

EMDR Client Preparation Guide - full reference companion

Review draft. Detailed text supporting the illustrated guide.

Your preparation conversation roadmap

Clients | Getting Started

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

Use this roadmap to plan questions, supports, and your next conversation with a therapist. Start with the existing Getting Started with EMDR guide for the general introduction.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

An organized discussion helps connect the information you read with the choices and supports that matter in your own treatment.

Client-facing explanation

Ask your therapist how the eight-phase approach applies to your concerns, what preparation will involve, and how you will decide together when to take the next step. The moving-dot tool alone is not EMDR therapy.

General sequence / checklist

1. Ask about the therapist's EMDR training and experience with your concerns.
2. Discuss your goals and what you would like to understand before deciding.
3. Ask how preparation, client control, and support will work.

Example / documentation consideration

Conversation starter: "What would you like me to know before we choose the next step?"

Scope and cautions

The aim is a useful, informed conversation. No outcome or treatment length can be promised.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

VA National Center for PTSD: EMDR for PTSD

Landin-Romero et al. (2018). Systematic review of suggested mechanisms. *Frontiers in Psychology*, 9, 1395.

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/client-start

Preparing for your first appointment

Clients | Getting Started

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

You do not need to arrive ready to describe every detail of what happened. The first appointment often focuses on your concerns, history, goals, and choices.

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Purpose and context

An initial conversation gives you and the therapist time to consider needs, safety, and a working relationship.

Client-facing explanation

You can bring questions, accessibility needs, and preferences about pace. Preparation may take more than one appointment.

General sequence / checklist

1. Consider what you hope will change in daily life.
2. Tell the therapist about relevant health needs, supports, and current pressures in a way that feels manageable.
3. Ask how to pause, how privacy works, and what support is available after a session.

Example / documentation consideration

Conversation starter: "What would you like me to know before we choose the next step?"

Scope and cautions

Your first session need not include trauma-memory processing. Ask your therapist what they propose and why.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/first-appointment

The eight phases in everyday language

Clients | Getting Started

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The phases describe a treatment framework, not eight steps that must all happen in one appointment.

1-2

Understand and prepare

3-6

Target-focused work

7-8

Close and review

Purpose and context

Preparation, pacing, and review remain part of treatment even when attention turns to a memory.

Client-facing explanation

History: understand needs. Preparation: build understanding and supports. Assessment: clarify a target. Desensitization: work with the target. Installation: connect with a helpful belief. Body scan: notice bodily responses. Closure: return to present needs. Reevaluation: review and plan.

General sequence / checklist

1. Ask where you are in the treatment plan.
2. Tell your therapist what feels clear and what needs explanation.
3. Remember that phases can be revisited and that unfinished work can be continued later.

Example / documentation consideration

Conversation starter: "What would you like me to know before we choose the next step?"

Scope and cautions

A framework cannot tell you which phase is right today. Make that decision with your clinician.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/client-eight-phases

Understanding SUD and VOC

Clients + Clinicians | Session Tools | Phase 3

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

SUD and VOC answer different questions. Neither is a diagnostic test, a readiness score, or a grade.

SUD 0-10

None to highest distress

VOC 1-7

False to true

DIFFERENT QUESTIONS

Not a grade

Purpose and context

Clear scale language helps prevent confusing disturbance with the felt truth of a positive belief.

Client-facing explanation

For SUD, a higher number means more disturbance. For VOC, a higher number means a helpful belief feels more true. You can ask your therapist to explain either scale again.

Clinician reference

SUD: 0-10 subjective disturbance linked to the target in the current assessment context, from no disturbance to highest disturbance. VOC: 1-7 felt truth of the desired positive cognition in relation to that target, from completely false to completely true. Ask consistently, accept the client's number, and interpret in context.

General sequence / checklist

1. Clarify which question is being asked and what target it refers to.
2. Explain both endpoints and accept the client's own rating.
3. Use the demonstration below only for education; it does not record a session.
4. During a live session, use the existing "Show client a scale" controls to present and record a shared response.

Example / documentation consideration

Fictional demonstration: SUD 6 and VOC 2 can coexist because the scales measure different experiences.

Scope and cautions

Do not infer completion, suitability, or diagnosis from a number. Educational selections are temporary component state and are not saved or sent.

Selected references (framework; not validation of every exercise)

EMDRIA: The Eight Phases of EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/scales

Grounding and present-moment orientation

Clients + Clinicians | Stabilization and Resourcing | Phase 2

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

Collaborative ways of noticing the present environment and the body's contact with support.

UNDERSTAND

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Review what helps

Purpose and context

A short, tolerable orienting action can help the therapist monitor connection and choose a manageable pace.

Client-facing explanation

With your therapist, you can try noticing where you are, looking for a familiar object, or feeling the chair supporting you. You can skip anything that feels uncomfortable.

Clinician reference

Offer choices rather than a fixed sequence. External sensory orientation may be more tolerable than inward attention. Ask about sensory sensitivities, accessibility, pain, and cultural preferences.

General sequence / checklist

1. Ask whether looking outward, moving slightly, or noticing a contact point sounds useful.
2. Invite one neutral observation, such as a color or the chair under the legs.
3. Notice the current place and date if that supports orientation.
4. Check the effect; stop or change the exercise if discomfort or disconnection grows.

Example / documentation consideration

Fictional example: naming two blue objects with eyes open works better than a breathing exercise.

Scope and cautions

Deep breathing, body scans, and sensory counting do not help everyone. Do not continue an exercise solely to complete it. Persistent disorientation needs clinical attention.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

EMDRIA: The Eight Phases of EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/grounding

Pause signals and client control

Clients + Clinicians | Stabilization and Resourcing | Phase 2

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

Agree on a clear signal, practice using it, and make stopping feel ordinary.

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Purpose and context

Consent continues throughout treatment. A practical rehearsal can make speaking up easier.

Client-facing explanation

You can say “pause,” raise a hand, or use the signal you agreed on. You do not need to wait for a set to finish or give a reason.

Clinician reference

Choose a verbal and visible signal together. Rehearse stopping stimulation using neutral content; confirm how to regain orientation and how to communicate during a connection failure.

General sequence / checklist

1. Agree on a word and a hand signal the clinician can recognize.
2. Rehearse the signal while testing movement with neutral content.
3. Stop stimulation promptly and check what the client needs.
4. Reorient together and discuss any change in plan before resuming.

Example / documentation consideration

Fictional example: the client raises an open hand; the therapist stops movement and asks whether to orient, talk, or end the exercise.

Scope and cautions

An app pause is not a substitute for clinical monitoring. Use a separate suitable communication channel; this site is not an emergency service.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

EMDRIA: The Eight Phases of EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/pause-signals

Telehealth preparation

Clients + Clinicians | Telehealth | Phase 2

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

Prepare the clinical plan, the environment, and the connection before remote work. EMDRdot supplies stimulation tools, not a complete clinical telehealth service.

UNDERSTAND

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Review what helps

Purpose and context

A backup plan and an agreed way to stop matter as much as a working screen.

Client-facing explanation

Choose a private place, charge your device, and test your connection. Ask your therapist what to do if the call drops. You should not have to work out a backup plan while distressed.

Clinician reference

Assess remote-treatment appropriateness, consent, jurisdiction, client location, local emergency arrangements, backup communication, privacy, and support. Keep emergency contacts and exact locations in protected practice systems, never in these educational tools.

General sequence / checklist

1. Clinician: verify consent, location and jurisdiction, clinical appropriateness, emergency plan, and backup contact in the practice system.
2. Both: agree on privacy, interruptions, stop signals, communication channel, and reconnection steps.
3. Client: charge devices, check internet, close distractions, and position a comfortable display without straining the eyes or neck.
4. Both: test visual comfort, screen size, speed, stereo audio if used, and pause/resume using neutral content.
5. Clinician: reserve closure time and confirm what happens if reconnection fails.

Example / documentation consideration

Fictional connection plan: if the call fails, stop stimulation and follow the clinician-agreed backup contact plan. No personal contact details are collected here.

Scope and cautions

Remote treatment is not appropriate for every person or circumstance. Browser feature checks cannot establish clinical suitability or guarantee reliable connectivity. Do not enter emergency details here.

Selected references (framework; not validation of every exercise)

EMDRIA: Guidelines for Virtual EMDR Therapy

HHS: Creating an emergency plan for telebehavioral health

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/telehealth

When processing is unfinished

Clients | Aftercare

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

A session may end while a target still feels disturbing. That does not automatically mean treatment failed or that you must keep working alone.

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Purpose and context

Closure and a follow-up plan deserve attention whether or not memory-focused work is complete.

Client-facing explanation

Tell your therapist how you feel before leaving. Ask about grounding, the plan for resuming, and how to contact them if difficulties continue.

General sequence / checklist

1. Ask for enough time to get oriented before finishing.
2. Review what support and ordinary activities feel manageable afterward.
3. Ask when and how the target will be checked again.

Example / documentation consideration

Conversation starter: "What would you like me to know before we choose the next step?"

Scope and cautions

Do not restart trauma-memory work on your own to try to finish. Persistent or worsening difficulties deserve clinical attention.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/incomplete-processing

Between-session support and aftercare

Clients + Clinicians | Aftercare | Phase 7

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Make an individualized plan for the time after sessions, including how to seek support.

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Purpose and context

Clear expectations can reduce uncertainty without assuming every reaction is treatment progress.

Client-facing explanation

You may feel different after a session, or you may not notice a change. Use the supports you agreed on. Tell your therapist about persistent or worsening difficulties rather than trying to process memories on your own.

Clinician reference

Discuss possible variability in emotions, dreams, fatigue, and distress, including the possibility of no noticeable changes. Confirm contact boundaries, local urgent-care options, and the client's existing safety plan.

General sequence / checklist

1. Allow time to orient and discuss the immediate transition after the session.
2. Agree on tolerable grounding, rest, ordinary routines, and available support.
3. Clarify how and when to contact the clinician and expected response times.
4. Plan additional assessment if distress persists, functioning declines, or safety concerns arise.
5. For immediate danger, use local emergency services or the agreed crisis plan; do not wait for an app response.

Example / documentation consideration

Fictional example: a client plans a quiet transition and notes a brief topic to discuss next time in their own protected record.

Scope and cautions

New or severe symptoms should not automatically be called normal processing. Do not encourage unsupervised trauma-memory work between sessions.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

EMDRIA: The Eight Phases of EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/between-session