

# EMDR Case Conceptualization

Client Initials \_\_\_\_\_

Client complaints from client's perspective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client's negative cognitions: \_\_\_\_\_

## Client Selection Criteria Checklist:

### Client Stability/Ability To Manage Stress

Ok       Problem       Consultation

Client has been screened for Dissociative Disorder. DD rules out use of EMDR trauma processing by Weekend 1-trained clinicians. See *Clinical Signs of Dissociative Disorders and DES* in Appendix. In addition to a Mental Status Exam, the DES should be used for every client. Special preparation for DD clients is needed to stabilize and lay the groundwork for reprocessing memories with the ability to maintain dual awareness.

- Years of unsuccessful psychotherapy
- Depersonalization and/or derealization
- Memory lapses
- Flashbacks and intrusive thoughts
- Somatic symptoms

Secondary gain issues have been identified and appropriately addressed.

Clinician and client have considered severity of issues that may be activated based on history and clinical assessment.

### Acute Presentation

Ok       Problem       Consultation

The following situations require caution and case consultation:

- Life threatening substance abuse
- Serious suicide attempts
- Self-mutilation
- Serious assaultive behavior
- Dissociative symptoms

### Stabilization

Ok       Problem       Consultation

- Adequate stabilization/self-control strategies in place
- Client has workable means of dissipating disturbance if necessary during or between sessions
- Client has adequate life supports (friends, relatives, etc.)
- Systems/issues that might endanger client addressed
- Client able to call for help if indicated

### Medical Considerations

Ok       Problem       Consultation

- General physical health/medical condition/age considered (possible exacerbation with stress)
- Pregnancy (high risk?) benefits/risks
- Medications
- Inpatient if necessary to manage danger to client or others
- Eye pain contraindicates EMs until cleared by physician (use alternate forms of stimulation)
- Any neurological impairment or physical complication inappropriate for Weekend 1 clinicians

### Timing Considerations/Readiness

Ok       Problem       Consultation

- Timing of life events (projects, demands, work schedules, etc.)
- Availability of both therapist and client for support and/or follow-up
- Willingness/ability to continue treatment as indicated
- 90 minute sessions (if possible)

Action Plan for Client Selection Criteria concerns: \_\_\_\_\_  
\_\_\_\_\_

Self-soothing tools: \_\_\_\_\_  
\_\_\_\_\_

### **Three Pronged Targeting Sequence Plan (based on NC of the presenting complaint):**

Presenting complaint: \_\_\_\_\_  
NC \_\_\_\_\_ PC \_\_\_\_\_

**Past** experiences that relate to the negative cognition:

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### **Worst event of past events:**

**Touchstone** event: \_\_\_\_\_

**Present recent experiences:** \_\_\_\_\_

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**Future** situations that might elicit the NC: \_\_\_\_\_

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How would you introduce this existing client to EMDR? Incorporate their issues in the explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following is one way...  
*Your current complaints of* \_\_\_\_\_  
*and the negative belief you have about yourself, “* \_\_\_\_\_*” seem*  
*to have been set in motion with the touchstone event (name it)* \_\_\_\_\_

*It was later reinforced with each event we identified that occurred after that (name them):* \_\_\_\_\_

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EMDR is designed to reprocess these events. The dysfunctional information transforms into useful lessons to help you live a healthier life today and increase your resiliency.

## Next Session – If ready for history

- Identify the targets (dysfunctionally stored life experiences) that initiated and maintain the negative cognition.
- With client create a targeting sequence plan using the sketched out one you just created as a starting point.
- Identify the target memory for first Reprocessing session. First or worst.

## After History is done: Preparation

- Develop self soothing tools: “calm/soothing place”
- **DES (Dissociative Experience Scale)** if necessary

## If Preparation comes first

- Take as many sessions as needed to develop sufficient self soothing tools.
- Establish and maintain a safe working relationship that you will always monitor through out therapy.
- Go over the **Client Selection Criteria Checklist** and address all concerns taking as much time/sessions as needed.
- DES (Dissociative Experience Scale) if necessary

## Preparation going well, then...

- Begin history taking moving back to Preparation any time it is necessary to stabilize the client.
- At some point the client will be able to talk about their history and maintain a dual awareness sufficiently enough to move into Reprocessing, Phases 4-7.
- If your client is unable to maintain stability or a targeting sequence plan is too difficult to develop, remain in phase 2 until after weekend 2. Use your other clinical skills as well.

## Reprocessing vs. Preparation

- Clients will continue to have struggles and symptoms until you have reprocessed their dysfunctionally stored life experiences.
- You will need to balance moving into reprocessing with the need to stabilize. Do not put off reprocessing waiting for symptom resolution. This will not occur until reprocessing has been completed.

## You have sketched out a targeting sequence plan and completed Phase 1 & 2:

- Explain how information is stored and reprocessed to client.
- Explain you will be working differently.
- Speak with confidence.
- Remind them that the reprocessing sessions will be different than regular talk therapy.

## First Reprocessing session

### (Phases 3-6: Assessment – Body Scan)

- Begin session with: “*Today we planned to begin reprocessing. Are you ready?*”
- If not ready, explore and address needs.
- If ready, set up ships passing or the chosen form of BLS and begin Phase 3: Assessment with agreed upon target from targeting sequence plan using your script.

## After first Reprocessing session:

- Identify your strengths, weaknesses and plan for next session. Refer to **Participant Skills Checklist**
- Use the **Treatment Summary Notes** to help get your bearings.

## For you, the clinician, here's a future guided image for doing EMDR with this client...

- “*I'd like you to imagine yourself effectively doing EMDR, phases 1-8, with this client*”.
- “*What are you noticing?*”
- “*Anything that is disturbing to you, develop a plan to address.*”