

## **EMDR Case Presentation Form**

(Adapted from Forgash and Leeds, 1999)

When consulting on clinical cases related to the application of EMDR, please consider providing the **relevant portions** of the following information to assist me in responding to your inquiry.

NOT all these points need to be covered. There may be additional points that you need to include. Keep in mind you are responsible for obtaining your client's permission for the release of any confidential information and for disguising any identifying data.

### **Client Data**

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Marital status:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Current family system:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social support system:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Synopsis of client's history including past and present life issues, traumatic events, childhood attachment status, significant health history (lifetime) relevant EMDR treatment planning:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resources including ego strengths, coping skills, self capacities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past treatment episodes and diagnoses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past responses to treatment both positive and negative:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current diagnoses and medical health conditions (Axis I, II and III):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DES scores and Dissociative Symptoms:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Defenses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Affect Management Strategies:** Describe any relaxation training, imagery, hypnosis or other stabilization and resource development interventions and results: \_\_\_\_\_

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

Resource 1: \_\_\_\_\_

Resource 2: \_\_\_\_\_

**Presenting problem(s) (include duration):** \_\_\_\_\_

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**Client's Treatment goal(s):** \_\_\_\_\_

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**EMDR Treatment Plan - Presenting Problem 1:**

Present Day Triggers: \_\_\_\_\_

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Past Events (Potential Targets): \_\_\_\_\_

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Future Template(s): \_\_\_\_\_

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**EMDR Treatment Plan - Presenting Problem 2:**

Present Day Triggers: \_\_\_\_\_

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Past Events (Potential Targets): \_\_\_\_\_

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Future Template(s): \_\_\_\_\_

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***EMDR Protocol(s)***

Which EMDR protocol is being used (i.e. RDI, Single Traumatic Event, Current Anxiety and Behavior, Recent Traumatic Event, Process Phobia, Performance Enhancement, DETUR):

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For disturbing targets that have been processed (past, present or future), please give the assessment of the target(s) 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 specifics examples of processed target following the format below.

**Target 1: Pretreatment (indicate target as \_\_ past, \_\_ present, \_\_ future):**

Target situation: \_\_\_\_\_

Image: \_\_\_\_\_

NC: \_\_\_\_\_

PC: \_\_\_\_\_

VoC: \_\_\_\_\_ Emotion(s): \_\_\_\_\_ SUDs: \_\_\_\_\_

Location of body sensations: \_\_\_\_\_

**End of session, (post-treatment):**

SUDs: \_\_\_\_\_ VoC: \_\_\_\_\_ Body scan: \_\_\_\_\_ Complete \_\_\_ Incomplete \_\_\_

PC: (final): \_\_\_\_\_

**Re-Evaluation Session:**

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

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**Future Template:** \_\_\_\_\_

**Next Target for Reprocessing:** \_\_\_\_\_

**Target 2: Pretreatment (indicate target as \_\_ past, \_\_ present, \_\_ future):**

Target situation: \_\_\_\_\_

Image: \_\_\_\_\_

NC: \_\_\_\_\_

PC: \_\_\_\_\_

VoC: \_\_\_\_\_ Emotion(s): \_\_\_\_\_ SUDs: \_\_\_\_\_

Location of body sensations: \_\_\_\_\_

**End of session, (post-treatment):**

SUDs: \_\_\_\_\_ VoC: \_\_\_\_\_ Body scan: \_\_\_\_\_ Complete \_\_\_ Incomplete \_\_\_

PC: (final): \_\_\_\_\_

## **Re-Evaluation Session:**

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

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**Future Template:** \_\_\_\_\_

Next Target for Reprocessing: \_\_\_\_\_

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

## **EMDR Case Presentation E-Form**

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**Current family system:**

**Social support system:**

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

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**Past treatment episodes and diagnoses:**

**Past responses to treatment both positive and negative:**

**Current diagnoses and medical health conditions (Axis I, II and III):**

**DES scores and Dissociative Symptoms:**

**Defenses:**

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

**Affect Management Strategies:** Describe any relaxation training, imagery, hypnosis or other stabilization and resource development interventions and results:

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

Resource 1:

Resource 2:

**Presenting problem(s) (include duration):**

**Client's Treatment goal(s):**

**EMDR Treatment Plan - Presenting Problem 1:**

Present Day Triggers:

Past Events (Potential Targets):

Future Template(s):

## **EMDR Treatment Plan - Presenting Problem 2:**

Present Day Triggers:

Past Events (Potential Targets):

Future Template(s):

### ***EMDR Protocol(s)***

Which EMDR protocol is being used (i.e. RDI, Single Traumatic Event, Current Anxiety and Behavior, Recent Traumatic Event, Process Phobia, Performance Enhancement, DETUR):

### **Reprocessing Sessions:**

For disturbing targets that have been processed (past, present or future), please give the assessment of the target(s) 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 specifics examples of processed target following the format below.

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Target situation:

Image:

NC:

PC:

VoC: Emotion(s): SUDs:

Location of body sensations:

#### **End of session, (post-treatment):**

SUDs: VoC: Body scan: Complete \_\_ Incomplete \_\_

PC: (final):

### **Re-Evaluation Session:**

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

### **Future Template:**

#### **Next Target for Reprocessing:**

#### **Target 2: Pretreatment (indicate target as \_\_ past, \_\_ present, \_\_ future):**

Target situation:

Image:

NC:

PC:

VoC: Emotion(s): SUDs:

Location of body sensations:

End of session, (post-treatment):

SUDs: VoC: Body scan: Complete \_\_ Incomplete \_\_

PC: (final):

**Re-Evaluation Session:**

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

**Future Template:**

**Next Target for Reprocessing:**

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