

EFRS Fidelity Rating Scale – Clinician Forms

Part 3 of the 5-part EMDR Fidelity Rating Scale Version 2

Deborah L. Korn, Psy.D.

Cambridge, MA

Louise Maxfield, Ph.D.

Ottawa, ON, Canada

Robert Stickgold, Ph.D.

*Beth Israel Deaconess Medical Center and
Harvard Medical School, Boston, MA*

Nancy J. Smyth, Ph.D.

*University at Buffalo – School of Social Work
Buffalo NY*

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>

EMDR Fidelity Rating Scale (EFRS) Version 2 by Deborah L. Korn, Louise Maxfield, Robert Stickgold, and Nancy J. Smyth is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. Direct copyright inquiries to EMDRfidelityratingscale@gmail.com.



EMDR FIDELITY RATING SCALE

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

Session # _____

Client/Participant# _____

Session Date: _____

Clinician Code: _____

To be completed by Rater

Rater #: _____

Review Date: _____

I. ☐ Introductory (INTRO)

- ☐ History-taking and Treatment Planning
- ☐ Preparation
- ☐ Safe/Calm Place Exercise

II. ☐ Resource Development and Installation (RDI) (optional)

III. ☐ Adverse Life Experiences (ALE) Processing:

☐ Past - Target Title: _____

☐ Present - Target (Trigger/Symptom) Title: _____

- ☐ Assessment (of new target)
- ☐ Re-evaluation (if previous EMDR trauma processing session)
- ☐ Desensitization
- ☐ Installation
- ☐ Body Scan
- ☐ Closure

IV. ☐ Future Template (FT)

☐ Future – Target Title _____

Modifications to the Protocol

Did you modify the protocol? ☐ No ☐ Yes

If yes, please describe the nature of the modifications and your reasons for them.

Additional Comments:

Treatment Plan Tracking (TPT) Form
Completed by the Clinician

Client/Participant # _____ Clinician Code: _____ First Session Date: _____

Last Session Date: _____ Number of Sessions Completed _____

To be completed by Rater Rater #: _____ Review Date: _____

This form provides space for a limited number of targets. If more targets are identified for Presenting Issue #1, use an additional Presenting Issue #1 form, indicating on the first form, "Continued on next page".

PRESENTING ISSUE #1						
TARGETS	Identified in Session #	Processed in Session #				
Past						
Past						
Past						
Past						
Present						
Present						
Present						
Present						
Future						
Future						
Future						
Future						

COMMENTS:

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

PRESENTING ISSUE #2						
TARGETS	Identified in Session #	Processed in Session #				
Past						
Past						
Past						
Past						
Present						
Present						
Present						
Present						
Future						
Future						
Future						
Future						

COMMENTS:

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

PRESENTING ISSUE #3						
TARGETS	Identified in Session #	Processed in Session #				
Past						
Past						
Past						
Past						
Present						
Present						
Present						
Present						
Future						
Future						
Future						
Future						

COMMENTS:
