



# Standards for Virtual EMDR Training

Effective for EMDR basic trainings  
that begin after January 1, 2022

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## Virtual EMDR Training Policies & Requirements

Virtual Basic Trainers are responsible for adhering to and following current [EMDR International Association Policies](#) as well as the [Platform and System Standards](#), [Content & Curriculum Requirements](#) and [Learner Assessment Requirement](#).

### EMDRIA LOGO & COPYRIGHT INFRINGEMENT

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### EQUAL OPPORTUNITY

Trainers must comply with [EMDRIA policies](#) on Professional Code of Conduct, SOCE and Diversity and Cultural Competence and create a supportive environment for training regardless of an individual's sexual orientation, gender identity, race, ethnicity, culture or religion, and not engage in discriminatory behavior or bias. Trainers should address issues of cultural diversity during the EMDR basic training as appropriate.

### EQUAL ACCESS

The [Americans with Disabilities Act](#) (ADA) prohibits discrimination and ensures equal opportunity for persons with disabilities. Trainers are responsible for ensuring that facilities and reasonable accommodations are accessible to those with disabilities. **This information must be included in promotional training advertisement materials.**

### TIME FRAME FOR COMPLETION OF VIRTUAL EMDR BASIC TRAINING

Trainees who begin the EMDR basic training virtually must complete the entire training within 12 months from their initial start date. This information should be clear and transparent upfront, prior to registration. **This information must be included in promotional training advertisement materials.** Trainers must have the available resources and capacity for trainings and must ensure that trainees are afforded sufficient opportunity to complete the training. In the event of a humanitarian crisis (illness, injury, death, etc.) trainers must have a policy in place that addresses and facilitates the trainee's ability to complete the training.

### LIMITATION ON CLASS SIZE

Virtual EMDR basic training class sizes must be limited to a maximum of 100 trainees.

### TRAINING ELIGIBILITY

Trainers are responsible for ensuring that prospective trainees meet [the current eligibility requirements for EMDR basic training](#).

### PARTICIPANT AGREEMENT

Trainers must have a participant agreement form so prospective trainees understand the virtual training requirements, what the expectations are, and how to prepare themselves for the training.

### VIRTUAL BASIC TRAINERS

Only those individuals who have been approved by EMDRIA as a Virtual Basic Trainer may lead and teach the virtual EMDR basic training.

#### ASSISTING FACULTY FOR PRACTICUM

EMDRIA requires that faculty members who assist during the practicum portion of the training maintain active status as an EMDRIA Approved Consultant, or (at minimum) status as a Consultant in Training who is actively working with an Approved Consultant. The ratio of practicum faculty to trainee should not exceed 1:10 to allow for direct behavioral observation of each trainee.

#### ASSISTING FACULTY FOR CONSULTATION

EMDRIA requires that faculty members who assist during the consultation portion of the training maintain active status as an EMDRIA Approved Consultant, or (at minimum) status as a Consultant in Training who is actively working with an Approved Consultant. The ratio of consultant to trainee should not exceed 1:10 (smaller consultant to trainee ratios are encouraged).

#### TRAINING ADVERTISEMENTS

Trainers must offer and advertise a complete and comprehensive (i.e. 50 hour minimum) virtual EMDR basic training so that prospective trainees have the option up front of registering for the entire course. Only complete and comprehensive training events will be listed and advertised on the EMDRIA website.

#### DISCLOSURE OF TRAINING COSTS

Trainers must disclose the full cost of the entire virtual EMDR basic training to prospective trainees upfront and prior to registration. If consultation hours are not included in the registration fees, trainers must provide an estimated range for the out-of-pocket cost for completing the 10 consultation hours. **This information must be included in promotional training advertisement materials.**

#### CONSULTATION HOURS

Trainers must inform prospective trainees that 10 hours of consultation are required in order to complete the virtual EMDR basic training. Trainers are required to disclose whether the consultation hours are included in the registration fees or if trainees will need to pay separate additional fees for the consultation hours. Trainers must also disclose whether prospective trainees will have to schedule consultation hours on their own time outside of the training or if the consultation hours are integrated into the course and provided during the scheduled training dates. **This information must be included in promotional training advertisement materials.** If trainees are paying separately for and obtain consultation hours on their own time outside of the training, they must be provided with detailed information about the consultation process. Trainers are expected to provide trainees with the names and contact information of those consultants who can provide the consultation hours for their training.

#### CANCELLATION & REFUND POLICIES

Trainers must make their cancellation and refund policies available and accessible to prospective trainees. These policies should be clear and transparent up front, prior to registration. **This information must be included in promotional training advertisement materials.**

#### GRIEVANCE PROCESS

Trainers must have a process in place to review and respond to complaints and grievances should they arise. This information should be made easily accessible to trainees.

## REQUIRED READING

The required reading for the virtual EMDR basic training includes the following materials:

1. Shapiro, Francine. (2018). *Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition: Basic Principles, Protocols, and Procedures*. New York: Guildford Press
2. [Go With That Magazine Fall 2020, Volume 25, Issue 3 \[EMDR & Racial Trauma\]](#)
3. [Guidelines for Virtual EMDR Therapy \(Spring 2020\)](#)

## LEARNER ASSESSMENT

Trainers must issue the required Learner Assessment during the virtual EMDR basic training. There is no required passing grade and no specific requirement for the way trainers issue this assessment to trainees. The only requirement is that trainees must complete the assessment and trainers are required to track trainee completion and retain the score for each trainee.

## TRAINING EVALUATIONS

Trainers must obtain feedback from trainees on the quality of instruction, knowledge, and expertise of trainers, assisting faculty, the usefulness of the training, and fulfillment of educational objectives. This feedback should be used to adjust and improve the overall training.

## TRAINING CERTIFICATE OF COMPLETION

Trainers must issue a final virtual EMDR basic training certificate of completion to trainees once they complete the entire (50 hour minimum) course. The certificate must include the trainee's name, the name of the Virtual Basic Trainer, the training organization (if applicable), total number of training hours for the course (50 hour minimum) and the exact date (month/day/year) they completed the virtual EMDR basic training. Those who complete the training can refer to themselves as "EMDR Trained".

## TRAINING ROSTERS

Trainers must maintain trainee records for a minimum of five years. Trainers must submit training rosters to EMDRIA within 120 days of the completion of the training. Training rosters must be submitted in spreadsheet format to EMDRIA and include the name of the training organization (if applicable), name of the Virtual Basic Trainer, trainee name, license, mailing address, phone, email, and EMDR basic training completion date. Trainers can contact EMDRIA ([training@emdria.org](mailto:training@emdria.org)) and request a training roster spreadsheet template.

## DOMAIN 1: PLATFORM & SYSTEM STANDARDS

Trainers must read and adhere to the [Domain 1: Platform and System Standards](#). Trainers will need to be prepared to provide EMDRIA with access to their online Learning Management System (LMS).

Trainers are responsible for educating themselves and complying with all applicable standards and regulations for consent, privacy, data security, security of credit card transactions, accessibility of materials and platforms, and any other regulatory compliance deemed necessary by local, state, and federal government; license under which one provides service; the workplace; or purpose for use.

## DOMAIN 2: CONTENT AND CURRICULUM REQUIREMENTS

Trainers must read and adhere to the [Virtual EMDR Basic Training Curriculum Requirements](#). Trainers will need to be prepared to provide EMDRIA with access to their training materials.

The basis for defining the core virtual EMDR basic training content is Francine Shapiro's *Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition: Basic Principles, Protocols, and Procedures* and trainers must focus on fidelity to the standard protocol. Protocols, techniques and interventions that do not appear in Shapiro's text must be excluded from the training.

EMDRIA requires that trainers disclose who created and owns the training materials they will be using. If the person who is applying to become a Virtual Basic Trainer does not own the training materials, they must obtain a letter from the owner stating that they have permission to use their training content, materials, manuals, etc. This documentation should be emailed to [training@emdria.org](mailto:training@emdria.org)

### DOMAIN 3: LEARNER ASSESSMENT REQUIREMENT

Trainers must read and agree to incorporate the [Domain 3: Learner Assessment](#) questions into their virtual EMDR basic training. Trainers must issue the required Learner Assessment during the virtual EMDR basic training. There is no required passing grade and no specific requirement for the way trainers issue this assessment to trainees. The only requirement is that trainees must complete the assessment and trainers are required to track trainee completion and retain the score for each trainee.

Trainers must have a plan in place for conducting the Learner Assessment that allows for individual, identified responses from the trainee so that the assessment can be scored, and results can be provided to and tracked for each trainee. The plan or method chosen must provide a way that the data from trainee's answers (the right or wrong answer that trainees provide for a question) can be reported for the purposes of improvement in training content, methodology, and assessment items.

### DOMAIN 4: TRAINER ESSAY QUESTIONS BASED ON GAGNE'S NINE EVENTS

Trainers will need to read the [Domain 4: Trainer Essay Questions Based on Gagne's Nine Events](#) and prepare their own responses for the Virtual Basic Trainer application process.

**It's strongly recommended that trainers prepare beforehand so they can easily cut and paste their responses into the application form as the platform being used does not allow applicants to save their work and return to it later.**

## Virtual Basic Trainer Terms & Conditions

- Completion of the application process does not constitute automatic approval as a Virtual Basic Trainer. EMDRIA will review the LMS platform being used to deliver the content as well as the training materials. If approved, the Virtual Basic Trainer status will be issued for a 2-year period.
- The non-refundable \$400 application fee for current EMDRIA members (\$800 application fee for non-members) must be paid for EMDRIA to begin the review process. Once the application is completed and submitted in its entirety, EMDRIA will confirm receipt and applicants will be invoiced.
- If changes are made to the LMS platform or the training content/materials, EMDRIA must be notified ([training@emdria.org](mailto:training@emdria.org)) about what changes were made within 14 days. EMDRIA does not need to know about editorial changes but if new content is added or if existing content is removed, EMDRIA must be notified.
- Virtual Basic Trainers must notify EMDRIA within 14 days ([training@emdria.org](mailto:training@emdria.org)) if they develop a condition (illness, injury, etc.) that prevents or prohibits them from completing a training.
- Virtual Basic Trainers must disclose if they have been disciplined for any ethical violation or if they are under investigation by any legal authority, regulatory, or licensing board. EMDRIA is a professional membership association and does not supervise, warrant, or guarantee the work of individual members.
- Virtual Basic Trainer status is contingent upon and remains in effect only if the individual remains in good standing with all regulatory entities which license, register, or certify them as a prerequisite to practicing in their primary profession.
- Virtual Basic Trainers must maintain active status as an EMDRIA Approved Consultant. If they allow their Approved Consultant credential to expire, their Virtual Basic Trainer status will no longer be valid.
- If EMDRIA policies and requirements are not adhered to, the Virtual Basic Trainer status may be revoked.
- Virtual Basic Trainers must verify the information they've provided is true and that they are not misleading or providing false information to EMDRIA. Additionally, EMDRIA reserves the right to ask for additional documentation. If a Virtual Basic Trainer, misrepresents their credentials or refuses to provide documentation at a later time, their Virtual Basic Trainer status may be revoked.
- Virtual Basic Trainers agree to hold harmless and indemnify EMDRIA and its officers, directors, employees, and agents for any misrepresentation of their credentials and for all claims, loss, damage, judgement, or expense which result from any false or misleading statements in their application forms and materials.

## Virtual EMDR Training – Domain 1: Platform and System Standards

### General Standards:

- Mechanism to document attendance for all synchronous components of training
- Mechanism to document engagement and completion of material delivered asynchronously
- Mechanism to demonstrate that the trainee has successfully fulfilled all requirements and segments of the training

Virtual EMDR training must provide instruction that includes online materials that sufficiently support the EMDR Therapy Basic Training curriculum, is consistent with the principles of Gagne’s Nine Events, and is delivered in accordance with the US Department of Education’s definition of distance learning. The individual trainer is responsible for ensuring that all private health data and information used or transmitted in training is managed consistently with applicable laws, such as HIPAA. The trainer is responsible for choosing instructional tools and technologies that can satisfy these requirements both synchronously and asynchronously, as follows:

**Online learning through appropriate media:** EMDR’s combination of didactic presentation of content and opportunities to practice skills requires a synchronous video communication tool for video conferencing, online meetings, and screen sharing that can be used for direct, live instruction and supervised practices. Zoom and GotoMeeting are popular examples. The video conferencing tool must have the following capabilities:

- Provides a private meeting space that has the ability to control access
- Provides breakout rooms that can be used for practicum and consultation
- Designates co-hosts to provide support and additional facilitation
- Provides a way for trainees to ask questions and participate in the presentation

**Opportunities for substantive interaction and instructional support:** For trainers and trainees to be able to interact with one another and the content asynchronously, a learning platform must be chosen to meet the following requirements:

- Serves as a home base, or single location, where information, core resources, and supplementary learning materials are located or linked to
- Provides interaction between the trainer and the trainee about the content of the course or learning objectives, via announcements, messaging, email, discussion forums, scheduling of appointments for private instructional support, and assessments
- Provides information, core resources, and supplementary learning materials in support of course learning objectives,
- Assesses and provides feedback on a trainee’s knowledge, skills, and abilities through tests, submission of written work, and synchronous observations and feedback during practicum and consultation
- Provides data that allows the trainer to track and report on learner progress and proficiency

Making materials and tools available in a single location for ease of access is an important consideration for the learner. A learning management system, or LMS, is a platform that is used to plan, manage and deliver online content. Use of an LMS as a portal to access all of the training materials, course activities, exams, and evaluations for the virtual training course is required. From there, the trainer may link out to, embed, or incorporate other tools.

Examples of LMSes with features that would substantially meet these standards if implemented within the platform include ones listed below. Inclusion in the table does not constitute automatic approval for use by EMDRIA, nor should the list be considered the only options available. The features noted in the table are those disclosed by the LMS at this time. **Please note that this is not an exhaustive list of all the available or acceptable LMSes. The trainer is ultimately responsible for demonstrating that the LMS and tools selected meet the requirements of EMDRIA, can be used for commercial purposes, and for ensuring compliance with all applicable standards, statutes, procedures, and policies.**

Feature	Are there announcements, email, or message capabilities?	Are there discussion forums or community features?	What can the instructor upload as course materials?	What types of assessments are available?	What can the user upload?	How is user progress tracked?	How can feedback be provided to the students?
<b>Canvas Free for Teachers</b>	Announcements are available on a course level; individual messaging can occur via the Inbox	Discussion forums	Most common file types, PDFs, images, links; embed videos and forms; and create one's own content via HTML pages, SCORM	Quizzes, surveys, assignment folder submissions	Most common file types, PDFs, video, audio	Number of logins, last login, scores on quizzes and grades on file submissions	Scored rubrics, grades and comments on returned submissions, individual messaging
<b>Moodle</b>	Announcements are available on a course level; individual emails can be sent via Quickmail	Discussion forums	Most common file types, PDFs, images, links; embed videos and forms; and create one's own content via HTML pages, SCORM	Quizzes, surveys, assignment folder submissions	Most common file types, PDFs, video, audio	Number of logins, last login, scores on quizzes and grades on file submissions	Scored rubrics, grades and comments on returned submissions, individual messaging
<b>Kajabi</b>	Announcements available on a course level; individuals can be emailed via People	Community (group) feature, which can act as a discussion board	PDFs, images, links; embed videos and forms; create one's own content via HTML pages ("posts")	Quizzes, surveys, file uploads available as a quiz option	Most common file types, PDFs, video, audio	Number of logins, last login, quiz scores	Quiz scores; individual emails

<b>Thinkific</b>	Email notifications can be configured to act as announcements; individual emails to students	Discussion is available as comments on individual lessons and as a Community (group) feature	PDFs, images, links; embed videos and forms; create one's own content via HTML pages ("lessons")	Quizzes, surveys, file uploads	Most common file types, PDFs, video, audio	Last login, completion of lessons, scores on quizzes and approval of submitted files	Quiz scores; instructor can indicate approval of submitted files; individual emails
<b>Talent LMS</b>	Messages, which can be sent to individuals or an entire course	Discussion forums	PDFs, images, links; embed videos and forms; create one's own content via HTML pages ("units" or "content"), SCORM	Quizzes, surveys, assignment folders	Most common file types, PDFs, video, audio	Last login, completion of units, scores on quizzes	Quiz scores; instructor can provide a grade and comments on submissions; messages
<b>LearnWorlds</b>	Announcements, individual messages	Discussion forums, Community feature	PDFs, images, links; embed videos and forms; SCORM	Quizzes, surveys	Learners can add links to third-party storage (Google Drive, Dropbox, Box, etc) via an open-ended response to a quiz question	Last login, total time in course, completion of modules, scores on quizzes	Quiz scores, instructor can provide a grade and comments on submissions; messages

## Appendix A: Defining Distance Education, 34 CFR 600.2

Distance education means education that uses one or more of the technologies listed in paragraphs (1)(i) through (1)(iv) of this definition to deliver instruction to students who are separated from the instructor or instructors, and to support regular and substantive interaction between the students and the instructor or instructors, either synchronously or asynchronously.

1. The technologies that may be used to offer distance education include —
  1. The internet;
  2. One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
  3. Audio conferencing; or
  4. Other media used in a course in conjunction with any of the technologies listed in paragraphs (1)(i) through (1)(iii) of this definition.
2. For purposes of this definition, an instructor is an individual responsible for delivering course content and who meets the qualifications for instruction established by the institution's accrediting agency.
3. For purposes of this definition, substantive interaction is engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following—
  1. Providing direct instruction;
  2. Assessing or providing feedback on a student's coursework;
  3. Providing information or responding to questions about the content of a course or competency;
  4. Facilitating a group discussion regarding the content of a course or competency; or
  5. Other instructional activities approved by the institution's or program's accrediting agency.
4. An institution ensures regular interaction between a student and an instructor or instructors by, prior to the student's completion of a course or competency—
  1. Providing the opportunity for substantive interactions with the student on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency; and
  2. Monitoring the student's academic engagement and success and ensuring that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed, on the basis of such monitoring, or upon request by the student.

## Virtual EMDR Basic Training Curriculum Requirements

EMDRIA is defining content in two areas for virtual basic training. The goal of virtual basic training in EMDR is to provide baseline knowledge and proficiency in the protocols that have been established and for which there is evidence of effectiveness. Protocols, techniques or interventions that do not appear in Shapiro's text are prohibited from being included or taught as part of the virtual EMDR basic training content. This area derives substantially from Shapiro's text.

The second area that trainers may include is optional material they see as important or unique to their training. This optional material may include more in-depth content on trauma, dissociation, diagnoses, or other material that augments understanding of the application and use of EMDR but does not reflect modifications or deviations from the protocols identified in Shapiro's text. Trainers should articulate what material they are including as optional for EMDRIA review in their application submissions. This optional material must be clearly outlined in an application for approval. One criteria for approval will be the research and evidence base underlying this optional material.

**OBJECTIVE:** The purpose of these curriculum requirements is to assist trainers in meeting the minimum EMDRIA standards for virtual EMDR basic training. The goal is to create a complete integrated virtual training program that provides the clinician with the knowledge and skills to utilize EMDR therapy, a comprehensive understanding of case conceptualization and treatment planning, and the ability to integrate EMDR therapy into their clinical practice. At a minimum, the Virtual EMDR Basic Training Curriculum requires instruction in the current explanatory model, methodology, and underlying mechanisms of EMDR therapy through lecture, practice, and integrated consultation. It is recommended that the course present the strengths and limitations of Shapiro's EMDR therapy model including up to date research.

### REQUIREMENTS:

- I. Three sections with a minimum time and content requirement
  - A. Instructional (20 hours) - A minimum of 18 hours must be presented live (instructor led) & a maximum of 2 hours can be asynchronous content (self-directed learning) as defined in the History and Overview portion of the Instructional Section.
  - B. Practicum (20 hours) - all hours must be completed live (synchronously)
  - C. Consultation (10 hours) - all hours must be completed live (synchronously)
- II. **Approved Virtual Basic Trainer: Only** EMDRIA Approved Virtual Basic Trainers may lead and teach the training.
- III. **Assisting Training Faculty: Only** Approved Consultants and/or Consultants-in-Training who are working under the consultation of an Approved Consultant may be brought in to assist with the practicum and consultation.
- IV. **Required Reading:** Trainers must require that trainees read the following:
  - A. Shapiro, F. *Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition: Basic Principles, Protocols and Procedures.* (2018). New York: The Guilford Press.
  - B. Go With That Magazine Fall 2020, Volume 25, Issue 3  
[https://mk0emdrias99osg9utnb.kinstacdn.com/wp-content/uploads/2021/05/GWT.2020.Vol\\_25.Issue\\_3.RacialTrauma.ALL.pdf](https://mk0emdrias99osg9utnb.kinstacdn.com/wp-content/uploads/2021/05/GWT.2020.Vol_25.Issue_3.RacialTrauma.ALL.pdf)
  - C. Guidelines for Virtual EMDR Therapy which can be found online at  
[https://mk0emdrias99osg9utnb.kinstacdn.com/wp-content/uploads/2020/04/virtual\\_tg\\_report\\_for\\_member.pdf](https://mk0emdrias99osg9utnb.kinstacdn.com/wp-content/uploads/2020/04/virtual_tg_report_for_member.pdf)
- V. Training materials must be consistent with the 3rd edition of the Shapiro text and EMDRIA's definition of EMDR therapy.
- VI. **Required Supplemental Material:**
  - A. Access to the EMDRIA definition of EMDR therapy can be found online at

- <https://www.emdria.org/wp-content/uploads/2020/04/EMDRIADefinitionofEMDR.pdf>
  - B. Access to a current list of EMDR related research citations can be found online at <https://emdrfoundation.org/emdr-info/research-lists/>
  - C. Access to the Journal of EMDR Research Practice and Research Volume 13 Issue 4 <https://connect.springerpub.com/content/sgremdr/13/4>
  - D. Information regarding membership and programming of EMDRIA <https://www.emdria.org/about-emdria/emdria-membership/>
- VII. Trainees must complete all instructional, practicum and consultation hours within 12 months of starting the training in order to receive a certificate of completion.

## SECTION ONE: INSTRUCTIONAL

The goal of the Instructional Section of the training is to provide information and understanding in each of the following areas. Although EMDRIA is not regulating the amount of time spent on any one portion, it is expected that the majority of time will be spent teaching the Method section as well as case conceptualization and treatment planning. The curriculum developer may determine the order in which the material is presented.

**Minimum Required Time:** 20 hours

**Faculty Requirement:** Approved Virtual Basic Trainer

### I. History and Overview

The goal of this section is to review the historical evolution of EMDR therapy from its inception through validation by randomized controlled studies. This includes, but is not limited to:

#### A. Traumatology overview:

1. Overview of traumatology and neurobiology of trauma

#### B. Origin:

1. Shapiro's chance observations which led to empirical observations and the development of EMDR therapy methodology.
2. The publication of Shapiro (1989) pilot study through the validation of EMDR therapy's effectiveness through controlled studies.
3. Current inclusion in Treatment Guidelines

#### C. Switch from EMD to EMDR therapy: Understanding the significance of the shift in name and model from EMD to EMDR therapy, both in terms of revised theoretical model and procedure.

1. Switch from Desensitization model to Adaptive Information Processing (AIP) model
2. The effect of EMDR therapy is not desensitization in and of itself, but includes the multifaceted impact of reprocessing all aspects of negative, maladaptive information to adaptive, healthy, useful resolution (e.g., change of belief, elicitation of insight, increase in positive affects, change in physical sensation, and behavior).

#### C. Current EMDR therapy-related Research: The Provider must include information about the representative studies to give the trainees a general grasp of the EMDR therapy literature.

1. A current annotated bibliography of EMDR therapy-related theory and research supporting your program's content that you deem foundational to your students' understanding of EMDR therapy's efficacy, model, mechanism, and method should be included in the handouts. This list need not be exhaustive. It should be reviewed no less than yearly, and updated when needed.
2. Resource sites where this material can be located and updated on the internet should be provided – with website addresses verified and updated no less than yearly.

## II. Distinguish Model, Methodology, and Mechanism

This section of the curriculum explains these three aspects of EMDR therapy and distinguishes among them. The Adaptive Information Processing model (AIP) is the underlying explanatory **model** of EMDR therapy. It is important that trainers have a full understanding of this model as outlined in Shapiro (2018). The AIP model provides the theoretical foundation of EMDR therapy. The **methodology** section includes the eight-phase treatment procedures of the basic EMDR therapy protocol, plus safeguards, ethics, and validated modifications for specific clinical situations. The **mechanism** section includes current hypotheses regarding how or why EMDR therapy works on the neurobiological level, plus current research exploring mechanisms of action. Although hypotheses regarding the mechanism of action are speculative at present, an introduction of these hypotheses is important. With a clear understanding of the AIP model, the specific aspects of the method, and current thinking regarding mechanism, the participants should be well informed regarding the study and practice of EMDR therapy.

### A. Model – Adaptive Information Processing (AIP):

Shapiro adapted and applied the Adaptive Information Processing (AIP) model as the underlying explanatory model of EMDR therapy. EMDR therapy is based, therefore, on a distinct information processing model which incorporates specific principles and treatment procedures. The AIP model guides history taking, case conceptualization, treatment planning, intervention, and predicts treatment outcome. (See Appendix A for information about antecedent information processing models.)

#### 1. Basic hypotheses concepts of AIP:

- a. The neurobiological information processing system is intrinsic, physical, and adaptive
- b. This system is geared to integrate internal and external experiences
- c. Memories are linked in associative memory networks and are the basis of perception, attitude and behavior.
- d. Experiences are translated into physically linked memories
- e. Linked memory experiences are contributors to pathology and to health
- f. Trauma causes a disruption of normal adaptive information processing which results in unprocessed information being dysfunctionally held in memory networks.
- g. Trauma can include DSM 5 Criterion A events and/or the experience of neglect or abuse that undermines an individual's sense of self worth, safety, ability to assume appropriate responsibility for self or other, or limits one's sense of control or choices
- h. New experiences link into previously linked memories which are the basis of interpretations, feelings, and behaviors
- i. If experiences are accompanied by high levels of disturbance, they may be held in the implicit/nondeclarative memory system. These memory networks contain the perspectives, affects, and sensations of the disturbing event and are linked in a way that does not allow them to connect with adaptive information networks
- j. When similar experiences occur (internally or externally), they link into the unprocessed memory networks and the negative perspective, affect, and/or sensations arise
- k. This expanding network reinforces the previous experiences
- l. Adaptive (positive) information, resources, and memories are also held in memory networks
- m. Direct processing of the unprocessed information facilitates linkage to the adaptive memory networks and a transformation of all aspects of the memory.
- n. Nonadaptive perceptions, affects, and sensations are discarded
- o. As processing occurs, there is a posited shift from implicit/nondeclarative memory to explicit/declarative memory and from episodic to semantic memory systems (Stickgold, 2002)

- p. Processing of the memory causes an adaptive shift in all components of the memory, including sense of time and age, symptoms, reactive behaviors, and sense of self

**2. Clinical Implications: The AIP guides case conceptualization, treatment planning, intervention, and predicts treatment outcome**

- a. Clinical complaints that are not organically based or are caused by insufficient information are viewed as stemming from maladaptively linked and unprocessed information which has been unable to link with more adaptive information.
- b. Earlier memories which are maladaptively linked increase vulnerability to pathology including anxiety, depression, PTSD, and physical symptoms of stress and may interfere with healthy development of an individual's sense of self worth, safety, ability to assume appropriate responsibility for self or other, or limits one's sense of control or choices
- c. The information processing system and linked associative memories are a primary focus of treatment
- d. Procedures are geared to access and process dysfunctional memories and incorporate adaptive information
- e. The intrinsic information processing system and the client's own associative memory networks are the most effective and efficient means to achieve optimal clinical effects
- f. Targeted memories must be accessed as currently held so the appropriate associative connections are made throughout the relevant networks
- g. Unimpeded processing allows the full range of associations to be made throughout the targeted memory and the larger integrated networks
  - i. Interventions to assist blocked processing should mimic spontaneous processing
  - ii. All interventions change the natural course of processing and potentially close some associated pathways
  - iii. Following any intervention, the target needs to be reaccessed and fully processed in the original form
- h. Processing shifts all elements of a memory to shift to adaptive resolution

**3. Differentiate from other models:** Highlight how pathology and treatment are viewed differently from other orientations (see Appendix B).

**4. Applications:** It is well documented that trauma can contribute to a wide range of presenting problems, not just PTSD. The curriculum provides an understanding of the wide range of applications for EMDR therapy, when the overall clinical picture (i.e., presenting problems, symptoms, and character structure and life stressors) is framed within the AIP model. This section also provides another opportunity for teaching how the AIP model guides case conceptualization, treatment planning and overall clinical practice.

- a. Scientifically-validated applications
- b. Non-validated applications still needing research

**B. Methodology** – The curriculum explains and teaches the method of EMDR therapy. Although the Basic EMDR therapy protocol is taught, other such issues surrounding the practice and professionalism of EMDR therapy are to be included in the curriculum.

- 1. 8-Phases:** EMDRIA requires that the third edition of the Shapiro text and the EMDRIA Definition of EMDR therapy guide the teaching for all 8 Phases of EMDR therapy. EMDRIA also requires that participants must have exposure to all 8 phases through lecture, demonstration, and practice. It is imperative that trainees understand how case formulation and treatment planning are incorporated into each of the 8 phases.

- a. History Taking, Case Conceptualization & Treatment Planning (Phase 1):** The curriculum provides instruction on what information is gathered from the client and how this information is used. That information with the evaluation of current level of functioning, character structure, and treatment goals are used to assess appropriate client selection, client readiness, target selection based on the three-pronged protocol and treatment planning.
  - i.** Focus on areas of history taking unique to EMDR therapy practice/processing
  - ii.** Offer variety of ways to take a history of traumatic events, abuse, neglect, or thematic negative cognitions
  - iii.** Offer an understanding of the impact of trauma and neglect on healthy development and assessment of potential developmental holes or maladaptively linked information that underlies current problems or symptoms
  - iv.** Introduce three-pronged approach and methods to identify appropriate targets as treatment planning methodology
  - v.** Explain the treatment planning aspect of the selection and ordering of memories to be processed
  - vi.** Introduce appropriate techniques used to identify earliest associated memories
  - vii.** Introduce case conceptualization issues, such as degree of stabilization, affect intolerance, assessment of adequacy of skills and resources, duration of issues/dysfunction
  - viii.** Client selection criteria and indications of client readiness.
  - ix.** Client's ability to sustain Dual Attention
  - x.** Assessment tools and procedures for screening for dissociation.
  - xi.** Explore issues that might impede or interfere with processing and readiness, such as:
    - a) Secondary gain issues
    - b) Present-day stressors (personal, work-related, medical)
    - c) Timing issues (e.g. unavailability of clinician)
    - d) Medical concerns
    - e) Legal issues, (e.g. impending testimony)
  
- b. Client Preparation (Phase 2):** The goal of this section of the curriculum is to assure that the client is informed about EMDR therapy, prepared for EMDR therapy, and to help the client establish the necessary ability to maintain a Dual Awareness during processing and the ability to manage affective reactions between sessions. These activities include but are not limited to:
  - i.** Education about EMDR and its effects
  - ii.** Assess/develop therapeutic rapport
  - iii.** Address client's concerns
  - iv.** Explain the details of the EMDR therapy procedure for both in-person and virtual delivery of EMDR therapy.
    - a)** Seating arrangement
    - b)** Bilateral Dual Attention Stimulation in the form of bilateral eye movements, taps, or tones (e.g., different types, testing speed & distance)
    - c)** Accurate observation and reporting
    - d)** Setting expectations and utilization of the "Stop" signal
  - v.** Client Safety and Stability:
    - a)** How to assess and develop client's stabilization skills both with in person

- treatment and through telehealth platforms/develop client's stabilization skills
  - b) Knowledge of commonly used procedures to enhance safety and self-control for issues related to safety and stability.
  - c) Appropriate use of Safe Place, containment skills and Resource Development
  - vi. Review client selection criteria and precautions
- c. Assessment (Phase 3):** All aspects of the assessment of targets are taught. The curriculum explains and teaches the function and importance of each component of the assessment, and how to obtain them, (e.g., distinguish between appropriate and inappropriate cognitions), and the rationale for the order of the assessment.
- i. Image
  - ii. Negative Cognition (NC)
  - iii. Positive Cognition (PC)
  - iv. Validity of Cognition (VOC)
  - v. Emotions
  - vi. Subjective Units of Disturbance Scale (SUDS)
  - vii. Sensations
- d. Desensitization (Phase 4):** In this section, the curriculum provides instruction on all aspects and expectations of what and how the processing occurs and evolves.
- i. Explain channels of processing
  - ii. Explain the application of all forms of Bilateral Dual Attention Stimulation, provided in the form of bilateral eye movements, taps, or tones (offered) in discrete intervals, and circumstances when alternatives to eye movement may be necessary
  - iii. Note types of processing to expect (e.g., visual, emotional, sensations)
  - iv. Emphasize the importance of therapist maintaining empathic connectedness while allowing the client to process without unnecessary therapist intrusion
  - v. Emphasize the importance of following the client's processing in determining the length of Bilateral Dual Attention Stimulation sets.
  - vi. Reinforce the three-pronged approach
  - vii. Note themes and plateaus or difficulties in processing such as self worth, appropriate responsibility for self and other, safety, and choices
  - viii. Explain working with abreactions
  - ix. Note how to work with the emergence of new memories that spontaneously occur during processing which may need additional targeting
  - x. Identify the selection of appropriate clinical interventions for ineffective or blocked processing which include but are not limited to: change of Bilateral Dual Attention Stimulation, return to target, maximize or minimize assessment components
  - xi. Define and provide examples of Cognitive Interweave to maintain effective processing
  - xii. Identify methods to link to early events that are blocked or not conscious, such as the use of the Affect Bridge, Float Back or Touchstone events
  - xiii. Explain timing of re-accessing and reassessing the target
  - xiv. Explain therapist characteristics or responses that may interfere with adequate processing
  - xv. Explain client perceptions of therapist characteristics or responses that may interfere with adequate processing

- e. **Installation (Phase 5):** The curriculum instructs when, how and why the Installation phase is completed.
  - f. **Body Scan (Phase 6):** The curriculum instructs when and how to conduct the Body Scan, as well as the importance of the information gained during the Body Scan.
  - g. **Closure (Phase 7):** The curriculum instructs the purpose of closure for both a single therapy session as well as closure to the processing of a given EMDR therapy target. Rationale and methods to ensure client stability in the event of incomplete processing of a specific target must be emphasized.
  - h. **Reevaluation (Phase 8):** The curriculum instructs on the rationale of “checking your work” of the previous session. It provides information on the status of a fully processed memory. A fully processed memory needs to have processed the past memory, present triggers, and future template. If the memory is not fully processed phase 8 instructs on how to re engage the target for continuing processing. A re-evaluation of all targets occurs at the conclusion of therapy.
- 2. Three Pronged Model – Future Template**
- The curriculum includes instruction on the Three Pronged Model. To achieve comprehensive treatment effects a three-pronged basic treatment protocol is generally used so that past events are reprocessed, present triggers desensitized, and future adaptive outcomes explored for related challenges. The timing of addressing all three prongs is determined by client stability, readiness and situation. There may be situations where the order may be altered or prongs may be omitted, based on the clinical picture and the clinician’s judgment.
- 3. Advanced Methodology:** Procedural modifications are shown to produce better outcomes in specific situations. The curriculum must include the rationale for any modifications of the EMDR therapy basic protocol. This also provides another opportunity to discuss case conceptualization and treatment planning from the framework of the AIP.
- a. **Protocols and Procedures for Special Situations**
    - i. Recent events
    - ii. Anxiety and Phobia
    - iii. Illness and somatic disorders
    - iv. Grief
    - v. Self-use for Affect Regulation
  - b. The curriculum introduces working with specific populations and encourages additional training for those who work in these areas
    - i. Children
    - ii. Couples
    - iii. Addictions
    - iv. Sexual Abuse Victims
    - v. Complex PTSD or DESNOS
    - vi. Dissociative clients
    - vii. Collective Trauma including Racial and Cultural Marginalization
    - viii. Military



#### 4. Phase Four: Desensitization

- a. Application of all forms of Bilateral Dual Attention Stimulation, provided in the form of bilateral eye movements, taps, or tones (offered) in discrete intervals, and circumstances when alternatives to eye movements may be necessary.
- b. Types of processing to expect (e.g., visual, emotional, sensations)
- c. Importance of allowing the client to process without unnecessary therapist intrusion.
- d. Note the emergence of new memories that spontaneously occur during processing that may need additional targeting
- e. Timing of re-accessing and re-assessing the target
- f. Working with abreactions
- g. Selection of appropriate clinical interventions for ineffective or blocked processing which include, but are not limited to:
  - i. Change of Bilateral Dual Attention Stimulation, return to target, maximize or minimize assessment components
  - ii. Cognitive Interweave
  - iii. Affect Bridge or Float Back technique to identify earlier disturbing memories that need to become the focus of processing
  - iv. Re-accessing the target and processing in undistorted form.
- h. Each trainee practices the basic elements of EMDR therapy (Target Assessment, Desensitization, Installation, Body Scan and Closure) – including closing off incomplete sessions – during the practicum sessions. It is understood that trainers will have different ways of implementing this practice, but it is recommended that every effort be made to include each aspect of the three pronged protocol – Past, Present and Future. In addition, it is recommended that trainees work on their own issues to the extent consistent with participant safety.
- k. Additional areas that may be explored when they arise:
  - i. Therapist characteristics or responses that may interfere with adequate processing
  - ii. Client perceptions of therapist characteristics or responses that may interfere with adequate processing

### SECTION THREE: CONSULTATION

The goal of consultation is to begin to allow trainees to safely and effectively integrate the use of EMDR therapy into their clinical setting. Consultation provides an opportunity for the integration of the theory of EMDR therapy along with the development of EMDR therapy skills. During consultation trainees receive individualized feedback and instruction in the areas of case conceptualization, client readiness, target selection, treatment planning, specific application of skills, and the integration of EMDR therapy into clinical practice. Consultation increases the use of EMDR therapy by those who have received training, reduces the formation of bad habits and the risks of problematic use of EMDR therapy. It also allows the trainee to develop and integrate EMDR therapy skills creatively into their other skills in a way that enhances clinical efficiency and effectiveness in helping a wider range of clients meet their goals for change.

**Minimum Required Time:** 10 hours of consultation are required and should be provided in developmental increments to extend over the course of the training.

**Assisting Training Faculty:** Only Approved Consultants and/or Consultants-in-Training who are working under the consultation of an Approved Consultant may be brought in to assist with the consultation.

**Ratio:** The ratio of consultant to trainees should not exceed 1:10 (smaller consultant to trainee ratios are encouraged).

- I. Consultation is about real client cases and not experiences that occur in practicum

- A. Behavioral samples of trainees work with actual clients is required. Behavioral samples can include video, audio or verbatim summary.
- II. Consultation addresses, but is not limited to, the following content:
  - A. Use of EMDR therapy within a structured treatment plan
  - B. Application of the standard EMDR therapy procedural steps
  - C. Case conceptualization and target selection
  - D. Client readiness including inclusion, exclusion and cautionary criteria for EMDR therapy
  - E. Client safety and effective outcomes using the standard EMDR therapy procedural steps
  - F. Integration of EMDR therapy into their existing clinical setting or in an alternate clinical setting
  - G. Specific application of skills
- III. Consultation provides opportunity for the faculty to assess the strengths and weaknesses of each trainee's overall understanding and knowledge of EMDR therapy and the practice of EMDR therapy skills and the opportunity to tailor further learning experiences to address deficits.
- IV. Consultation sessions are appropriately scheduled to allow adequate time for teaching, practicum and clinical use of EMDR therapy, to maximize the discussion of case conceptualization, client readiness, target selection, treatment planning, specific application of skills, and the integration of EMDR therapy into clinical practice.
- V. Acceptable Consultation Formats
  - A. Individual: One-on-one time between trainee and consultant.
  - B. Group: Group consultation could involve discussions of issues that have a generic interest, but should not replace the intimate formats that allow for individualized feedback. As a general guideline, groups should allow a ratio of 15 minutes per individual trainee. A group of four would meet with at least one consultant for no less than one hour; a group of eight would meet with at least one consultant for no less than two hours. Trainees would receive credit for the total time spent in the group.
  - C. **Combinations of Individual and Group:** Any combination of Individual Consultation and Group Consultation that meets the time guideline suggested above and provides a total of ten hours of consultation time.

## Appendix A

- I. **Antecedent, historical models of emotional information processing:**
  - A. Peter J. Lang (1977, 1979, 2000)
  - B. Stanley Rachman (1980)
  - C. Gordon Bower (1981)
  - D. Edna Foa and Michael J. Kozak (1986)

## Appendix B

- I. **Differentiate from other models:** Highlight how pathology and treatment are viewed differently from other orientations. The trainer should be prepared to highlight and/or to answer questions regarding how EMDR therapy and the Adaptive Information Processing Model contrast and compare with other psychotherapeutic approaches. This might include the view of pathology and health, case conceptualization, and how change occurs. Examples would include:
  - A. Cognitive—
    - 1. Irrational thoughts are the basis of pathology
    - 2. Cognitions are changed through reframing, self-monitoring, and homework exercises
  - B. Behavioral—
    - 1. Cannot see within the “black box” (the brain)
    - 2. Learned behavior is changed through conditioning, exposure, modeling, etc. (learning processes)

- C. “Third wave” of CBT—
  1. Suffering is inevitable
  2. Change is through acceptance, commitment, and Mindfulness exercises
- D. Psychodynamic—
  1. Explores the impact of Family of Origin, Object relations
  2. Change is created by insight or “working through”
  3. Goal is to make the subconscious conscious
- E. Family Therapy—
  1. Problems and solutions are interactional
  2. Exploration and evaluation of family dynamics
  3. Change through education and role realignment
- F. Experiential –
  1. Facilitates client self-healing
  2. Affect and body are central
  3. Uses relationship, “two-chair,” “meaning bridge”

### Appendix C

#### Hypothesized Mechanisms of Action and Neurobiological aspects of EMDR therapy:

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Rimini, D., Molinari, F., Liboni, W., Balbo, M., Darò, R., Viotti, E., & Fernandez, I. (2016). Effect of ocular movements during eye movement desensitization and reprocessing (EMDR) therapy: A near-infrared spectroscopy study. *PLoS ONE*, 11(10), e0164379. doi:10.1371/journal.pone.0164379

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Virtual EMDR Training – Domain 3: Learner Assessment

Page Reference	Question Body	Correct Answer	Category by Survey Rank
P. 216 Shapiro	<p><b>1) The three-pronged protocol refers to which of the following:</b></p> <p>A. Fears related to a traumatic event, attachment experiences with primary caregivers, and structural dissociation of the personality.</p> <p>B. Identify, target and process the earlier memories causing the problems, present experiences triggering the disturbance and the behaviors needed for adaptive future functioning.</p> <p>C. Sensory experiences related to the trauma, unacted urges and impulses related to the trauma, and emotions related to the trauma.</p> <p>D. The negative cognition, the positive cognition and the body sensations.</p>	<p>B. Identify, target and process the earlier memories causing the problems, the present experiences triggering the disturbance, and the behaviors needed for adaptive future functioning.</p>	<p>Eight Phases</p>

<p>P. 206 Shapiro</p>	<p><b>2) The positive/future template involves applying bilateral dual attention stimulation while a client runs through the sequence of a challenging past experience until there is no longer a disturbance associated with it.</b>  A. True  B. False</p>	<p>B. False</p>	<p>Eight Phases</p>
<p>PP. 98-100 Shapiro</p>	<p><b>3) Delineating the client's presenting complaint and its symptoms, initial causes, duration, and additional past occurrences occurs during which Phase?</b>  A. Phase 3 – Assessment  B. Phase 2 – Preparation  C. Phase 4 – Reprocessing  D. Phase 1 - History-taking</p>	<p>D. Phase 1 History-taking</p>	<p>Eight Phases</p>
<p>P. 88 Shapiro</p>	<p><b>4) Shapiro (2018) states that because EMDR therapy has been shown to be effective and efficient, it is not necessary to take steps to test whether clients can manage moderate to high levels of emotional disturbance and to practice self-control procedures.</b>  A. True  B. False</p>	<p>B. False</p>	<p>Eight Phases</p>

P. 117 Shapiro	<p><b>5) Shapiro (2018) suggests the Safe/Calm place exercise is recommended as part of the preparation phase before starting reprocessing because:</b></p> <ul style="list-style-type: none"><li>A. Peaceful images do not produce any feelings of anxiety.</li><li>B. It unlocks and drains a reservoir of negative emotions.</li><li>C. It reassures clients they have a way to recover emotional stability during any disturbance.</li><li>D. It allows whatever happens to happen.</li></ul>	C. It reassures clients they have a way to recover emotional stability during any disturbance.	Eight Phases
P. 125 Shapiro	<p><b>6) When selecting an image during Assessment Phase, the clinician should specifically ask:</b></p> <ul style="list-style-type: none"><li>A. What picture best represents the experience to you?</li><li>B. What picture represents what you think of yourself in your worst moments?</li><li>C. What scenery is passing by when you think of the incident?</li><li>D. What picture defines yourself in this moment?</li></ul>	A. What picture best represents the experience to you?	Eight Phases

<p>P. 125 Shapiro</p>	<p><b>7) A Negative Cognition (NC) is a negative self-statement the client believes at least to some extent about themselves now when recalling the disturbing event and picture.</b>  A. True  B. False</p>	<p>A. True</p>	<p>Eight Phases</p>
<p>P. 129 Shapiro</p>	<p><b>8) What is the Validity of Cognition scale range (VOC)?</b>  A. From 1-10  B. From 0-10  C. From 0-7  D. From 1-7</p>	<p>D. From 1-7</p>	<p>Eight Phases</p>
<p>P. 130 Shapiro</p>	<p><b>9) Naming the emotion(s) in the Assessment phase is important because:</b>  A. It identifies the emotion that the client feels as they bring up the experience in present time.  B. It prevents confusion if they subsequently describe the reprocessing experience by using the SUD scale.  C. It produces a sense of accomplishment.  D. It separates the emotion psychologically from the sensation in the body.</p>	<p>A. It identifies the emotion that the client feels as they bring up the experience in present time.</p>	<p>Eight Phases</p>

<p>P. 137 Shapiro</p>	<p><b>10) Which three things should the clinician ask the client to notice when beginning the Desensitization Phase?</b></p> <ul style="list-style-type: none"><li>A. The image, the positive cognition and where they feel it in their body.</li><li>B. The negative cognition, the positive cognition and the emotion.</li><li>C. The image, the negative cognition and where they feel it in their body.</li><li>D. The image, the bilateral dual attention stimulation and the emotion.</li></ul>	<p>C. The image, the negative cognition and where they feel it in their body.</p>	<p>Eight Phases</p>
<p>P. 137 Shapiro</p>	<p><b>11) During the Desensitization Phase after the first set of BLS, it is advisable for the clinician to:</b></p> <ul style="list-style-type: none"><li>A. Remind client of the negative cognition.</li><li>B. Ask the client to continue to hold the original image in mind.</li><li>C. Refrain from reminding client of the negative cognition.</li><li>D. Check the validity of cognition.</li></ul>	<p>C. Refrain from reminding client of the negative cognition.</p>	<p>Eight Phases</p>

<p>P. 259 Shapiro</p>	<p><b>12) Three primary themes for interweaves are:</b>  A. Past, present, future.  B. Responsibility, Safety and Choices.  C. Supportive figures, personal achievements, spiritual figures.  D. Relationship, affect regulation, self-esteem.</p>	<p>B. Responsibility, Safety and Choices.</p>	<p>Eight Phases</p>
<p>P. 191 Shapiro</p>	<p><b>13) Phase 8 Reevaluation:</b>  A. Is optional because in many cases the target has already been processed to a SUD of 0 and a VoC of 7.  B. Is sometimes referred to as Reassessment Phase and should only be used after incomplete sessions.  C. Is vital and should open each reprocessing session after the first, assessing client's progress and how well previously targeted material has been resolved.  D. Was added later by Francine Shapiro as the "R" in EMDR.</p>	<p>C. Is vital and should open each reprocessing session after the first, assessing client's progress and how well previously targeted material has been resolved.</p>	<p>Eight Phases</p>

<p>P. 190 Shapiro</p>	<p><b>14) Shapiro (2018) states that, when reprocessing is not progressing even after changing the nature or type of bilateral dual attention stimulation, the clinician should:</b></p> <p>A. Start a different target to see if that will resolve.</p> <p>B. Change the NC and PC in case they were the problem.</p> <p>C. Explore ancillary factors, such as feeder memories, blocking beliefs or secondary gain.</p> <p>D. End the session and switch back to talk therapy.</p>	<p>C. Explore ancillary factors, such as feeder memories, blocking beliefs or secondary gain.</p>	<p>Eight Phases</p>
<p>P. 183 Shapiro</p>	<p><b>15) When processing the initial target is unsuccessful, the clinician should consider inquiring about negative beliefs that are blocking progress.</b></p> <p>A. True</p> <p>B. False</p>	<p>A. True</p>	
<p>PP. 151-152 Shapiro</p>	<p><b>16) When beginning the Phase 5 Installation, the first question to ask is:</b></p> <p>A. "What do you notice in your body now?"</p>	<p>B. "Do the words [repeat the positive cognition] still fit, or is there another positive statement you feel would be more suitable?"</p>	<p>Eight Phases</p>

	<p>B. “Do the words [repeat the positive cognition] still fit, or is there another positive statement you feel would be more suitable?”</p> <p>C. “What do you think about the negative cognition now?”</p> <p>D. “How are you feeling when you recall the [restate the disturbing event]?”</p>		
<p>P. 152 Shapiro</p>	<p><b>17) When checking the VOC during Installation Phase, the therapist should say:</b></p> <p>A. When you think about the original picture, what do you think now?</p> <p>B. On a scale of 0 to 10 where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now?</p> <p>C. Think about the original incident and those words [<i>selected positive cognition</i>], from 1, completely false, to 7, completely true, how true do they feel?</p>	<p>C. Think about the original incident and those words [<i>selected positive cognition</i>], from 1, completely false, to 7, completely true, how true do they feel?</p>	<p>Eight Phases</p>

	<p>D. Close your eyes and keep in mind the original memory and the positive cognition. Then bring your attention to the different parts of your body, starting with your head and working downward.</p>		
<p>PP. 500-502 Shapiro</p>	<p><b>18) Because of the potential of EMDR for rapid destabilization, there are many client factors to consider prior to beginning EMDR. Which of the following is <u>not</u> a factor?</b></p> <p>A. If the client has good affect tolerance.</p> <p>B. If the client has a stable life environment.</p> <p>C. If the client has stated they would like to start the EMDR immediately.</p> <p>D. If the client can undergo temporary discomfort for long term relief.</p>	<p>C. If the client has stated they would like to start the EMDR immediately.</p>	<p>Eight Phases</p>

P. 44 Shapiro	<p><b>19) In EMDR therapy, pathology is viewed in terms of maladaptive memory networks which have not been fully reprocessed and continue to be held in a state-specific form giving rise to maladaptive perceptions, behaviors, beliefs and attitudes.</b></p> <p>A. True B. False</p>	A. True	AIP
P. 38 Shapiro	<p><b>20) The AIP model states that maladaptive personality traits may be:</b></p> <p>A. The result of unprocessed experience. B. Intractable. C. Pathological targets. D. Difficult to treat.</p>	A. The result of unprocessed experience.	AIP
P. 39 Shapiro	<p><b>21) According to Shapiro (2018), any event that has had a lasting negative effect on the self or psyche is by its nature traumatic.</b></p> <p>A. True B. False</p>	A. True	AIP
PP. 26-27 Shapiro	<p><b>22) The AIP model provides a framework for treatment, understanding development of pathology, making associations, coming to a resolution, and guiding future actions.</b></p>	A. True	AIP

	<p>A. True B. False</p>		
P. 28 Shapiro	<p><b>23) Which of the following is an important premise of the AIP model?</b></p> <p>A. A long period of exposure to the memory of a traumatic incident is the best method for healing trauma.</p> <p>B. Consistent client homework in between sessions is the key to therapy efficacy.</p> <p>C. The body has an intrinsic capacity for psychological self-healing.</p> <p>D. Teaching clients improved responses to stimuli results in improved emotion.</p>	<p>C. The body has an intrinsic capacity for psychological self-healing.</p>	<p>AIP</p>
P. 28 Shapiro	<p><b>24) According to Shapiro (2018), when the information processing system is activated it is:</b></p> <p>A. Maladaptive.</p> <p>B. Always going to result in rapid healing.</p> <p>C. Adaptive.</p> <p>D. Triggering.</p>	<p>C. Adaptive.</p>	<p>AIP</p>
P. 27 Shapiro	<p><b>25) Which of the following is <u>not</u> a factor in changes in the nervous system associated with psychological trauma that result in a loss of</b></p>	<p>B. Relaxation response.</p>	<p>Neuro/Trauma</p>

	<p><b>neural homeostasis:</b></p> <ul style="list-style-type: none"> <li>A. Cortisol release.</li> <li>B. Relaxation response.</li> <li>C. Fluctuations in neurotransmitters.</li> <li>D. Spikes in adrenaline.</li> </ul>		
P. 373-374 Shapiro	<p><b>26) Which of the following is <u>not</u> a hypothesis to explain the impact of eye movements on reprocessing are:</b></p> <ul style="list-style-type: none"> <li>A. Dual attention taxes the working memory ultimately lowering the disturbance of the memory.</li> <li>B. Bilateral eye movements elicit the orienting response, engaging the parasympathetic nervous and lowering the disturbance.</li> <li>C. The rhythm of eye movements erases memories so that they are forgotten.</li> <li>D. Eye movements stimulate a process similar to REM sleep.</li> </ul>	C. The rhythm of eye movements erases memories so that they are forgotten.	Neuro/Trauma
P 168 Shapiro	<p><b>27) Which of the following is <u>not</u> a strategy that clinicians can use to reinforce the client's dual focus of attention and connection to present time:</b></p> <ul style="list-style-type: none"> <li>A. Verbal reassurances during the set.</li> </ul>	D. Check the VOC level.	Neuro/trauma

	<p>B. Purposely changing the direction and speed of the eye movements.</p> <p>C. Make slower movements or cover a shorter range.</p> <p>D. Check the VOC level.</p>		
<p>P. 25 (Fall 2020 Volume 25, Issue 3 Go With That Magazine)</p>	<p><b>28) According to Ashley’s and Lipscomb’s article in <i>Go With That</i> magazine, which best describes how cultural competency informs the application of EMDR therapy?</b></p> <p>A. In History Taking, to prevent undisclosed pockets of feeder memories.</p> <p>B. In Preparation, to allow the client to select resources that fit with their own adaptive information.</p> <p>C. In Assessment, allowing the client to select a culturally-relevant Negative or Positive Cognition.</p> <p>D. Throughout all phases: through race-related inquiry, culturally relevant cognitive interweaves, and awareness that successful desensitization may involve a higher level SUDs due to ongoing threats related to racism.</p>	<p>D. Throughout all phases: through race-related inquiry, culturally relevant cognitive interweaves, and awareness that successful desensitization may involve a higher level SUDs due to ongoing threats related to racism.</p>	<p>Cultural</p>

<p>P. 18 (Fall 2020 Volume 25, Issue 3 Go With That Magazine)</p>	<p><b>29) According to Archer’s article in <i>Go With That</i> magazine, Racial trauma is historical, multigenerational, and reinforced through implicit and explicit forms of discrimination and oppression. In addition to preverbal traumatic events, using EMDR helps to target second-generation traumatic material.</b> A. True B. False</p>	<p>A. True</p>	<p>Cultural</p>
<p>P. 7 (Fall 2020 Volume 25, Issue 3 Go With That Magazine)</p>	<p><b>30) According to Archer’s article in <i>Go With That</i> magazine, when identifying adverse or traumatic experiences during history-taking with Black, Indigenous, People of Color (BIPOC) clients:</b> A. It is not important to consider a client’s race, as the concept is simply a social construct. B. The issue of race can be set aside, since race is actually a ‘fake’ reality with no real consequences. C. It is especially important to consider how a client might have been racialized into disadvantage, since racism affects one’s trauma history.</p>	<p>C. It is especially important to consider how a client might have been racialized into disadvantage, since racism affects one’s trauma history.</p>	<p>Cultural</p>

	D. Most BIPOC clients will have the same perspective on their experience of inequity and racism.		
P. 25 (Fall 2020 Volume 25, Issue 3 Go With That Magazine)	<p><b>31) According to Ashley’s and Lipscomb’s article in <i>Go With That</i> magazine, the EMDR Therapist working with Black Americans should:</b></p> <p>A. Consider historical trauma and the reluctance, stigma, and shame when seeking help.</p> <p>B. Work with the client using color blindness as a model.</p> <p>C. Avoid all reference to race.</p> <p>D. Ignore microaggressions when they are described.</p>	A. Consider historical trauma and the reluctance, stigma, and shame when seeking help.	Cultural
P. 92 Shapiro	<p><b>32) In memories that might be a part of a case involving a legal proceeding, which of the following is true?</b></p> <p>A. The client will forget what happened, thereby making their testimony unusable.</p> <p>B. The client should avoid testifying immediately after an EMDR treatment session.</p>	C. Informed consent should be used with all pertinent parties.	Legal/Ethical

	<p>C. Informed consent should be used with all pertinent parties.</p> <p>D. EMDR should not be attempted until after the legal proceeding is concluded.</p>		
P. 301 Shapiro	<p><b>33) According to Shapiro (2018), clinicians should be cognizant:</b></p> <p>A. That false memory syndrome is a well-known widely accepted common occurrence.</p> <p>B. That limitations and distortions of memory may exist that could alter the accuracy of any memory that emerges during EMDR processing.</p> <p>C. That a light hypnotic trance is necessary and desirable during reprocessing.</p> <p>D. That childrens' memories are historically accurate.</p>	<p>B. That limitations and distortions of memory may exist that could alter the accuracy of any memory that emerges during EMDR processing.</p>	<p>Legal/Ethical</p>
P. 366 Shapiro	<p><b>34) According to Shapiro (2018), research indicates that EMDR processing frequently leads to a somatic de-arousal response associated with eye movements.</b></p> <p>A. True</p> <p>B. False</p>	<p>A. True</p>	<p>Research</p>

<p>P. 27 Shapiro</p>	<p><b>35) Which of the Mechanisms of Action has <i>not</i> been strongly supported as an explanation for EMDR therapy?</b>  A. Taxing Working Memory.  B. Exposure to High Levels of Distress.  C. REM Processes.  D. Orienting Response.</p>	<p>B. Exposure to high levels of distress.</p>	<p>Research</p>
<p>P. 95 Shapiro</p>	<p><b>36) So far, research has shown that no medications appear to completely block EMDR processing, although benzodiazepines have been reported to reduce treatment efficacy with some clients.</b>  A. True  B. False</p>	<p>A. True</p>	<p>Research</p>
<p>P. 9 Shapiro</p>	<p><b>37) Francine Shapiro's first controlled study included work with this PTSD population:</b>  A. Vietnam Veterans.  B. Eating disordered patients.  C. College students.  D. National Guard.</p>	<p>A. Vietnam veterans.</p>	<p>History</p>
<p>P. 1 Shapiro</p>	<p><b>38) Since 1987, EMDR therapy has been empirically supported by numerous randomized controlled trials (RCTs) and is internationally recognized as an effective treatment for trauma and a wide range of</b></p>	<p>A. True</p>	<p>History</p>

	<p><b>experientially based disorders.</b></p> <p>A. True B. False</p>		
P. 2 Shapiro	<p><b>39) As a comprehensive approach, careful attention is given to images, beliefs, emotions, physical responses, increased awareness, internal stability, resiliency, and interpersonal systems in achieving the effects of EMDR therapy.</b></p> <p>A. True B. False</p>	A. True	History
P. 21 Shapiro	<p><b>40) One way in which the standard EMDR therapy protocol differs from Cognitive Behavioral therapy is that the standard EMDR therapy protocol does not necessitate homework.</b></p> <p>A. True B. False</p>	A. True	EMDR vs. Other
PP. 304-306	<p><b>41) Which of the following are true of working with military personnel and veterans:</b></p> <p>A. Several modifications need to be made to the standard EMDR therapy protocol.</p> <p>B. It is important to develop cultural competence on the effect of military values and training.</p>	B. It is important to develop cultural competence on the effect of military values and training.	Selected Populations

	<p>C. It is best to avoid the use of interweaves.</p> <p>D. Military personnel do not benefit from EMDR therapy due to the complexity of their trauma.</p>		
PP. 228-229 Shapiro	<p><b>42) When targeting a process phobia, the clinician must address all the pertinent aspects of the experience, including decision-making and anticipatory anxiety.</b></p> <p>A. True B. False</p>	A. True	Selected Populations
P. 233 Shapiro	<p><b>43) Following the death of a loved one, a person may first experience emotional shock accompanied by numbing. In these cases, psychological first aid, rather than EMDR processing, is recommended at this stage.</b></p> <p>A. True B. False</p>	A. True	Selected Populations
P. 223 Shapiro	<p><b>44) According to Shapiro (2018), which of the following is the first step in the Recent Event Protocol?</b></p> <p>A. Target the most disturbing aspect of the memory.</p> <p>B. Obtain a narrative history of the event, noting the most disturbing moments.</p>	B. Obtain a narrative history of the event, noting the most disturbing moments.	Selected Populations

	<p>C. Process present stimuli.</p> <p>D. Incorporate positive future templates for each trigger.</p>		
PP. 324-325 Shapiro	<p><b>45) The following statements are true for the treatment of children, <u>except</u>:</b></p> <p>A. Children can create maps, timelines, and storybooks of their lives, through which the clinician can identify potential targets and resources.</p> <p>B. Young children may use hands to indicate levels of disturbance.</p> <p>C. Clinicians should advise parents to remain in the room and give verbal feedback during desensitization and installation phases.</p> <p>D. Clinician may ask for a “mixed up thought” or a “bad thought” to help elicit the negative cognition.</p>	<p>C. Clinicians should advise parents to remain in the room and give verbal feedback during desensitization and installation phases.</p>	<p>Selected Populations</p>

**Virtual EMDR Training – Domain 4:  
Trainer Essay Questions Based on Gagne’s Nine Events**

**1. Gain Attention**

Summary: The trainee is prepared for what to expect from virtual training so they can focus on the learning content. They are introduced to the course, to the trainer, and to each other. Expectations for learning online are communicated clearly.

- a. Tell us how you prepare the trainees for the first day of training. What do you do or ask them to do in advance so they are ready to learn?
- b. How do you open your training day?
- c. How do you engage trainees in the didactic portion of the training?

**2. Inform Trainees of Learning Objectives**

Summary: The trainer communicates what is to be learned to the trainees, describes the required level of performance, and explains how the trainer and trainee will know that level has been achieved by the end of the training.

- a. Outline the expectations and/or achievements your trainees must meet.
- b. How do you explain/convey learning expectations to trainees?

**3. Stimulate Recall of Prior Learning**

Summary: The trainer relates previously-covered information, such as prior lectures or reading assignments, to new material, and helps trainees to make connections between their own experiences, workplaces, or other coursework to EMDR.

- a. What methods do you use to tie in prior experience, knowledge and concepts so that trainees can make sense of the new training content they are being taught? Be sure to provide specific examples.

**4. Present Content**

Summary: The trainer presents content in a logical, easy-to-follow manner. Discussions, videos, cases, polls, and opportunities to ask questions are incorporated to add variety to the didactic portions of the training. Learning resources in multiple formats (PDFs, videos, etc.) are posted in a learning management system to allow trainees to access the materials outside of live training.

- a. What is your philosophy with regard to maintaining fidelity to EMDR therapy?
- b. Give specific examples of how you will foster and maintain fidelity to EMDR therapy?
- c. How do you plan to teach the AIP theory?
- d. How have you adapted your training materials to the virtual environment?
- e. How have you adapted your training materials to cover content related to cultural equity and diversity? Be sure to provide specific examples.

## 5. **Provide Learning Guides**

Summary: The trainer provides detailed information, such as directions, expectations, demonstrations, timelines, rubrics, and checklists for training activities.

- a. What strategies do you employ to provide instructional support to trainees? Be sure to give specific examples.

## 6. **Elicit Performance**

Summary: The trainer provides opportunities for trainees to apply knowledge and skills learned.

- a. Trainees will gain hands-on experience using EMDR during the practicum. Explain your philosophy on the practicum experience and how the practicum is structured throughout the course of your training.
- b. Explain how you assess performance during practicum and maintain fidelity to EMDR therapy.
- c. How do you monitor trainee learning and progress throughout the practicum?

## 7. **Provide Feedback**

Summary: The trainers provides multiple forms of feedback to trainees. Checklists, rubrics, verbal and written comments provide explanations of the skills to be learned and indicated the trainee's progress. Peer and self-evaluations may also be used.

- a. Trainers are expected to provide timely feedback to trainees along the way. Explain your philosophy on trainee feedback. Give examples of how you provide feedback to trainees that is designed to encourage and foster improvement.

## 8. **Assess Performance**

Summary: The trainer provides multiple formal and informal opportunities for trainees to demonstrate achievement of the learning objectives throughout the training.

- a. Explain how you incorporate the required learning assessment questions into your training.
- b. Aside from the required learning assessment, what other methods do you use to assess whether trainees are meeting learning and performance expectations?

## 9. **Enhance Retention**

Summary: The trainer provides a way for trainees to reflect on what they have learned and offers action steps for how they can use their skills in the future. The trainer shares ways that the trainee can extend learning beyond the training.

- a. Explain and give examples of how you assist trainees in applying what they're learning to real life situations in order to enhance their understanding of EMDR therapy.

## Virtual Basic Trainer Application Process

For your application to be considered, you must have an active Approved Consultant credential and must be teaching the EMDR basic training through an existing EMDRIA Approved Training Provider to apply to become a Virtual Basic Trainer.

**You must complete all four parts of the online application process and pay the application fee to begin the review process.**

### **PART 1**

- [Complete the Virtual EMDR Training Policies and Requirements online form.](#)
- You must complete this form in its entirety and agree to adhere to the stated policies and requirements.

### **PART 2**

- [Complete the Platform, Content & Learner Assessment online form.](#)
- Be prepared to set EMDRIA up as a new user in a role equivalent to a participant or student in your LMS. Email the link to your LMS, along with the username and password to [training@emdria.org](mailto:training@emdria.org) so an EMDRIA representative can access and review your system.
- If all your training materials are not stored in the LMS, be prepared to explain your process for delivery of training materials outside the LMS.
- If you do not own the training content, materials, and/or manuals, you must obtain a letter from the owner stating you have permission to use their content. This letter of documentation should be emailed to [training@emdria.org](mailto:training@emdria.org)

### **PART 3**

- [Complete the Trainer Essay questions online form.](#)
- The responses you provide must be in your own words.
- You must complete this form and provide a response for each question. The form cannot be saved and returned to so be prepared to complete the form in its entirety.
- You are strongly encouraged to review the questions and prepare your responses beforehand so you can cut and paste them into the online form.

### **PART 4**

- [Complete the Virtual Basic Trainer online form.](#)
- You must complete this form in its entirety and agree to uphold the terms and conditions.

Once you complete and submit all four parts of the online application, your application will be confirmed within 7 days, and you will be invoiced for the non-refundable \$400 application fee (\$800 application fee for non-members).