

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 assistance 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?
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?