

Learning Objectives

INSTRUCTIONS: For each of the items below, add the datetiwas presented in consultationand the results (successful or further practice needed and representing of skill)

THEORY/MODEL OVERVIEW	Successful	Further Practice Needed	Re-Presenting	Date
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.				
PROCEDURES OF EACH PHASE	Successful	Further Practice Needed	Re-Presenting	Date
PHASE I - CLIENT HISTORY				
You can do a Psychosocial History.				
You do a time line of life events negative and positive.				
You do a Genogram or other form to recognize attachment struggles.				
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				
PROCEDURES OF EACH PHASE	Successful	Further Practice Needed	Re-Presenting	Date
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 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 in front of the therapist to build confidence in the tools, encourage the use of the tools outside of the sessions, and periodically reevaluate that the tools still are effective.		
You can distinguish between clients who ready to move into Phases 3-7 from client's who will require much greater preparation before moving into that role.		
You can teach the client about the mechanics of BLS.		
You understand informed consent of EMDR and provide it to the client.		
You have a way to teach the client about the components of a disturbing life event: memories are made up of body sensations, emotions, thoughts of self, thoughts of self and the world.		
You have a way to teach client to just notice the process vs analyze as they go (train metaphor)		
You have a way to teach the client that they can stop processing at any point but they will not have completed the work and may still have disturbance as a result.		
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.		

PROCEDURES OF EACH PHASE	Successful	Further Practice Needed	Re-Presenting	Date
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.				



Reprocessing Phases:

In all 3 reprocessing phases 4-6, can you track the client's window of tolerance and gear your interventions to facilitate remaining within the window of tolerance?

PROCEDURES OF EACH PHASE	Successful	Further Practice Needed	Re-Presenting	Date
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.				
PROCEDURES OF EACH PHASE	Successful	Further Practice Needed	Re-Presenting	Date
PHASE 5 - INSTALLATION OF THE POSITIVE COGNITION	V			
You check to see if there 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.				
PROCEDURES OF EACH PHASE	Successful	Further Practice Needed	Re-Presenting	Date
PHASE 5 - INSTALLATION OF THE POSITIVE COGNITION	V			
You check to see if there 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.				
PROCEDURES OF EACH PHASE	Successful	Further Practice Needed	Re-Presenting	Date
PHASE 6 - BODY SCAN				
You can do body scan to no disturbance.				
If any disturbance appears, you attempt to reprocess it vs. excusing it.				



PROCEDURES OF EACH PHASE	Successful	Further Practice Needed	Re-Presenting	Date
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 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.				
PROCEDURES OF EACH PHASE	Successful	Further Practice Needed	Re-Presenting	Date
PHASE 8 - REEVALUATION				
You 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	Successful	Further Practice Needed	Re-Presenting	Date
You can explain and do cognitive interweaves simply.				
You can explain when to use them and why.				
PROTOCOLS	Successful	Further Practice Needed	Re-Presenting	Date
Your client population will determine which protocols you need awareness that such a protocol exists and you can find it if need			opulation listed here, jus	an
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: EEIs (Recent Event, R-TEP, etc.)				
Current anxiety protocol				
Phobia				

		I	I
Grief			
Pain			
Children			
Addictions			
Your area of specialty protocol			

CLINICIAN SELF-AWARENESS AND STAYING UP TO DATE:	Successful	Further Practice Needed	Re-Presenting	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:	Successful	Further Practice Needed	Re-Presenting	Date
You have presented your work on videos to back up what you know or some other form of raw data such as written transcripts or role play.				