

EMDR READINESS CHECKLIST

Name: _____ Date of Birth: _____

Please read each statement carefully. If you agree with the statement, please write your initials in the space provided. If you have any questions or concerns, please talk with your therapist before completing this checklist.

_____ I have a trusting relationship with my therapist.

_____ I am willing to tell my therapist the truth about what I am experiencing.

_____ I am committed/dedicated to both my own safety and treatment.

_____ I have skills to handle high levels of emotion.

_____ I did the resourcing development and installation.

_____ I have resources to calm and comfort myself.

_____ I have a support system that includes, but is not limited to, my therapist.

_____ I am not taking medications in the Benzodiazepine class (e.g., medications that end in "pam").

_____ Either my medication is effective, or I am stable without medication.

_____ My health and safety are not in jeopardy from substance use/abuse.

_____ I am not in active addiction.

_____ Self-harming behaviors are not my primary method of coping with my feelings or relationship troubles. If this was an issue for me, I have adequately addressed it in therapy.

_____ I do not feel suicidal.

_____ I have not been diagnosed with a dissociative disorder. I have been given the screening, Dissociative Experience Scale II (DES II) for dissociative disorder and I have discussed the results with my therapist.

_____ I am not involved in an active legal case OR if I am involved in a legal case, I understand that by reprocessing the material in question, my legal testimony may be impaired.

_____ I have read, understood, and signed an Informed Consent for EMDR.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____