

EMDR Clinician Preparation Toolkit - full reference companion

Review draft. Detailed text supporting the illustrated guide.

Phase 1: history and treatment planning

Clinicians | Preparation | Phase 1

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

Build a collaborative formulation before choosing targets. History taking is paced to the person; it is not a request for a detailed account of every traumatic experience.

PAST

Relevant history

PRESENT

Needs and strengths

FUTURE

Goals and supports

Purpose and context

A useful plan connects current concerns, relevant experiences, strengths, and achievable goals while identifying needs that affect pacing.

Client-facing explanation

You can start with what brings you here and what you hope will change. You and your therapist can decide how much detail is useful today.

Clinician reference

Assess presenting concerns, functional impact, developmental and cultural context, current safety, dissociation, medical and substance-related considerations, supports, and coping. Use appropriate assessment within your competence; seek consultation for complexity. No checklist determines suitability.

General sequence / checklist

1. Clarify goals and how progress will be recognized in everyday life.
2. Gather relevant history with permission; include strengths, relationships, developmental context, current functioning, and ongoing stressors.
3. Assess current risk and safety, dissociation, coping capacity, support, and stabilization needs using appropriate clinical methods.
4. Map possible past experiences, present triggers, and future situations; distinguish hypotheses from established connections.
5. Discuss options, treatment suitability, target sequencing, preparation needs, and readiness to proceed; revisit the plan together.

Example / documentation consideration

Fictional planning example: a present-day driving trigger, a past collision, and a future commute may be mapped together. The clinician decides sequencing after assessment.

Scope and cautions

Do not elicit detailed trauma narratives solely to complete this worksheet. Acute safety needs and significant disconnection require assessment and an individualized plan, not an automated pass/fail result.

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/phase-1-planning

Phase 2: preparation and stabilization

Clinicians | Stabilization and Resourcing | Phase 2

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

Explain the treatment, establish shared control, and develop resources the client can actually use.

Preparation may take several sessions and may be revisited.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Knowing how to pause, orient, and obtain support helps the client and clinician monitor tolerability.

Client-facing explanation

Preparation gives us time to find what helps you feel present and supported. You do not have to visualize a peaceful place or feel completely calm to participate in the discussion.

Clinician reference

Provide an understandable rationale, discuss consent and alternatives, agree on pause signals, assess dual attention and resource tolerability, and plan between-session support. Select and adapt resources collaboratively; no technique is mandatory for every client.

General sequence / checklist

1. Explain phases, options, limits, and possible distress; invite questions and revisit consent.
2. Agree on stop signals and rehearse stopping the tool without activating a trauma memory.
3. Explore resources using neutral or mildly pleasant material; notice whether each helps, does little, or increases discomfort.
4. Assess present orientation, signs of activation or disconnection, and how the person regains connection.
5. Agree on closure time, practical support, contact boundaries, and the next readiness discussion.

Example / documentation consideration

A client may prefer looking around the room to imagery. Record the preferred support in the practice record and check it again later.

Scope and cautions

Resources are not proof of readiness or a guarantee against distress. Adapt or stop exercises that increase discomfort; use training and consultation for dissociative presentations.

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/phase-2-preparation

Window of tolerance

Clients + Clinicians | Stabilization and Resourcing | Phase 2

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

A flexible way to talk about activation, connection, and the ability to stay engaged. It is a teaching metaphor, not a diagnostic test.

MORE ACTIVATION

Agitation or tension

CONNECTED

Present engagement

LESS CONNECTION

Numbness or distance

Purpose and context

Recognizing patterns can support an individualized plan without labelling every uncomfortable feeling as unsafe.

Client-facing explanation

We can notice when things feel too intense, when you feel distant, and what helps you stay connected to the room and to me.

Clinician reference

Explore the person's own signs of hyperarousal (for example, agitation or racing thoughts) and hypoarousal (for example, numbness or feeling far away). These patterns overlap with other conditions; assess rather than assuming a cause.

General sequence / checklist

1. Ask how being present and connected feels for this person.
2. Identify personal signs of rising activation and reduced connection.
3. Choose a small orienting action together and check its effect.
4. Adjust pace, stimulation, or the exercise if connection decreases.

Example / documentation consideration

Fictional example: "My hearing gets distant" becomes a cue to pause and look around with the therapist.

Scope and cautions

There is no universal arousal threshold or required calm state. Persistent numbness, confusion, or loss of orientation warrants clinical assessment.

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/window-of-tolerance

Calm or safe place

Clients + Clinicians | Stabilization and Resourcing | Phase 2

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

A therapist-guided resource that explores a tolerable sense of comfort, steadiness, or relative safety.

CHOOSE

A tolerable resource

CHECK

Notice its effect

ADAPT

Imagery is optional

Purpose and context

A chosen resource can give the client and clinician a shared way to practice returning attention to supportive experiences.

Client-facing explanation

You can choose something real, imagined, or sensory. It does not have to be perfectly safe. You can keep your eyes open or decide this is not helpful.

Clinician reference

Original introduction: "Would it be useful to explore something that feels a little steadier? It could be a place, a sound, an activity, or something else." Assess the experience before considering any installation procedures from your training.

General sequence / checklist

1. Ask permission and agree to stop if discomfort increases.
2. Invite a neutral or mildly pleasant place, object, activity, or sound.
3. Explore only tolerable sensory details and present body responses.
4. Check whether the experience feels supportive, mixed, or uncomfortable; adapt accordingly.
5. If helpful, choose a simple reminder and rehearse returning to the room. Review its usefulness later.

Example / documentation consideration

Fictional adaptation: noticing the weight and texture of a smooth stone replaces visual imagery.

Scope and cautions

Do not insist on safety imagery, closed eyes, or bilateral stimulation. Some imagery can activate distress. Follow trained procedures and client feedback.

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/calm-place

Container exercise

Clients + Clinicians | Stabilization and Resourcing | Phase 2

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

An optional imagery or symbolic exercise for setting material aside temporarily, with an explicit plan to return to it in therapy.

BOUNDARY

Chosen symbol

TEMPORARY

Set aside with permission

RETURN

Plan the next discussion

Purpose and context

It can support boundaries around session endings when postponing attention is tolerable.

Client-facing explanation

You might picture a box, folder, or other way of setting something aside until we have time together. You choose whether it helps and what it means.

Clinician reference

Explain that this is temporary organization, not erasure or suppression. Invite an adaptable container concept and check whether imagining it increases distress or separation from the present.

General sequence / checklist

1. Explain the temporary purpose and ask permission.
2. Invite a container with boundaries the client chooses, or use a non-imagery alternative.
3. Without reviewing traumatic detail, explore setting aside only what the client wishes to postpone.
4. Return attention to the room and check comfort and orientation.
5. Agree when the material will be revisited and what to do if it returns sooner.

Example / documentation consideration

Fictional example: a folder labelled “for next appointment” represents unfinished topics; no trauma details are entered into this website.

Scope and cautions

Not a substitute for safety assessment, closure, or crisis support. Do not promise containment will prevent intrusive memories or use it to dismiss material requiring 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/container

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

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

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

Resource development and installation (RDI)

Clients + Clinicians | Stabilization and Resourcing | Phase 2

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

A clinician-guided approach to identifying and strengthening access to supportive qualities or experiences.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

The aim is usable support, not forcing positive feelings or bypassing distress.

Client-facing explanation

We may explore a quality you want more access to and a small experience that connects with it. If it feels false, upsetting, or unhelpful, that is useful information.

Clinician reference

Explore qualities such as steadiness, competence, or connection and identify personally meaningful examples. Assess mixed associations. Any installation, including stimulation if used, follows your training and ongoing tolerability monitoring.

General sequence / checklist

1. Agree on a useful resource quality in the client's own language.
2. Explore a tolerable memory, relationship, activity, symbol, or imagined support.
3. Check emotional, bodily, and meaning responses without requiring positivity.
4. Use trained resource-development methods only when appropriate; monitor continuously.
5. Recheck access to the resource later and adjust the plan.

Example / documentation consideration

Fictional example: completing a small household task represents "I can take one step," while heroic imagery feels unrealistic.

Scope and cautions

This reference is not an RDI protocol or an installation script. A resource can carry loss or threat associations. Pause and reassess when distress emerges.

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/rdi

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.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

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

Readiness discussion

Clients + Clinicians | Stabilization and Resourcing | Phase 2

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

A collaborative review of present needs, capacities, and supports before changing the pace of treatment.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Readiness is revisited as circumstances change; it is not a score or a promise of an easy session.

Client-facing explanation

We can talk about what feels manageable, what makes it hard to stay present, and what support you would need before we take another step.

Clinician reference

Consider emotional regulation, ongoing stress and safety, dissociation, alliance, capacity to maintain present connection, support, and between-session needs. Discuss modifications, consultation, or more preparation rather than making categorical judgments from a checklist.

General sequence / checklist

1. Ask about current stability, immediate risks, sleep, substances, health changes, and stressors as clinically relevant.
2. Review how the client recognizes activation and disconnection and what helps.
3. Discuss ability to request a pause and the experience of working together.
4. Confirm practical support, contact arrangements, and recovery time.
5. Agree on pacing, preparation, consultation, or another treatment option; document the rationale in the practice system.

Example / documentation consideration

Fictional example: a week with major housing disruption leads to a fresh discussion of session priorities.

Scope and cautions

No automated suitability determination is provided. Neither distress nor a diagnosis alone establishes whether EMDR is appropriate.

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/readiness

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

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

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

Informed consent discussion checklist

Clinicians | Preparation | Phase 1

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

Consent is a continuing conversation about the proposed treatment, available choices, and client control.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Clear explanations support informed participation and realistic expectations.

Client-facing explanation

You can ask how EMDR might help, what other options exist, how information is handled, and what happens if you want to stop.

Clinician reference

Discuss the proposed approach, intended benefits, uncertainties, possible distress, alternatives, clinician training, privacy and technology limitations, fees and practice policies, and the right to pause or decline. Use your jurisdiction-specific consent process.

General sequence / checklist

1. Explain treatment rationale, phases, and possible variability in duration and response.
2. Discuss possible discomfort, alternatives, and options to pause, adapt, or decline.
3. Clarify clinician competence, consultation arrangements, and limits of this tool.
4. Explain privacy, remote room data flow, local notes, and download handling.
5. Check understanding and document informed consent in the protected practice system.

Example / documentation consideration

An open question such as “What would you like clarified before deciding?” can reveal concerns that a signature alone cannot.

Scope and cautions

This checklist is neither a legal consent form nor a substitute for applicable professional requirements.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

EMDRIA: Guidelines for Virtual EMDR Therapy

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

Target preparation and planning worksheet

Clinicians | Printable Materials | Phase 1

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

A blank planning aid for a protected practice record, not a form for entering clinical information into the resource library.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Separating formulation from target assessment can keep planning collaborative and avoid premature activation.

Client-facing explanation

Your therapist will help decide what to focus on and how to pace it. You can say if a possible target feels unclear or too much today.

Clinician reference

Consider goals, possible past experiences, present triggers, future situations, sequencing rationale, strengths, stabilization needs, and consultation needs. Complete target assessment elements only when indicated and within training.

General sequence / checklist

1. Goal / observable daily-life change: _____
2. Past experiences / present triggers / future situations: _____
3. Strengths / supports / coping / preparation needs: _____
4. Sequencing rationale / consent / clinical considerations: _____
5. When indicated: image / negative cognition / desired cognition / VOC / emotions / SUD / bodily disturbance: _____
6. Closure / follow-up / reevaluation plan: _____

Example / documentation consideration

Use the downloadable blank worksheet in an approved clinical documentation system. This page has no patient-entry fields.

Scope and cautions

Downloads may contain sensitive information once completed. Handle them under practice policy; never upload completed worksheets to public educational services.

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/target-worksheet

Phase 3: Assessment

Clinicians | Eight-phase Reference | Phase 3

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

Establish a shared target assessment according to the clinician's training.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Clarify the target image, current negative cognition, desired positive cognition, VOC, emotions, SUD, and bodily disturbance as appropriate.

Client-facing explanation

We identify what we are working on and how it feels now; the ratings are your own experience, not a test.

Clinician reference

What feels most relevant about this target today? What words fit your current belief and your desired belief?

General sequence / checklist

1. Confirm the target and present connection.
2. Clarify assessment elements without coaching a preferred rating.
3. Record the baseline and planned approach in the protected clinical record.

Example / documentation consideration

Documentation considerations: Record target identifiers, baseline ratings, client language, and rationale without unnecessary detail.

Scope and cautions

Monitor pressure to choose a "correct" belief, confusion about scale direction, activation, and dissociation. This is a high-level educational reference, not a stand-alone protocol.

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/phase-3

Phase 4: Desensitization

Clinicians | Eight-phase Reference | Phase 4

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

Support reprocessing while maintaining clinical monitoring and client choice.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Use the protocol and pacing learned in formal training. Monitor present connection, emerging material, tolerability, and time available for closure.

Client-facing explanation

You may notice thoughts, emotions, sensations, or no obvious change. Tell your therapist what you notice and ask to pause whenever needed.

Clinician reference

What are you noticing now? Would you like to pause?

General sequence / checklist

1. Confirm consent, readiness, and the agreed pause signal.
2. Follow trained reprocessing procedures with ongoing clinical monitoring.
3. Reassess when connection or tolerability changes and reserve time for closure.

Example / documentation consideration

Documentation considerations: Document response, adaptations, pauses, and whether the target remains incomplete; avoid implying completion from one number.

Scope and cautions

Monitor escalating distress, disconnection, repetitive loops, physical discomfort, and time pressure. Seek consultation when needed. This is a high-level educational reference, not a stand-alone protocol.

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/phase-4

Phase 5: Installation

Clinicians | Eight-phase Reference | Phase 5

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

Strengthen the connection between the target and an appropriate adaptive cognition when clinically indicated.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Revisit the desired cognition in the client's words; check fit, felt validity, and any remaining obstacles according to training.

Client-facing explanation

We check whether a helpful belief fits your experience; you are not expected to say it feels true just to finish.

Clinician reference

Does this belief still fit? How true does it feel in relation to the target now?

General sequence / checklist

1. Review target status and whether proceeding is appropriate.
2. Confirm cognition fit and use VOC in its target context.
3. Use trained installation procedures and monitor emerging concerns.

Example / documentation consideration

Documentation considerations: Record the cognition, VOC, barriers, adaptations, and rationale for proceeding or returning to other work.

Scope and cautions

Monitor forced positivity, cognition mismatch, high ratings given to please the therapist, and new disturbance. This is a high-level educational reference, not a stand-alone protocol.

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/phase-5

Phase 6: Body scan

Clinicians | Eight-phase Reference | Phase 6

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

Attend to residual bodily disturbance associated with the target and adaptive cognition.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Invite tolerable body awareness, monitor for residual activation, and respond within the protocol and clinical formulation.

Client-facing explanation

We check how your body responds. A sensation is information; it is not a failure or proof that a medical symptom is psychological.

Clinician reference

As you notice the target and the belief, what do you notice in your body?

General sequence / checklist

1. Confirm whether this phase is appropriate at this point.
2. Invite body awareness in a tolerable way and maintain present connection.
3. Address residual disturbance within training or return to stabilization and assessment.

Example / documentation consideration

Documentation considerations: Record relevant sensations, interventions, client response, and unresolved concerns.

Scope and cautions

Monitor dissociation, discomfort with inward attention, pain, and symptoms requiring medical assessment. This is a high-level educational reference, not a stand-alone protocol.

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/phase-6

Phase 7: Closure

Clinicians | Eight-phase Reference | Phase 7

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

End each session with attention to orientation, present needs, and support, including when processing is incomplete.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Allow adequate time, acknowledge unfinished work without pushing for a zero rating, review supports and contact plans, and plan reevaluation.

Client-facing explanation

A session can end before a target is fully processed. Your therapist helps you return attention to the present and makes a plan to continue.

Clinician reference

What would help you feel oriented before we finish? What support will you use if you need it?

General sequence / checklist

1. Stop active processing with enough time for individualized closure.
2. Check orientation, current distress, functioning, and safety needs.
3. Use agreed supports, review contact boundaries, and confirm the next step.
4. Offer the chosen export before ending the room; store downloads only in an approved practice system.

Example / documentation consideration

Documentation considerations: Document incomplete status, closure interventions, current presentation, support plan, and follow-up.

Scope and cautions

Monitor unresolved activation, impaired orientation, acute risk, abrupt disconnection, and pressure to finish a target. This is a high-level educational reference, not a stand-alone protocol.

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/phase-7

Phase 8: Reevaluation

Clinicians | Eight-phase Reference | Phase 8

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

Review the previous session and current needs before deciding what to do next.

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

Purpose and context

Ask about target response, new material, daily functioning, support use, and safety; decide together whether to resume, prepare further, or revise the plan.

Client-facing explanation

We check what has changed and what still needs attention. You do not need to have improved to give a useful answer.

Clinician reference

What have you noticed since we last met? How does the previous target feel now? What needs attention today?

General sequence / checklist

1. Review between-session experience and current priorities.
2. Reassess the prior target and relevant ratings when appropriate.
3. Review functioning, support, and readiness.
4. Choose the next step with the client and document the clinical rationale.

Example / documentation consideration

Documentation considerations: Record current target status, relevant ratings, functional changes, safety review, and updated plan.

Scope and cautions

Monitor delayed difficulties, new targets, changed safety needs, and discrepancies between ratings and functioning. This is a high-level educational reference, not a stand-alone protocol.

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/phase-8

Between-session support and aftercare

Clients + Clinicians | Aftercare | Phase 7

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

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

UNDERSTAND

Context and choices

DISCUSS

Collaborate and monitor

ADAPT

Review what helps

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

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