# AI-EMDR Fidelity Rating Scale – Clinician Forms

## Part 1 revised of the 5-part EMDR Fidelity Rating Scale Version 2

## Reworked for AI-EMDR 02.03.2023 by Mark Brayne

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# AI-EMDR FIDELITY RATING SCALE

## *INTRODUCTORY (INTRO) SUBSCALE*

***History-Taking, Treatment Planning, Preparation, Resourcing)***

**Client/Participant No:** **Clinician Code:** **Session No:**
**Date of Session:** **Rater No:** **Date of Review:**

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| **No Adherence** | **Some Adherence But Inadequate** | **Adherence Acceptable** | **Adherence Very Good** |

## I. Phase 1: Case Conceptualisation / History-Taking.

1. Identifies with client treatment goals/desired key outcomes for therapy.

0 1 2 3 NA

2. Gathers sufficient, relevant history, including attachment-informed, enabling initial case conceptualisation (What this is really about. How this person got to be this way.)

0 1 2 3 NA

## II. Phase 2: Resourcing / Preparation

1. Offers a coherent explanation/rationale for EMDR.

0 1 2 3 NA

2. Offers clear instructions to client about how EMDR is done.

0 1 2 3 NA

3. Introduces and explains use of bilateral stimulation, prioritising auditory/tactile/tapping, allowing for EMs where focus on reducing affect (e.g. EMDR-compliant online platform/butterfly taps).

0 1 2 3 NA

- Establishes stop signal.

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- Establishes metaphors (inc. e.g. map, jigsaw, water melon).

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- If working online, appropriate setup for both self and client

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## Special Place / Imaginal Resourcing

1. Offers a coherent explanation/rationale for Imaginal Resourcing (Special Place, Nurturing/Protector/Wisdom figures):

   0 1 2 3 NA

2. Helps client identify Special Place.

   0 1 2 3 NA

3. Invites client to tap in sensory experiences and qualities of the Special Place with minimal words.

   0 1 2 3 NA

4. * Helps client to identify 3 Nurturing / 3 Protector / 1 or 2 Wise Figures and their qualities (with mix of real/imaginary, contemporary/ historical, human/animal), if necessary with help from master list.

   0 1 2 3 NA

5. Invites client to tap these in, first Nurturers, then Protectors, then Wise, one-by-one until has good sense of same.

   0 1 2 3 NA

6. Invites client to tap in Figures as Team, with awareness of Special Place (in background).

   0 1 2 3 NA

Comments:

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# EMDR FIDELITY RATING SCALE

***Target Id, Bridge, Repair/Rewire, Pc, Installation, Body Scan, Closure, Re-Evaluation/ Session Completion***

**Client/Participant No:** **Clinician Code:** **Session No:**
**Date of Session:** **Rater No:** **Date of Review:**

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| **No Adherence** | **Some Adherence But Inadequate** | **Adherence Acceptable** | **Adherence Very Good** |

## III. Phase 3a: Attachment-Informed Session-by-Session Target Identification

1. Helps client to select appropriate issue on which to work. May be external trauma, past adverse life experience or present trigger.

0 1 2 3 NA

2. * Where bridging, pinpoints clear and tight bridging point in client's present experience, with image and anchored in time and place. If generalised emotion rather than image, uses shape exercise (position, shape, colour, texture, temperature, vibration) as point from which to bridge.

0 1 2 3 NA

a) Uses tight clean-language sequence "What's the Image that Goes with that; What are You Feeling? Or, What's the Emotion? Where's That Happening in Your Body? What's the Thought or Belief about Yourself that Goes with that?"

b) Uses tight-language bridging with exact words: "Drop back in time; Go back as far as you can; First Place you Land." Can add, "VERY first place."

0 1 2 3 NA

c) Uses alternative metaphors if client cannot immediately land in their own earlier childhood scene. E.g. photo album random page/picture from way back; eagle viewing time-line from high in the air; where were you when you were five?

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d) * Identifies Attachment-Informed target event/experience/scene clearly positioned in space and time from which to start processing.

0 1 2 3 NA

e) Notes whether this is a root formative moment or "stepping stone/portal or which will lead to earlier formative targets/experiences, especially if landing point for bridge is 12 or older.

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f) As target is identified and processing continues, targets according to four levels of trauma/formative experience.

1. Rupture: Bad Thing That Happened;
2. Repair: Quality/Absence of Attachment Attunement;
3. Introject (usually Parent);
4. Intergenerational.

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3. In subsequent sessions obtains feedback on experience since last session e.g. symptoms; behaviours; reactions to present triggers; new thoughts, insights, or information; dreams; and any new or associated material that may have emerged.

0 1 2 3 NA

4. Determines in subsequent sessions where to start the processing – picking up from last time or re-bridging from new trigger.

0 1 2 3 NA

## IV. Phase 3b: Appropriate Activation

1. Uses appropriate activation (prioritising Modified Protocol when targeting a younger ego state's experience, Silent Memories Protocol for intensely shame-based presentation, option of Standard Protocol for single-incident adult event).

0 1 2 3 NA

a) * Modified Protocol. "In the scene in which we have landed, what is the freeze-frame image that first comes up. When you connect with that image/scene; What are you feeling? / What's the Emotion? Where is that Happening in your Body? What is the Thought or Belief about Yourself that Goes with That?"

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b) If shame-based target which client does not want to or cannot name, Silent Memories Protocol. (Cue word for an image/moment, emotions and body only, no cognitions or scales).

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c) If client highly activated, starts processing and identifies cognitions and emotions/body as session continues.

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## V. Phase 4: Reprocess (Reveal, Rewire, Repair)

1. Effectively begins and administers BLS.

0 1 2 3 NA

2. Paces length of sets according to client response. (“Not too short, not too long”)

0 1 2 3 NA

3. Conveys appropriate verbal support during BLS, including with tone of voice/prosody.

0 1 2 3 NA

4. Stops BLS gently at appropriate point (“Let’s take a pause”) and instructs client appropriately "What are you noticing/getting now?"

0 1 2 3 NA

5. Restarts BLS at appropriate time without digression, inappropriate discussion, or unnecessary repetition of client's words. Provides sets of BLS during processing, not continuous unless appropriate.

0 1 2 3 NA

6. Continues down the same target-related thematic channel with sets as long as appropriate. Does not allow memory chaining.

0 1 2 3 NA

7. Returns to target appropriately and regularly (not too soon, not leaving it too long) asking “When we go back to [scene, not picture] what do you notice?”

0 1 2 3 NA

8. Resumes processing with sets of BLS as session continues (“Out, Round and Back”).

0 1 2 3 NA

9. Handles abreactions (strong emotions, high arousal, dissociation) appropriately, maintaining BLS and staying with the process or pausing as necessary, with compassion and support to maintain dual attention.

0 1 2 3 NA

10. * As Phase 4 unfolds, therapist balances space for client processing with awareness of need to identify, rewire and repair formative and especially early maternal attachment experiences as appropriate.

0 1 2 3 NA

11. Appropriate use where required of cognitive and other imaginal interweaves (including sensitivity to possible issues of Responsibility/Self-Defectiveness, Safety, and Control/Choice) at appropriate points to ensure proactive revealing and rewiring of key formative experiences ("As if for Real"). Key interweaves being e.g.:

    a) Video (able to zoom out and in, wind story forward and back in memory or imagination)

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    b) Curiosity/Socratic:

    + -

    c) Split-screen/two-hand:

    + -

    d) Educational:

    + -

    e) Relational:

    + -

    f) Containing/Distancing (Cloud, Vault, iPad, Non-Dual):

    + -

12. Targets Intergenerational narrative as appropriate ("Session within a Session") with imaginal removal of child ego state to be cared for separately by Resource Team while client serves as "Interpreter" to work with introject (usually mother or father, including grandparents and beyond as necessary) to access, target and resolve imagined intergenerational/collective narratives experienced in respective formative years:

    + -

13. Uses Transfer of Perspective exercise where appropriate to work with internalised narratives in Shape/Being form (imaginal "up and over", down into the Part to access its message and wisdom, also as possible bridging point to formative early experiences previously blocked or out of conscious awareness).

    + -

14. Works with Dreams as appropriate.

    a) Listens to and writes down client's dream in exact language;

    b) Reads dream verbatim back to client;

    c) Asks where the "energy" is;

d) What picture represents that moment. Optional emotion and body sensation;

e) Processes as appropriate, as meaning emerges;

f) Uses Transfer of Perspective and/or bridging as required to access actual formative early years experiences for targeting.

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15. * Demonstrates awareness of where and when the session needs to change gear/tipping point, with view to as much adaptive resolution of Attachment-Informed target as possible in time available:

0 1 2 3 NA

16. Allowing child ego state first to share experience and memory, uses appropriate proactive interweaves to ensure sufficient adaptive resolution of target within available time.

0 1 2 3 NA

a) Proactive Repair and Rewire (e.g. "3 Ws" What Needs to Happen/What Does the Child Need? Who Can do That? Would You Like to Imagine That?)

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b) WTF – direct therapist intervention on behalf of child ego state, done with care.

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c) Rescue (where not possible to resolve the target scene, and child ego state needs to be removed):

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17. Returns to session's first or most significant target on Far Side of Bridge to check progress/remaining distress (SUD score optional. Continues BLS where appropriate and if time available).

0 1 2 3 NA

## Installation/Tapping In

1. Checks emerging and appropriate Positive Cognition (what belief goes with that now?).

   0 1 2 3 NA

2. Asks client to think about the incident and the selected positive cognition and checks VOC (1=completely false and 7= completely true).

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3. Continues with sets of BLS, checking the VOC as needed until VOC=7, no longer increases, or is evaluated to be ecologically valid.

   \+ -

4. If blocks are identified, addresses them with additional sets of BLS until VOC=7 or is evaluated to be ecologically valid. If needed, uses interweaves to address blocks and/or returns to processing to address emerging associations.

   \+ -

## Body Scan

1. Upon completion of Installation Phase, facilitates a body scan. Asks client to hold in mind the target incident/experience and the positive cognition and scan body. Asks client to report on what he/she notices.

   0 1 2 3 NA

2. If positive sensations are reported, strengthens and reinforces these sensations with additional set or set of BLS.

   \+ -

3. If disturbing material, feelings, or sensations emerge during body scan, returns to processing with sets of BLS. With awareness of session structure and need to return "over the bridge" to the present by the end of session, continues until body scan is clear.

   0 1 2 3 NA

## Session Structure, Re-evaluation & Closure

1. Coming "back over the bridge", checks PC against any significant Stepping Stones/Portals over and through which the work progressed from the client's presenting issue.

0 1 2 3 NA

2. * Returns to initial bridging point in the present and checks work "How is that now?" Taps in as appropriate.

0 1 2 3 NA

3. Checks the work against Future Template, every session and even if only briefly at session end.

0 1 2 3 NA

4. Provides appropriate closure.

g) Provides support/normalises experience.

h) Adequately debriefs.

i) Predicts possibility of continued processing between sessions.

j) Encourages client to call/contact if having difficulties.

0 1 2 3 NA

## Therapy Ending

1. Therapist checks progress and what has been achieved against tasks and goals set out at the beginning of therapy.

0 1 2 3 NA

2. Therapist ends work with client with warmth, acknowledgment, invitation perhaps to keep the therapist apprised in future of how EMDR progress has impacted actual life, with option to return for occasional top-up targeting sessions if appropriate.

0 1 2 3 NA

**Comments:**