

EMDRIA Certified Consultee Learning Objectives Checklist

This list guides the Consultant in determining if the Consultee has the knowledge to be recommend for certification. It will also assist the Consultee in identifying areas to strive for in their development of EMDR mastery. It is also recommended that the Consultee utilize the Fidelity Checklists developed by Dr. Andrew Leeds.

Consultation experience has shown that Consultees who do study and prepare for consultation move through the mastery process much faster than Consultees who do not.

Consultee \_\_\_\_\_ Start date \_\_\_\_\_  
\_\_\_\_\_ Consultation Agreement signed and in chart

**Clinician Readiness**

You have read the text Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures, 2<sup>nd</sup> edition by Francine Shapiro. If not, when do you anticipate completing this book? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Date

You completed the EMDR Basic Training:

Wk 1 Trainer \_\_\_\_\_ When \_\_\_\_\_

Wk 2 Trainer \_\_\_\_\_ When \_\_\_\_\_

Prior to learning EMDR, what therapy models were you most aligned with?

Experience doing EMDR:

Estimated number of EMDR sessions so far \_\_\_\_\_

Are you actively doing EMDR and able to present current work? \_\_\_\_\_

Have you gone to EMDRIA.org for credential requirements know what you are required to do? \_\_\_\_\_

What advanced trainings have you done? \_\_\_\_\_

Are you on an EMDR Institute or other EMDR discussion list (recommended)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you attending a No Fee Study group (recommended)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Theory/Model Overview**

You can explain the AIP theory to a client or another professional comfortably.

You can compare EMDR to Psychodynamic, Cognitive-Behavioral, Experiential, Family Therapy.

You can state the 8 phases.

You can list the purpose of each phase.

You can list the procedures of each phase.

You can explain the 3 prong approach.

You can define the common terms within the EMDR model.

**Each Phase – procedures of each**

Phase I – Client History

You can do a Psychosocial History

You can define your method of case conceptualization

You can demonstrate EMDR specific history taking and treatment planning:  
identify the cognitions during this phase, targeting sequence plan including 3 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 for EMDR, readiness for EMDR

Phase 2 – Client Preparation

You can establish and maintain a relationship that facilitates EMDR processing.

You can educate the client about their presenting issues and how EMDR can assist in meeting their goals.

You can teach the client about the mechanics.

You can establish stabilization/affect tolerance tools with the client, have the client demonstrate them in session in front of the therapist to build confidence in the tools, encourage the use of the tools outside of the sessions, check to see over time that the tools still are effective.

You understand informed consent of EMDR and provide it to the client.

You know the hand metaphors.

You can use the train metaphor.

You can use the tunnel metaphor.

You can do RDI and explain the intent –state change vs. trait change.

You can explain the different types of RDI, calm/safe place being one type.

Phase 3 – Assessment

You can identify the target to be processed according to their 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 SUDS.

You can identify the body sensations.

You can activate the target quickly, smoothly moving right into desensitization.

Phase 4 – Desensitization

You know how long to provide BLS.

You 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 they are at the end of a channel.

You know when to go back to target and when not to.  
You know when to check a SUDS 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 here is a better positive cognition.  
You can do installation of positive cognition.  
You continue to strengthen the positive cognition as long as it will strengthen.

**Phase 6 – Body Scan**

You can do body scan to no disturbance.  
If any disturbance appears, you attempt to reprocess it vs. excusing it.

**Phase 7 – Closure & Stabilize**

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

**Phase 8 - Reevaluation**

You do reevaluate each target the next session and have a reevaluation process before termination of therapy.  
If re-evaluation indicates an incomplete processing, you can jump start the reprocessing simply and quickly.  
You have a way to track targets worked on and return to unfinished targets, if necessary.  
You refer to their treatment plan to determine next target.

**Cognitive Interweaves**

You can explain and do cognitive interweaves simply and infrequently.  
You can explain when to use them and why.

**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 a protocol exists and you can find it if needed, will be 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.

You can describe:

- Current anxiety protocol
- Phobia
- Grief
- Pain
- Children

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Addictions  
Your area of specialty protocol

**Clinician Self awareness and staying up to date**

You can demonstrate an awareness of therapist being triggered and how to care for self in the middle of a session and after the session

You can describe where to go to get help and learn more about EMDR and express willingness to do so.

**Provide proof of knowledge by**

You have presented your work on DVDs or videos to back up what you know or some other form of raw data such as written transcripts role play

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