



EMDR Therapy Personal Development Plan II

(Farrell, Knibbs, Mackinney & Miller, 2020)

The purpose of this EMDR Therapy Personal Development Plan II (EMDR Therapy PDP II) is to enable you to reflect upon your current knowledge, understanding, and clinical application of EMDR therapy. Secondly, in providing an insight into areas of your EMDR therapy practice that may require further development and skills enhancement. This tool can be used both as a structured means of subjective/ self-assessment, or in conjunction with your EMDR Therapy Clinical Consultant as part of Clinical consultation.

This EMDR Therapy PDP II is in five sections:

- Section 1: The Adaptive Information Processing (AIP) Theoretical Framework, Neurobiology of Trauma & Psycho-traumatology
- Section 2: EMDR therapy as an Eight Phase Treatment Approach
- Section 3: Further Skills in EMDR therapy & Wider Applications
- Section 4: EMDR therapy Clinical Supervision & Consultation Skills
- Section 5: EMDR therapy Personal Development Plan – Strategic Action

For Sections 1 and 2 the following 6-point proficiency scale has been adopted to assess knowledge and competency

0 = None; 1 = Limited, 2 = Basic, 3 = Proficient, 4 = Advanced, 5 = Expert

Section 1: The Adaptive Information Processing Theoretical Framework, Neurobiology of Trauma and Psycho-traumatology

1.1 Understanding of the Adaptive Information Processing Paradigm as a Theoretical Model					
0	1	2	3	4	5

1.2 Adaptive Information Processing Case Conceptualisation					
0	1	2	3	4	5

1.3 Neurobiological Mechanisms of Psychological Trauma					
0	1	2	3	4	5

1.4 Neurobiological understanding of EMDR Therapy and potential mechanisms for action					
0	1	2	3	4	5



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1.5 Understanding of Adverse Childhood Experiences (ACE's)					
0	1	2	3	4	5

1.6 Understanding of Attachment Theory					
0	1	2	3	4	5

1.7 Understanding of the Theory of Structural Dissociation					
0	1	2	3	4	5

1.8 Current empirical status of EMDR therapy, International Treatment Guideline and up-to-date knowledge of existing academic literature, research and development					
0	1	2	3	4	5

1.9 Knowledge and understanding of Post-Traumatic Stress Disorder (PTSD)					
0	1	2	3	4	5

1.10 Knowledge and understanding of Complex Post-Traumatic Stress Disorder (C-PTSD)					
0	1	2	3	4	5

Section 2: EMDR Therapy Eight-Phase Protocol

Phase 2.1: History Taking

2.1.1 Capacity to complete a comprehensive History Taking: Past, Present & Future					
0	1	2	3	4	5

2.1.2 Assessing client appropriateness for EMDR therapy					
0	1	2	3	4	5

2.1.3 Undertaking a thorough Risk Assessment, and assess the availability of support structures with each client					
0	1	2	3	4	5

2.1.4 EMDR therapy Treatment Planning and Target Memory Sequencing					
0	1	2	3	4	5



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2.1.5 Ability to provide a rationale and cogent strategy when working with multiple distressing memories

0	1	2	3	4	5
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2.1.6 Able to clarify the client's desired state following EMDR therapy Treatment

0	1	2	3	4	5
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Phase 2: Preparation

2.2.1 Teaching clients self-regulation strategies

0	1	2	3	4	5
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2.2.2 Testing out the Bilateral Physical Stimulation

0	1	2	3	4	5
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2.2.3 Providing a 'client-centred' explanation of EMDR therapy

0	1	2	3	4	5
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2.2.4 Demonstrates an ability address client's fears, concerns, queries, anxieties or trepidations

0	1	2	3	4	5
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2.2.5 Ensuring the client is able to engage in effective 'Dual Attention' (Past & Present)

0	1	2	3	4	5
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Phase 3: Assessment

2.3.1 Identifying an appropriate distressing memory for EMDR Therapy trauma processing

0	1	2	3	4	5
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2.3.2 Understanding of the characteristics of cognitions, both negative and positive

0	1	2	3	4	5
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2.3.3 An appreciation in applying the Validity of Cognition (VOC) and the Subjective Unit of Disturbance (SUD) Scales

0	1	2	3	4	5
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2.3.4 Identifying associated, and presently held, emotions and body sensations in connected with the target memory

0	1	2	3	4	5
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Phase 4: Desensitisation

2.4.1 Activation of the distressing memory and engaging in bi-lateral physical stimulation

0	1	2	3	4	5
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2.4.2 Timing each set to the client's needs (approximately 25-30 seconds)

0	1	2	3	4	5
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2.4.3 Understanding of what 'trauma processing' looks like

0	1	2	3	4	5
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2.4.4 Obtaining feedback from the client after each set

0	1	2	3	4	5
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2.4.5 Recognising when processing is blocked and able to intervene accordingly

0	1	2	3	4	5
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2.4.6 Knowledge of Cognitive Interweaves and when to apply them

0	1	2	3	4	5
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2.4.7 Familiarity in returning to the target memory at the end of a channel

0	1	2	3	4	5
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2.4.8 Able to recognise when clients experience heightened levels of affect and be able to manage these therapeutically

0	1	2	3	4	5
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2.4.9 Have a clinically effective understanding as to when Phase 4 might be completed

0	1	2	3	4	5
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2.4.10 Recognising when to use an 'incomplete session' closure and carry out accordingly

0	1	2	3	4	5
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Phase 5: Installation

2.5.1 Checking the appropriateness of the Positive Cognition in relation to the original target memory

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2.5.2 Installation of the positive cognition to a VOC level of either 6 or 7

0	1	2	3	4	5
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Phase 6: Body Scan

2.6.1 Enables the client to bring the original target memory to mind, holding the associated Positive Cognition, and then mentally scan the body for any undue disturbance or discomfort

0	1	2	3	4	5
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2.6.2 Addressing any residual disturbance that may arise during the Phase 6 Body Scan

0	1	2	3	4	5
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Phase 7: Closure

2.7.1 Allows sufficient time for closure and ensures that the client is 'grounded' and 'in the present'

0	1	2	3	4	5
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2.7.2 Utilise an effective debrief

0	1	2	3	4	5
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2.7.3 Encourages the client to engage in in-between session activity and monitoring

0	1	2	3	4	5
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Phase 8: Re-evaluation

2.8.1 Returning to the previous target memory activated in the last EMDR Therapy session

0	1	2	3	4	5
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2.8.2 Identifying any evidence of progress or re-adjustment since the last session

0	1	2	3	4	5
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2.8.3 Determine if any additional material has been activated since the last session					
0	1	2	3	4	5

2.8.4 Ensures that all necessary target memories have been processed – past, present, and future					
0	1	2	3	4	5

2.8.5 Is effectively able to conclude therapy					
0	1	2	3	4	5

Section 3: Further Skills in EMDR Therapy & Wider Applications

Part 1: Knowledge AND clinical application of the following:

3.1.1 EMD Restricted Processing (EMDr)					
0	1	2	3	4	5

3.1.2 Eye Movement Desensitisation (EMD)					
0	1	2	3	4	5

3.1.3 Future Template					
0	1	2	3	4	5

3.1.4 Future Anticipatory Anxiety					
0	1	2	3	4	5

3.1.5 Flash-Forward (FF)					
0	1	2	3	4	5

3.1.6 Blind -2-Therapist (B2T)					
0	1	2	3	4	5

3.1.7 Recent Traumatic Experience Protocol (RTEP)					
0	1	2	3	4	5

3.1.8 Group Traumatic Events Protocol (GTEP)					
0	1	2	3	4	5



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3.1.9 Integrative Group Treatment (IGTP)					
0	1	2	3	4	5

3.1.10 Feeling State Addictions Protocol (FSAP)					
0	1	2	3	4	5

3.1.11 Urge Reduction Protocol (DeTUR)					
0	1	2	3	4	5

Part 2: Clinical Populations

3.2.1 Phobias and Aversions					
0	1	2	3	4	5

3.2.2 Major Depressive Disorders (MDD)					
0	1	2	3	4	5

3.2.3 Traumatic Grief, Bereavement and Loss					
0	1	2	3	4	5

3.2.4 Children and Adolescents					
0	1	2	3	4	5

3.2.5 Addictions					
0	1	2	3	4	5

3.2.5 Pain					
0	1	2	3	4	5

3.2.6 Perinatal PTSD					
0	1	2	3	4	5

3.2.7 Eating Disorders					
0	1	2	3	4	5



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3.2.8 Schizophrenias and Psychosis					
0	1	2	3	4	5

3.2.9 Obsessive Compulsive Disorder (OCD)					
0	1	2	3	4	5

3.2.10 Performance Enhancement					
0	1	2	3	4	5

3.2.11 Bodily and Medically-Based Conditions					
0	1	2	3	4	5

3.2.12 EMDR Therapy and the Older Person					
0	1	2	3	4	5

3.2.13 EMDR Therapy with Forensic Populations					
0	1	2	3	4	5

3.2.14 EMDR Therapy with Couples					
0	1	2	3	4	5

3.2.15 Application of EMDR Therapy as part of Trauma Capacity Building/ Humanitarian Activity					
0	1	2	3	4	5



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4.25 Knowledge and familiarity of the EMDR Europe Competency-Based Frameworks for Practitioner and Consultants

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Section 5: EMDR Therapy Personal Development Plan – Strategic Action

In relation to the above areas consider what action is needed to best develop your EMDR Therapy PDP plan both as an EMDR Therapy clinician and an EMDR Therapy Clinical Supervisor/ Consultant?

Try and consider the following questions:

1. What do you need in order to achieve your EMDR Therapy PDP in the short, medium and long term both as an EMDR Therapy Clinician and an EMDR Therapy Clinical Supervisor/ Consultant?
2. What blocks or obstacles do you envisage you may encounter along the way?
3. Consider what strategies might be necessary to try and overcome these?
4. Is there a mentor (s) you could approach for guidance & support? And if so who might this person be?
5. How will you know when you have met the targets within your EMDR PDP?

Possible areas to consider:

- More EMDR therapy Clinical Experience in general
- More Specific EMDR therapy clinical experience
- EMDR therapy Micro skills
- EMDR therapy Clinical Supervision & Consultation Skills
- Integrating EMDR therapy into your existing clinical practice
- EMDR therapy Research & Development
- EMDR Europe Accreditation
- EMDR Continuous Professional Development
- EMDR therapy Academic Writing & Publication
- Wider reading of EMDR therapy Literature
- Presenting at EMDR Conferences (Regional/ National/ International)



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Please use the section below for matters to discuss with your EMDR Europe Consultant/ Clinical Supervisor or EMDR Europe Accredited Trainer in connection with this EMDR therapy PDP II: