EMDR ASSIST

FREE CLINICIAN RESOURCE

FOR EMDR CLINICIANS · NOVEMBER 2026 EDITION

Pre-Session Safety Check

Phase 2 → Phase 3 readiness checklist

Use before moving from Preparation (Phase 2) to Assessment (Phase 3) and reprocessing. Complete every section. If any RED-FLAG item is checked, do not proceed — return to stabilization.

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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Client (initials)	Session #	Date	Planned target

1. Current stability (past 7 days)

[ ] No active suicidal ideation with intent or plan

[ ] No self-harm, substance relapse, or new high-risk behaviour since last session

[ ] Sleeping at least 4–5 hours/night and eating with some regularity

[ ] Housing, finances, and immediate relationships stable enough this week

[ ] Medication regimen unchanged in the last 2 weeks (or change reviewed with prescriber)

[ ] No new medical concerns that contraindicate strong activation (eye surgery, uncontrolled seizures, late pregnancy, unstable cardiac status)

2. Capacity for dual attention

[ ] Client can hold internal experience and external orienting simultaneously (quick test: name 3 things in the room while recalling a mildly activating memory)

[ ] Back-of-the-Head Scale at or near the front under mild activation

[ ] Client can self-regulate from SUD ~4 down to SUD ~1 without clinician rescue

[ ] Calm Place and Container are installed and accessible today

[ ] Stop signal agreed and rehearsed this session

[ ] Affect tolerance: can tolerate moderate distress without dissociation, derealization, or shutdown

3. Parts and dissociation check

[ ] DES-II on file; if ≥ 30, MID/SCID-D completed and treatment frame adjusted

[ ] Parts mapping reviewed; no new part has emerged since last session unmet

[ ] Parts conference completed for today's target ('Is there any part of you that doesn't want to do this today?' — any dissent = postpone)

[ ] Loving Eyes / inner caregiver resource available if a child part surfaces

[ ] CIPOS or fractionated protocol planned if low tolerance is expected

4. Target and session-frame readiness

[ ] Target memory, NC, PC, SUD, and body location identified and documented

[ ] NC is self-referential, present-tense, irrational, emotionally resonant

[ ] Adequate session time remaining (≥50 min for a new target; ≥30 min for continuation)

[ ] Between-session contact and safety plan reviewed with client today

[ ] Clinician has capacity, supervision access, and consultation contact if needed

RED FLAGS — do NOT proceed to Phase 3 today

- Active suicidal intent or plan, recent attempt, or escalating self-harm.
- Current intoxication or substance use within 24h.
- New amnesia for prior sessions, or session recalled as something different than what happened.
- Emergence of a previously unknown part, or rapid switching in or before this session.
- Acute external crisis (housing loss, DV, custody emergency, medical crisis).
- Client unable to find present orientation after grounding attempts.
- New somatoform symptoms (conversion, sensory loss, severe chronic pain) after recent EMDR sessions.
- Untreated psychosis, mania, or uncontrolled medical contraindication.

If a red flag is present

Return to Phase 2: extend stabilization, reinforce resources, address the acute issue, and schedule consultation before re-attempting reprocessing. Document the decision and the plan in the chart.

Clinician decision

[ ] PROCEED to Phase 3 — all sections complete, no red flags

[ ] MODIFIED PROCEED — use CIPOS / fractionated processing / shortened set (note rationale below)

[ ] HOLD — remain in Phase 2 this session (note red flag(s) and plan below)

Rationale / plan / next steps

Clinician signature	Date / time

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 Press — Phase 2 readiness and client-safety criteria.

2. Leeds, A. M. (2016). *A Guide to the Standard EMDR Therapy Protocols for Clinicians, Supervisors, and Consultants* (2nd ed.). Springer.

3. Knipe, J. (2015). *EMDR Toolbox: Theory and Treatment of Complex PTSD and Dissociation*. Springer — CIPOS and titrated processing.

4. Carlson, E. B., & Putnam, F. W. (1993). An update on the Dissociative Experiences Scale. *Dissociation*, 6(1), 16–27 — DES-II screening bands.

5. International Society for the Study of Trauma and Dissociation (2011). Guidelines for treating dissociative identity disorder in adults, third revision. *Journal of Trauma & Dissociation*, 12(2), 115–187.