

Example EMDR Case Presentation Form

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The concept behind this EMDR Case Presentation Form is that the consultee can use this form to summarize the EMDR client case they choose to bring for discussion during the consultation process. Case presentation details can be outlined and summarized by the consultee so that the consultant can provide guidance and feedback on their use of EMDR with clients. Both consultants and consultees are welcome to use the form as is, make modifications, or use other resources for the consultation process.

Describe the focus area of question for this consultation session (case transcript needed/included?):

Relevant Consultee Areas:

- Describe therapist relationship with client (sensitivity to client differences?):
 - EMDR appropriateness for client assessed:
 - Adequate preparation for EMDR therapy (explanation issues, hesitations from consultee or client?):
 - Informed consent for EMDR therapy:
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Phase 1: Client History

(be mindful of client confidentiality/HIPAA requirements)

- Why did the client seek treatment?
- Relevant historical, cultural, family, medical, emotional, social support, or attachment information:

- Relevant dissociative assessment (ie. DES, MID) and/or other assessment information:
 - Relevant current life stressors and resources:
 - Relevant trauma history and target possibilities:
 - Past memories, present triggers, future goals? Complex trauma?
 - Case conceptualization using AIP:
 - Identify memory networks for presenting problem:
 - Relevant clinical themes (responsibility, self-worth, safety, control, choices):
 - EMDR Treatment Plan (indicate reasoning):
 - Stabilization/resource development sufficient prior to reprocessing?
 - Symptom reduction or comprehensive treatment?
 - Three prongs addressed? Future goals? Observations?
 - Target sequencing plan and why? (ie. Problem Driven, Present Trigger first, Timeline, Single Event, Other)
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Phase 2: Preparation

- Logistical preparations such as distance, BLS speed, stop signal:
 - Safe/Calm Place:
 - Are additional stabilizing resources needed (Resource Development Installation (RDI), Container, skills to stay present, etc):
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Phase 3: Assessment

- Target selected (Past memory or present trigger?):
 - Picture/image/worst part:
 - NC, PC & VOC:
 - Emotions:
 - SUD:
 - Body Sensations:
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Phase 4: Desensitization

- Describe relevant parts of the desensitization process. How did it go? Observations?
 - BLS type and why (BLS changes?):
 - SUD 0 or ecological?
 - Stuck points, insights, shifts?
 - Feeder memories, following new material:
 - Interweaves needed:
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Phase 5: Installation

- Describe the installation process. How did it go? Observations?
 - PC same or change:
 - VOC to 7?
 - Blocks? Feeder memories?
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Phase 6: Body Scan

- Describe the body scan process. How did it go? Observations?
 - Clear:
 - Unclear:
 - Blocks? Feeder memories?
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Phase 7: Closure

- Describe the process. Was the target reprocessing incomplete/complete?
 - If incomplete, where was the client getting stuck? How was client stabilized?
 - What was client experience?
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Phase 8: Reevaluation

- Describe client self-report during follow-up at their next session. How did it go? Observations?
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Present Triggers

- Were all present triggers processed? How did it go? Observations?
 - What was client experience?
 - Blocks? Feeder memories?
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Future Triggers

- Describe setting this up after present triggers are resolved. How did it go? Observations?
 - What was client experience?
 - Blocks? Feeder memories?
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Additional Relevant Notes of Questions: