

## Video Preparation guidelines for consultants and trainers, EMDR Asia, August 2019

## **Video Presentation summary:**

- Provide a 30-45 minute video from phase 3-5 and phase 7 (phase 6 can be skipped if the processing is not complete) and a written case presentation introduction covering Phase 1-2.
- If the client speaks the local dialect, please provide English subtitles.
- We except that the phase 1 history, treatment plan and preparation are mainly reflected in the text, the other stages are covered in the video.
- The video should be of real therapy/interviews, not role-playing

## **Recording preparation:**

Try to have both the face of the client and a side view of you in the picture. If the client doesn't give permission, then have the camera pointed at the therapist. Be sure the sound is clear enough that we can hear you both. Cue up the videotape to a minute or two before the part of the approach you want us to see. For example, if you want us to see reaching the end of the channel, show a few sets prior to the end of a channel and on part the point of reaching the end of a channel when you go back to target.

## Parts of the model demonstrated in this video (some parts supported by written case presentation), Check off what you are sharing.

- □ Phase 1History taking
- □ Phase 2 Preparation (education regarding the symptom picture, metaphors that help explain the process, creating resources including safe place, spiral technique, light stream, RDI/ resources needed to assist the client in their work.)
- □ Phase 3 Assessment (setting up the target, accessing/stimulating the target)
- □ Phase 4 Desensitization style (this would be at least 10-15 sets with BLS included)
- □ Reaching an end of the channel and going back to target
- □ Phase 5 Installation of the positive cognition
- □ Phase 6 Body Scan
- □ Phase 7 Closing down an incomplete session
- □ Phase 8 Reevaluation of work already done (can be skipped if it is anew target)
- Cognitive interweaves
- □ Stuck/tough points you, the therapist, experience
- ☐ Focus on special protocols (recent events, current anxiety, phobia, grief, couples, illness, pain, etc.)

□ Other	
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