

EFRS Fidelity Rating Scale – Manual

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

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The complete EFRS includes the Scoring Forms, Manual, Clinician Forms, Blank Workbook with embedded scoring calculator, and Sample Workbook. It can be found and downloaded at:

<https://emdrresearchfoundation.org/research-grants/emdr-fidelity-rating-scale>

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Table of Contents

OVERVIEW	1
The EMDR Fidelity Rating Scale (EFRS).....	1
<i>Table 1: EFRS Material</i>	1
Purpose.....	2
History	2
How To Use This Manual	3
<i>Recommendations for Clinicians in a Research Study</i>	3
<i>Recommendations for Raters</i>	3
<i>Recommendations for Researchers</i>	3
<i>Recommendations for Clinicians Monitoring Their Own Fidelity</i>	4
<i>Recommendations for Consultants and Consultees</i>	4
EFRS TREATMENT FIDELITY	5
Various Types of Fidelity Scores Provided by the EFRS	5
<i>Single Session Fidelity</i>	5
<i>Three-pronged Protocol Fidelity</i>	6
<i>Workbook Fidelity Score</i>	6
<i>Study Fidelity Score</i>	6
THE EFRS SCORING FORM.....	7
<i>Table 2: EFRS Subscales</i>	7
Individual Subscale Descriptions.....	8
<i>I. Introductory (INTRO) Subscale</i>	8
<i>II. Resource Development and Installation (RDI) Subscale</i>	8
<i>III. Adverse Life Experiences (ALE) Processing Subscale</i>	8
<i>IV. Future Template (FT) Subscale</i>	9
<i>V. Three-pronged Protocol (TPP) Subscale</i>	9
PREPARING FOR RESEARCH	10
PROVISION OF TREATMENT	10
<i>Unexpected Client/Participant Crises</i>	10
<i>Unscheduled Contact</i>	11
CLINICIAN AND RATER FORMS	11
<i>Clinician Forms</i>	11
<i>Material for the Rater</i>	12
SELECTION OF SESSIONS TO BE RATED	12
COLLECTING AND FORWARDING RECORDINGS AND FORMS.....	13
<i>Step 1: Identifying Information</i>	13
<i>Step 2: Forwarding Recordings and Forms to the Raters</i>	13
STEP-BY-STEP INSTRUCTIONS FOR COMPLETING THE CLINICIAN FORMS	14
INSTRUCTIONS FOR CLINICIANS COMPLETING THE SINGLE SESSION SUMMARY (SSS) FORM.....	14
<i>Step 1: Enter Identifying Information</i>	14
<i>Step 2: Complete Single Session Summary (SSS) Form</i>	15
<i>Figure 1: Example of the Single Session Summary (SSS) Form for Introductory Phases</i>	15
<i>Figure 2: Example of the Single Session Summary (SSS) Form for ALE Processing</i>	16

<i>Step 3: Modifications to the Protocol</i>	17
<i>Step 4: Additional Comments</i>	17
INSTRUCTIONS FOR CLINICIANS COMPLETING THE TREATMENT PLAN TRACKING (TPT) FORM	
.....	17
<i>Step 1: Enter Identifying Information at the Start and End of Treatment</i>	17
<i>Step 2: Identify Presenting Issues</i>	18
<i>Step 3: Identify Targets Related to Presenting Issues during History-taking /Treatment Planning</i>	18
<i>Step 4: Add Issues and Targets That Present in Subsequent Sessions</i>	18
<i>Step 5: Note Targets Processed in Each Session</i>	18
<i>Step 6: Additional Comments</i>	19
<i>Figure 3: Example of Completed Treatment Plan Tracking (TPT) Form</i>	19
SCORING INSTRUCTIONS FOR THE SINGLE SESSION SUBSCALES	20
DETAILED INSTRUCTIONS, EXPLANATIONS, AND EXAMPLES FOR RATING A SINGLE SESSION	20
<i>Figure 4: Example of Scoring using the EFRS Scoring Form</i>	20
<i>Critical Elements</i>	21
<i>Procedural Step Examples</i>	21
Differences Between Scores of 0, NA, And Blank Sections.....	22
<i>Scores of “0”</i>	22
<i>Table 3: Examples for Items Scored as “0” or “NA” and Sections Scored as “0” or “Blank”</i>	22
<i>Scores of “NA”</i>	22
<i>Blank Sections</i>	23
<i>Clinical Examples of Scoring Incomplete Sections or Sections Entirely Not Addressed</i>	23
<i>Blank Item</i>	23
STEP-BY-STEP INSTRUCTIONS FOR RATING A SINGLE SESSION	24
<i>Use of the Clinician’s Single Session Summary Form</i>	24
<i>Step-by-Step Instructions for Rating a Single Session Using the INTRO, RDI, ALE and FT Subscales</i>	25
SCORING INSTRUCTIONS FOR THE THREE-PRONGED PROTOCOL SUBSCALE	27
DETAILED INSTRUCTIONS, EXPLANATIONS, AND EXAMPLES FOR RATING THE THREE-PRONGED	
PROTOCOL SUBSCALE.....	27
<i>Using the Treatment Plan Tracking (TPT) Form</i>	27
<i>TPT Terminology</i>	28
<i>Selecting the Presenting Issue to be Scored</i>	28
<i>Scoring Items 1, 2, and 3</i>	28
<i>Figure 5: Completion of the Three-pronged Protocol Subscale</i>	29
<i>Scoring Items 4, 5, and 6</i>	29
STEP-BY-STEP INSTRUCTIONS FOR RATING A THREE-PRONGED PROTOCOL.....	31
USING THE EFRS WORKBOOKS	33
ORGANIZING THE WORKBOOKS	33
<i>Example 1: One Clinician, one Client</i>	33
<i>Example 2: One Clinician, many Clients</i>	33
<i>Example 3: Many Clinicians, many Clients</i>	34
<i>Table 4: Example of Workbook Organization in a Study with Two Raters, Two Clinicians, and</i>	
<i>Twenty Clients</i>	34
TRANSFERRING SCORES INTO THE WORKBOOK.....	35
<i>STEP-BY-STEP INSTRUCTIONS FOR SETTING UP THE WORKBOOK(S)</i>	35
<i>STEP-BY-STEP INSTRUCTIONS FOR TRANSFERRING SINGLE SESSION RATING SCORES TO THE</i>	
<i>WORKSHEET</i>	36
<i>Figure 6: Adding Identification Information in Worksheet</i>	37

Figure 7: Copying Scores into the Worksheet.....	37
STEP-BY-STEP INSTRUCTIONS FOR TRANSFERRING THREE-PRONGED PROTOCOL RATING SCORES TO THE WORKSHEET.....	38
Figure 8: Adding Identification Information in Worksheet.....	38
TROUBLE SHOOTING.....	39
<i>Accidentally deleting one of the line and section summary calculator cells, Q12-Q31, on one of the individual Worksheets (WS 1-10)</i>	39
<i>Accidentally deleting the single session or TPP calculator cell, B34, on one of the individual Worksheets (WS 1-10)</i>	39
CALCULATING FIDELITY	41
<i>Table 5: Overview of Fidelity Calculation</i>	41
CALCULATION OF SINGLE SESSION FIDELITY SCORE.....	42
<i>Calculation of the Single Session Fidelity Score</i>	42
CALCULATION OF THREE-PRONGED PROTOCOL FIDELITY SCORE.....	42
<i>Calculation of the Three-pronged Protocol Fidelity Score</i>	43
WORKBOOK FIDELITY SCORE.....	43
<i>Figure 9: Workbook Summary – Calculation of Average Fidelity Ratings For All Sheets in One Workbook</i>	44
STUDY FIDELITY SCORE.....	45
<i>Instructions For Determining the Study Fidelity Rating.....</i>	45
<i>Figure 10: Study Summary – Calculation of Study Fidelity Score from Multiple Workbooks.....</i>	47
APPLICATIONS OF THE EFRS	48
<i>Table 6: Examples of the Types of Application for the EFRS.....</i>	48
<i>Use Within a Research Study.....</i>	48
<i>Use in Single Case Study.....</i>	48
<i>Use in Consultation and for Self-monitoring</i>	49
FOCUS OF FIDELITY EVALUATION.....	49
<i>Table 7: Focus of Fidelity Evaluation.....</i>	49
REFERENCES.....	50
ABBREVIATIONS.....	52
TABLES	
<i>Table 1: EFRS Material.....</i>	1
<i>Table 2: EFRS Subscales.....</i>	7
<i>Table 3: Examples for Items Scored as “0” or “NA” and Sections Scored as “0” or “Blank”</i>	22
<i>Table 4: Example of Workbook Organization in a Study with Two Raters, Two Clinicians, and Twenty Clients</i>	34
<i>Table 5: Overview of Fidelity Calculation</i>	41
<i>Table 6: Examples of the Types of Application for the EFRS</i>	48
<i>Table 7: Focus of Fidelity Evaluation.....</i>	49
FIGURES	
<i>Figure 1: Example of the Single Session Summary (SSS) Form for Introductory Phases.....</i>	15
<i>Figure 2: Example of the Single Session Summary (SSS) Form for ALE Processing.....</i>	16
<i>Figure 3: Example of Completed Treatment Plan Tracking (TPT) Form.....</i>	19
<i>Figure 4: Example of Scoring using the EFRS Scoring Form</i>	20

<i>Figure 5: Completion of the Three-pronged Protocol Subscale.....</i>	<i>29</i>
<i>Figure 6: Adding Identification Information in Worksheet</i>	<i>37</i>
<i>Figure 7: Copying Scores into the Worksheet.....</i>	<i>37</i>
<i>Figure 8: Adding Identification Information in Worksheet</i>	<i>38</i>
<i>Figure 9: Workbook Summary – Calculation of Average Fidelity Ratings For All Sheets in One Workbook</i>	<i>44</i>
<i>Figure 10: Study Summary – Calculation of Study Fidelity Score from Multiple Workbooks.....</i>	<i>47</i>

Introduction to Version 2

The EMDR Fidelity Rating Scale (EFRS) has been significantly revised since it was originally published on the EMDR Research Foundation website in August 2017 (Version 1). Based on feedback from clinicians, consultants, and researchers, changes were incorporated to make the EFRS more precise and user-friendly. The Manual has been expanded with more examples and detail to help consultants, researchers, clinicians, and raters in using the EFRS to evaluate fidelity. The EFRS Scoring Form was modified and Version 2 now differs from the versions published both on the EMDR Research Foundation Website and in the appendix of the third edition of Dr. Francine Shapiro's textbook (2018). Some previously existing items were reworded and some new items were added. The Excel workbooks, with their embedded calculators used for calculating fidelity scores, have been updated to correspond with Scoring Form Version 2. If you were previously using Version 1 of the EFRS, we strongly urge you to shift to using the updated and improved Version 2. Also, we offer you a reminder that the EFRS consists of 5 parts and the Scoring Form, Clinician Forms, and Workbooks should not be used without reading the Manual or, at least, the relevant sections of the Manual. The Manual is designed both to provide basic instructions for the use and scoring of the EFRS and to answer most questions that clinicians, raters and researchers might have about incorporating the EFRS into consultative and research settings.

OVERVIEW

The EMDR Fidelity Rating Scale (EFRS)

The EFRS evaluates adherence to EMDR therapy’s standard eight-phase treatment approach and three-pronged protocol (Shapiro, 2001, 2018). Originally developed for use in a study by van der Kolk et al. (2007), the scale underwent a major revision in 2017 after receiving feedback from Researchers and Raters who had used the scale, and Version 1 was published in August 2017. In May 2018, Version 2 was published, incorporating updates to the Scoring Form, Manual, Blank Workbook, and Sample Workbook.

The EFRS is a five-part comprehensive rating instrument designed to assess treatment fidelity in a single EMDR session and adherence to the three-pronged protocol. It also combines data from multiple sessions to calculate fidelity in a course of treatment and/or research study. The scale provides a breakdown of treatment components, a rating system with indicators for “acceptable” adherence, and an automated scoring calculator. Fidelity ratings range from 0 (No Adherence) to 3 (Good Adherence), with a cut-off score of 2.0 for Acceptable Fidelity.

Table 1: EFRS Material

EFRS MATERIAL

		Contains
Part One	The EFRS Scoring Form	Five subscales (formatted for use in research)
Part Two	The EFRS Manual	Overview and Instructions for Clinicians, Raters, Researchers
Part Three	The EFRS Clinician Forms	<i>Single Session Summary</i> (SSS) Form <i>Treatment Plan Tracking</i> (TPT) Form
Part Four	The Blank EFRS Workbook	Data collector Embedded scoring calculator
Part Five	The Sample EFRS Workbook	Illustrations of scoring and the use of the embedded scoring calculator

The EFRS is an observer-rated research scale that can be used when reviewing video recordings of actual treatment sessions. However, it can also be used by individual Clinicians to monitor fidelity in their own treatment sessions, or by EMDR Consultants when assisting Clinicians in the development of their EMDR therapy skills.

The EFRS can be used in the evaluation of EMDR treatment sessions for any disorder or presenting problem in which standard EMDR procedural steps and the three-pronged protocol are used to address memories of adverse life experiences or current triggers eliciting distress.

EMDR standard procedures, in addition to being established as an efficacious treatment for posttraumatic stress disorder (Watts et al., 2013; WHO, 2013), have been successfully used for symptoms of depression (Gauhar, 2016), panic disorder (Faretta, 2013), chronic pain (de Roos et al., 2010), relational stresses (Reicherzer, 2011), performance anxiety (Maxfield & Melnyk, 2000), and many other problems.

Purpose

Adherence to a given treatment protocol, validated by fidelity ratings, is considered an essential component of any rigorous randomized clinical trial. The importance of EMDR treatment fidelity was demonstrated in a meta-analysis by Maxfield and Hyer (2002), who examined the relationship between research outcomes and methodological strengths and weaknesses. Using Foa and Meadows's (1997) Gold Standard Scale, a set of seven criteria, for assessing methodological integrity in treatment outcome studies, they found that there was a significant relationship between EMDR treatment fidelity and treatment effect size, with treatment adherence the strongest predictor of positive outcome. Given the primacy of treatment adherence, the development of a comprehensive fidelity scale for EMDR therapy became a priority.

Currently, most treatment guidelines evaluate methodological rigor to determine the strength of the evidence in studies purporting to show treatment efficacy and to decide which studies are appropriate to be included in their guideline analyses. Evaluation of treatment fidelity is an expected methodological standard.

History

There were two EMDR fidelity rating scales developed for research purposes that existed prior to the development of this current scale. Neither of these earlier scales was published. Dr. Steven Lazrove developed a scale for use in an EMDR study conducted by van der Kolk et al. (1999) and Drs. William Zangwill and Howard Lipke developed a scale for use in a study conducted by Rothbaum (1997). This latter scale was also used in later studies, such as those by Rothbaum et al. (2005) and Taylor et al (2003). More recently, other EMDR fidelity scales have been published (*e.g.*, Leeds, 2009, 2016), including one for work with children and adolescents (Adler-Tapia & Settle, 2008, 2016).

The EFRS had its origin in 2001. Dr. Deborah Korn was asked to develop a comprehensive treatment manual and fidelity rating scale for an NIMH-funded study that compared the efficacy of three treatments for posttraumatic stress disorder: the SSRI fluoxetine, EMDR, and pill placebo (van der Kolk et al., 2007). Both of the fidelity scales developed earlier (Lazrove, 1999; Zangwill & Lipke, 1997) were reviewed and carefully evaluated, in terms of strengths and weaknesses, prior to the start of development efforts on this new scale. Drs. Nancy Smyth and Francine Shapiro served as consultants in the development of this fidelity scale (Korn, Zangwill, Lipke, and Smyth, 2001). In 2007, Dr. Korn moved into the next phase of development, working with Drs. Francine Shapiro, Nancy Smyth, Louise Maxfield, and Robert Stickgold to create a

more sophisticated and comprehensive fidelity evaluation instrument. A computerized scoring system was developed at that time. Another round of development came in 2009 when a basic user’s manual, including instructions for Clinicians, instructions for Raters, and instructions for scoring, was created. The current version was completed in 2017, and updated in 2018, integrating feedback from Clinicians, Raters, and Researchers who had used the scale and scoring system and provided feedback over the years. We also incorporated Leeds’s (2009, 2016) strategy of double-weighting Critical Elements.

How To Use This Manual

This manual is designed to guide the evaluation of fidelity to the EMDR standard protocol. It provides instructions for the Clinicians whose work is being evaluated, for the Raters who review the Clinicians’ work, and for Researchers who design, oversee and analyze the results of research studies. While the EFRS was developed for use in research studies, it can also be used by individual Clinicians to monitor fidelity in their own treatment sessions, or by EMDR Consultants when assisting Clinicians in the development of their EMDR therapy skills. While the entire manual should be read by anyone who wants to fully understand the fidelity rating procedure, only portions of the manual are critical reading for each of the groups noted above.

Recommendations for Clinicians in a Research Study

As a Clinician in a research study, you must understand how your adherence to EMDR therapy’s eight-phase treatment approach and Three-pronged Protocol will be evaluated by Raters. You are encouraged to discuss any concerns regarding treatment provision and procedures with your Researcher prior to starting the study. We recommend that, at a minimum, you read:

EFRS Treatment Fidelity.....	p 5
The EFRS Scoring Form	p 7
Preparing for Research	p 10
Step-by-Step Instructions for Using the Clinician Forms	p 14

Recommendations for Raters

As a Rater, it is important for you to understand how fidelity is conceptualized and applied in the EFRS. We recommend that you read, at a minimum:

EFRS Treatment Fidelity.....	p 5
The EFRS Scoring Form	p 7
Scoring Instructions For the Single Session Subscales	p 20
Scoring Instructions For the Three-Pronged Protocol Subscale.....	p 27
Using the EFRS Workbooks	p 33

Recommendations for Researchers

As a researcher, designing an EMDR research study, you should read this entire manual, understanding at both a conceptual and practical level how fidelity is defined and implemented in the EFRS. There is no shortcut to understanding it all.

Recommendations for Clinicians Monitoring Their Own Fidelity

In order to monitor your own fidelity with the EFRS, you need to understand how fidelity is conceptualized and how to use the EFRS Scoring Form. We recommend that you read, at a minimum:

EFRS Treatment Fidelity.....	p 5
The EFRS Scoring Form	p 7
Step-by-Step Instructions for Using the Clinician Forms	p 14
Scoring Instructions For the Single Session Subscales	p 20
Scoring Instructions For the Three-Pronged Protocol Subscale.....	p 27
Using the EFRS Workbooks	p 33

Recommendations for Consultants and Consultees

The EFRS can be used by a Consultant to evaluate whether a Consultee is making progress in mastering the steps of the EMDR standard protocol and adequately adhering to this protocol in his/her clinical work. A Consultant may also want to use the EFRS in evaluating a Consultee's readiness for EMDRIA certification. If you are a Consultant, we recommend that you read, at a minimum:

EFRS Treatment Fidelity.....	p 5
The EFRS Scoring Form	p 7
Step-by-Step Instructions for Using the Clinician Forms	p 14
Scoring Instructions For the Single Session Subscales	p 20
Scoring Instructions For the Three-Pronged Protocol Subscale.....	p 27
Using the EFRS Workbooks	p 33

EFRS TREATMENT FIDELITY

EMDR treatment fidelity is defined as adherence to EMDR’s standard eight-phase treatment procedures and the Three-pronged Protocol (Shapiro, 2001, 2018). Treatment fidelity is monitored in research studies to “enhance the accuracy and consistency of an intervention [and] to ensure it is implemented as planned and that each component is delivered in a comparable manner to all study participants over time” (Smith, Daunic, & Taylor, 2007, p.121). It is also strongly recommended that Clinicians monitor their own adherence to treatment in their own practices. To facilitate this process, Shapiro has included the EFRS Scoring Form in her textbook (2018, Appendix C).

An important point to keep in mind is that fidelity is not measured by the Client’s response or the treatment outcome. Fidelity is a measurement of the Clinician’s adherence to the treatment procedures. A fidelity rating is not a measure of the skill of the Therapist or the success of the therapy. These can disagree in either direction: a therapy can be highly successful yet fail to follow the prescriptions of the therapeutic approach, or a therapy can be performed clumsily and unsuccessfully, yet follow the procedures of the therapeutic approach precisely. If the Clinician followed the procedures precisely, even with a bad outcome, his/her Fidelity Score should reflect that adherence. Likewise, if the Clinician did not follow standard EMDR procedures, even if there is a highly successful outcome, his/her Fidelity Score should reflect the lack of adherence.

Various Types of Fidelity Scores Provided by the EFRS

Single Session Fidelity

Single Session Fidelity is evaluated using the EFRS Scoring Form (see p 7) to rate the treatment provided in a session, based on its video recording. It determines how well the Clinician adhered to the specified standard procedures in the session. Each procedural step is operationalized with detailed behavioral descriptors, and the fidelity for each component is assessed on a 4-point Likert scale. To achieve a satisfactory Single Session Fidelity score, the Clinician must achieve a mean score of “adequate fidelity” across all treatment components provided in that session.

Francine Shapiro’s (2001) textbook and the EMDR Institute’s Weekend 1 (Shapiro & Lalotitis, July 2017) and Weekend 2 (Shapiro & Lalotitis, January, 2017) Training Manuals were consulted in formulating items. All areas of uncertainty were discussed and confirmed in personal communication with Francine Shapiro.

Three-pronged Protocol Fidelity

Three-pronged Protocol Fidelity is evaluated for the course of treatment with one Client. It uses the Clinician-completed *Treatment Plan Tracking* (TPT) Form and EFRS Scoring Form to assess the Clinician's adherence to EMDR's Three-pronged Protocol. This protocol requires the Clinician to formulate a three-pronged plan for addressing a given presenting problem by identifying and treating (1) past memories, (2) current triggers, and (3) future challenges related to this problem. Satisfactory fidelity requires that the Clinician worked within this framework. The Three-pronged Protocol subscale includes six dichotomous (yes/no) ratings. To achieve a satisfactory Fidelity score on EFRS's Three-Pronged Protocol subscale, a minimum of one past, one present, and one future target must be identified for a single presenting problem, and processing must be provided for at least one of them. Achieving a satisfactory fidelity score for the Three-pronged Protocol does not require that The Clinician treat all of the identified targets, as there may be various reasons why this was not possible (e.g., insufficient time or client unwillingness). The Clinician only needs to have treated one of the three identified targets if acceptable reasons are provided for not addressing the others. However, adequate fidelity does require that the Clinician identified all three types of targets. This is a core element in EMDR treatment conceptualization. It is essential that the Clinician establish clinical goals using this three-pronged approach in order for treatment to be comprehensive and, ultimately, effective.

Workbook Fidelity Score

Scores from the EFRS Scoring Form are entered by the Rater into the EFRS Workbook. Scores from up to ten Scoring Forms can be entered into one Workbook. The Workbook Fidelity Score is the mean of all the Single Session Fidelity Scores and Three-pronged Protocol Fidelity Scores in the workbook. The score is automatically calculated by the workbook's embedded calculator.

Study Fidelity Score

When a study requires the evaluation of more than ten single sessions and Three-prong Protocols, additional EFRS Workbooks must be used. The Study Fidelity Score is the mean of all the Single Session and Three-pronged Protocol Fidelity Scores in all study workbooks. The score is automatically calculated after the ratings for all Clinicians are completed and entered, and the Workbook Fidelity Scores from all Workbooks have been compiled in a single master Workbook.

THE EFRS SCORING FORM

The EFRS is designed to evaluate a Therapist's adherence to EMDR therapy's standard procedures, using the EFRS Scoring Form, which has five subscales (see Table 2).

Single sessions are rated on the EFRS Scoring Form, using any or all of the first four subscales. The Introductory (Phases 1 & 2) and Adverse Life Experiences (ALE) Processing (Phases 3-8) subscales assess adherence to the standard eight-phase treatment approach. The Future Template (FT) Subscale evaluates the Therapist's use of the Future Template Protocol. The optional Resource Development and Installation (RDI) Subscale, allows for the evaluation of adherence when using the RDI protocol (Korn & Leeds, 2002).

The fifth subscale, the Three-pronged Protocol (TPP) Subscale, examines whether a Clinician appropriately identified and addressed relevant past events, present triggers and symptoms, and future behavioral goals across the course of a Client's treatment.

Table 2: EFRS Subscales

EFRS SUBSCALES

I. Introductory (INTRO) Subscale

- Phase 1 - History-taking and Treatment Planning Section
- Phase 2 - Preparation Section
- Safe/Calm Place Exercise Section

II. Resource Development and Installation (RDI) Subscale (Optional)

III. Adverse Life Experiences (ALE) Processing Subscale for past events and present triggers/symptoms

- Phase 3 – Assessment Section
- Phase 4 – Desensitization Section
- Phase 5 – Installation Section
- Phase 6 - Body Scan Section
- Phase 7 – Closure Section
- Phase 8 – Reevaluation Section

IV. Future Template (FT) Subscale

V. Three-pronged Protocol (TPP) Subscale

Individual Subscale Descriptions

I. Introductory (INTRO) Subscale

This subscale addresses Phases 1 and 2 of the standard EMDR procedures, and evaluates adherence as the Clinician begins to work with a Client, typically in the first and/or second session(s), or subsequent sessions if extended preparation or additional history-taking is required. The INTRO subscale has three sections, evaluating adherence to the protocol for (i) History-taking and Treatment Planning, (ii) Preparation, and (iii) the Safe/Calm Place Exercise. The Safe/Calm Place Exercise is a part of Phase 2 preparation work, but has a protocol of its own and therefore, a section devoted to its evaluation. Please note that the scale does not evaluate the process of formal psychological evaluation, the steps involved in making a diagnosis, or the provision of measurement inventories, as these are addressed in different ways across research studies and clinical practices. Also, the scale does not consider how the Therapist evaluates readiness for EMDR therapy, as the Researcher typically addresses this in the recruitment stage of a study, prior to the start of treatment.

II. Resource Development and Installation (RDI) Subscale

This optional subscale addresses the Resource Development and Installation Protocol (RDI; Korn & Leeds, 2002; Shapiro, 2018), developed separately from the Standard EMDR Protocol. Typically, the RDI Protocol is used only when a Client needs additional stabilization or preparation beyond the standard Safe/Calm Place Exercise before moving on to later phases focused on adverse life experiences (ALE) processing. It is used when a Client shows signs of more significant dysregulation and fears related to memories of adverse life experiences, associated triggers, and overwhelming negative affect. This subscale is only used if the RDI Protocol has been utilized in the course of treatment. It is likely that the subscale will be used to evaluate sessions early in the course of treatment, during the Preparation Phase. However, if a Clinician decides to use the RDI Protocol to re-stabilize a Client or strengthen his/her capacity to tolerate focused processing work during a session later in treatment, this subscale would be used in the evaluation of that session.

III. Adverse Life Experiences (ALE) Processing Subscale

This subscale, addressing Phases 3 through 8 of the Standard EMDR Protocol, evaluates adherence as the Clinician focuses on processing a specific target (past event or current trigger/symptom) during a single session. This subscale has six sections, evaluating adherence for the following phases: (i) Reevaluation, (ii) Assessment (of a new target), (iii) Desensitization, (iv) Installation, (v) Body Scan, and (vi) Closure.

The ALE Processing Subscale can be used repeatedly to evaluate multiple sessions, at different points in treatment, when the focus is EMDR processing. Targets may be past or present prongs of the Three-pronged Protocol – *i.e.*, past adverse life experiences OR present triggers (*e.g.*, receiving negative feedback, dealing with authority figures) or symptoms (*e.g.*, nightmare

imagery, anxiety or shame reactions, somatic complaints). Sessions devoted to installing future templates are not evaluated with this subscale, but instead with the Future Template Subscale.

Ratings are conducted only if specific treatment components are included in a given session; not all sections of the ALE Processing Subscale will necessarily be used for a given session, as not all sessions will include every treatment component. The Assessment section is used only for assessment of a new target. The Reevaluation section is only used for evaluating processing sessions when a given target has already been introduced in an earlier session. If there is an incomplete processing session, in which the Client does not get to a SUD score of “0” or “1”, and the Clinician does not complete the Installation and Body Scan Phases, but moves directly to the Closure Phase, no rating would be done for the Installation and Body Scan sections.

IV. Future Template (FT) Subscale

This subscale addresses adherence to the Future Template Protocol (not formally included in the eight phases of the EMDR Standard Protocol). This Protocol, representing the third prong of the Three-pronged Protocol for comprehensive EMDR treatment, is typically used after relevant past targets and present triggers/symptoms have been addressed and resolved or if the Client has an imminent challenge.

V. Three-pronged Protocol (TPP) Subscale

This subscale addresses the question of whether the Clinician conceptualized, planned, and worked with the Three-pronged Protocol in mind. The subscale evaluates whether the Clinician appropriately identified past, present, and future goals and then processed the targets relevant to the identified presenting issue(s). Scoring is based on the TPT Form, which is initially completed by the Clinician during History-taking and Treatment Planning and then updated at the end of each treatment session. It documents the Client’s presenting issues and associated past, present, and future targets and identifies the sessions in which these issues and targets are addressed.

The Item Scores

With the exception of the Three-pronged Protocol subscale, which is scored on a dichotomous Yes/No scale, all individual items are scored using a 4-point Likert scale. Each item contains specific behavioral descriptors associated with a given phase or procedural step in the protocol and is scored 0: no adherence, 1: some adherence but inadequate, 2: acceptable adherence, or 3: very good adherence. Detailed scoring instructions are provided on pages 20-32.

PREPARING FOR RESEARCH

This section provides an overview of how to incorporate fidelity ratings into your research design. It describes discussions and activities that should precede the start of the study, the forms Clinicians and Raters will use, how sessions are selected for inclusion in the analysis of fidelity, and the orderly transfer of session recordings and forms to the Raters. Information about determining fidelity and interpreting the findings can be found in *Calculating Fidelity* (p 41) and *Interpreting Fidelity Scores* (p 48).

PROVISION OF TREATMENT

It is critical that you ensure that the Research Team, Clinicians, and Raters are on the same page regarding the subtleties of the EMDR standard procedures. All five parts of the EFRS should be provided to everyone in the research study (p 1). You should discuss with them, prior to the start of the study, how certain items will be evaluated. For example, cognitive interweaves are described in a narrow sense by Shapiro (2001, 2018), yet they have been taught more broadly by other EMDR experts. Phase 8 (Reevaluation) and the Future Template Protocol have also been taught with slight variations across trainers over the years. The parameters used in your study should be clear to all involved prior to the start of the study.

It is **strongly** recommended that you run a short trial prior to the official start of your study. Discussions about EMDR procedures and the use of the EFRS are not sufficient; an actual practice run is strongly advised. Even with an experienced clinical/research team, people need refreshers and time to get on the same page. In such a trial, Clinicians should be rated and given feedback to ensure that fidelity requirements are clearly understood and able to be met. Similarly, Raters can discuss their questions and concerns with you, related to the use of the EFRS.

Unexpected Client/Participant Crises

Before starting your study, it is advisable to establish a procedure for handling a situation in which a Client presents for a treatment session with a new crisis (e.g., conflict with a partner). The study protocol should dictate how new Client crises are handled in the treatment session and how much session time can be allocated to problem-solving or stabilization. You should ensure that all Raters understand the provisions that are allowed for such situations.

Example: In some studies, the focus is solely on the pre-established treatment plan, and new crises and life events are not addressed. In other studies, the first 30 minutes of the session may be allocated to a weekly update and management of new crises, with the remaining 60+ minutes allocated to providing EMDR therapy. In the latter situation, the

first 30 minutes of the session may not be rated for fidelity, if techniques such as problem-solving or other non-EMDR strategies are used.

The study protocol should also include directions for handling severe crises, which may interrupt the treatment plan (e.g., suicidal or homicidal behavior/plan, psychosis, dangerous social situations). It is advisable to develop a study form for documenting and tracking such events.

Unscheduled Contact

It is advisable to establish procedures for managing unscheduled contact, when the Client calls the Clinician between sessions for advice or assistance. Such contact increases the amount of therapeutic intervention being provided in the study. Some Researchers may decide that unscheduled contact is not allowed, others may permit it. All unscheduled contact should be documented for tracking and safety purposes.

CLINICIAN AND RATER FORMS

Clinician Forms

Although the Clinician should be familiar with all EFRS materials, he/she is specifically responsible for the completion of two forms (see *Step-by-Step Instructions for Completing Clinician Forms*, p 14). These are:

- The *Single Session Summary* (SSS) Form: The SSS is completed at the end of each treatment session. It allows the Clinician to indicate what treatment was provided in the session that was just completed.
- The *Treatment Plan Tracking* (TPT) Form: The TPT is initially completed during History-taking and Treatment Planning and is updated at the end of each treatment session. The Clinician uses this form to document the Client's presenting issues and associated past, present, and future targets and to identify the sessions in which these issues and targets are addressed.

It is recommended that the Researcher review with the Clinicians how these forms should be completed and stress their importance. They will be used by the Rater when he/she is evaluating fidelity, and forms incorrectly completed by the Clinician may lead to errors in fidelity assessment. For example, a Clinician who neglected to indicate on his/her Treatment Plan Tracking Form that he/she had identified past, present, and future targets related to a presenting issue would be assessed as having "No Adherence" on the Three-pronged Protocol Subscale for that course of treatment.

Clinicians should also be reminded that they can use these forms to communicate with the Rater about clinical decision making, and that they should note on the forms any reasons for departing from standard procedures. For example, a Clinician might not conduct a Body Scan before

closing a session, and fail to explain on the SSS Form that this was because of insufficient time. As a result, the Body Scan section would be scored as having “No Adherence”.

Material for the Rater

Although the Rater should be familiar with all EFRS materials, he/she will work directly with the following material:

- For each session that he/she is evaluating, the Rater receives a video recording of the session and the related SSS Form completed by the Clinician.
- The Rater is provided with a Clinician-completed Treatment Plan Tracking (TPT) Form for each Client for whom the Three-Pronged Protocol (TPP) subscale is being evaluated.
- The Rater completes one EFRS Scoring Form for each session or TPT Form that he/she evaluates.
- The Rater enters the ratings from the EFRS Scoring Forms he/she completes into one or more EFRS Scoring Workbooks, as discussed with the Researcher. (See *Organizing the Workbooks*, p 33).

It is recommended that the Researcher review the use of these forms with the Raters, to ensure that they know how to use them in their evaluation of fidelity. The Researcher may want to request that the Raters inform him/her if they notice a Clinician struggling with correct completion of an SSS or TPT Form, as this may cause errors in the evaluation of fidelity, or a Clinician showing consistently poor fidelity, as this will affect the validity of the study.

SELECTION OF SESSIONS TO BE RATED

It is imperative that all sessions are recorded and that a random sample is selected for rating. “Multiple sessions should be randomly selected from different phases of treatment” (Borrelli, 2011). Prior to commencing a research study, it is recommended that the Researcher decide what number and percentage of sessions will be sampled for rating purposes. For example, in the van der Kolk et al. study (2007), approximately 10% of the 210 study sessions were selected for review. Sessions were over-sampled to ensure the inclusion of at least 10% of sessions per Clinician and session type (e.g., INTRO, ALE, RDI, FT) in the fidelity assessment.

As another example, a study might provide 10 EMDR treatment sessions to 30 Participants, for a total of 300 sessions. Three Clinicians might each treat 10 Participants and thus provide 100 sessions each. The Researcher could then randomly select 10% (n=30) of the overall session recordings for subsequent rating, with 10 from each Clinician.

It is worth noting that because of random sampling, there may be no sessions or forms rated for some Clients. For example, of the 10 recordings selected from the 100 conducted by one Clinician, three sessions might come from Client #7, two each were from Clients #2 and #6, one was from Client #10, and one *TPT Form* each from Clients

#3 and #5. As a result, no sessions or forms for Clients #1, #4, #8, or #9 would be rated. (See Examples 2 and 3 below, for additional examples).

Alternatively, a Researcher might decide to require that the ten sampled sessions from each Clinician contain two sessions chosen randomly from those that would be scored using each of the INTRO, RDI, ALE, and FT subscales, as well as two TPT Forms that would be scored on the TPP Subscale. An intermediate option that a Researcher might choose would require that, for each Clinician, there be one session chosen randomly for each subscale—INTRO, RDI, ALE, and FT—and one TPT Form for the TPP Subscale, while the remaining five sessions and TPT Forms would be chosen at random.

COLLECTING AND FORWARDING RECORDINGS AND FORMS

Step 1: Identifying Information

Clinicians and Clients/Participants should be assigned anonymous identification numbers (e.g., Clin-2 and P15) so that their material can be collated throughout the study. Ensure that Clinicians label each recording and form with the following identifying information: Clinician code, Client/Participant number, session date and number, and an indication of the subscales relevant for rating (e.g., Introductory (INTRO), Resource Development and Installation (RDI), Adverse Life Experiences Processing (ALE), Future Template (FT). For example, a recording may be labeled and electronically saved as P15, Clin-2, 5-5-17, Sess2, ALE, indicating that the recording was of Participant 15, treated by Clinician #2, on May 5, 2017, in session 2, and that the ALE phases were administered.

Step 2: Forwarding Recordings and Forms to the Raters

After randomly selecting session recordings, Researchers should forward each video recording to the Rater, accompanied by its SSS Form. For evaluation of the Three-Pronged Protocol (TPP) subscale, Researchers provide the Rater with the *Treatment Plan Targeting* (TPT) Forms for the randomly selected Clients. For a more rigorous evaluation of the Three-pronged Protocol, Raters should be asked to examine the information provided on all the SSS Forms for a given Client along with the information documented on the TPT Form.

The Scoring Instructions section contains instructions for rating a single session (p 20) and the Three-pronged Protocol Subscale (p 27), as well as for entering these ratings into the Excel EFRS Workbook (p 35).

STEP-BY-STEP INSTRUCTIONS FOR COMPLETING THE CLINICIAN FORMS

There are two brief Clinician Forms that are completed after each session. These forms provide information and context to assist the Rater or the Consultant in their evaluation of the session or the course of treatment, and were briefly described on page 11. The Forms can be found in EFRS Part Three: The Clinician Forms.

As a Clinician, it is essential that you fill these forms out carefully. For example, if you indicate that you provided a treatment element (*e.g.*, Body Scan) but did not actually do so, your session will be rated on that item, and given a score of “0”, inadequate. If you decided not to address a particular treatment element (*e.g.*, Body Scan), you can indicate on the SSS Form that it was omitted and explain your reasoning, so that the Rater can have this information when evaluating your session.

INSTRUCTIONS FOR CLINICIANS COMPLETING THE SINGLE SESSION SUMMARY (SSS) FORM

You should be aware that, in most research studies, the Rater does not view the full course of treatment for a single Client. Instead, the Rater will probably only see and rate one or two of your sessions with any one Client, and those sessions may be out of order. This means that the Rater will have no contextual information about how any session fits into the full course of treatment. Therefore, it is essential that, on the SSS Form, you provide the Rater with all the information that he/she may need to understand the treatment that you provided in the session.

The SSS Form for a session is delivered to the Rater along with the video recording of that session.

Step 1: Enter Identifying Information

At the top of the SSS Form, record your Clinician code (*e.g.*, Clin-2), the Client/Participant's identification number (*e.g.*, P12), the session number, and the date of the session. This information will let others know that this form should accompany the related recording. For example, it indicates that this form relates to the 4th session that you, Clinician #2, provided to Client/Participant #12, recorded on 5/10/16.

Example

Session # 4

Client/Participant# P12

Session Date: May 10, 2016

Clinician Code: Clin-2

Step 2: Complete Single Session Summary (SSS) Form

Check the box(es) on the SSS Form for the section(s) corresponding to the procedural steps you addressed in the session: Introductory (INTRO), Resource Development and Installation (RDI), Adverse Life Experiences (ALE), and/or Future Template (FT). If there are subsections within the main section, check the box(es) indicating which steps were addressed. If you did not address a step, leave the box blank. Finally, in the space provided, add the title/name of the target that was processed.

Follow the instructions below for each of the relevant procedural sections.

Introductory (INTRO) Subscale

If you engaged the Client in history-taking and treatment planning, preparation tasks, or the calm/safe place exercise in the session, check the box next to Introductory Phase (INTRO) on the SSS Form. Check the boxes for the specific introductory tasks covered in the session; History-taking and Treatment Planning, Preparation (which includes psychoeducation about EMDR therapy, self-management skill-building, instructions, metaphors, distance and speed, stop signal), and/or Safe/Calm Place Exercise. Check boxes for all tasks or steps covered. If you did not address a task, leave the box blank. See Figure 1 for an example of addressing History-taking and Treatment Planning and Preparation but not the Safe/Calm Place Exercise.

Figure 1: Example of the Single Session Summary (SSS) Form for Introductory Phases

- I. **Introductory (INTRO)**
- History-taking and Treatment Planning
 - Preparation
 - Safe/Calm Place Exercise

Resource Development and Installation (RDI) Subscale

If the session involved the use of the Resource Development and Installation Protocol as part of the Preparation Phase (or as needed later in treatment), check the box next to Resource Development and Installation (RDI). There are no specific tasks listed for this section.

Adverse Life Experiences Processing (ALE) Subscale

If you engaged the Client in Reevaluation, Closure, or one or more tasks related to Phases 3-8 of EMDR processing, check the box next to Adverse Life Experiences (ALE) Processing and then check off whether you addressed a past or present target. Give the past or present target a title (headline/description) so that there is a way to track any work related to this target across sessions. For ease of tracking, it is recommended that you use the same “title” here that you used in the *Treatment Plan Tracking Form*. For example, a past target “title” might be: “Sexual Abuse by Father - Age 8 – In Basement”. A present target “title” might be: “Seeing Father at Family Gathering”.

Next, check a box to indicate whether you engaged the Client in Assessment (of a new target), Reevaluation (of a previous target), Desensitization (of a target), Installation (of a positive cognition), Body Scan, or Closure procedures in the session. Only check boxes for actual procedural steps addressed in a given session. See Figure 2 for an example.

Figure 2: Example of the Single Session Summary (SSS) Form for ALE Processing

- II. **Adverse Life Experiences (ALE) Processing:**
- Past - Target Title Sexual abuse by father (age 8) in basement
 - Present - Target (Trigger/Symptom) Title _____
 - Assessment (of new Target)
 - Reevaluation (if previous EMDR trauma processing session)
 - Desensitization
 - Installation
 - Body Scan
 - Closure

Future Template (FT) Subscale

If the session involved the use of the Future Template Protocol, check the box next to Future Template (FT). If you addressed a future target/goal, give it a title so that there is a way to track any work related to this target across sessions. For example, a future template target “title” might be: “Assertively Setting a Limit with Father”. There are no check boxes for specific tasks in this section.

Step 3: Modifications to the Protocol

If you *consciously decided* to modify or adapt the protocol during the session, or were unable to adhere to the protocol for some reason (*e.g.*, poor affect tolerance, dissociation, stop signal, rigid defenses, unable to get an adequate Negative Cognition), check “Yes” in the Modifications to the Protocol” section of the form. Describe the modifications you made and your reasons for these clinical or practical modifications. Raters will take these explanations into account when evaluating your fidelity to the protocol.

Step 4: Additional Comments

Provide any additional comments relevant to the session at the bottom of the SSS Form. Keep in mind that the Rater may only be viewing this one session, and may have no contextual information about your treatment plan or conceptualization. It is recommended that you provide any information that you think the Rater will need to understand the treatment that you provided and the clinical decisions that you made in this session.

INSTRUCTIONS FOR CLINICIANS COMPLETING THE TREATMENT PLAN TRACKING (TPT) FORM

The Three-pronged Protocol Subscale determines whether you identified past, present, and future targets related to the Client’s presenting issue/s and then attempted to process the identified targets. This information is documented on the *Treatment Plan Tracking (TPT) Form*, which you update at the end of each session. This form is sent to the Rater when all treatment for the Client is finished and is used by the Rater to evaluate if the Three-pronged Protocol was completed in this course of treatment. See Figure 3 for an example of a completed TPT Form.

On this form, you:

- Identify and track the presenting issues of a Client/Participant
- Identify and track the past, present, and future targets identified for specific presenting issues
- Note the session(s) in which identified targets are addressed
- Specify if there were reasons why some targets were not addressed

There may be one or multiple presenting issues over the course of treatment; a separate page of the TPT Form is completed for each presenting issue.

Step 1: Enter Identifying Information at the Start and End of Treatment

Prior to the first session, at the top of the *Treatment Plan Tracking (TPT) Form*, record your Clinician code (*e.g.*, Clin-2), your Client/Participant’s identification number (*e.g.*, P12), and the

date of the first session. Upon completion of treatment, record the date of the last session and the number of sessions completed. This information lets others know, for example, that Client/Participant #12 received eight sessions, starting April 18, 2016, and finishing June 13, 2016.

Step 2: Identify Presenting Issues

During or after a History-taking/Treatment Planning session, provide a descriptive title for the presenting issue on the top line of the TPT Form. If there are multiple presenting issues, start a new page for each one. For example, on page 1, the presenting issue might be “flashbacks of car accident at age 25”, on page 2, it might be “fear of intimacy (related to history of sexual abuse by father)”. See example, Figure 3.

Step 3: Identify Targets Related to Presenting Issues during History-taking /Treatment Planning

During or after a History-taking/Treatment Planning session, on the relevant page, list the potential targets associated with a specific issue, by providing a descriptive title (headline/description) for each target. You will have collected this information during history-taking, using direct questioning or the floatback/affect scan technique. List one or more past, present, and future targets identified as relevant for each presenting issue. In the column labeled *Identified in Session #*, write the number of the session in which the target was first identified. See example, Figure 3.

Step 4: Add Issues and Targets That Present in Subsequent Sessions

Add new targets or information to the form at any point in treatment when/if new details are obtained or issues/targets are further clarified. As above, in the column labeled, *Identified in Session #*, write the number of the session in which the target was first identified. Similarly, a new presenting issue can be started on a new page, listing additional targets to be addressed during treatment.

Step 5: Note Targets Processed in Each Session

After each session, write the session number beside the target(s) processed in that session. It is critically important that you try your best to process targets associated with each of the three prongs over the course of treatment, and that you document this work on the TPT Form. Even if the work was incomplete or not successful, it is important that you document the effort. If you fail to document your attempt to process certain targets, your fidelity score on the Three-pronged Protocol Subscale may be compromised. See Figure 3. Figure 3 also shows examples of how you can provide additional information to the Rater about the processing of targets.

Step 6: Additional Comments

Include any additional comments that might help a Rater to better understand the decisions that you made in identifying presenting issues, choosing targets to process, attempting to process designated targets, and attempting to install future templates. For example, you might note that a past, present, or future target was not processed during the course of treatment because (i) you ran out of time, (ii) the Client was unable to tolerate or do the work despite your efforts to assist, (iii) the Client refused to do the work despite your efforts to assist, (iv) a given target no longer needed attention as it resolved on its own, and/or (v) a future goal no longer needed attention as the Client was able to achieve a given behavioral goal on his/her own. (See examples of Comments in Figure 3.)

If you did not adhere to the treatment plan designated on the Treatment Plan Tracking (TPT) Form, it is critical that you explain why this was the case so that the Rater can accurately evaluate the course of treatment.

Figure 3: Example of Completed Treatment Plan Tracking (TPT) Form

PRESENTING ISSUE #1: Flashbacks of a Car Accident at Age 25

TARGETS		Identified in Session #	Processed in Session #	
Past	other car running a red light and approaching head-on	1	3	4
Past	being lifted into an ambulance	1	4	
Past	her car on fire	3	4	5
Past	policeman’s comments	4	4*	
Present	request to attend an event that requires driving on a highway	1	5	
Present	reports of accidents in the news	1	6	
Present	nightmares thematically related to the accident.	1	X	
Future	comfortably and calmly driving on the highway	1	7	
Future	remaining calm when hearing about accidents on the news	1	X	
Future	remaining calm when passing accidents on the roadway	1	7	

COMMENTS: * = this memory emerged during processing of ambulance memory and was resolved in that session

“X” = no processing was specifically done for these targets, as symptoms were eliminated as a result of earlier processing.

SCORING INSTRUCTIONS FOR THE SINGLE SESSION SUBSCALES

The Scoring Instructions are in two sections. First, we provide detailed instructions, explanations, and examples. Next, we provide step-by-step instructions (see p. 24).

DETAILED INSTRUCTIONS, EXPLANATIONS, AND EXAMPLES FOR RATING A SINGLE SESSION

Raters complete the scoring of a single session, based on a review of the video recording and SSS Form associated with that session, using the EFRS Scoring Form. All EFRS items in the Single Session Subscales of the EFRS Scoring Form are rated on a 4-point scale, 0 = no adherence, 1 = some adherence but inadequate, 2 = adherence acceptable, and 3 = adherence very good. Each item represents a specific procedural aspect of the EMDR Standard Protocol.

Figure 4: Example of Scoring using the EFRS Scoring Form

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

A score of “0” means that the Clinician completely failed to address a given procedural step in his/her work with the Client. A score of “1” means that the Clinician included or attempted to

include a given procedural step, but failed to do it adequately or completely; adherence is somehow limited, questionable, and “inadequate”. A score of “2” means that the Clinician clearly included this step in his/her work with the Client, and although adherence was not 100%, it was “acceptable”. A score of “3” means that adherence to the protocol was “very good”. See Figure 4. A score of “NA” means that a particular omitted step was not actually necessary with a given Client.

Never leave any item blank when you are scoring a section. Blank items are scored as zeroes by the embedded scoring calculator in the EFRS workbook.

Critical Elements

You will notice in Figure 4 that Item #2 is preceded by an asterisk. An asterisk is used to indicate critical elements on the EFRS Scoring Form. Fidelity is seen as particularly important for these critical elements. The scores for these items/sections are therefore given double weighting. You do not need to do any extra work with these elements – the embedded scoring calculator in the workbook will assign these a double weight when calculating fidelity. Critical Elements include:

- Assessment section
- Desensitization section
- Installation section
- Item #2 in the History-taking and Treatment Planning section
-
- Items #11, #12, and #13 in the Desensitization section

It is possible for a Single Session Fidelity Score (p 33) to be “Acceptable” even when one or more Critical Elements fail to achieve an “Acceptable” score.

Poor fidelity on a Critical Element should be seen as a signal that a Clinician needs additional consultation.

Procedural Step Examples

Some items on the EFRS Scoring Form identify a particular procedural step and then list examples of what this step might include or what this step might look like to you, the Rater. The examples are followed by a plus “+” and a minus “-” sign. Mark “+” if this behavior is seen in the clinical session being reviewed and “-” if there is no sign of this behavior. The list of various behaviors is included to help you track what you see in the session recording, and to evaluate whether there was adherence for a given procedural step. The pluses and minuses do not affect the fidelity rating. Items with such multiple examples include:

- Item #2 in the Preparation section of the Introductory Subscale
- Item #10 in the Safe/Calm Place Exercise section of the Introductory Subscale
- Items #4 and #14 in the RDI Subscale
- Items #2 and #3 in the Reevaluation section of the ALE Processing Subscale
- Items #4, #10, and #11 in the Desensitization Section of the ALE Processing Subscale

- Item #1 in the Closure section of the ALE Processing Subscale.

The Clinician does NOT need to receive a “+” on any or most examples to be rated as adhering to the protocol.

Differences Between Scores of 0, NA, And Blank Sections

When a Clinician does not address a particular step or procedure, a score of zero or “NA” can be given. It is important to understand when each of these is appropriate.

Scores of “0”

A score of “0” is given when a particular step or procedure is not addressed at all when it was necessary and part of the standard EMDR protocol in the situation being rated. For example, a Clinician completed Phase 5 of EMDR, with SUD=0 and VOC=7, but skipped the Phase 6 Body Scan, going immediately to Phase 7 Closure. No explanation (like “not enough time for body scan” or “Client became unexpectedly activated and needed assistance with regulation”) for the omission was provided when the Clinician completed the SSS Form. Consequently, all items in the Body Scan section would be scored as “0” (see Table 3).

Table 3: Examples for Items Scored as “0” or “NA” and Sections Scored as “0” or “Blank”

Example: Scoring the Body Scan (section in ALE Processing Subscale) when the body scan was omitted in the session

Context	Omission	Score
Phase 5 completed, SUD=0, VOC=7	Inappropriate	Score each item as “0”
Phase 5 completed, SUD=0, VOC=7, Therapist provided good explanation for omitting Body Scan	Appropriate	Score each item “NA”
Phase 5 incomplete at end of session	Appropriate	Leave section blank

Example: Floatback (Item #3 in History-taking and Tx Planning section) not utilized

Context	Omission	Score
Did not identify past event related to present disturbance	Inappropriate	Score item as “0”
Able to identify past event related to present disturbance without floatback	Appropriate	Score item as “NA”

Worksheet 7 of the Sample EFRS Workbook shows an example of omitting an appropriate Closure procedure, and Worksheet 8 shows an example of a session in which the Clinician started but did not complete the Safe/Calm Place exercise and skipped the Assessment of negative and positive cognitions and VOC.

Scores of “NA”

If a particular omitted step was not necessary with a given Client, you can mark that item as NA (Not Applicable; see Table 3). An example of this would be Item #11 in the Desensitization section of the ALE Processing Subscale: *If material is stuck or looping, Therapist intervenes appropriately*. If there was no evidence of looping or “stuck” processing in a session, the Clinician would not be expected to intervene. Item #11 would therefore be marked as NA. Another example is Item #3 in the History-taking and Treatment Planning section of the Introductory Subscale: *Appropriately uses the “affect scan/floatback technique”, when necessary, to identify past events related to current disturbance*. If the Client was able to quickly and easily identify the earlier event(s) associated with his/her symptoms, the Clinician would not need to use the “affect scan/floatback technique” to identify potential targets. Item # 3 would therefore be marked NA. See Table 3 for examples. Also see the Sample EFRS Workbook, worksheets 1, 2, 4, 5, and 10.

Blank Sections

If there is a section within the subscale that was not addressed in the session (*e.g.*, because of a lack of time), simply leave that section blank. For example, when rating the Introductory Subscale, if the Clinician only completed History-taking and Treatment Planning, before moving onto Closure, but did not address Preparation during the session, score the History-taking and Treatment Planning section and leave the Preparation section blank. See Sample Workbook for an overview of completed and blank sections.

Clinical Examples of Scoring Incomplete Sections or Sections Entirely Not Addressed

Clinician #1 did not start the Safe/Calm Place exercise in his/her preparation session. His/her Safe/Calm Place section is left blank and is not scored.

Clinician #2 started the Safe/Calm Place exercise but did not complete it during the Client’s session. He/she explained on the SSS Form that he/she had been unable to complete the intervention because they had run out of time. The items in the Safe/Place section that were completed are scored, while the remainder are marked NA.

Clinician #3 started the Safe/Calm Place exercise. He/she completed only half of the Safe/Calm Place intervention and then went on to do the Assessment. He/she gave no explanation for the incomplete Safe/Calm Place intervention. The items that he/she completed in the Safe/Place section are scored 1-3, and the remainder are scored 0. The Assessment section is marked normally. See Sample Workbook, worksheet 8.

Blank Item

When you are scoring a section, never leave any item blank. The EFRS Workbook’s embedded fidelity calculator treats any blank item as a 0.

Example #1: Two of the three items in the Closure section are left blank, and the mean fidelity score for that section is calculated to be 0.67.

Reevaluation	2					...			0.67
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Example #2: Two of the three items in the Closure section are scored as NA, and the mean fidelity score for that section is calculated to be 2.00.

Reevaluation	2	NA	NA			...			2.00
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STEP-BY-STEP INSTRUCTIONS FOR RATING A SINGLE SESSION

Use of the Clinician’s Single Session Summary Form

Raters are sent a session recording for review. On this recording is a single session with a single Client. The recording is accompanied by an SSS Form. This Clinician checklist is meant to provide you, the Rater, with information about the content and focus of the session recorded. Review the SSS Form to determine what subscales and what sections of the subscales, you will need to use in reviewing that recording on your Scoring Form.

For example, a Clinician checked off on the SSS Form that he/she focused on Introductory phases in this session. More specifically, he/she completed History-taking and Treatment Planning as well as Preparation in this session. To rate this session, you would turn to the Introductory Subscale on the Scoring Form and prepare to complete the History-taking and Treatment Planning AND Preparation sections. If the Clinician checked off Adverse Life Experiences (ALE) Processing (Present Triggers and Symptoms) and Reevaluation, Desensitization, and Closure, you would turn to the ALE Processing Subscale and prepare to complete the Reevaluation, Desensitization, and Closure sections.

If you decide that the Clinician did not check all relevant sections on the SSS Form, but provided treatment in these areas, you should score all sections and subscales as if they had been checked. Then write “NOT IDENTIFIED ON SSS FORM” on the top of any subscale and next to any section of a subscale that you scored, but that was not checked by the Clinician.

In contrast, if a section was checked on the SSS Form, but was not, in fact, addressed in the session, you should rate all items in that section “0” (no adherence), and write “NOT ADDRESSED IN SESSION” next to the section title on the scale (which is next to the section check box). If none of the sections checked for a given subscale were addressed by the Clinician, write “NOT ADDRESSED IN SESSION” at the top of the subscale. If this occurs, we recommend immediately advising the Researcher, so that he/she can ensure that the Clinician knows how to fill out the SSS Form correctly.

Step-by-Step Instructions for Rating a Single Session Using the INTRO, RDI, ALE and FT Subscales

Step 1

The SSS Form has four parts, labeled with Roman numerals I–IV. If the Clinician addressed the elements of a given part, he/she should have checked the box next to the bold-faced title of the section. For each part so marked, find and pull out the appropriate subscale from the EFRS Scoring Form. Individual subscales are one to five pages in length.

Step 2

Complete the Scoring Form header at the top of each subscale you have pulled, copying the Client #, Clinician Code, Session #, and Date of Session from the SSS Form. Enter the current date for the Date of Review. Enter your Rater # (*e.g.*, Ra-2).

Step 3

Parts I and III of the SSS Form each has a series of check boxes. Each check box matches a section on the subscale scoring form. Place your own check marks in the boxes on your subscale scoring form that match the boxes checked on the Clinician's SSS Form. (This marks the sections in each subscale that you need to complete.) Refresh your memory by reviewing the items that you will be scoring for each section of the subscales.

Step 4

Now begin to review the recording of the session.

Step 5

As you watch, confirm that you have the subscale appropriate for the portion of the recording that you are reviewing (*e.g.*, Introductory Subscale), and keep this in front of you.

Step 6

Identify the section of the subscale being addressed (*e.g.*, Preparation), and quickly remind yourself of the items to score (*e.g.*, 1. Offers a coherent explanation/rationale for EMDR, 2. Offers clear instructions to Client about his/her role ... 5. Establishes metaphor).

Step 7

Review this portion of the recording. As you do so, mark provisional scores for each item. For example, the Clinician may have offered some instructions to the Client about his/her role, but did so inadequately (*Score = 0*). Mark these in pencil. Be sure to mark “NA” (not applicable) for a missed item when you feel that it was appropriate for the Clinician to not address that particular procedural step. (See discussion and examples in Table 3, page 22.)

Step 8

As you continue to review the session recording, revise these scores as appropriate. For example, later in this portion of the Preparation session, the Clinician may have offered additional instructions, justifying a score of 2 or even 3. (In most cases, the final score will be the highest score you mark along the way.)

Step 9

When the recording moves on to another portion of the protocol, locate the SSS Form subscale appropriate for this portion. Review this portion of the session by repeating *Step 5* through *7*. Repeat this for each portion of the protocol addressed in the session.

Step 10

When the end of the recording is reached, go back and enter “0” (no adherence) for all items that have not been given any provisional scores, unless a score of “NA” (not applicable) is more appropriate.

Step 11

You will discover that you often will want to go back and review the entire recording, or parts of the recording, one or more times. This is normal when completing fidelity scales. Keep going back and reviewing until you feel confident that your ratings are as accurate as you can get them.

SCORING INSTRUCTIONS FOR THE THREE-PRONGED PROTOCOL SUBSCALE

The Scoring Instructions are in two sections. First, we provide detailed instructions, explanations, and examples. Next, we provide step-by-step instructions (see p. 31).

DETAILED INSTRUCTIONS, EXPLANATIONS, AND EXAMPLES FOR RATING THE THREE-PRONGED PROTOCOL SUBSCALE

The EFRS items in the Three-pronged Protocol Subscale of the EFRS Scoring Form are rated on a dichotomous (Yes/No) scale. Each item represents a specific aspect of the Three-pronged Protocol.

EMDR's Three-pronged Protocol requires the Clinician to formulate a three-pronged plan for addressing a given presenting problem, identifying and treating related *(i)* past memories, *(ii)* current triggers, and *(iii)* future challenges. Adequate fidelity requires that the Clinician worked within this framework. In the EFRS, Acceptable Fidelity for the Three-pronged Protocol (TPP) requires *(i)* the identification of past, present, AND future targets, and *(ii)* the treatment of at least one of the identified targets, with justifications for not treating the other identified targets. (For details, see p 38.)

This subscale differs from the other subscales, which are used to evaluate the Clinician's performance and treatment adherence during one single session. The TPP Subscale is completed when treatment is finished, to determine whether the Clinician conceptualized, planned, and worked with the Three-pronged Protocol in mind during one Client's entire course of treatment.

It does not evaluate the level of fidelity, but simply assesses whether or not the Clinician identified past events, present triggers/symptoms, and future goals relevant to a particular presenting issue, and then attempted to process the identified targets. The purpose here is not to evaluate performance, or to assess the quality of treatment conceptualization. The TPP Subscale simply determines whether the Clinician adhered to the framework of the Three-pronged Protocol.

Using the Treatment Plan Tracking (TPT) Form

The TPP Subscale uses information collected on the TPT Form that is provided to the Rater upon the completion of treatment. The subscale has six items, which require simple Yes/No evaluation. In addition, for Items 4, 5 and 6, there is an NA (Not Applicable) option. (See Figure 3, page 19, for an example.) More information about this form can be found in the Instructions for Clinicians Completing the Treatment Plan Tracking (TPT) Form section on page 17.

TPT Terminology

Presenting Issue	The problem for which the Client seeks treatment (e.g., nightmares)
Targets	Past memories, present triggers, and future challenges related to the identified presenting issue
Prongs	Past, present, and future; also referred to here as “target types”

Selecting the Presenting Issue to be Scored

Only one presenting issue is scored. The Rater uses the information about this presenting issue, reported by the Clinician on the TPT Form to evaluate the six items on the TPP Subscale of the EFRS Scoring Form.

When only one presenting issue is identified on the TPT Form, evaluate TPP fidelity for that issue.

When there are two or more presenting issues identified on the TPT Form:

- A. First, select the presenting issue(s) with the highest number of identified prongs.
- B. Then, if these issues have the same number of identified prongs, select the issue with the most types of targets (i.e., past, present, future) addressed in treatment.

Scoring Items 1, 2, and 3

The first three items are designed to determine whether the Clinician established a three-pronged treatment plan. They assess whether the clinician identified (i) past, (ii) present, AND (iii) future targets for the chosen presenting problem. The items do not seek to determine whether the targets were appropriate or comprehensive. The goal is simply to determine if past, present, and future targets were identified. See Figure 5, below.

Scores of “Yes” and “No”

As long as one target/goal is reported for a given prong (Past, Present, and/or Future) on the TPT Form, that item is scored “Yes”. If the Clinician did not identify either a past, present or future target/goal, then the corresponding item is scored “No”. There is no NA option for Items 1-3 as these items are seen as critical to acceptable fidelity and there are no plausible reasons why these targets/goals could not have been identified.

In this example, shown in Figure 5, below, the Clinician identified targets of past memories (item #1) and current triggers (item #2) and these were scored “Yes”. However, the Clinician did not identify any future goals (item #3) and this was scored “No”.

Figure 5: Completion of the Three-pronged Protocol Subscale

1. For a specific presenting issue, appropriately identifies target(s) related to past adverse life experiences.
No Yes
2. For the same presenting issue, appropriately identifies target(s) related to current triggers or symptoms.
No Yes
3. For the same presenting issue, appropriately identifies target(s) related to future behaviors and goals.
 No Yes
4. For the same presenting issue, processes one or more relevant past adverse life experience(s), using the standard EMDR protocol and provides a reasonable explanation for targets which were not addressed.
No Yes NA
5. For the same presenting issue, processes one or more relevant associated present trigger(s)/symptom(s), using the standard EMDR protocol and provides a reasonable explanation for targets which were not addressed.
No Yes NA
6. For the same presenting issue, installs one or more future template(s) relevant to client's desired behaviors and goals and provides a reasonable explanation for targets which were not addressed.
No Yes NA

Scoring Items 4, 5, and 6

Items 4-6 are designed to determine whether the Clinician attempted to process the targets/goals identified in the treatment plan for the chosen presenting issue. These items are not designed to assess the quality of the work done on these targets. They are also not designed to assess whether the work on these targets was completed or successful. They are simply focused on evaluating whether, over the course of treatment, the Clinician attempted to address the targets/goals related to the presenting issue.

Scores of "Yes" on items 4, 5, and 6

A score of "Yes" for reported work can only be given if the Clinician also identified that target type (i.e., past, present, or future) in the treatment planning section (assessed in items 1-3). See Figure 5, items #1 and #4. A score of "Yes" is given if at least one target was addressed in a given prong. If work was attempted on one or more targets, but not on other identified targets in that prong, a score of "Yes" can only be given if an explanation was provided for each of the other targets explaining why the work was not done. See Example D below.

Scores of "No" on items 4, 5, and 6

A score of “No” is given if one or more targets were identified on the TPT Form (for a given prong), no processing session was listed for one or more of them, and no explanation was provided for the untreated target/s. In other words, if the Clinician failed to reasonably explain why he/she did not address an identified target, for any of the prongs, the score would be “No”. See Example D below.

Scores of “NA” on items 4, 5, and 6

If the Clinician failed to identify an appropriate target in the Treatment Plan, the Rater would mark NA for the appropriate item in 4-6. See Figure 5, items #3 and #6.

If the Clinician identified one or more targets for a prong in the Treatment Plan, and did not attempt to process any of the targets over the course of treatment, BUT provided an acceptable explanation, a score of NA would be given (Figure 5, items #2 and #5). Acceptable reasons for NOT addressing identified targets include (i) running out of time, (ii) the Client is unable to tolerate or do the work despite the Clinician’s efforts to assist, (iii) the Client refuses to do the work despite the Clinician’s efforts to assist, (iv) a target no longer needs attention as it resolved on its own and/or (v) a future goal no longer needs attention as the Client was able to achieve a behavioral goal on his/her own.

Example A

A clinician only identified and only treated past memories. He/she did not identify or treat triggers or future goals. Only items 1 and 4 were scored “Yes”. The Clinician did not identify present or future targets, so items 2 and 3 were scored as “No”, and items 5 and 6 were scored as “NA”.

	1	2	3	4	5	6
Three-pronged Protocol	Y	N	N	Y	NA	NA

Example B

A Clinician identified past, present, and future targets. Items 1, 2 and 3 were therefore scored “Yes”. The Clinician treated all identified past memories and received a “yes” for item 4. Although the Clinician did not address present and future targets, he/she noted on the TPT Form that there was an insufficient number of treatment sessions remaining to work on the present and future prongs, so Items 5 and 6 were scored “NA”.

	1	2	3	4	5	6
Three-pronged Protocol	Y	Y	Y	Y	NA	NA

Example C

A Clinician identified past, present, and future targets and Items 1, 2 and 3 were scored “Yes”. The Clinician treated all identified past memories, and received a “yes” for item 4. The Clinician did not address present and future targets, and he/she provided no explanation on the TPT Form, so the Rater scored items 5 and 6 as “No”.

	1	2	3	4	5	6
Three-pronged Protocol	Y	Y	Y	Y	N	N

Example D

A Clinician identified past, present, and future targets and Items 1, 2 and 3 were scored “Yes”. The Clinician indicated he/she had treated two past memories out of the four identified and provided explanations for why he/she had not treated the others. The Rater scored “Yes” for item 4. The TPT Form identified two current triggers, one untreated with an explanation, and one untreated with no explanation. The Rater scored “No” for item 5. There were three future targets identified. The TPT form showed that one target was addressed, an explanation was provided for not treating the second, and no explanation was provided for not treating the third. The Rater scored “No” for item 6.

	1	2	3	4	5	6
Three-pronged Protocol	Y	Y	Y	Y	N	N

STEP-BY-STEP INSTRUCTIONS FOR RATING A THREE-PRONGED PROTOCOL

Step 1

Complete the header at the top of the Three-pronged Protocol Subscale. Copy Client/Participant # and Clinician Code from the TPT Form. Enter the current date for the Date of Review. Enter Rater # (e.g., Ra-2).

Step 2

Read through all the pages of the *Treatment Plan Tracking* (TPT) Form to get an overview of the treatment provided. Determine which presenting issue has the most prongs with identified targets. Then, if there are multiple presenting issues with the same number of identified prongs, choose the issue with the most types of targets (i.e., past, present, future) addressed in treatment. Select that presenting issue to track in responding to the questions in this subscale. (See *Selecting the Presenting Issue*, page 28). You will be keeping this presenting issue in mind as you

evaluate whether the therapist properly attended to past, present, and future targets in his/her work with the client/participant.

Note: If you are unclear about the information provided on the TPT Form, you can ask the Researcher to forward all of the SSS Forms for a given Client to you. This will allow you to have more information for rating purposes.

Step 3

For Items #1, #2, and #3, determine if the Clinician listed at least one target (title/description) for each of the three prongs (past, present, and future) related to the selected presenting issue. If so, score that item as “Yes”; if not, score as “No”. See Figure 5.

Step 4

For Items #4, #5, and #6, determine if there was at least one target listed for the specific prong (past, present, or future) related to the selected presenting issue. If there were no targets identified for a specific prong, score that item as “NA”.

Step 5

For Items #4, #5, and #6, determine if all targets for the specific prong (past, present, or future) were addressed. If all were addressed, score that item as “Yes”.

If some targets for the prong were addressed, and some were not addressed, check to see if explanations were provided for all unaddressed targets. If so, score as “Yes”. If an explanation is missing for any target, score that item as “No”.

USING THE EFRS WORKBOOKS

Raters enter all of their scores into EFRS workbooks. Depending on how a research study is organized, or on how a single Clinician or Consultant chooses to evaluate fidelity, one or more workbooks may be required. In this section, we discuss the organization of workbooks, the difference between Workbook Fidelity Scores and Study Fidelity Scores, and the details of how to transfer single session and TPP fidelity rating scores from the EFRS Scoring Forms into an EFRS Workbook, as well as hints for troubleshooting problems that might arise.

ORGANIZING THE WORKBOOKS

The EFRS workbook contains 10 worksheets for the ratings of 10 single sessions or TPT Forms. Each worksheet calculates the fidelity for one Single Session or Three-pronged Protocol Subscale. The 11th worksheet, *Workbook Summary*, provides a summary chart of the entire workbook, while the 12th worksheet, *Study Summary*, can be used to calculate the Study Fidelity Score across several workbooks. The workbook can be organized and used in a variety of ways.

Example 1: One Clinician, one Client

- A workbook can contain scores for one Clinician's sessions with a single Client. In such a case, the workbook calculates the Fidelity Score for that Clinician with that Client. Most commonly, this would be used for consultation or for a single-case study.

Example #1 Workbook

Sheet 1	Sheet 2	Sheet 3	Sheet 4	Sheet 5	Sheet 6	Sheet 7	Sheet 8	Sheet 9	Sheet 10
Clin-1									
P-1									
Sn # 1	Sn # 2	Sn # 3	Sn # 4	Sn # 5	Sn # 6	Sn # 7	Sn # 8	Sn # 9	TPP

Note: Sheet = worksheet; Clin-1 = Clinician #1; P-1=Participant #1; Sn # = Session number; TPP= Three-pronged Protocol Subscale

Example 2: One Clinician, many Clients

- A workbook can contain scores for one Clinician's sessions, randomly selected from his/her work with various Clients. In this example, scores are entered for Clinician #2's sessions with Participants #6 and #7 (3 sessions each), #8 and #10 (1 session each), and #9 (2 sessions). This would determine the Fidelity Score for that Clinician with multiple Clients. It could be used in a research study, where the Researcher wants to evaluate the fidelity of each Clinician involved in the study. It could also be used by a Consultant, tracking a Clinician's work with several Clients.

Example #2 Workbook

Sheet 1	Sheet 2	Sheet 3	Sheet 4	Sheet 5	Sheet 6	Sheet 7	Sheet 8	Sheet 9	Sheet 10
Clin-2									
P-7	P-6	P-9	P-7	P-6	P-10	P-8	P-6	P-9	P-7
TPP	Sn # 2	Sn # 8	Sn # 9	TPP	Sn # 6	Sn # 3	Sn # 2	Sn #4	Sn # 1

Example 3: Many Clinicians, many Clients

- This example is of a workbook with randomly selected sessions of multiple Clinicians with various Clients. In such a case, the workbook determines the Fidelity Score for multiple Clinicians with multiple Clients. It would most commonly be used in a research study, where the Researcher is only interested in study fidelity and does not wish to assess fidelity for individual Clinicians. The Sample EFRS Workbook uses this organization.

Example #3 Workbook

Sheet 1	Sheet 2	Sheet 3	Sheet 4	Sheet 5	Sheet 6	Sheet 7	Sheet 8	Sheet 9	Sheet 10
Clin-2	Clin-3	Clin-1	Clin-1	Clin-3	Clin-2	Clin-2	Clin-3	Clin-1	Clin-2
P-7	P-12	P-1	P-4	P-14	P-10	P-8	P-14	P-3	P-7
TPP	Sn # 2	Sn # 8	Sn # 9	TPP	Sn # 6	Sn # 3	Sn # 2	Sn # 4	Sn # 1

Before you begin entering rating scores into an EFRS Workbook, you must decide how you want the workbooks to be organized. Certain planned analyses may be simplified by a specific workbook organization. For example, if you want to compare fidelity between Clinicians, analyses would be simplified if each Clinician’s ratings were in separate workbooks, with each Rater maintaining one workbook for each Clinician.

In a research study, the Researchers should provide instructions to the Raters concerning workbook organization prior to Raters transferring their scores to workbooks. It is recommended that each workbook be given a specific number and purpose before being provided to the Rater. Table 4 is an example of one-way multiple workbooks might be organized. Another option, shown in the EFRS Sample Workbook, would be to provide Raters with a random selection of all session recordings.

Table 4: Example of Workbook Organization in a Study with Two Raters, Two Clinicians, and Twenty Clients

Workbook #1	Rater-1	Clinician-1	Participants 1-5
Workbook #2	Rater-1	Clinician-2	Participants 6-10
Workbook #3	Rater-2	Clinician-1	Participants 11-15
Workbook #4	Rater-2	Clinician-2	Participants 16-20

TRANSFERRING SCORES INTO THE WORKBOOK

The material here is in four sections. First we provide Instructions for setting up the Workbook. This is followed by Step-by-Step Instructions for transferring Single Session Scores (see p. 36) and then Step-by-Step Instructions for transferring Three-Pronged Protocol Subscale scores (see p. 38). We also include a Trouble Shooting section with instructions for fixing workbook errors (p. 39).

The ratings for each single session and for each three-pronged protocol subscale are made in individual EFRS Scoring Forms. The content of each Scoring Form is copied into one worksheet of an EFRS Workbook. As noted above, the EFRS workbook contains 12 worksheets. The first 10 worksheets are each devoted to fidelity evaluation of either one single session (involving one or multiple subscales) or the use of the Three-pronged Protocol for one Client's entire treatment (involving the TPP Subscale).

Each worksheet has an embedded scoring calculator that calculates the Single Session or Three-pronged Protocol Fidelity Score from the data entered on that worksheet. The next-to-last worksheet is the *Workbook Summary*, which automatically compiles all subscale and fidelity scores entered into the first 10 worksheets in the workbook. The final worksheet of the workbook is the *Study Summary*, and is used to calculate the Study Fidelity Score across multiple workbooks.

STEP-BY-STEP INSTRUCTIONS FOR SETTING UP THE WORKBOOK(S)

Prior to starting the rating, you should have received instructions from the Researcher about how he/she wants the workbooks to be organized. (See pages 33-34). The workbooks can be set up to contain ratings for a single Client, a single Clinician, or for a random selection.

Step 1

The EFRS Workbook is created by copying the file "Blank Scoring Form.xls" and saving it with a new name. The name should reflect the content of the workbook. For example, if all ratings in the workbook will be for Clinician #2, the file "name" could be the Clinician's code (e.g., Clin-2) and your Rater's number – i.e., Clin-2 R#2.xlsx. If the ratings will be for multiple Clinicians and random sessions, the file name could be the number of the workbook and your Rater's code (e.g., Book-1 R#2.xlsx).

Step 2

Open the Excel workbook (e.g., Book-1 R#2.xlsx file), and click on the tab at the bottom corresponding to the worksheet number. For example, if this is the first recording/form that you are entering into the book, click on "WS 1".

Step 3

FILL IN the identifying information (in green) at the top of the spreadsheet from the Scoring Form for the Single Session or the Three-Pronged Protocol.

Step 4

Transfer ratings from the EFRS Scoring Form to the worksheet. When entering ratings for a single session, **FILL IN** the appropriate cells (in blue) corresponding to the sections rated (INTRO, RDI, ALE and/or FT Subscale areas). When entering ratings from the TPP Subscale, **FILL IN** all the cells (in purple) in the TPP Subscale area. Make sure that you enter a score or NA in every colored cell in the row that you are filling.

DO NOT edit, delete, or fill in any other cells. Calculated cells (*e.g.*, the “Mean” section score in the pink cell at the end of each line, and the Single Session Fidelity Score or Three-pronged Protocol Fidelity Score in green and pink at the bottom of the sheet) are filled in automatically, based on the information you enter in Step 2, above. Note that deleting the formula in any green or pink cell will create problems with the embedded scoring calculator. See the Troubleshooting section on page 39 for instructions on remedying this problem.

Step 5

Each Single Session is scored on its own individual worksheet. The Three-pronged Protocol Subscale is scored on its own worksheet. It is not critical that you enter sessions into the EFRS Workbook in the order the sessions occurred. Each worksheet has the session date entered in the green cells at the top of the spreadsheet, unambiguously indicating the order of sessions.

Step 6

If the Researcher sends you more than 10 recordings/forms that would belong in that workbook, simply start a second workbook for all additional recordings/forms.

STEP-BY-STEP INSTRUCTIONS FOR TRANSFERRING SINGLE SESSION RATING SCORES TO THE WORKSHEET

This section provides detailed instruction on how to transfer scores for a single session from an EFRS Scoring Form to a worksheet in the EFRS Workbook.

Step 1

Fill in the green cells at the top of the spreadsheet (Figure 6), using the information written at the top of the SSS Form and the EFRS Scoring Form.

Figure 6: Adding Identification Information in Worksheet

Client/Participant #	P15
Clinician Code	Clin-2
Session # (or “TPT”)	1
Date of Session (or “TPT”)	7/4/16
Rater #	Ra-2

Step 2

For each subscale, there are one to six rows on which to enter your scores. The subscales are numbered on the left and are located in rows 11 through 31. For each subscale, there is one row for each section of the subscale, with each row having as many blue cells as there are items in that section. For example, there are three lines for entering scores for the Introductory Subscale, corresponding to the three sections of the subscale. The “Preparation” line (line 13) has five blue cells, corresponding to the five items in the Preparation section of the subscale.

Step 3

Copy the scores you entered on the Scoring Form into the blue cells in the worksheet. If the portion of the protocol scored on a given line was not covered in the session, leave the cells on that row blank. However, do fill in *all* the blue cells on any line that refers to a portion of the protocol that was covered. Scores for weighted items and sections appear in red. Notice that the embedded scoring calculator automatically calculates the mean score for each line and then for each subscale in the pink column, as well as the mean score for each section. See Figure 7.

The Single Session Fidelity Score is displayed at the bottom of the session worksheet, in Cell B34. (See Sample Workbook, worksheets 1, 2, and 4 for examples.)

Figure 7: Copying Scores into the Worksheet

	ITEM NUMBER														
	1	2	3	4	5	6	7	...	14	15	Score				
<i>I. Introductory (INTRO) Subscale</i>															
History-Taking and Treatment Planning	1	2	3	3											2.20
Preparation	2	3	2	1	0			...							1.60
Safe/Calm Place Exercise	2	3	2	2	1	2	0								1.75
															1.95

Step 4

Double-check your work. Are all scores entered correctly? Check the *Workbook Summary*, and make sure that no section is rated as “0” unless that was your intention. Unintentional section ratings of “0” may indicate that the scoring calculator formula has been deleted from one or more cells. See Trouble shooting section below for directions on addressing this problem.

Step 5

Save the workbook.

STEP-BY-STEP INSTRUCTIONS FOR TRANSFERRING THREE-PRONGED PROTOCOL RATING SCORES TO THE WORKSHEET

Step 1

On the first empty Workbook scoring worksheet (WS 1 - WS 10), fill in the green cells at the top (Figure 8), using the information written at the top of the *Treatment Plan Targeting Form* and the EFRS Scoring Form.

Figure 8: Adding Identification Information in Worksheet

Client/Participant #	P15
Clinician Code	Clin-2
Session # (or “TPT”)	TPT
Date of Session (or “TPT”)	TPT
Rater #	Ra-2
Date of Review	12/1/16

Note that “TPT” is entered for both the Session # and the Date of Session. Doing so will also change Cell A34 to read “Three-Pronged Protocol.”

Step 2

Copy the scores you entered on the Scoring Form into the purple cells on Line 31 of the worksheet, labeled “Three-pronged Protocol”. A score of “Y”, “N”, or “NA” must be entered into each of the six cells. Do not write “yes” or “no”.

The Three-Pronged Fidelity score will be automatically calculated and displayed both at the end of row 31, in cell Q31, and at the bottom of the worksheet, in cell B34. (See EFRS Sample Workbook, worksheets 3 and 6.)

Step 3

Double-check your work. Are all scores entered correctly? Check the *Workbook Summary*, and make sure the final score matches that shown on the scoring worksheet. An unintended TPP score of “0” on the *Summary Worksheet* indicates that the scoring calculator formula in that cell has been deleted. See Trouble shooting section below for directions on addressing this problem.

Step 4

Save the workbook.

In this manner, all the EFRS Scoring Forms that you have completed are copied into one or more EFRS Workbooks.

TROUBLE SHOOTING

Accidentally deleting one of the line and section summary calculator cells, Q12-Q31, on one of the individual Worksheets (WS 1-10)

This problem will present as a score of “0” in one of the pink cells in column Q when cells in that row are not all zeros.

This problem can be easily remedied by copying column Q from an unused worksheet and pasting it over column Q in the corrupted worksheet. Here are the steps:

1. Locate a sheet on which the calculations are all intact.
2. Highlight column Q by clicking on the “Q” at the top of the column, and select “Copy” from the *Edit* pull-down menu at the top of the Excel window.
3. Highlight column Q on the corrupted spreadsheet and select “Paste” from the *Edit* pull-down menu at the top of the window.

Accidentally deleting the single session or TPP calculator cell, B34, on one of the individual Worksheets (WS 1-10)

This problem will be evident when cell B34 is zero, and either:

- Cell A34 reads “SINGLE SESSION FIDELITY SCORE” but at least one single session row average (cells Q12:Q26) is greater than zero,
- or*
- Cell A34 reads “THREE-PRONGED PROTOCOL” but the value in cell Q31 is greater than zero.

In such a case, go to an uncorrupted worksheet, copy the pink cell B34, and paste it into cell B34 on the corrupted spreadsheet:

1. Locate an unused scoring worksheet (WS 1 - WS 10) or a filled-in sheet on which cell B34 has a non-zero value.
2. Highlight cell B34 by clicking on it, and select “Copy” from the *Edit* pull-down menu at the top of the Excel window.
3. Highlight cell B34 on the corrupted spreadsheet and select “Paste” from the *Edit* pull-down menu at the top of the window.

CALCULATING FIDELITY

As noted in the preceding pages, the scores from each EFRS Scoring Form are entered into an unused worksheet in the EFRS Excel workbook. Each worksheet has an embedded scoring calculator that calculates the Single Session or Three-pronged Protocol Fidelity Score from the data entered on that worksheet. The second-to-last worksheet in the workbook is the *Workbook Summary* page, which compiles the mean scores from each worksheet and automatically calculates the Workbook Fidelity Score. The final sheet of the workbook, the *Study Summary* worksheet, is used to calculate overall Study Fidelity, combining scores from all workbooks used in the study. See Table 5.

Table 5: Overview of Fidelity Calculation

Single Session Fidelity Score

The Rater scores one session. Scores are entered into a worksheet for that session.

Each worksheet automatically calculates fidelity from the data entered on that worksheet, producing the *Single Session Fidelity Score*

Cell B34 of Worksheets 1-10

Single Three-pronged Protocol Fidelity Score

The Rater scores the Three-pronged Protocol for treatment of one client. Scores are entered into a worksheet for that protocol.

Each worksheet automatically calculates fidelity from the data entered on that worksheet, producing the *Three-pronged Protocol Fidelity Score*.

Cell B34 of Worksheets 1-10

Workbook Fidelity Score

The workbook automatically enters the mean scores for each worksheet section into the *Workbook Summary*.

The workbook automatically calculates the *Workbook Fidelity Score* from the individual fidelity scores that were calculated on each worksheet in the workbook.

Cell D24 of the *Workbook Summary* (second-to-last) worksheet

Study Fidelity Score

If there is only one workbook, the Study Fidelity Score is the same as the Workbook Fidelity Score.

If there is more than one workbook, the Researcher copies the summary data from additional workbooks into the *Study Summary* worksheet of one workbook.

The *Study Fidelity Score* is automatically calculated.

Cell D8 of the *Study Summary* (final) worksheet

CALCULATION OF SINGLE SESSION FIDELITY SCORE

The Single Session Fidelity Score indicates the level of fidelity reached within a single session. After the item scores for the session are entered into the workbook, the embedded scoring calculator automatically determines the Single Session Fidelity Score. It is reported in Cell B34 at the bottom of each scoring worksheet (WS 1 - WS 10). (See Sample Workbook, worksheets 1, 2, and 4 for examples.)

Calculation of the Single Session Fidelity Score

For those interested in the actual math – here is a description of how the Single Session Fidelity Score is calculated:

The Single Session Fidelity Score (cell B34) is the mean of the section scores (including double-weighted “critical” sections), which are calculated in column Q for all rated sections in that session. The EFRS Scoring Form contains 11 sections (see Table 2, p 7) for single session evaluation, one for each of EMDR therapy’s eight phases, plus the Safe/Calm Place Exercise, the Future Template Protocol, and the optional RDI Protocol. These are the worksheet rows with blue boxes. The average score (with double-weighting for “critical” items) for each row is automatically calculated and entered into column Q of that row. In addition, the average row score for each section is calculated and entered into the cell below that section’s row averages. If any of the blue cells on a row contain scores, any blank blue cells are treated as zeros.

For example, a Clinician provides EMDR phases 3, 4, and 7 in his/her session, and receives a score of 2.4 for the Assessment section, 1.9 for the Desensitization section, and 2.3 for the Closure section. Because the Assessment and Desensitization sections are double-weighted Critical Elements, the Single Session Fidelity Score would be $(2.4+2.4+1.9+1.9+2.3)/5= 2.18$, indicating Acceptable Fidelity (an average ≥ 2) for that session. Notice that, in this example, the Single Session Fidelity Score was “Acceptable” despite the fact that Acceptable Fidelity was not achieved for the Desensitization section, a Critical Element. However, low scores on critical elements should be seen as a signal that a clinician needs additional consultation.

CALCULATION OF THREE-PRONGED PROTOCOL FIDELITY SCORE

The Three-pronged Protocol Fidelity Score is displayed at the bottom of the session worksheet, in Cell B34. (See EFRS Sample Workbook, worksheets 3 and 6 for examples.)

The Three-pronged Protocol Subscale is rated at the end of a single Client’s treatment, using the *Treatment Plan Targeting (TPT) Form*, completed by the Clinician (see pages 17-19). For scoring information and instruction, see pages 27-32. After the item scores for the session are entered into the workbook on a worksheet assigned to that Client’s course of treatment, the embedded scoring calculator automatically determines the Three-Pronged Fidelity Score.

Calculation of the Three-pronged Protocol Fidelity Score

For those interested in the actual math – here is a description of how the Three-pronged Protocol Fidelity Score is calculated.

The requirements to achieve an Adequate Fidelity score on the EFRS Three-Pronged Protocol Subscale, are:

- The first three items must all be scored “Yes”.
- At least one of the last three items must be scored “Yes”.
- There must be no item scored “No,” although one or two of the last three items may be scored “NA”.

The Three-Pronged Fidelity Score (cell B34) is the sum of the Three-pronged Protocol Subscale section scores. These are located in the six purple cells of row 31. The section score (Q31) is therefore the sum of these six items. Conceptually, the scoring formula is set up to implement the above requirements within the framework of requiring an overall score ≥ 2 for Acceptable Fidelity:

- Scores of “Yes” are assigned a numerical value of 0.6 for the first three items and 0.3 for the last three.
- Scores of “NA” and blank items are assigned a numerical value of zero.
- Scores of “No” are assigned a numerical value of -0.5.
- If all six items are scored “Yes”, a bonus of 0.3 is awarded, yielding an overall score of 3.0, indicating Very Good Fidelity.
- If the sum is less than zero, an overall score of zero is given.

WORKBOOK FIDELITY SCORE

The Workbook Fidelity Score is the mean of all the Single Session Fidelity Scores and Three-pronged Protocol Fidelity Scores in the workbook. It is automatically calculated on the second-to-last worksheet, the *Workbook Summary*, and can be found in cell D24. This worksheet also shows the mean scores for every section and subscale evaluated in the workbook. If the workbook contains any Single Session Fidelity Score sheets, then the Average Single Session Fidelity Score for the workbook is provided in cell B22 of the *Workbook Summary*. If the workbook contains any Three-pronged Protocol Fidelity Score sheets, then the average Three-pronged Protocol Fidelity Score for the workbook is provided in cell B23. The overall Workbook Fidelity Score can be found in cell D24. See Figure 9 (page 44) for an example. The scores on this worksheet are automatically carried forward to the next worksheet, the *Study Summary*.

Figure 9: Workbook Summary – Calculation of Average Fidelity Ratings For All Sheets in One Workbook

EMDR FIDELITY RATING SCALE											
WORKBOOK SUMMARY											
Session Number	Mean Score	WORKSHEET SCORES									
		1	2	3	4	5	6	7	8	9	10
Rater		Ra-2	Ra-2	Ra-2	Ra-2	Ra-2	Ra-2	Ra-2	Ra-2	Ra-2	Ra-2
Clinician Code		Clin-3	Clin-2	Clin-2	Clin-1	Clin-1	Clin-1	Clin-3	Clin-3	Clin-1	Clin-3
Client/Participant #		P10	P08	P08	P09	P01	P-16	P05	P02	P18	P03
Session # (or "TPT")		1	2	TPT	4	9	TPT	7	2	3	5
Hx & Tx Plan	2.00	2.00	•	•	•	•	•	•	•	•	•
Preparation	2.40	2.40	•	•	•	•	•	•	•	•	•
Safe/Calm Place	1.85	2.40	•	•	•	•	•	•	1.30	•	•
RDI	2.33	•	2.33	•	•	•	•	•	•	•	•
Reevaluation	2.22	•	•	•	2.33	•	•	2.33	•	•	2.00
Assessment	1.67	•	•	•	•	•	•	•	1.56	1.78	•
Desensitization	1.86	•	•	•	1.87	•	•	•	•	1.94	1.76
Installation	2.00	•	•	•	1.67	•	•	2.50	•	•	1.83
Body Scan	2.17	•	•	•	2.00	•	•	2.33	•	•	•
Closure	1.94	2.33	2.00	•	2.00	2.50	•	0.00	2.33	2.00	2.33
Future Template	2.25	•	•	•	•	2.00	•	2.50	•	•	•
Three-pronged	2.60	•	•	2.60	•	•	2.60	•	•	•	•
Session Fidelity	2.02	2.28	2.17	•	1.91	2.25	•	2.03	1.69	1.89	1.92
Three-pronged	2.60	•	•	2.60	•	•	2.60	•	•	•	•
WORKBOOK FIDELITY SCORE:		1.87									

STUDY FIDELITY SCORE

The Study Fidelity Score is calculated in cell D8 on the last worksheet, the *Study Summary*. It is the average of all the Single Session and Three-pronged Protocol Fidelity Scores in all study workbooks. The score is calculated after all ratings for all Clinicians are completed. The Researcher copies the Score Summary from the *Workbook Summary* in each study workbook into the *Study Summary* in one of the workbooks, where the embedded scoring calculator automatically determines the overall Study Fidelity Score. If there is only one workbook, the Study Fidelity Score is the average fidelity within that workbook. The *Study Summary* also calculates the average of all Single Session Fidelity Scores (cell D6) and of all Three-pronged Protocol Fidelity Scores (cell D7) in the entire study. (See Figure 10, page 47, for an example. Also, see the *Workbook Summary* and *Study Summary* in the EFRS Sample Workbook.)

Instructions For Determining the Study Fidelity Rating

The Study Fidelity Score is the average of all the Single Session and Three-pronged Protocol Fidelity Scores. This score is calculated after all ratings for all Clinicians are completed.

Step One: Collecting the Ratings

Each Rater enters their ratings into one or more EFRS Workbooks. After the ratings are completed, ensure that you receive the completed workbooks from all Raters.

Step Two: The Workbook Summary

The second to last worksheet of each workbook is the *Workbook Summary*. It contains the scores from all of the worksheets in that workbook, including the section scores, the Single Session Fidelity Scores, and the Three-pronged Protocol Fidelity Scores. See Figure 9.

The EFRS Sample Workbook Summary: Figure 9 shows the *Workbook Summary* from the *EFRS Sample Workbook*. This example workbook contains sessions by three Clinicians, with ratings for eight single sessions and two *Treatment Plan Tracking* (TPT) Forms. (Note: these ten evaluations were randomly selected.) The Figure also illustrates how the mean section scores are automatically calculated (in “Mean Score” column) for each of the rated sections. See also the *Workbook Summary* worksheet in the EFRS Sample Workbook.

Step Three: The Study Summary

The last worksheet of each workbook is the *Study Summary*. It is used to calculate overall Study Fidelity. The Study Fidelity is the average of the Fidelity Scores for all Single Session and Three-pronged Protocol ratings performed in the study. For the study to have satisfactory Fidelity, the Study Fidelity Score must be equal to or greater than 2.0. Again, the Study Fidelity Score reflects the Clinicians’ adherence to the protocols and procedures of EMDR therapy.

Calculation of the Study Fidelity Score for Studies with A Single Workbook: If there is only one workbook in the study (*e.g.*, single case study, small sample, one Rater), then the Workbook Fidelity Score is also the Study Fidelity Score. In this case, the Study Fidelity Score

is shown both in cell D24 on the *Workbook Summary* worksheet and in cell D8 on the *Study Summary* worksheet.

Calculation of the Study Fidelity Score for Studies with Multiple Workbooks: If there are two or more workbooks in the study, then Workbook “Summary Scores” from the *Workbook Summary* in each workbook must be copied and pasted into the *Study Summary* of a single workbook to calculate the Study Fidelity Score. Follow the directions on the worksheet. The embedded scoring calculator will then determine the Study Fidelity (Figure 10).

The Study Summary worksheet: Figure 10 (next page) shows the *Study Summary* from the EFRS Sample Workbook. In this study, 20 Participants (P01 - P20) each received 10 EMDR sessions from one of three clinicians (Clin-1 - Clin-3). Seventeen sessions were randomly selected for scoring along with TPT Forms from three Clients. Ten of these were rated by Rater 1 (Ra-1) and ten by Rater 2 (Ra-2). Each Rater entered their scores into a single EFRS Workbook, and the Researcher copied the summary data from rows 26-31 of the *Workbook Summary* sheet in Rater 1’s workbook into the *Study Summary* worksheet of Rater 2. See Figure 10.

- The **average session fidelity score** for the entire study is shown in cell D6 of the *Study Summary*.
- The **average three-prong protocol fidelity score** for the entire study is shown in cell D7 of the *Study Summary*.
- The overall **Study Fidelity Score** is shown in cell D8 of the *Study Summary* worksheet.

Figure 10: Study Summary – Calculation of Study Fidelity Score from Multiple Workbooks

STUDY SUMMARY										
<i>Is this the only workbook in your study (Yes/No)?</i>										no
<i>If not, are all other workbooks entered below (Yes/No)?</i>										yes
Average Session Fidelity Score: 2.11										
Average Three-Pronged Score: 2.47										
STUDY FIDELITY SCORE: 2.17										
Workbook #1										
Rater	Ra-2									
Clinician	Clin-3	Clin-2	Clin-2	Clin-1	Clin-1	Clin-1	Clin-3	Clin-3	Clin-1	Clin-3
Client/Participant	P10	P08	P08	P09	P01	P16	P05	P02	P18	P03
Session #	1	2	TPT	4	9	TPT	7	2	3	5
Single Session Fidelity	2.28	2.17		1.91	2.25		2.03	1.69	1.89	1.92
TPP Fidelity			2.60			2.20				
Workbook #2										
Rater	Ra-1									
Clinician	Clin-2	Clin-2	Clin-1	Clin-1	Clin-1	Clin-2	Clin-3	Clin-1	Clin-1	Clin-3
Client/Participant	P14	P14	P12	P11	P11	P06	P05	P18	P09	P17
Session #	8	5	1	TPT	2	2				
Single Session Fidelity	2.22	1.76	2.43		2.67	1.93	1.67	2.31	2.74	2.04
TPP Fidelity				2.60						

APPLICATIONS OF THE EFRS

The EFRS is designed to be used in research studies with multiple Clinicians and many Clients. But it can also be used in a single-case research design or to evaluate the fidelity of the treatment provided by one Clinician to a single Client, or for consultation or self-monitoring (Table 6).

Table 6: Examples of the Types of Application for the EFRS

RESEARCH APPLICATION	SINGLE CLIENT APPLICATION
Number of Clients	Many
Number of Clinicians	One or more
Sessions Rated	Random selection
EFRS Workbook(s)	One or more
Products	Single Session Fidelity Score(s) Three-pronged Protocol Fidelity Score(s) Workbook Fidelity Score(s) Study Fidelity Score

Use Within a Research Study

The EFRS can be used to determine the fidelity of a research study by assessing treatment fidelity in a randomly selected sample of single treatment session recordings and TPT Forms. A predetermined number of recordings (*e.g.*, 10%) are randomly collected from each Clinician’s work with all of his/her Clients in the study, along with Clinician-completed SSS and TPT Forms. Each recording and form is scored by an independent Rater and entered into workbooks, which automatically calculate the Single Session Fidelity Scores and the Three-Pronged Protocol Fidelity Scores, the Workbook Fidelity Score, and the Study Fidelity Score. If the Study Fidelity Score is 2.0 or greater, the study is deemed to have “Acceptable Fidelity”. (See *Preparing For Research*, page 10.)

Use in Single Case Study

The EFRS can be used to evaluate a single Clinician’s fidelity within a single case study. In this application of the scale, each session with a single Client is rated, producing a Single Session Fidelity Score, and the application of the Three-pronged Protocol with that Client, as reported on the TPT Form, is rated, producing the Three-pronged Protocol Fidelity Score. The workbook automatically calculates the Workbook Fidelity Score, which is the mean of all fidelity scores in

the workbook. If the Workbook Fidelity Score is equal to or greater than 2.0, the Clinician is considered to have achieved “Acceptable Fidelity” in the treatment of this Client.

Use in Consultation and for Self-monitoring

The EFRS can be used by a Consultant to evaluate whether a Consultee is making progress in mastering the steps of the EMDR standard protocol and adequately adhering to this protocol in his/her clinical work. The Consultant can evaluate a single session or various aspects of the protocol (*e.g.*, safe/calm place exercise, RDI, assessment phase, future template). The Consultant can simply use the EFRS scoring form as a guide for discussion when reviewing videotapes with a Consultee or alternatively, formally evaluate fidelity by rating the Consultee’s clinical work, using the EFRS Scoring Form. The EFRS may be particularly helpful if the Consultant is evaluating a Consultee for EMDRIA certification. Clinicians/Consultees may want to evaluate their own videotapes, using the EFRS to assess their own adherence to the EMDR standard protocol. New Clinicians can use the EFRS scoring form to efficiently review EMDR therapy’s procedural steps. The Treatment Plan Tracking Form may also be of use to any Clinician who is interested in being rigorous in his/her treatment planning and pursuit of relevant targets.

FOCUS OF FIDELITY EVALUATION

Many other analyses are possible. For example, within your study, you could compare the Clinician Fidelity Score for EACH Clinician to ensure that there were no significant differences in the way that the treatment was provided (see Table 7). You could also use the EFRS for dismantling studies. For example, you could dismantle EMDR therapy and compare the outcomes of EMDR with and without a certain component or prong (*e.g.*, future template).

Table 7: Focus of Fidelity Evaluation

Focus of Fidelity Evaluation	Number of Clients	Sessions	Number of Clinicians	Number of Workbooks
Fidelity of one Clinician with one Client?	1	All	1	1
Fidelity of one Clinician across multiple Clients?	Multiple	Random	1	1 or more
Fidelity of 2+ Clinicians across multiple Clients?	Multiple	Random	2+	2 or more

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ABBREVIATIONS

ALE	Adverse Life Experiences Processing (subscale)
BLS	Bilateral Stimulation
EFRS	EMDR Fidelity Rating Scale
EMs	Eye movements
EMs/BLS	Eye movements/ Bilateral stimulation
EMDR therapy	Eye movement desensitization and reprocessing therapy
FT	Future Template (subscale)
HTP	History-taking and Treatment Planning Section
INTRO	Introductory (subscale)
RDI	Resource Development and Installation (subscale)
SSS	Single Session Summary (form)
SUD	Subjective units of disturbance
TPP	Three-pronged Protocol (subscale)
TPT	Treatment Plan Tracking (form)
VOC	Validity of Cognition