

## **EMDR Case Presentation Guidelines**

(Adapted from Forgash and Leeds, 1999)

When consulting on clinical cases related to the application of EMDR, it is helpful to develop clarity in the following areas. Your ability to complete each section will vary depending on your stage in development as an EMDR therapist, as well as the length and stage of the assessment and treatment process with your client.

Do NOT feel intimidated by the scope of these questions, as not all of the points need to be covered if you are uncertain of them – that's where I am here to guide you.

Remember to obtain your client's written permission for the release of any identifying confidential information, and in general, try to avoid the disclosure of identifying information when possible.

### **Clinician Orientation**

- 1) Please indicate your theoretical orientation before EMDR training:
- 2) What is your EMDR training level and experience. Specify L1, L2, additional advanced EMDR training:
- 3) Duration of EMDR experience:

### **Client Information**

Age:                      Marital/Relationship status:

Ethnicity:    Gender:

Current family system:

Social support system:

\* Client's Treatment Goals (What have they said they want help with?):

Therapist's Treatment Goals and Additional Considerations:

Synopsis of client's history including past and present life issues, traumatic events, childhood attachment status, significant health history (lifetime):

Resources including strengths, coping skills, self capacities:

Past treatment episodes and diagnoses:

Past responses to treatment, both positive and negative:

Current diagnoses and medical health conditions:

DES scores and Dissociative symptoms:

Other testing data:

Defenses (avoidance, anxiety, anger, dissociative responses, etc):

Current stability (note any impulse control problems with alcohol, drugs, violence, sexual acting out, self-injurious behaviors, etc.):

**Treatment Plan:**

Please describe your overall treatment plan and estimated duration of treatment:

**EMDR Protocol(s)**

Which EMDR protocol is being used (i.e. Single Traumatic Event, Current Anxiety and Behavior, Recent Traumatic Event, Process Phobia, Excessive Grief, Somatic, Performance Enhancement, DETUR, Positive Affect Tolerance, Distress Tolerance, etc.):

**Treatment Responses:**

Stabilization and Ego Strengthening: Please describe any relaxation training, imagery, or other stabilization and resource development interventions and results.

When relevant, please note any information about the organization of discrete behavioral states, and interventions used to decrease dissociative responses:

For any resource development and installation (including calm place) please describe the resource memory/experience and response to bilateral stimulation (eye movements, tones or taps).

Resource 1:

Response to bilateral stimulation:

Resource 2:

Response to bilateral stimulation:

For disturbing targets that have been processed (past, present or future), please give the assessment of the target before and after the treatment session. If multiple targets have been processed please indicate approximately how many have been processed and with what outcome.

Please give one or two specific examples of processed targets following the format below.

**Pretreatment (Target Type: \_\_\_ Past \_\_\_ Present \_\_\_ Future):**

Target situation:

Image:

NC:

PC:

VoC:

Emotion(s):

SUDs:

Location of body sensations:

**End of Session, (Post-treatment):**

Complete Session \_\_\_\_\_ Incomplete Session . \_\_\_\_\_

SUDs:

PC (final):

VoC:

Body scan:

**Reassessment (Follow-up Session):**

Please describe any changes in how the client functioned following the session in which bilateral stimulation protocols were used whether on resource, past, present or future targets:

**Please describe the issue or concern that you would like to address through consultation:**