

The concept behind this EMDR Case Presentation Form is that the consultee can use this form to summarize the EMDR patient 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 patients.

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

- **Relevant Consultee Areas:**
 - Describe therapist relationship with patient (sensitivity to patient differences?)
 - EMDR appropriateness for patient assessed:
 - Adequate preparation for EMDR therapy (explanation issue, hesitations from consultee or client?)
 - Informed consent for EMDR therapy:

- **Phase 1: Client History (be mindful of patient confidentiality/HIPAA requirements)**
 - Why did patient seek treatment?
 - Relevant historical, cultural, family, medical, emotional, social supports, 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, futures 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)

- **Phase 2: Preparation**
 - Logistical preparations such as distance, BLS speed, stop signal
 - Calm space
 - Are additional stabilizing resources needed (Resource Development Installation (RDI), Container, skills to stay present, etc):

- **Phase 3: Assessment**
 - Target selected (Past memory or present trigger?):
 - Picture/image/worst part:
 - NC, PC & VOC:
 - Emotions:
 - SUD:
 - Body Sensations:

- **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:

- **Phase 5: Installation**
 - Describe installation process. How did it go? Observations?
 - PC same or change:
 - VOC to 7?
 - Blocks? Feeder memories?

- **Phase 6: Body Scan**
 - Describe body scan process. How did it go? Observation?
 - Clear:
 - Unclear:
 - Blocks? Feeder memories?

- **Phase 7: Closure**
 - Describe process. Was target reprocessing incomplete/complete?
 - If incomplete, where was patient getting stuck? How was patient stabilized?
 - What was patient experience?

- **Phase 8: Reevaluation**
 - Describe patient self-report during follow-up at their next session. How did it go? Observations?

- **Present Triggers**
 - Were all present triggers processed? How did it go? Observations?
 - What was patient experiencing?
 - Blocks? Feeder memories?

- **Future Template:**
 - Described setting this up after present triggers are resolved. How did it go? Observations?
 - What was patient experience?
 - Blocks? Feeder memories?

- **Additional relevant notes or questions:**