

EMDR Fidelity Rating Scale (EFRS)

The Scoring Form

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The complete EFRS (formatted for use in research), the EFRS manual (containing relevant information about the scale, with instructions for clinicians, raters, and researchers), essential forms, an EFRS excel workbook with embedded scoring calculators, and a sample scoring workbook can be found and downloaded <http://emdrresearchfoundation.org/emdr-fidelity-rating-scale> . These materials are available through a Creative Commons Attribution-NonCommercial-NoDerivatives License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).



EFRS Scoring Form. Version 1. 2017-08-18.

EMDR FIDELITY RATING SCALE

I. INTRODUCTORY (INTRO) SUBSCALE

(history-taking and treatment planning, preparation, safe/calm place exercise)

Client/Participant #: _____ Clinician Code: _____

Session #: _____ Date of Session: _____

Rater #: _____ Date of Review: _____

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

History-Taking and Treatment Planning (HTP)

1. Gathers relevant history (according to framework provided in treatment manual).

0 1 2 3 NA

*2. Identifies possible EMDR processing targets (past, present, and future).

0 1 2 3 NA

3. Appropriately uses the “affect scan/floatback technique”, if information is not obtained from direct questioning, to identify past events related to current disturbance.

0 1 2 3 NA

4. Proposes and discusses treatment plan (focused on past adverse life experiences (ALE), current triggers, and future goals) with client.

0 1 2 3 NA

Preparation

(In addition to this subscale, also use Resource Development and Installation (RDI) subscale if RDI is used in a Preparation session)

1. Offers a coherent explanation/rationale for EMDR.

0 1 2 3 NA

2. Offers clear instructions to client about his/her role.

0 1 2 3 NA

3. Provides appropriate physical preparation.

- | | | |
|---|---|---|
| a. Arranges chairs for “ships in the night” position if using EMs. | + | - |
| b. Introduces and explains use of other BLS and associated technology if relevant. | + | - |
| c. Establishes comfortable distance/speed for facilitation of eye movements (EMs) and/or bilateral stimulation (BLS). | + | - |

0 1 2 3 NA

4. Establishes stop signal.

0 1 2 3 NA

5. Establishes metaphor.

0 1 2 3 NA

Safe/Calm Place Exercise

1. Offers a coherent explanation/rationale for the Safe/Calm Place exercise.

0 1 2 3 NA

2. Helps client identify an appropriate Safe/Calm Place.

0 1 2 3 NA

3. Asks client to describe a Safe/Calm Place image and his/her perceptions, emotions, and pleasant body sensations. Helps client enhance his/her imagery/experience.

0 1 2 3 NA

4. Asks client to bring to mind the image and the positive sensations, encouraging him/her to concentrate on the positive sensations while following the EMs/BLS.

0 1 2 3 NA

5. Introduces one or more short sets of slow EMs/BLS (sets of four to eight back-and-forth or left/right movements) and checks in with client about how he/she is feeling at the end of each set.

0 1 2 3 NA

6. Asks client to identify a cue word or phrase associated with the Safe/Calm Place. Then, asks client to notice the positive feelings and sensations he/she has when focusing on the cue word, encouraging him/her to concentrate on the positive sensations while following the EMs/BLS.

0 1 2 3 NA

7. Instructs client to repeat the procedure on his/her own, bringing up the image and the cue word and experiencing the positive feelings without EMs/BLS.

0 1 2 3 NA

8. Asks client to bring up a minor disturbing thought, issue, or incident and notice the negative feelings while guiding him/her through the Safe/Calm Place Exercise.

0 1 2 3 NA

9. Asks client to bring up a disturbing thought, issue, or incident and do the Safe/Calm Place exercise, this time without assistance.

0 1 2 3 NA

10. If client experiences difficulties with exercise (unable to identify safe place; dissociative or avoidant response; emergence of negative pictures, emotions, sensations, thoughts), offers appropriate suggestions or interventions.

- | | | |
|--|---|---|
| a. Assists client in exploration of other possible Safe/Calm Place images. | + | - |
| b. Redirects client back to positive aspects of the Safe/Calm Place Image. | + | - |
| c. Introduces container imagery to manage negative material, or shifts to mindfulness or breathing exercise. | + | - |
| d. Uses shorter sets of EMs/BLS or decreases speed of EMs/BLS. | + | - |

0 1 2 3 NA

Comments:

-
6. Asks client to bring to mind the resource image and the positive sensations, encouraging him/her to concentrate on the positive sensations while following the EMs/BLS.
- 0 1 2 3 NA
7. Introduces one or more short sets of slow EMs/BLS (sets of eight to ten back-and-forth or left/right movements) and checks in with client about how he/she is feeling at the end of each set.
- 0 1 2 3 NA
8. Asks client to identify a cue word or phrase associated with the resource image. Then, asks client to notice the positive feelings and sensations he/she has when focusing on the cue word, encouraging him/her to concentrate on the positive sensations while following the EMs/BLS.
- 0 1 2 3 NA
9. Continues with sets of EMs/BLS as positive feelings and associations get stronger, and/or stops when the resource is appropriately strengthened.
- 0 1 2 3 NA
10. Instructs client to repeat the procedure on his/her own, bringing up the image and the cue word and experiencing the positive feelings without EMs/BLS.
- 0 1 2 3 NA
11. Instructs client to imagine the situation that he/she would like to manage more effectively. Then, asks client to run a movie of his/her desired response, using his/her resource to enhance coping or performance.
- 0 1 2 3 NA
12. Asks client for feedback and once movie feels positive and strong, introduces several sets of slow EMs/BLS until client feels comfortable and secure with his/her future movie.
- 0 1 2 3 NA
13. If appropriate, instructs client to imagine a particular challenge that might arise in a future situation. Then, asks client to run a movie of his/her desired response, using his/her resource to enhance coping or performance. Introduces EMs/BLS as in #12.
- 0 1 2 3 NA
14. Asks client to practice using his/her resource(s) in the actual challenging life situation identified in #2.
- 0 1 2 3 NA

-
- 15. If client experiences difficulties with exercise (unable to identify resource; dissociative or avoidant response; emergence of negative pictures, emotions, sensations, thoughts), offers appropriate suggestions or interventions.
 - a. Assists client in exploration of possible other resource associations/images. + -
 - b. Redirects client back to positive aspects of resource image. + -
 - c. Introduces container imagery to manage negative material, or shifts to mindfulness or breathing exercise. + -
 - d. Uses shorter sets of EMs/BLS or omits EMs/BLS. + -
- 0 1 2 3 NA

Comments:

EMDR FIDELITY RATING SCALE

III. ADVERSE LIFE EXPERIENCES (ALE) PROCESSING SUBSCALE FOR PAST EVENTS AND PRESENT TRIGGERS/SYMPTOMS (reevaluation, assessment, desensitization, installation, body scan, closure)

Client/Participant #: _____ Clinician Code: _____

Session #: _____ Date of Session: _____

Rater #: _____ Date of Review: _____

| | | | |
|---------------------|--|---------------------------------|--------------------------------|
| 0 | 1 | 2 | 3 |
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Reevaluation (for all sessions after first reprocessing session)

1. Obtains feedback on experience since last session (e.g., symptoms; behaviors; reactions to present triggers; new thoughts, insights, or information; dreams; and any new or associated material that may have emerged). Reviews log with client if available.

0 1 2 3 NA

2. Assesses the previous target by asking the client to bring up the memory, incident, or trigger addressed in the previous session (appropriate only if client has had a previous processing session). Asks client what he/she notices and, more specifically elicits information about the following elements, as appropriate:

| | | |
|--|---|---|
| a. Image | + | - |
| b. Emotions | + | - |
| c. SUD (0-10) | + | - |
| d. Body Sensations/ Locations | + | - |
| e. Positive Cognition and VOC (1-7) (If positive cognition or future template previously addressed) | + | - |

0 1 2 3 NA

-
3. Works with client to select appropriate target for current session.
- | | | |
|---|---|---|
| a. If processing of previous target is still incomplete (i.e., elevated SUD or low VOC), continues with Phase 4 or 5 as appropriate. | + | - |
| b. If processing of previous target appears complete (i.e., SUD=0/1, VOC=6/7, or ecologically valid ratings), does one of the following, as appropriate: | + | - |
| i. Continues with Phase 6, if body scan was not clear in previous session. | | |
| ii. Shifts to focus on another memory identified in the treatment plan or a feeder memory. | | |
| iii. Shifts to focus on current trigger or symptom. | | |
| iv. Shifts to focus on future template. | | |
| c. If current life crisis or clinical symptoms are significantly destabilizing and it is determined that further processing would not be useful, shifts to Preparation Phase interventions. | + | - |
- 0 1 2 3 NA

***Assessment** (N/A if continuing with previous target and not assessing a new target)

1. Helps client to select appropriate target (may be past adverse life experience or present trigger).
- 0 1 2 3 NA
2. Obtains picture representing the worst aspect of memory or target issue; if unable to obtain a picture, asks client to just “Think of it”.
- 0 1 2 3 NA
3. Helps client identify appropriate negative cognition, seeking one that is present tense, generalizable, irrational, and a self-referencing “I” statement.
- 0 1 2 3 NA
4. Helps client identify appropriate positive cognition, seeking one that is possible, generalizable, a self-referencing “I” statement and matching in focus with the negative cognition.
- 0 1 2 3 NA

5. Obtains accurate VOC (Links positive cognition with picture or issue. Stresses rating of VOC in the PRESENT).

0 1 2 3 NA

6. Helps client identify emotions linked to picture and negative cognition; explores for additional emotion(s) if warranted.

0 1 2 3 NA

7. Obtains SUD level.

0 1 2 3 NA

8. Helps client identify body sensations.

0 1 2 3 NA

9. Follows the standard Assessment sequence, as presented in this subscale.

0 1 2 3 NA

***Desensitization**

1. Before beginning EMs/BLS, for first session with new target, instructs client to bring up picture, negative cognition, and body sensations.

0 1 2 3 NA

2. If resuming processing of an incomplete target memory from previous session, asks client to bring up the image (that represents the worst part of the memory upon reevaluation), identify emotions, rate disturbance (SUD 0-10), and identify location of body sensations. Then, begins EMs/BLS. (Note: The negative cognition is not included when restarting an incomplete target memory).

0 1 2 3 NA

3. Effectively introduces EMs/BLS and makes sure that client tracks adequately.

0 1 2 3 NA

c. Does longer sets of EMs/BLS. + -
0 1 2 3 NA

*12. If material is stuck or looping, therapist intervenes appropriately,
using one or more of the following strategies:

a. Increases rate and duration of EMs/BLS. + -
b. Asks client to focus on body sensations. + -
c. Changes directions of EMs. + -
d. Returns to initial incident or memory. + -
e. Changes modalities (e.g., to taps). + -
f. Checks for blocking beliefs or feeder memories. + -
g. Introduces cognitive interweave. + -
0 1 2 3 NA

*13. Appropriate timing and application of cognitive interweaves (including sensitivity to possible
issues of responsibility, safety, and choices).

0 1 2 3 NA

14. Checks SUD score with original incident when appropriate and makes sure SUD = 0 or 1 (or
is as low as it can ecologically go) PRIOR to moving on to Installation of Positive Cognition
(Continues EMs/BLS if SUD is >1 and not deemed ecologically valid).

0 1 2 3 NA

*Installation

1. Checks for the possibility of a better positive cognition and revises positive cognition if more
appropriate one is identified.

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).

0 1 2 3 NA

3. Does one set of EMS/BLS while client focuses on both positive cognition and incident and
then, rechecks VOC.

0 1 2 3 NA

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

0 1 2 3 NA

5. If VOC is not increasing, checks for blocks (i.e., “What prevents it from being a 7?”).

0 1 2 3 NA

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

0 1 2 3 NA

Body Scan

1. Upon completion of Installation Phase, does effective body scan (combines original incident/issue with positive cognition and asks client to scan body; if time allows, processes any sensations client reports).

0 1 2 3 NA

2. If disturbing material, feelings, or sensations emerge during body scan, returns to processing or appropriately contains material (if at end of session).

0 1 2 3 NA

Closure

1. Provides appropriate closure.

- | | | |
|---|---|---|
| a. Chooses appropriate termination point. | + | - |
| b. Provides support/normalizes experience. | + | - |
| c. Adequately debriefs. | + | - |
| d. Predicts possibility of continued processing between sessions. | + | - |
| e. Encourages client to call if having difficulties. | + | - |

0 1 2 3 NA

2. If material not completely processed, uses procedure for closing incomplete session (relaxation, visual healing, containment).

0 1 2 3 NA

EMDR FIDELITY RATING SCALE

IV. FUTURE TEMPLATE (FT) SUBSCALE

Client/Participant #: _____ **Clinician Code:** _____

Session #: _____ **Date of Session:** _____

Rater #: _____ **Date of Review:** _____

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

Future Template

1. Helps client identify a future behavioral goal (related to a challenging recent experience, present trigger, or potential new situation).

0 1 2 3 NA

2. Asks client to imagine coping effectively in a future scene while focusing on a positive cognition (initially without BLS to make sure that client can visualize it).

0 1 2 3 NA

3. Asks client about blocks, anxieties, or fears that arise while imagining the future scene.

0 1 2 3 NA

4. If client encounters blocks, anxieties, or fears, intervenes appropriately.

- | | | |
|---|---|---|
| a. Focuses client’s attention on disturbance/body sensation and facilitates EMs/BLS. | + | – |
| b. Problem-solves with client to increase sense of mastery with future template scene; introduces relevant skills, information, or resources. | + | – |
| c. Introduces cognitive interweave. | + | – |
| d. Redirects client to past or present targets that may need additional attention and processing. | + | – |

0 1 2 3 NA

EMDR FIDELITY RATING SCALE

V. THREE-PRONGED PROTOCOL (TPP) SUBSCALE

(Ratings based on review of data from Treatment Plan Tracking (TFT) form available in online manual. Evaluates whether clinician did or did not appropriately identify and process relevant past adverse life experiences, present triggers/symptoms, and future templates associated with a given presenting issue. Completed by rater at end of treatment/research study.)

Client/Participant #: _____

Clinician Code: _____

Rater #: _____

Date of Review: _____

**No
No Adherence**

**Yes
Adherence Acceptable**

Three-Pronged Protocol

1. For a specific presenting issue, appropriately identifies target(s) related to past adverse life experiences.

No Yes NA

2. For the same presenting issue, appropriately identifies target(s) related to current triggers or symptoms.

No Yes NA

3. For the same presenting issue, appropriately identifies target(s) related to future behaviors and goals.

No Yes NA

4. For the same presenting issue, processes relevant past adverse life experience(s), using the standard EMDR protocol.

No Yes NA

5. For the same presenting issue, processes relevant associated present trigger(s)/symptom(s), using the standard EMDR protocol.

No Yes NA

