# **EMDR Fidelity Rating Scale (EFRS)**

### The Clinician Forms

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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 <a href="http://emdrresearchfoundation.org/emdr-fidelity-rating-scale">http://emdrresearchfoundation.org/emdr-fidelity-rating-scale</a>. These materials are available through a Creative Commons Attribution-NonCommercial-NoDerivatives License (<a href="https://creativecommons.org/licenses/by-nc-nd/4.0/">https://creativecommons.org/licenses/by-nc-nd/4.0/</a>).



EFRS Clinical Forms. Version 1. 2017-08-18.

## EMDR FIDELITY RATING SCALE

### Single Session Summary (SSS) Form Completed by the Clinician

Session #			Client/Participant#	
Session Date:			Clinician Code:	
	11 D 4	<b>D</b> 4 //	D : D.	
To be complete	ed by Rater	Rater #:	Review Date:	
	luctory (INTRory—taking and T		Planning	
☐ Prepa				
☐ Safe/	Calm Place Exe	ercise		
III. 🗆 Adver	se Life Experi	ences (ALF	E) Processing:	
O Past -	- Target Title: _			=
	ent - Target (Tri ssment (of new		tom) Title:	-
☐ Re-ev	valuation (if pre	evious EMD	OR trauma processing session)	
	nsitization			
	llation			
□ Body				
Closu	ıre			

Did you modify the protocol?  If yes, please describe the nature of the modifications and your reasons for them.	IV.   Future Template (FT)
Did you modify the protocol?  If yes, please describe the nature of the modifications and your reasons for them.	O Future – Target Title
Did you modify the protocol?  If yes, please describe the nature of the modifications and your reasons for them.	
Did you modify the protocol?  If yes, please describe the nature of the modifications and your reasons for them.	
If yes, please describe the nature of the modifications and your reasons for them.	Modifications to the Protocol
	Did you modify the protocol?
Additional Comments:	If yes, please describe the nature of the modifications and your reasons for them.
Additional Comments:	
	Additional Comments:

# Treatment Plan Tracking (TPT) Form Completed by the Clinician

	<u> </u>	inpicted by the Chineian						
Client/Participant #	_ Clinician Code:	First Session Date:						
Last Session Date:	Number of Session	ons Completed						
To be completed by Rater	Rater #:	Review Date:						
This form provides space for a Presenting Issue #1 form, indic		s. If more targets are identified for Continued on next page".	Presenting Issu	ıe #1,	use aı	n addi	tional	
PRESENTING ISSUE #1								
TARGETS			Identified in Session #	Pr	ocesse	ed in S	Session	ı #
Past								
Past								
Past								
Past								
Present								
Present								
Present								
Present								
Future								
Future								
Future								
Future								
COMMENTS:								

This form provides space for a limited number of targets. If more targets are identified for Presenting Issue #2, use an additional Presenting Issue #2 form, indicating on the first form, "Continued on next page".

TARGETS	Identified in Session #	Processed in Session #					
Past							
Past							
Past							
Past							
Present							
Present							
Present							
Present							
Future							
Future							
Future							
Future							
COMMENTS:				•			

This form provides space for a limited number of targets. If more targets are identified for Presenting Issue #3, use an additional Presenting Issue #3 form, indicating on the first form, "Continued on next page". If additional Presenting Issues are identified, change the number on the form to read Presenting Issue #4, etc.

TARGETS	Identified in Session #	Processed in Session #					
Past							
Past							
Past							
Past							
Present							
Present							
Present							
Present							
Future							
Future							
Future							
Future							
COMMENTS:							