EMDR ASSIST

FREE CLINICIAN RESOURCE

FOR EMDR CLINICIANS · NOVEMBER 2026 EDITION

EMDR Progress Note — Worked Example

An annotated DAP note for a Phase 4 reprocessing session, plus a blank template

What a defensible EMDR progress note looks like — a fully worked DAP note for an incomplete Phase 4 session, annotated line by line, with a blank template and a documentation checklist.

WHAT'S INSIDE

- ✓ Worked DAP note for a real-world session shape
- ✓ Line-by-line annotations explaining each element
- ✓ EMDR-specific fields: phase, target, SUD, VoC, BLS, body scan
- ✓ Blank template to copy
- ✓ Billing and time-documentation notes

Use this live, in session.

EMDR Assist turns protocols like this into guided, phase-by-phase session tools — SUD/VoC tracking, scripts and notes in one place.

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Clinical use notice. Example documentation for EMDR-trained clinicians. It is fictional and de-identified, is not legal or billing advice, and does not replace your jurisdiction's documentation requirements, your payer's rules, or your professional body's standards.

1. What an EMDR note must show

- Medical necessity: diagnosis, symptoms addressed, and why EMDR is indicated.
- The intervention actually delivered: EMDR phase(s) and procedure, not just "processed trauma".
- Objective markers: SUD and VoC at start and end, body scan outcome.
- BLS parameters: modality, speed, approximate set count.
- Response to intervention and clinical decision-making.
- Closure state — complete or incomplete — and what was done to close.
- Start and stop times supporting the billed CPT code.
- Risk review and the plan for next session.

2. Worked DAP note (Phase 4, incomplete session)

Header

Field	Entry
Date / times	12 Mar 2026, 10:02–10:58 (56 min)
CPT / modifier	90837, in-person
Diagnosis	F43.12 PTSD, chronic
Session number	9 of open episode
EMDR phase(s)	Phase 4 (Desensitisation); Phase 7 (Closure)

D — Data

Client presented alert and oriented, reported sleep 5–6 hrs/night and two intrusions since last session. Reviewed between-session log. Re-accessed the agreed target from the treatment plan: "moment of impact, collision." Phase 3 markers re-checked at start: NC "I'm not safe," PC "I'm safe now," VoC 3/7, SUD 8/10, body location chest and jaw. Bilateral stimulation: horizontal eye movements via light bar, fast, approx. 26 passes per set, 14 sets. Channels included the impact image, then a related memory of a parent's near-miss in childhood; therapist returned client to target twice when the channel emptied. One cognitive interweave used (responsibility: "Whose fault was it?") after two sets with no change. End-of-session SUD 4/10; VoC not re-rated (installation not begun). Session ended incomplete by time. Closure: container exercise and calm place, 3 minutes; client rated grounding 8/10 and reported no dissociation. Risk screen: denied suicidal ideation, self-harm, and substance use since last session.

A — Assessment

Client tolerated high-arousal reprocessing within the window of tolerance and showed a 4-point SUD reduction, consistent with adaptive processing. Emergence of an earlier touchstone memory suggests the collision target is part of a broader "not safe" cluster; treatment plan sequence to be revised to reprocess the childhood memory before returning to present triggers. No indication of destabilisation; stabilisation skills effective at closure.

P — Plan

Resume the incomplete target next session with a re-rated SUD; if under 2, complete installation and body scan. Add the childhood near-miss as target 1a in the target sequence plan. Client to continue the between-session log and use the container nightly. Repeat PCL-5 at session 12. Next appointment 19 Mar 2026, 60 minutes.

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3. Why each element is there

Element in the note	What it defends
Start/stop times and total minutes	Supports the billed 90837 time threshold
Diagnosis plus current symptoms	Medical necessity for continued treatment
Named phase and procedure	Shows a specific, skilled intervention was delivered
SUD start and end; VoC status	Objective, comparable measure of response
BLS modality, speed, set count	Reproducible record of the actual procedure
Interweave and return-to-target	Documents clinical decision-making, not just events
Incomplete-session closure steps	Demonstrates the standard of care at Phase 7
Risk screen	Required in most jurisdictions and payer audits
Plan with a measurable next step	Continuity of care and audit trail

4. Blank DAP template

Section	Prompt
Header	Date · start/stop · CPT · diagnosis · phase(s) worked
D — Data	Presentation · target re-accessed · NC/PC · SUD and VoC at start · BLS modality, speed, sets · channels and returns to target · interweaves · SUD/VoC at end · body scan · closure · risk screen
A — Assessment	Response to intervention · window of tolerance · what the material means for the conceptualisation · changes to the target sequence
P — Plan	Next target and phase · homework · measures due · next appointment

5. Common documentation errors

- Recording "EMDR performed" with no phase, target, or ratings.
- Omitting the closure procedure after an incomplete session.
- Writing verbatim trauma narrative detail that is not clinically necessary.
- No SUD/VoC values, so response to treatment cannot be evidenced.
- Time not documented, undermining the billed code.

References

Every clinical claim in this resource is traceable to the sources below. Instruments are public domain or used under their published terms.

1. Shapiro, F. (2018). *Eye movement desensitization and reprocessing (EMDR) therapy* (3rd ed.). Guilford.
2. Leeds, A. M. (2016). *A guide to the standard EMDR therapy protocols* (2nd ed.). Springer.
3. EMDR International Association. *Professional Standards and Ethics*. EMDRIA.
4. American Medical Association. *CPT professional edition* (current year). AMA.