

APPENDIX I

EMDR Equipment, Software Lists, and Estimated Costs

Please note that prices and availability change with all these products.

This list is solely informational and does not constitute promotion of any brand or its efficacy

NeuroTek (<http://neurotekcorp.com/products/>) – Top Leading Brand for EMDR Equipment.

*NOTE: Every Scan is equipped with standard pulsers. Prices are subject to change by NeuroTek.

- NEW Wireless Deluxe EyeScan Lightbar w/ Advanced Tac Controller \$699.99
- NEW Deluxe EyeScan Lightbar with Standard Tac Controller \$619.99
- NEW Wireless Deluxe Tac \$399.99
- NEW Deluxe Tac – wired \$309.00
- NEW Advanced Tac \$249.99
- NEW Standard Tac \$149.99
- NEW EyeScan Mini Lightbar \$399.99
- NEW EyeScan Blue \$529.99
- NEW Eye Scan Carrying Case \$39.99
- Mega Pulser Replacement Cable \$11.99
- NEW Mega LED Tactile Pulsers \$64.99
- Pulser/Headphone Extender Cable (3.5 mm Male to Female) \$11.99
- Replacement Tripod for Eye Scan \$39.99
- NEW Standard Tactile Pulsers \$34.99
- NEW Stereo Headphones with 6ft Cord \$19.99
- NEW AC Adapter for New Elite Series \$15.99
- Tac/Audio Scan Carrying Case \$11.99

TheraTapper Equipment - <https://www.dnmsinstitute.com/home/>

- TheraTapper Plus \$148.00
- The TheraTapper \$115.00 <http://www.dnmsinstitute.com/theratapper/>
- Replacement wires \$16.00
- Replacement Pulser Sets \$44.00
- Replacement Pulsers \$30.00

EMDR Tools for Children

- Puppets (10 finger puppets for \$7.99 on Amazon): https://www.amazon.com/Acekid-Animal-Finger-Puppets-Toddlers/dp/B01KNDFD78/ref=sr_1_4?s=toys-and-games&ie=UTF8&qid=1528834245&sr=1-4&keywords=finger+puppets
- Drawing (crayons, markers, & sheets of paper)
- Other “Game-like” methods
- Hapuk: explaining EMDR – a story for young children (comes in pink & blue with differing wording & approaches for each gender) <http://www.hapuk.org/technical-equipment/>

Other EMDR Tools

- EMDR Tool Set (lifestonecenter.com & available on Amazon) \$53.95 Includes:
 - Invisibility glasses
 - Feelings magnifying glass
 - 3 assorted EMDR finger puppets
 - Window of tolerance diagram (Poly-Vagal Theory)
 - Dissociation chart
 - Emoji emotions vocabulary chart
 - SUD/VoC scales
 - Guide exercises (audio CD)
 - LifeStone & Amazon Link: <http://www.lifestonecenter.com/Therapist-EMDR-Consultation.php#!/EMDR-Trauma-Tool-Set/p/57996118/category=12073263> AND <https://www.amazon.com/Life-Stone-EMDR-Therapist-Tool/dp/B01AVIF6PE>
- Touchpoints – wristbands for reducing stress levels
<https://thetouchpointsolution.com/pages/shop-touchpoints>
 - Basic (2 for \$160) with 1-yr. warranty

Apps for IOS

- EMDR Therapy by Lindsay Associates, LLC for \$9.99. Requires IOS 8.0 or later. 12.5 MB
- EMDR 101 by MysterFiles.nl for \$3.99. Requires IOS 10.0 or later. 18.2 MB
- EMDR+ by Raoul Linssen for \$16.99 requires IOS 6.0 or later. 2.1 MB
- The EMDR Helper by Achieving Greatness for \$9.99 requires IOS 7.0 or later. 79.5 MB
- Anxiety Release Based on EMDR by Trauma & Pain Management Services by Trauma & Pain Management for \$4.99 requires IOS 9.0 or later. 72.8 MB. Also available for Androids
- EMDR Therapy+ by Lindsay Associates for \$14.99 requires IOS 9.0 or later. 16.1 MB
- <https://www.easy-emdr.com> - \$99.95/year or \$9.95/month

Apps for Androids

- Anxiety Release Based on EMDR by Trauma & Pain Management Services by Mark Grant for \$4.99. Requires Android 4.0 and up. 46 MB
- EyeMove EMDR Therapy for free requires Android 4.1 and up. 46M
- Has 3.3 stars of 58 person's total
- EMDR Kit by EMDR Kit requires Android 4.3 and up. 1.9M

APPENDIX J

Participant Skills Checklist

Scale 1-5 1=Not at all confident 3=Somewhat confident 5=Totally confident

Knowledge of the Adaptive Information Processing Model

_____ Able to describe the AIP model

Three-Pronged Protocol

_____ Able to describe the three-pronged protocol

_____ Able to apply all 8 phases of EMDR

_____ Completes all 3 prongs in history-taking, target sequencing, and reprocessing

Case Conceptualization and Treatment Planning

_____ Able to conceptualize and discuss a case using the AIP

_____ Has submitted Treatment Summary Forms from clinical cases

Eight-Phases of EMDR Treatment

1. **History Taking:** In addition to an appropriate general history, you should be able to:

_____ Obtain a history informed by the AIP model

_____ Determine if client meets EMDR selection criteria

_____ Conceptualize the case within the AIP model

_____ Determine target sequencing and appropriate target selection

_____ Identify a Touchstone Memory that relates to the client's problem

2. Preparation

_____ Able to introduce EMDR to your client

_____ Able to prepare your client for treatment with EMDR

3. Assessment

_____ Obtain an appropriate image

_____ Identify the central Negative Cognition (NC)

_____ Identify the Positive Cognition (PC)

_____ Rate the PC on the Validity of Positive Cognition (VOC)

_____ Obtain the associated emotions

_____ Appropriately rate the SUD

_____ Obtain the location of the sensations in the body

4. Desensitization: You should be able to:

- ☐ Identify Image, NC/PC emotions, sensations and take baseline VOC and SUD
- ☐ Maintain good mechanics with BLS
- ☐ Use appropriate speed and length of set
- ☐ Maintain stance of detached compassion (i.e., not talking and/or interpreting)
- ☐ Respond appropriately to abreactions
- ☐ Manage under and over accessing of experience
- ☐ Ask for a SUD rating at the appropriate times
- ☐ Determine when Desensitization Phase is complete (SUD is 0)
- ☐ Effectively close down incomplete processing session with containment

5. Installation: You should be able to:

- ☐ Check the PC to see if it still fits
- ☐ Pair PC with the Target Memory
- ☐ Continue BLS as long as positive material continues to emerge or strengthen
- ☐ Identify and address any blocking belief
- ☐ Continue installation until VOC is 7 or ecological

6. Body Scan

- ☐ Use correct procedure - client holding in mind memory & PC while scanning body
- ☐ Process any unresolved sensations as appropriate
- ☐ Continue until Body Scan is clear

7. Closure

- ☐ Able to close a complete session
- ☐ Able to appropriately close an incomplete session

8. Reevaluation

- ☐ Able to re-evaluate the Target Memory at the beginning of each subsequent session and make appropriate determination about next step (continue reprocessing or move to next target).

APPENDIX K

Training Consultation Record Keeping

Must use Thrive Counseling & Consultation PLLC Coaches

- Coaches listed in this manual
- Use Sign-up Genius

Consultation Fee - Included in your training fee as a part of this course.

Mode of Consultation

- Dial pad (formerly Uber conference) group or individual calls
- Face to face - "breathing same air" or via Vsee or Zoom, etc.

Time parameters

- Consultation length is a minimum of 1 hour
- Consultation can have no more than 4 people per hour

Clinician's Role/Responsibility

- Attend the consultation prepared to discuss cases or bring questions
- Record sessions on "Training Consultation Record"
 - Write "by phone" with (name of consultant)
 - Record correct date and time
 - Submit by uploading "Training Consultation Record" back in the appropriate course lesson upon completion of the 10 hours of consultation

Cancellation/No-Show Policy

- Same day cancellation billed as discretion of consultant
- \$30 no show fee will be paid by clinician unless waived by consultant

Document of Completion will be issued upon

- Completion of 10 hour of consultation
- Completion of both classroom portion of training (5-day or 2 Part)
- All training fees and any outstanding consultation no-show fees are paid

NOTE:

All 50 hours of a Virtual 5-Day intensive or 2 Part EMDR training must be completed within 1 year - this includes 40 hours of classroom training and 10 hours of consultation.

All 50 hours of an In-person 5-Day intensive or 2 Part EMDR training must be completed within 2 years - this includes 40 hours of classroom training and 10 hours of consultation.

Appendix L

Phase Related Information with New Clients

History Taking: Phase 1

With new clients, history taking for EMDR treatment starts similarly to other therapists in that you take a general review of the client's history. Before you proceed with your client to identify their symptoms and take an AIP-informed history, you may want to offer an explanation (using language the client can understand) of how the brain manages experience: Some experiences are adaptively linked and integrated (resolved); others are maladaptively linked and unintegrated (separate and unresolved) with negative feelings and distorted perceptions. These memories are the source of their difficulties. History taking is about identifying these experiences, so you can reprocess them and bring them to a resolution.

As you begin to take the client's history, keep in mind that you are attempting to help the client retrieve possible memories for reprocessing while avoiding undue activation of the memory networks. The client's affective responses are often a preview of how the client will respond to the reprocessing itself. Track the client's affective responses to ensure that the client is tolerating their distress. For clients who experience a high level of affect, you may want to slow down the process and the associations, giving an opportunity to manage and make sense of their own responses. With other clients who are more avoidant, you may want to ask questions about the immediacy of their experience in the moment in an effort to help bring attention to their affective responses (or lack thereof).

Preparation: Phase 2

Before you meet with your client, review the client selection criteria, and address any concerns you might have about timing, readiness, etc. some concerns may be addressed with the client directly, while other concerns may require consultation. Explain how EMDR therapy is different from "talk" therapy. Encourage the client to address any concerns about the change or the process itself. Assess client skills in self-regulation prior to proceeding with the Reprocessing phases:

- How does the client self-soothe, down-regulate, or otherwise change states when aroused?
- What is his/her window of tolerance for positive as well as negative affects?
- What is his/her capacity to maintain dual awareness when accessing difficult experiences while in conversation with you?
- What is the client's capacity to shift states effectively, either on his/her own or on demand?
- What is the client's access to adaptive memory networks?

Develop skills as necessary to proceed to memory processing. For clients with multiple symptoms and a history of difficulties with self-regulation, the Preparation Phase is often extended. It is expected that these clients will practice developing their self-regulation skills outside the consultation room. The decision to proceed to the Reprocessing Phases is a

collaborative one with the understanding that clients have access to adequate resources both internally and externally to support them in this process. It is also important to assure them of your availability, particularly in the beginning, until they develop a familiarity with the process. You can also remind clients to let you know about any concerns that may arise over the course of the work.

Assessment: Phase 3

Review with your client the identified symptoms and select a memory with the client that feels most relevant to his or her symptoms. To the extent possible, start with an earlier experience the client can approach. If you have already identified a Target Memory in a previous session, check to make sure the client is still in agreement to begin with that memory. The purpose of the Assessment Phase is to activate the memory network in order to access and identify the components (TICES) of the Target Memory as it is currently being experienced by the client and obtain baseline measures. It is best to have sufficient time in a session to start active reprocessing (Phase 4) to address the activation occurring during the Assessment Phase. If it is not possible to schedule extended sessions, allow sufficient time to apply a state shift intervention such as Safe Place before ending the session. When you initiate the Assessment Phase, use the worksheet provided and the language as it is scripted.

Desensitization: Phase 4

Explain to the client that you will be checking in with him or her briefly between each set of BLS to ensure that the process is moving, and that you can talk about the details of the processing experience itself at a later time. This is particularly important for a client with whom you have already been working for a period of time and is accustomed to talking in therapy, or for someone who has a “need” to talk, perhaps more than necessary, as a means of managing their anxiety. Conversely, be sensitive to times that a client may want to share an association with you that feels particularly meaningful to him or her and allow for the sharing, resuming the process as soon as it feels appropriate to do so in a respectful manner. Remember to advise your client that successful completion of reprocessing may take a single session or multiple sessions.

Installation: Phase 5

Do not enter into Phase 5 until Phase 4 has been successfully completed (SUD=0 or is ecologically appropriate). It is only in this Phase you lead the client to check the Positive Cognition (PC) to see if it still fits. If a newer PC is more appropriate after the Desensitization Phase (4), then utilize the newer PC and check the strength of the Validity of Cognition (VOC) by pairing it with what is left of the original target. Continue reprocessing until the VOC is 7 or ecologically appropriate.

Body Scan: Phase 6

Upon completion of Phase 5 (VOC=7 or ecologically appropriate), utilize a Body Scan to find any remaining physical sensations related to the target. Focus on any disturbing sensations and reprocess until Body Scan is fully clear. During this phase, it is possible that a new,

associated memory may emerge. If so, process to completion until all disturbing sensations are resolved.

Closure: Phase 7

At the end of every therapy session, regardless of modality, the clinician must ensure the client is grounded in the present and prepared to enter his or her everyday life. In EMDR therapy the clinician should close reprocessing leaving sufficient time to stabilize the client and educate regarding what may occur between sessions. Remember to encourage the client to use self-soothing strategies and TICES LOG as needed

Reevaluation: Phase 8

The purpose of Reevaluation is to assess the client's changes as a result of the past reprocessing. These may be global (any life changes) or specific target changes. For clients who are experiencing EMDR therapy reprocessing for the first time, the Reevaluation phase is particularly important. It helps the client recognize and consolidate the effects of the reprocessing experience, both as it relates to the memory itself as well as the by-products of the reprocessing that may not be self-evident until reflecting on what has occurred since the last session.

APPENDIX M

BLS verses DAS

BLS: Bilateral Stimulation: (Journal of Clinical Psychology, Vol.58, 61-75, 2002)

- Replicates REM
 - Bilateral stimulation activates both left and right brain activity
 - Right brain — holistic, emotional, connects to all parts of the body
 - Left brain — logical, linear, cognitive
 - EMDR processing modulates between the left and right brain
- Repeating cycles of holistic and logical experiences
 1. Bring up memory—logical
 2. Activate the memory using rapid eye movements—holistic
 3. Reflect upon the experience—logical, i.e., memory re-consolidation

DAS: Dual Attention Stimulation: (Journal of EMDR Practice and Research, Volume 2, Number 4, 2008)

- Working memory allows for simultaneous consideration of several modes of information and integrates these into mental models that allow prediction and planning
- Essential for learning, comprehension, and reasoning, i.e., memory re-consolidation
- Research has shown that performance is degraded when one is engaged in two simultaneous tasks that require the same working memory resources

Eye movements vs. Tapping

- Eye movements challenge both visual and spatial components of memory
- Tapping challenges only spatial components of memory
- Memory change:
 - Eye movements
 - Rapidly decrease both negative and positive memories
- Tapping
 - Decreasing of negative memories occurs more gradually
 - Increases the vividness of positive memories

EMDR intervention preferences:

- Resourcing - positive memories/positive neural networks = tapping
- Processing - linking and binding negative and positive neural networks = eye movements*

* People with unstable/dissociative tendencies often need more gradual processing, i.e., tapping.

Appendix N

EMDRIA Certification in EMDR

<https://www.emdria.org/emdr-training/emdr-certification-2/>

A clinician who is EMDRIA Certified in EMDR has been licensed or certified in their profession for independent practice and has had a minimum of two years of experience in their field. They have completed an EMDRIA approved training program in EMDR, have conducted a minimum of fifty clinical sessions in which EMDR was utilized, and have received twenty hours of consultation in EMDR by an Approved Consultant. In addition, they must complete twelve hours of continuing education in EMDR every two years.

Certification Application

Please read the Certification Criteria below before filling out the Certification Application. Application available at www.emdria.org

Certification Period

If approved, Certification status will be granted for 2 years from date of acceptance.

Please allow 3-5 weeks to receive your certificate after ALL materials are submitted for administrative processing. EMDRIA asks that you do not submit incomplete applications. All application materials, including Letters of Recommendation, must be submitted in English.

Certification Fees

Full Member | \$175.00 Non-EMDRIA Member | \$350.00 US Dollars

Please Note: In order to receive the Member rate for Certification, you must maintain current EMDRIA Full Membership status during the 2-year Certification period.

Certification Criteria

The applicant for the designation of EMDRIA Certified Therapist must meet the following criteria:

- 1. EMDRIA Approved Training:** Submit evidence of having completed an EMDRIA approved EMDR Training program. A copy of your certificate of completion is required.
- 2. License/Certification:** Show evidence of a license, certification, or registration as a mental health professional. A photocopy of your license, certification, registration to practice independently is required.
- 3. Do you have at least two years of experience in your field of license/certification/registration?** Answer yes or no on the application form and then attach notarized documentation

supporting this statement. You can write out the statement as it is written, “I have at least two years’ experience in my field of license”, or something similar and then have it notarized.

4. Have you conducted at least 50 EMDR sessions with at least 25 clients?

Answer yes or no on the application form and then attach notarized documentation supporting this statement. Again, you can write out the statement as it is written, “I have conducted at least 50 EMDR sessions with at least 25 clients”, or something similar and then have it notarized. You may combine statements #3 and #4 on one sheet of paper and have the document notarized once for your convenience.

5. Have you received 20 hours of consultation by an Approved Consultant in EMDR? *

Answer yes or no on the application form. Then you will need to obtain documentation from the Approved Consultant(s) you received your consultation from, verifying the number of hours you have received from them and how many of those hours were individual consultation and how many were group consultation. If you have received consultation from more than one Approved Consultant, you will need documentation from each. At least 10 of these hours must be obtained through individual, EMDR-focused consultation. (Provisions will be made for those therapists who practice in isolated areas and lack the convenient proximity to an Approved Consultant). The remaining 10 hours may be obtained through small group consultation. Groups that meet for consultation cannot exceed more than 8 participants at a time. Consultants-in-Training can provide up to 15 hours of consultation; the remaining 5 hours must be with an Approved Consultant. *Only consultation hours received AFTER completion of an EMDRIA Approved EMDR Training program can be applied towards this requirement.

6. Attach letter or letter(s) of recommendation from one or more Approved Consultant(s) in EMDR, regarding your utilization of EMDR while in the consulting relationship.

7. Attach two letters of recommendation regarding your professional utilization of EMDR in practice, ethics in practice, and professional character. These can be obtained from colleagues or peers.

8. Attach certificates of completion of 12 hours of EMDRIA Credits (continuing education in EMDR). The EMDR Training is not awarded EMDRIA Credits - only EMDRIA Approved Credit Programs in EMDR that are completed after the entire EMDR Training program can receive EMDRIA Credits.

9. EMDRIA’s Professional Code of Conduct. Applicants must read and verify on the application form that they agree to adhere to [EMDRIA's Policies](https://www.emdria.org/about-emdria/emdr-international-association-policies/) (<https://www.emdria.org/about-emdria/emdr-international-association-policies/>).

Appendix O

EMDR Training Consultation

<https://www.emdria.org/wp-content/uploads/2021/08/Virtual-EMDR-Training-Standards-Domain-2.pdf>

The goal of consultation is to begin to allow trainees to integrate the use of EMDR therapy safely and effectively into their clinical setting. Consultation provides an opportunity for the integration of the theory of EMDR therapy along with the development of EMDR therapy skills. During consultation trainees receive individualized feedback and instruction in the areas of case conceptualization, client readiness, target selection, treatment planning, specific application of skills, and the integration of EMDR therapy into clinical practice. Consultation increases the use of EMDR therapy by those who have received training, reduces the formation of bad habits and the risks of problematic use of EMDR therapy. It also allows the trainee to develop and integrate EMDR therapy skills creatively into their other skills in a way that enhances clinical efficiency and effectiveness in helping a wider range of clients meet their goals for change.

Minimum Required Time: 10 hours of consultation are required and should be provided in developmental increments to extend over the course of the training.

Assisting Training Faculty: Only Approved Consultants and/or Consultants-in-Training who are working under the consultation of an Approved Consultant may be brought in to assist with the consultation. **Ratio:** The ratio of consultant to trainees should not exceed 1:10 (smaller consultant to trainee ratios are encouraged).

I. Consultation is about real client cases and not experiences that occur in practicum Virtual Curriculum Requirements

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A. Behavioral samples of trainees work with actual clients is required. Behavioral samples can include video, audio, or verbatim summary.

II. Consultation addresses, but is not limited to, the following content:

1. Use of EMDR therapy within a structured treatment plan
2. Application of the standard EMDR therapy procedural steps
3. Case conceptualization and target selection
4. Client readiness including inclusion, exclusion, and cautionary criteria for EMDR therapy
5. Client safety and effective outcomes using the standard EMDR therapy procedural steps
6. Integration of EMDR therapy into their existing clinical setting or in an alternate clinical setting
7. Specific application of skills

III. Consultation provides opportunity for the faculty to assess the strengths and weaknesses of each trainee's overall understanding and knowledge of EMDR therapy and the practice of EMDR therapy skills and the opportunity to tailor further learning experiences to address deficits.

IV. Consultation sessions are appropriately scheduled to allow adequate time for teaching, practicum, and clinical use of EMDR therapy, to maximize the discussion of case conceptualization, client readiness,

target selection, treatment planning, specific application of skills, and the integration of EMDR therapy into clinical practice.

V. Acceptable Consultation Formats

1. Individual: One-on-one time between trainee and consultant.
2. Group: Group consultation could involve discussions of issues that have a generic interest, but should not replace the intimate formats that allow for individualized feedback. As a general guideline, groups should allow a ratio of 15 minutes per individual trainee. A group of four would meet with at least one consultant for no less than one hour; a group of eight would meet with at least one consultant for no less than two hours. Trainees would receive credit for the total time spent in the group.
3. Combinations of Individual and Group: Any combination of Individual Consultation and Group Consultation that meets the time guideline suggested above and provides a total of ten hours of consultation time.

Appendix P
Books and Articles Critical/Supportive of EMDR
Dr. Terry Sandbeck

Books and Articles Critical of EMDR

Bates, L., McGlynn, F., Montgomery, R., & Mattke, T. (1996). Effects of eye-movement desensitization versus no treatment on repeated measures of fear of spiders. *Journal of Anxiety Disorders*.

Davidson, P., & Parker, K. (2001, Apr). Eye movement desensitization and reprocessing (EMDR): A meta-analysis. *Journal of Consulting & Clinical Psychology*, 69(2), 305-316.

DeBell, C., & Jones, R. (1997). As good as it seems? A review of EMDR experimental research. *Professional Psychology: Research and Practice*, 28, 153-163.

Foa, E., & Meadows, E. (1997). Psychosocial treatments for posttraumatic disorder: A critical review. *Annual Review of Psychology*, 48, 449-480.

Goldstein, A., de Beurs, E., Chambless, D., & Wilson, K. (2000, Dec). EMDR for panic disorder with agoraphobia: Comparison with waiting list and credible attention-placebo control conditions. *Journal of Consulting & Clinical Psychology*, 68(6), 947-956.

Greenwald, R. (1994). Eye movement desensitization and reprocessing (EMDR): An overview. *Journal of Contemporary Psychotherapy*, 24, 15-33.

Herbert, J., & Meuser, K. (1995). What is EMDR? *Harvard Mental Health Newsletter*, 11(8).

Lilienfeld, Scott O. 1996. "EMDR Treatment: Less Than Meets the Eye?" *Skeptical Inquirer*, Jan/Feb.

Lipke, H. (1997). Commentary on the Bates et al. report on eye-movement desensitization and reprocessing (EMDR). *Journal of Anxiety Disorders*, 11, 599-602.

Perkins, B., & Rouanzoin, C. (2002, Jan). A critical evaluation of current views regarding eye movement desensitization and reprocessing (EMDR): Clarifying points of confusion. *Journal of Clinical Psychology*, 58(1), 77-97.

Pitman, R., Orr, S., Altman, B., Longpre, R., Poire, R., & Macklin, M. (1996, Nov-Dec). Emotional processing during eye movement desensitization and reprocessing therapy of Vietnam veterans with chronic posttraumatic stress disorder. *Comprehensive Psychiatry*, 37(6), 419-429.

Renfrey, G., & Spates, R. C. (1994). Eye movement desensitization: A partial dismantling study. *Journal of Behavior Therapy and Experimental Psychiatry*, 25, 231-239.

Rosen, G. (1992). A note to EMDR critics: What you didn't see is only part of what you don't get. *The Behavior Therapist*, 19, 76-77.

Simon, M. (2000, Sept). A comparison between EMDR and exposure for treating PTSD: A single-subject analysis. *Behavior Therapist*, 23(8), 172-175.

Taylor, S., Thordarson, D., Maxfield, L., Fedoroff, I., Lovell, K., & Ogradniczuk, J. (2003, Apr). Comparative efficacy, speed, and adverse effects of three PTSD treatments: Exposure therapy, EMDR, and relaxation training. *Journal of Consulting & Clinical Psychology*, 71(2), 330-338.

Thorp, S. (2004, Mar). Book review: Science and Pseudoscience in Clinical Psychology. *Journal of Psychosomatic Research*, 56(3), 381-381.

Tucker P, Pfefferbaum B, Nixon SJ, et al. "Trauma and recovery among adults highly exposed to a community disaster," *Psychiatric Annals* 29(2):78-83, 1999.

Vaughan, K., Armstrong, M., Gold, R., O'Connor N., Jenneke, W., & Tarrier, N. (1994). A trial of eye movement desensitization compared to image habituation training and applied muscle relaxation in post-traumatic stress disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, 25, 283-291.

Zeiss, A. (1998). EMDR 1997 update. *The Behavior Therapist*, 21, 28.

Books and Articles in Support Of EMDR

Chambless, D.L. et al. (1998). Update of empirically validated therapies, II. *The Clinical Psychologist*, 51, 3-16. (They list EMDR as "probably efficacious," i.e., at least two experiments show the treatment to be superior to a waiting-list control group.)

Foa, E.B., Keane, T.M., & Friedman, M.J. (2000). *Effective treatments for PTSD: Practice Guidelines of the International Society for Traumatic Stress Studies* New York: Guilford Press.

United Kingdom Department of Health. (2001). *Treatment choice in psychological therapies and counseling evidence based clinical practice guideline*. London, England.

Davidson, P.R., & Parker, K.C.H. (2001). Eye movement desensitization and reprocessing (EMDR): A meta-analysis. *Journal of Consulting and Clinical Psychology*, 69, 305-316.

Maxfield, L., & Hyer, L.A. (2002). The relationship between efficacy and methodology in studies investigating EMDR treatment of PTSD. *Journal of Clinical Psychology*, 58, 23-41

Van Etten, M., & Taylor, S. (1998). Comparative efficacy of treatments for post-traumatic stress disorder: A meta-analysis. *Clinical Psychology and Psychotherapy*, 5, 126-144.

Appendix Q

Example EMDR Informed Consent Form

Please initial each box after you have read the material.

EMDR is a simple but efficient therapy using bilateral stimulation (BLS) — tapping, auditory tones or eye movements — to accelerate the brain's capacity to process and heal a troubling memory. BLS, which occurs naturally during dream sleep, causes the two brain parts to work together to reintegrate the memory. Some clients experience relief or positive effects in just a few sessions. EMDR is effective in alleviating trauma-related symptoms, whether the traumatic event occurred many years ago or yesterday. It gives desired results —with little talking, without using drugs, and requires no “homework” between sessions.

_____ (INITIAL)

Scientific research has established EMDR as effective for the treatment of post-traumatic stress, phobias, panic attacks, anxiety disorders, stress, sexual and physical abuse, disturbing memories, complicated grief, and addictions.

_____ (INITIAL)

The possible benefits of EMDR treatment include the following:

- The memory is remembered but the painful emotions and physical sensations and the disturbing images and thoughts are no longer present.
- EMDR helps the brain reintegrate the memory and store it in a more appropriate place in the brain. The client's own brain reintegrates the memory and does the healing.

_____ (INITIAL)

The possible risks of EMDR treatment include the following:

- Reprocessing a memory may bring up associated memories. This normal and those memories will also be reprocessed.
- During the EMDR, the client may experience physical sensations and retrieve images, emotions and sounds associated with the memory. Reprocessing of the memory normally continues after the end of the formal therapy session.
- Other memories, flashbacks, feelings, and sensations may occur. The client may have dreams associated with the memory. Frequently the brain is able to process these additional memories without help, but arrangements for assistance will be made in a timely manner if the client is unable to cope.

_____ (INITIAL)

As with any other therapeutic approach, reprocessing traumatic memories can be uncomfortable; that means, some people won't like or be able to tolerate EMDR treatment well. Others need more preparation, offered by the therapist, before processing traumatic events using EMDR.

- There are no known adverse effects of interrupting EMDR therapy; therefore, a client can discontinue treatment at any time.
- Alternative therapeutic approaches may include individual or group therapy, medication, or a different psychotherapy modality.
- EMDR treatment is facilitated by a licensed psychotherapist having EMDRIA-approved training.

_____ (INITIAL)

HISTORY AND SAFETY FACTORS

The client must:

- Be willing to tell the therapist the truth about what he/she is experiencing. _____ (INITIAL)

- Be able to tolerate high levels of emotional disturbance, have the ability to reprocess associated memories resulting from EMDR therapy, and to use self-control and relaxation techniques (e.g., calm place exercise). _____(INITIAL)
- Remember debriefing instructions and call his/her therapist, connect with supportive family or friends, or use meditation or other techniques (e.g., calm place exercise) he/she has agreed to in therapy, if needed. _____(INITIAL)
- Disclose to therapist and consult with his/her physician before EMDR therapy if he/she has a history of or current eye problems, a diagnosed heart disease, elevated blood pressure, or is at risk for or has a history of stroke, heart attack, seizure, or other limiting medical conditions that may put him/her at medical risk. Due to stress related to reprocessing traumatic events, pregnant women should consider postponing EMDR therapy. _____(INITIAL)
- Inform therapist if he/she is wearing contact lenses and will remove them if they impede eye movements due to irritation or eye dryness. The therapist will discontinue bilateral stimulation (BLS) eye movements if client reports eye pain and use other dual stimulation (tapping, sounds) to continue reprocessing. _____(INITIAL)
- Assess his/her current life situation to determine EMDR approach. Client may need the ability to postpone demanding work schedule immediately following EMDR session. _____(INITIAL)
- Before participating in EMDR, discuss with therapist all aspects of an upcoming legal court case where testimony is required. The client may need to postpone EMDR treatment if she/he is a victim or witness to a crime that is being prosecuted because the traumatic material processed using EMDR may fade, blur, or disappear and her/his testimony may be challenged. _____(INITIAL)
- Understand disagreements with family and/or friends may occur as she/he learns new skills such as assertiveness or social skills after processing problems and disturbing material using EMDR. Vulnerable clients may need to be protected. _____(INITIAL)
- Be willing to explore the issues(s) that may arise as change occurs. For example, changes regarding your identity; finances; loss of identification with a peer group; and/or attention. _____(INITIAL)
- Consult with his/her medical doctor, before utilizing medication. Some medications may reduce the effectiveness of EMDR. For example, benzodiazepines may reduce effectiveness possibly due to state-dependent processing and/or regression may occur after ceasing anti-depressants. _____(INITIAL)
- Address with the therapist his/her ability to attend to EMDR due to recent cocaine dependence, long term amphetamine abuse, seizures, and/or other neurological conditions. EMDR is contraindicated with recent crack cocaine users and long-term amphetamine users. _____(INITIAL)
- Discuss with the therapist any Dissociative Disorders; Dissociative Identity Disorder unexplained somatic symptoms, sleep problems, flashbacks, derealization and/or depersonalization, hears voices, unexplained feelings, memory lapses, multiple psychiatric hospitalizations, multiple diagnoses with little treatment progress - EMDR may trigger these symptoms. _____(INITIAL)

I HAVE READ AND I UNDERSTAND THE POSSIBLE OUTCOMES OF EMDR LISTED ABOVE AND UNDERSTAND I CAN END EMDR THERAPY AT ANY TIME. I AGREE TO PARTICIPATE IN EMDR TREATMENT AND I ASSUME ANY RISKS INVOLVE IN SUCH PARTICIPATION:

NAME (PRINTED): _____

SIGNATURE: _____ DATE: _____

Appendix R

Training Consultation Record

CONSULTANT'S EVALUATION

Please complete this evaluation for each of the Approved Consultants

		Low		High	
Consultant's Name #1 _____					
Provided a safe environment	1	2	3	4	5
Supportive	1	2	3	4	5
Encouraging	1	2	3	4	5
Well Prepared	1	2	3	4	5
Concepts clearly explained	1	2	3	4	5
Responsive to questions	1	2	3	4	5
Considerate	1	2	3	4	5
Professionalism	1	2	3	4	5
Overall rating	1	2	3	4	5
Consultant's Name #2 _____					
Provided a safe environment	1	2	3	4	5
Supportive	1	2	3	4	5
Encouraging	1	2	3	4	5
Well Prepared	1	2	3	4	5
Concepts clearly explained	1	2	3	4	5
Responsive to questions	1	2	3	4	5
Considerate	1	2	3	4	5
Professionalism	1	2	3	4	5
Overall rating	1	2	3	4	5
Consultant's Name #3 _____					
Provided a safe environment	1	2	3	4	5
Supportive	1	2	3	4	5
Encouraging	1	2	3	4	5
Well Prepared	1	2	3	4	5
Concepts clearly explained	1	2	3	4	5
Responsive to questions	1	2	3	4	5
Considerate	1	2	3	4	5
Professionalism	1	2	3	4	5
Overall rating	1	2	3	4	5