

## Appendix 1 – Forms

### Checklist items for submission of application

- Application form with declaration statement signed and witnessed
- Evidence of current EMDR Singapore Full Membership status (if applicable)
- Certified copy of Certificate of Completion of Basic Level EMDR Training (Part 1 and 2)
- Evidence of two (2) years of practice in your field of practice

OR

500 hours of professional practice client contact hours

- Evidence of 50 EMDR sessions with no less than 15 clients (within a 3 year period after completion of EMDR Part 1 training)
- Evidence of 15 hours of post Basic Level EMDR Training consultation with an Approved EMDR Singapore Consultant
- \$50SGD application fee – Please make cheque payable to “*EMDR Singapore*”

# **EMDR SINGAPORE Certification**

## **APPLICATION FORM**

Title: Dr/Prof/Mr/Ms/Mdm

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

Email Address: \_\_\_\_\_

EMDR Website listing:  Yes  No

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

Highest Degree Obtained (MA, MSW, PhD, MD, DPsych, etc): \_\_\_\_\_

Institution where received: \_\_\_\_\_ Date: \_\_\_\_\_

### **(1) EMDR Singapore Approved Basic Training**

- ✓ Copy of certificate of completion for EMDR Singapore approved Basic Training Program

Documentation certified by: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

### **(2) Professional Practice**

- ✓ Do you have at least two (2) years' experience in your field of practice OR 500 hours of professional practice client contact hours?  Yes  No

Documentation certified by: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

**(3) EMDR Practice**

- ✓ Have you conducted at least 50 EMDR sessions with no less than 15 clients (within a 3 year period after completion of EMDR Part 1 training)?  Yes  No

Documentation certified by: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

**(4) EMDR Consultation post EMDR Basic Training**

- ✓ Have you had at least 15 hours of EMDR consultation with an EMDR Singapore approved Consultant?  Yes  No

Attach documentation from the Approved Consultant(s) you have received your consultation from, verifying the number of hours you have received from him/her and how many were individual consultations and how many were group consultations.

NOTE: At least 5 of these hours must be obtained through individual, EMDR-focused consultation. The remaining 10 may be obtained from small group consultations.

**(5) Declaration Statement**

I confirm and acknowledge that the information I have submitted is true.

I understand that I may be subjected to random checks to verify the information submitted.

I have read and agree to adhere to EMDR Singapore's Professional Code of Conduct which I understand will apply to me regardless of my EMDR Singapore membership status.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Witness

Profession \_\_\_\_\_

\_\_\_\_\_ Date

License Number: \_\_\_\_\_

## EMDR Singapore Consultation Log

Name: \_\_\_\_\_

<b>Date</b>	<b>Patient Initials</b>	<b>Number of hours</b>	<b>Group/Individual</b>	<b>Consultant</b>	<b>Signature</b>

Total number of hours (Individual Consultation): \_\_\_\_\_

Total number of hours (Group Consultation): \_\_\_\_\_

# TREATMENT SUMMARY NOTES

For Record keeping Purposes

## CIRCLE APPROPRIATE ITEMS

NAME \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

### PRESENTING ISSUE:

\_\_\_\_\_

NC \_\_\_\_\_

PC \_\_\_\_\_

**TARGET:** Touchstone Memory Past Present Trigger Future Template

NC \_\_\_\_\_

PC \_\_\_\_\_

Target Status (now)

Completed

Unfinished

**Stabilization Exercise** used at the end of the session:

Safe Place

Light Stream

Breathing

Other \_\_\_\_\_

**Client Stabilization Status** when leaving session:

Poor

Fair

Good

Excellent

**Treatment Summary Notes:**

\_\_\_\_\_

\_\_\_\_\_

Issues of importance that arose during reprocessing to be reevaluated at later time:

\_\_\_\_\_

**EMDR Session Sheet**

Session: \_\_\_\_\_ Date: \_\_\_\_\_

**REMINDER:** The target incident selected for reprocessing (referred to during reprocessing as the 'original target) represents the presenting complaint and the image represents a picture of the selected incident. Please **write down the answers** your client gives to the following questions.

**Specific Instructions:**

*"Often we will be doing a simple check on what you are experiencing. I need to know from you exactly what is going on with as clear feedback as possible. Sometimes things will change and sometimes they won't. There are no "supposed to's" in this process. So just give as accurate feedback as you can as to what is happening without judging whether it should be happening or not. Just let whatever happens, happen."* [Remember to tell the client about the STOP hand signal.]

**Target Incident:**

\_\_\_\_\_

**Image:**

Most disturbing: *"What picture represents the worst part of the incident?"*  
If no picture: *"When you think of the incident, what do you get?"*

\_\_\_\_\_

**Negative Cognition:**

*"What words go best with that picture that express your negative belief about yourself now?"*

\_\_\_\_\_

**Positive Cognition:**

*"When you bring up that picture, what would you like to believe about yourself now?"*

\_\_\_\_\_

**Validity of Cognition (VOC):**

*"When you think of that picture, how true do those words (repeat the positive cognition above) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?"*

1 2 3 4 5 6 7  
completely false completely true

**Emotions:**

*"When you bring up that picture and those words (negative cognition above), what emotion(s) do you feel now?"*

\_\_\_\_\_

**SUDs:**

*"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 the incident feel to you now?"*

0 1 2 3 4 5 6 7 8 9 10  
(no disturbance/neutral) (highest disturbance)

**Location of Body Sensation:**

*"Where do you feel it in your body?"*

\_\_\_\_\_

**Go to next page for reprocessing procedures Phases 4-7**



#### PHASE FOUR: DESENSITIZATION: Processing and checking for new channels:

*"I'd like you to bring up that picture, those negative words (repeat the negative cognition), and notice where you are feeling it in your body—and follow my fingers."* (BLS 25-35)

**A. REPROCESS:** *"Take a breath, let it go, what do you notice now? Go with that."* (BLS-25-35 passes)

Repeat: *"Take a breath; let it go, what do you notice now? Go with that."* (BLS-25-35 passes)  
as long as client reports change or new information (as many sets of BLS as necessary)  
until the client stops reporting change for two consecutive sets of BLS, then ask (B).

**B. BACK TO TARGET:** *"When you go back to the original incident, what do you get now? Go with that."*  
(BLS 25-35 passes)

Repeat: *"Take a breath; let it go, what do you notice now? Go with that."* (BLS-25-35 passes)  
as long as client reports change or new information (as many sets of BLS as necessary)  
When the client goes back to target for two consecutive sets of BLS and still reports no change  
check SUDs (see C below).

**C. CHECK SUDs:**

*"When you bring up the incident, on a scale of 0 to 10, where 0 is no disturbance and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now? Go with that."* (BLS -25-35 passes)  
REPEAT Steps A, B, and C until SUDs is 0 (or ecologically sound).

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#### PHASE FIVE: Installation:

Linking the desired positive cognition with the original memory/incident or picture:

1. *"Do the words (repeat the PC) still fit, or is there another positive statement you feel would be more suitable?"*
  2. *"Think about the incident and those words (repeat the selected PC). From 1 (completely false) to 7 (completely true), how true do they feel?"*
  3. *"Hold them together."* Do BLS.
  4. *"On a scale of 1 to 7, how true do those words (PC) \_\_\_\_\_ feel to you now?"*
  5. Continue installation as long as the material is becoming more adaptive. Continue sets of BLS until the VOC no longer strengthens. Once the VOC=7 (or ecological), go to Phase 6: Body Scan.
  6. If client reports a 6 or less, check appropriateness and address blocking belief (if necessary) with additional reprocessing.
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#### PHASE SIX: Body Scan:

*"Close your eyes and keep in mind the original incident and the (repeat the selected positive cognition). Then bring your attention to the different parts of your body, starting with your head and working downward. Any place you find any tension, tightness or unusual sensation, tell me."* If any sensation is reported, do BLS. If a positive/comfortable sensation, do BLS to strengthen the positive feeling. If a sensation of discomfort is reported—reprocess until discomfort subsides.

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#### PHASE SEVEN: Closure: Procedure for closing unfinished sessions:

An unfinished session is one in which a client's material is still unresolved, i.e., s/he is still obviously upset or the SUDs has not gone down to 0 or the VOC has not gone up to 7, or you have not had time to complete the Body Scan. The following is a procedure for closing down an unfinished session. The purpose is to acknowledge clients for what they have accomplished and to leave them well grounded before they leave the office.

**Steps:**

1. Give the client the reason for stopping. *"We are almost out of time and we will need to stop soon."* Give encouragement and support for the effort made. *"You have done some very good work and I appreciate the effort you have made. How are you feeling?"*
2. Do containment exercise. *"I would like to suggest we do a relaxation exercise before we stop. I suggest we do \_\_\_\_\_"* (clinician suggests a form of relaxation, e.g., Imagery, Safe Place, Light Stream, etc.).
3. Read the Closure/Debriefing the Experience section to the client.

**Closure: Debrief the experience**

*"The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories, or dreams. If so, just notice what you are experiencing—take a snapshot of it in a log (what you are seeing, feeling, thinking, and the trigger on the TICES grid). Use the Safe Place exercise to rid yourself of any disturbance. Remember to use a relaxation technique daily. We can work on this new material next time. If you feel it is necessary, call me."*