

This document will help the Consultee identify areas to strive for in their development of EMDR Therapy mastery, and assist the Consultant to better understand the Consultee's clinical progress.

LEARNING OBJECTIVES

Theory/Model Overview

- You can explain the AIP theory to a client or another professional in a confident manner.
- You can name the eight phases.
- You can explain the purpose of each phase.
- You can list the procedures of each phase.
- You can explain the three prong approach.
- You can define the common terms within the EMDR model.

Phase I – Client History (screening, case conceptualization, & treatment planning)

- You can complete a psychosocial history.
- You complete a timeline of life events, both negative and positive.
- You do a genogram, attachment interview, or other procedure to identify attachment styles.
- You are familiar with screening tools used to screen for structural dissociation.
- You can explain your method of case conceptualization.
- You can demonstrate EMDR specific history taking and treatment planning: identify cognitions and symptoms that correlate with a target sequence plan, including the three prongs.
- You can explain a simple (single target) treatment plan.
- You can explain a complex (multiple targets) treatment plan.
- You can discuss client selection criteria and readiness for EMDR therapy.

Phase 2 – Client Preparation

- You can establish and maintain a relationship that facilitates EMDR processing.
- You can educate the client about his/her presenting issues and how EMDR can help.
- You can teach the client how to notice body sensations as they process.
- You can teach the client how to notice and value emotions as they process.
- You can establish stabilization/affect tolerance tools with the client, have the client demonstrate them in session to build confidence in the tools, encourage the use of the tools outside of the sessions, and verify effectiveness of tools over time.
- You can distinguish between clients ready to move into Phases 3-7 from clients who require additional preparation.
- You can teach the client about the mechanics of BLS.

- ___ You can teach the client about the components of a disturbing life event: memories are made up of body sensations, emotions, thoughts of self, and thoughts of self and the world.
- ___ You can teach the client to just notice the process, rather than analyze as they go (train metaphor).
- ___ You can do RDI with the client and explain the intent – state change vs. trait change.
- ___ You are familiar with and able to utilize multiple times of RDI.

Phase 3 – Assessment

- ___ You can identify the target to be processed according to the treatment plan.
- ___ You can identify a clear image or know why they are not using it.
- ___ You can find appropriate negative and positive cognitions.
- ___ You can assess the VOC.
- ___ You can identify the emotions.
- ___ You can assess the SUD rating.
- ___ You can identify the body sensations.
- ___ You can activate the target quickly and smoothly moving right into desensitization.

Reprocessing Phases

- ___ In all three reprocessing phases (4-6), you can track the client's window of tolerance and gear your interventions to help the client remain within the window of tolerance.

Phase 4 – Desensitization

- ___ You know how long to provide BLS.
- ___ You know when to stay out of the way of the client's work.
- ___ You can explain when to get involved in the client's processing.
- ___ You can describe when the client is at the end of a channel.
- ___ You know when to return to target and when not to.
- ___ You know when to check a SUD level and when not to.
- ___ You know how to slow down reprocessing if a client seems to be over activated.
- ___ You know how to increase activation during reprocessing if a client seems to be under activated.

Phase 5 – Installation of the positive cognition

- ___ You check to see if there is a better positive cognition (verify appropriateness of original PC).
- ___ You can do installation of a positive cognition.
- ___ You continue to strengthen the positive cognition as long as it will strengthen.

Phase 6 – Body Scan

- You can complete a body scan until there is no detected disturbance.
- If any disturbance appears, you attempt to reprocess it (rather than ignoring/excusing it).

Phase 7 – Closure & Stabilization

- You can describe when a target is completely processed versus incomplete.
- You can close down an incomplete session.
- You can close down a completed target session appropriately.
- You stabilize the client at the end of every session.
- You debrief the client at the end of the session without reactivating the material.
- You encourage the client to use a log or other feedback methods.

Phase 8 - Reevaluation

- You re-evaluate each target the following session.
- If re-evaluation indicates an incomplete processing, you return to the reprocessing efficiently.
- You have a system to track targets worked on and return to unfinished targets, if necessary.
- You refer to the client’s treatment plan to determine the next target.

Cognitive Interweaves

- You can explain and perform cognitive interweaves simply.
- You can explain when to use them and to what purpose.

Protocols

Your client population will determine which protocols you need to know. If you do not work with a particular population listed here, just an awareness that such protocols exist is sufficient.

- You can describe the Recent Events Protocol, and how it is different from Standard.
- You can explain consolidation or lack of consolidation of an experience.
- Anxiety/Panic Disorder
- Inverted Protocol for Complex PTSD
- Phobia Grief Pain Children Addiction OCD Eating Disorders
- Your area of specialty protocol _____

Clinician self awareness and staying up to date

- You can demonstrate an awareness of yourself, as therapist, being triggered and know how to care for yourself during and after the session.
- You know how/where to learn more about EMDR and have a willingness to continue to do so.