

# **EFRS Fidelity Rating Scale – Scoring Forms**

## **Part 1 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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## EMDR FIDELITY RATING SCALE

### ***I. INTRODUCTORY (INTRO) SUBSCALE***

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

Client/Participant #: \_\_\_\_\_ Clinician Code: \_\_\_\_\_

Session #: \_\_\_\_\_ Date of Session: \_\_\_\_\_

Rater #: \_\_\_\_\_ Date of Review: \_\_\_\_\_

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>No Adherence</b>	<b>Some Adherence But Inadequate</b>	<b>Adherence Acceptable</b>	<b>Adherence Very Good</b>

**History-Taking and Treatment Planning (HTP)**

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

0      1      2      3      NA

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

0      1      2      3      NA

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

0      1      2      3      NA

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

0      1      2      3      NA

**Preparation**

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

1. Offers a coherent explanation/rationale for EMDR.

0      1      2      3      NA

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

0      1      2      3      NA

3. Provides appropriate physical preparation.

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

0      1      2      3      NA

4. Establishes stop signal.

0      1      2      3      NA

5. Establishes metaphor.

0      1      2      3      NA

**Safe/Calm Place Exercise**

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

0      1      2      3      NA

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

0      1      2      3      NA

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

0      1      2      3      NA

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

0      1      2      3      NA

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

0      1      2      3      NA

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6. Asks client to identify a cue word or phrase associated with the Safe/Calm Place. Then, asks client to notice the positive feelings and sensations he/she has when focusing on the cue word, encouraging him/her to concentrate on the positive sensations while following the EMs/BLS.
- 0      1      2      3      NA
7. Instructs client to repeat the procedure on his/her own, bringing up the image and the cue word and experiencing the positive feelings without EMs/BLS.
- 0      1      2      3      NA
8. Asks client to bring up a minor disturbing thought, issue, or incident and notice the negative feelings. Then, guides him/her through the Safe/Calm Place Exercise.
- 0      1      2      3      NA
9. Asks client to bring up a disturbing thought, issue, or incident and do the Safe/Calm Place exercise, this time without assistance.
- 0      1      2      3      NA
10. If client experiences difficulties with exercise (unable to identify safe place; dissociative or avoidant response; emergence of negative pictures, emotions, sensations, thoughts), offers appropriate suggestions or interventions.
- a. Assists client in exploration of possible other Safe/Calm Place images.      –      +
- b. Redirects client back to positive aspects of the Safe/Calm Place Image.      –      +
- c. Introduces container imagery to manage negative material, or shifts to mindfulness or breathing exercise.      –      +
- d. Uses shorter sets of EMs/BLS or decreases speed of EMs/BLS.      –      +
- 0      1      2      3      NA

**Comments:**


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



**EMDR FIDELITY RATING SCALE**

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

Client/Participant #: \_\_\_\_\_ Clinician Code: \_\_\_\_\_  
Session #: \_\_\_\_\_ Date of Session: \_\_\_\_\_  
Rater #: \_\_\_\_\_ Date of Review: \_\_\_\_\_

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>No Adherence</b>	<b>Some Adherence But Inadequate</b>	<b>Adherence Acceptable</b>	<b>Adherence Very Good</b>

**Reevaluation** (for all sessions after first reprocessing session)

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

0    1    2    3    NA

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

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

0    1    2    3    NA



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

0      1      2      3      NA

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

0      1      2      3      NA

7. Obtains SUD level.

0      1      2      3      NA

8. Helps client identify body sensations.

0      1      2      3      NA

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

0      1      2      3      NA

**\*Desensitization**

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

0      1      2      3      NA

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

0      1      2      3      NA

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

0      1      2      3      NA

4. If client's eyes don't follow, clinician makes appropriate response. (If an alternative form of BLS is used, circle NA for this item.)

- |                                     |   |   |   |   |    |   |   |
|-------------------------------------|---|---|---|---|----|---|---|
| a. Verbally cues client.            |   |   |   |   |    | – | + |
| b. Slows speed.                     |   |   |   |   |    | – | + |
| c. Makes additional finger motions. |   |   |   |   |    | – | + |
|                                     | 0 | 1 | 2 | 3 | NA |   |   |

5. Performs initial set of at least 24 back-and-forth or left/right movements (unless client has difficulty tolerating set of 24). If appropriate, subsequently adjusts length of set in response to client need.

0 1 2 3 NA

6. Gives appropriate verbal support during EMs/BLS.

0 1 2 3 NA

7. Stops EMs/BLS gently and instructs client appropriately (Some version of "Take a breath. Let it go." and "What comes up for you now?").

0 1 2 3 NA

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

0 1 2 3 NA

9. Continues down the same channel with multiple sets until there is apparent resolution. If new material is emerging and/or change is observed, continues to facilitate processing. Does not return to the original incident prematurely.

0 1 2 3 NA

10. When client appears to be at the end of the channel, asks client to "think of the original incident" (not "original picture") and to describe what he/she notices. Resumes processing with sets of EMs/BLS until client appears to be at the end of the next channel.

0 1 2 3 NA

\*11. Handles abreactions (strong emotions, high arousal) appropriately.

- |   |  |  |  |  |  |   |   |
|---|--|--|--|--|--|---|---|
| a. Keeps eyes moving (or continues alternative form of BLS).                        |  |  |  |  |  | – | + |
| b. Provides additional support to maintain dual attention and expresses compassion. |  |  |  |  |  | – | + |

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

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

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

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

0 1 2 3 NA

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

0 1 2 3 NA

**\*Installation**

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

0 1 2 3 NA

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

0 1 2 3 NA

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

0 1 2 3 NA

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

0    1    2    3    NA

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

0    1    2    3    NA

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

0    1    2    3    NA

### **Body Scan**

1. Upon completion of Installation Phase, facilitates a body scan. Asks client to hold in mind the original incident/experience and the positive cognition while bringing attention to different parts of the body, starting with the head and working downward. Asks client to report on what he/she notices.

0    1    2    3    NA

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

0    1    2    3    NA

3. If disturbing material, feelings, or sensations emerge during body scan, returns to processing with sets of EMs/BLS. Continues until body scan is clear and no negative sensations are being reported. Note: If clear body scan is not achieved by end of session, contains material or assists with any discomfort.

0    1    2    3    NA

### **Closure**

1. Provides appropriate closure.

- |   |   |   |
|---|---|---|
| a. Chooses appropriate termination point.                         | – | + |
| b. Provides support/normalizes experience.                        | – | + |
| c. Adequately debriefs.   | – | + |
| d. Predicts possibility of continued processing between sessions. | – | + |









## EMDR FIDELITY RATING SCALE

### ***V. THREE-PRONGED PROTOCOL (TPP) SUBSCALE***

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

Client/Participant #: \_\_\_\_\_

Clinician Code: \_\_\_\_\_

Rater #: \_\_\_\_\_

Date of Review: \_\_\_\_\_

**No  
No Adherence**

**Yes  
Adherence Acceptable**

### **Three-Pronged Protocol**

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

No                  Yes

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

