



**EMDR Personal Development Action Plan (Farrell, Keenan, Knibbs & Jones 2013)**

**Instructions:** The purpose of this EMDR Personal Development Action Plan (EMDR PDAP) is purely to enable you to critically reflect upon your current knowledge, understanding and application of EMDR so as to then determine the areas you consider you may wish to develop further as an EMDR Clinician.

This EMDR PDAP has three aspects:

- **Section 1: EMDR Protocol & Practice**
- **Section 2: Possible areas of consideration for your own EMDR Personal Development**
- **Section 3: EMDR Personal Development Plan – Strategic Action**

For **Section 1** the use of the rating Scale is to purely indicate how strong, or not, you currently consider yourself as an EMDR Clinician in relation to the EMDR Protocol and EMDR Clinical Practice.



**Section 2** lists a number of areas you may be interested in developing further. The intention of both sections 1 and 2 is hopefully to enable you to consider your own EMDR PDAP and to formulate this into an overall strategic action plan.

Material from **Section 3** will then form the basis of group discussion later.

**Section 1: EMDR Protocol & Practice**

**Consider how you would rate your current position in relation to the following areas:**

1. Understanding of the Adaptive Information Processing (AIP) Model



2. Neurobiological Mechanisms of Action in EMDR



3. Ability to integrate EMDR into your existing clinical practice



4. EMDR/ AIP History Taking and Treatment planning

Not Strong	_____	Strong
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5. Assessing client's suitability for EMDR

Not Strong	_____	Strong
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6. EMDR/AIP Case Conceptualisation

Not Strong	_____	Strong
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7. Identifying appropriate safety factors including the utilisation (where appropriate) of the Dissociative Experience Scale II (DES)

Not Strong	_____	Strong
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8. Undertaking a thorough risk assessment with each client

Not Strong	_____	Strong
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9. Considering client's life constraints, ego strength, and their availability of effective support structures

Not Strong	_____	Strong
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10. Clarifying the client's desired state following EMDR treatment

Not Strong	_____	Strong
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11. Determining that the client is able to effectively deal with high levels of physical and emotional levels of disturbance

Not Strong	_____	Strong
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12. In cases of multiple targets, effectively utilises either prioritising or clustering techniques

Not Strong	_____	Strong
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13. Identifying a 'Touchstone Memory' event that relates to the client's issue(s)

Not Strong	_____	Strong
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14. Preparing the client for EMDR

Not Strong	_____	Strong
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15. Carrying out the 'Safe/ Secure/ Calm Place' Exercise with clients

Not Strong	_____	Strong
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16. EMDR Resource Installation/ Resource Development Installation

Not Strong	_____	Strong
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17. Psycho-education of Trauma/ Psycho-traumatology

Not Strong	_____	Strong
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18. Psycho-education of disturbing memories

Not Strong	_____	Strong
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19. Ability to explain EMDR to various client groups of various ages, culture, and emotional intellect

Not Strong	_____	Strong
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20. Identifying appropriate targets for selection for processing

Not Strong	_____	Strong
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21. Considering the three prong 'Past, Present & Future' in relation to targets

Not Strong	_____	Strong
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22. Identifying an appropriate stationary image as an appropriate target

Not Strong	_____	Strong
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23. Identifying appropriate Negative Cognitions

Not Strong	_____	Strong
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24. Identifying appropriate Positive Cognitions

Not Strong	_____	Strong
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25. Ensuring that Cognitions are in the same domain

Not Strong	_____	Strong
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26. Rating the Validity of Cognition (VOC) correctly

Not Strong	_____	Strong
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27. Ascertaining Subjective Levels of Distress/ Disturbance (SUD's) correctly

Not Strong	_____	Strong
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28. Location of body sensations

Not Strong	_____	Strong
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29. Beginning Desensitisation by requesting the client to just notice the image, Negative Cognition, emotion and physical reaction

Not Strong	_____	Strong
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30. Performing Bilateral Stimulation (BLS)/ Dual Attention Stimulus (DAS) at a good tempo

Not Strong	_____	Strong
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31. Applying the duration of the BLS for approximately 25-35 seconds

Not Strong	_____	Strong
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32. Offering reassurance during a set

Not Strong	_____	Strong
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33. Able to effectively manage abreactions

Not Strong	_____	Strong
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34. Consider the importance of therapeutic attunement and dyadic regulation

Not Strong	_____	Strong
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35. Obtaining short feedback from clients after each set of BLS

Not Strong	_____	Strong
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36. Returning to target and the end of a channel

Not Strong	_____	Strong
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37. Managing blocks that occur during processing

Not Strong	_____	Strong
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38. Float-Back & Float-Forward techniques

Not Strong	_____	Strong
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39. Knowing when to accelerate during processing

Not Strong	_____	Strong
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40. Knowing when to decelerate during processing

Not Strong	_____	Strong
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41. Recognising, managing and integrating Therapeutic Interweaves in EMDR

Process	Not Strong	_____	Strong
Cognitive	Not Strong	_____	Strong
Relational	Not Strong	_____	Strong

42. Working with Primary Dissociation

Not Strong

Strong

43. Working with Secondary Dissociation

Not Strong

Strong

44. Working with Tertiary Dissociation

Not Strong

Strong

45. Managing incomplete sessions in EMDR

Not Strong

Strong

46. Knowing when to proceed to Phase 5 - Installation

Not Strong

Strong

47. Checking out the Positive Cognition for 'best fit' at the start of Phase 5 - Installation

Not Strong

Strong

48. Installation of the Positive Cognition using BLS

Not Strong

Strong

49. Maintaining momentum of BLS/DAS in Installation phase

Not Strong

Strong

50. Know when to proceed to Phase 6 - Body Scan

Not Strong

Strong

51. Carrying out the body scan in an appropriate manner

Not Strong

Strong

52. Allowing sufficient time for closure (Phase 7)

Not Strong

Strong

53. Carrying out an effective debrief as part of Phase 7

Not Strong

Strong

54. Utilisation of containment exercises as grounding techniques

Not Strong

Strong

55. Encouraging clients to maintain a log between sessions

Not Strong

Strong

56. At the next session carrying out Phase 8 - Re-evaluation

Not Strong	_____	Strong
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57. Addressing issues that may arise since last session

Not Strong	_____	Strong
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58. If necessary returning to previous target (following incomplete session)

Not Strong	_____	Strong
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59. Ensuring all past, present and future targets have been addressed

Not Strong	_____	Strong
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60. Addressing the Future Template

Not Strong	_____	Strong
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61. EMDR Scripted Protocols

Phobia	Not Strong	_____	Strong
Panic Disorder	Not Strong	_____	Strong
Depression	Not Strong	_____	Strong
Pain	Not Strong	_____	Strong
Grief, Loss & Bereavement	Not Strong	_____	Strong
Children & Adolescents	Not Strong	_____	Strong
Addictions	Not Strong	_____	Strong
Performance Enhancement	Not Strong	_____	Strong

62. Specialist EMDR Populations

Complex PTSD	Not Strong	_____	Strong
Depression	Not Strong	_____	Strong
Eating Disorders	Not Strong	_____	Strong

Forensic Populations

Not Strong  \_\_\_\_\_  Strong

Older Age populations

Not Strong  \_\_\_\_\_  Strong

EMDR & Couples Therapy

Not Strong  \_\_\_\_\_  Strong

Dissociative Disorders

Not Strong  \_\_\_\_\_  Strong

Obsessive Compulsive Disorder

Not Strong  \_\_\_\_\_  Strong

Non-psychotic Morbid Jealousy

Not Strong  \_\_\_\_\_  Strong

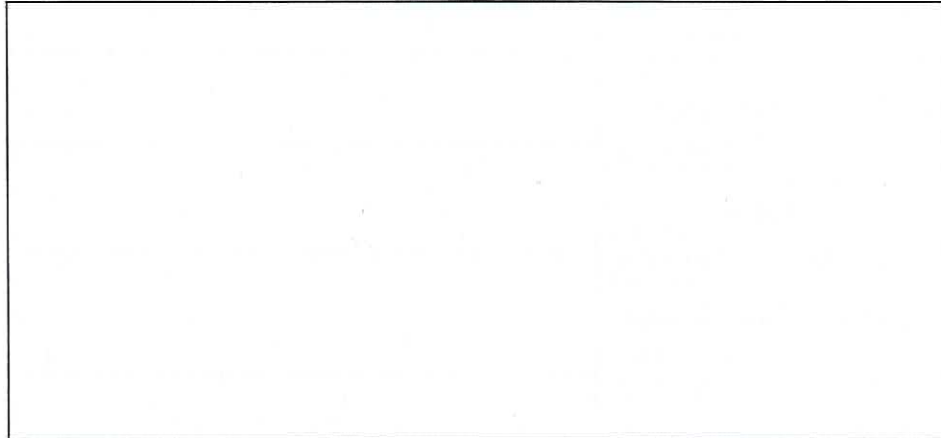
**Section 2: Possible areas of consideration for your EMDR PDAP**

(Please Tick)

Main Themes	Yes	No	Maybe
More EMDR Clinical Experience in general			
More specific EMDR Clinical Experience			
EMDR & Dissociation			
EMDR & Ego States			
Medico-Legal aspects of EMDR			
EMDR Research & Development			
Teaching and Learning of EMDR			
EMDR Europe Accreditation Practitioner			
EMDR Europe Accreditation Consultant			
EMDR Europe Accreditation Trainer			
EMDR Europe Accreditation Child & Adolescent Trainer			
Involvement in EMDR Humanitarian Assistance Programmes			
EMDR Continuous Professional Development			
Related Areas of Continuous Professional Development			
EMDR Academic Writing & Publication			
Wider reading of EMDR Literature			
Presenting at EMDR Conferences			
Participating in EMDR Regional Groups			
Gaining more experience as a <i>Supervisee</i> in Clinical Supervision			
Gaining more experience as a <i>Supervisor</i> in Clinical Supervision			

### Section 3: EMDR Personal Development Action Plan – Strategy Review

In relation to the above areas consider what action is needed to best develop your EMDR PDAP plan? Try and consider your individual plan period in the short, medium and long term.



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