine if client meets selection criteria

\_\_\_Conceptualize the case within the AIP model

\_\_\_Determine target sequencing and appropriate target selection

\_\_\_Identify the Touchstone Memory

**2. Preparation**

\_\_\_Able to introduce EMDR to client

\_\_\_Able to prepare client for treatment with EMDR

**3. Assessment**

\_\_\_Obtain appropriate image (sound, smell, taste)

\_\_\_Identify the central Negative Cognition

\_\_\_Identify the Positive Cognition

\_\_\_Rate the Positive Cognition on the Validity of Positive Cognition (VOC)

\_\_\_Obtain relevant emotion(s)

\_\_\_Appropriately rate the SUD

\_\_\_Obtain the location of the sensations in the body

**4. Desensitization** Trainee is able to:

\_\_\_Begin correctly with the Image, NC, and location of sensation

\_\_\_Maintain good mechanics with BLS

\_\_\_Use appropriate speed and length of set

\_\_\_Avoid distortion (for example, by talking and/or interpreting)

\_\_\_Return to the target appropriately

\_\_\_Respond appropriately to abreactions

\_\_\_Manage under and over accessing of material

\_\_\_Appropriately ask for a SUD rating

\_\_\_Determine when desensitization phase is complete (SUD=0)

**5. Installation** Trainee:

\_\_\_Checks Positive Cognition (PC) to see if still fits

\_\_\_Is able to pair PC with the target image

\_\_\_Continue BLS as long as positive material continues to emerge or strengthen

\_\_\_Identify and address any blocking belief

\_\_\_Continue installation until VOC 7 or ecological

**6. Body Scan**

\_\_\_Able to introduce body scan and reprocess any unresolved sensations

\_\_\_Continue until clear body scan

**7. Closure**

\_\_\_Able to appropriately close an incomplete session

\_\_\_Able to close an incomplete session

**8.** **Reevaluation**

\_\_\_Able to re-evaluate the target memory at the beginning of each subsequent session and make appropriate determination about next step (continue reprocessing or move to next target)

**EMDR SKILLS REVIEW**

The following questions should be answered *in writing*. Each of these topics will be discussed in consultation as part of the evaluation for recommendation for certification.

1. What does AIP stand for? Adaptive Information Processing

2. What is the AIP Model?

*The AIP Model is based on the premise that the human mind is a complex system with the innate capacity to move toward wholeness. Symptom free, psychosocial functioning is intrinsic to the human organism. AIP theory is formulated out of the observations of clinical results. Repeated application of the EMDR Protocol yields the same resul;t decreased symptomology related to a previously maladaptively stored memory*

3. What do you assess for in the history phase of treatment that is particularly important in terms of the AIP Model and EMDR?

4. What is the main purpose of the AIP Treatment Plan (Targeted Sequence Plan)?

5. How do you decide what target to begin reprocess first?

6. What do you do when you are running out of time in the midst of reprocessing a target?

7. How do you begin a session when your last session ended with an incomplete reprocessing of a particular target?

8. When you are in the desensitization phase (phase 4), how do you decide when to go back to target?

9. When you are in the midst of reprocessing, what do you do if the person reports that they are not getting anything or that they are blank?

10. In reprocessing, what do you do when the person reports that they are feeling better?

11. In reprocessing, what do you do when the person expresses a whole new insight?

12. In reprocessing, what do you do when the person states they are confused?

13. What can you do when there the client is stuck or is looping in reprocessing?

14. How do you know when there is looping?

15. When do you ask for a SUDS level?

16. When do you ask for a VOC level?

17. What does the VOC measure?

18. How do you know when to move on to work on another target?

19. When would you do a new AIP Treatment Plan (Targeted sequence plan)?

20. When and how do you begin the installation Phase?

21. How do you know that the installation phase is complete?

22. When do you do the body scan?

23. When do you do a future template?

24. How do you do a future template?

25. Do you ever do more than one future template?

26. What are the 3 prongs of EMDR?

27. When do you do long fast sets of BLS vs. slow short sets?

28. When do you use a cognitive interweave?