EMDR Case Conceptualization Weekend 2 Format

Client Initials __________

Client complaints from client’s perspective:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Specific Symptoms (irrational belief, affect, body sensations, undesirable behavior):

___________________________________________________________________________________

___________________________________________________________________________________

Symptom Focused Targeting Sequence Plans (in order of most problematic symptom to least problematic symptom):

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Worst symptom</th>
<th>2nd Worst</th>
<th>3rd Worst</th>
<th>4th Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touchstone</td>
<td></td>
<td></td>
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<tr>
<td>Past Events</td>
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<tr>
<td>Current Triggers</td>
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<tr>
<td>Future Template</td>
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</tbody>
</table>

What are the readiness concerns? Use the Client Selection Criteria Checklist to identify the concerns. If there is a problem identified, develop a plan to address the problem. Ask your Consultant if stuck.

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:

________________________________________________________________________________________

________________________________________________________________________________________

What information do you still need to gather to complete this treatment plan?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What steps need to be taken before beginning reprocessing (Phases 3-6)?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What is the client ready for? (Choose one)

_____ Phase 1 (History)  or  _____ Phase 2 (Preparation; Self Soothing)
Next Session – If ready for Phase 1 (History)
  • Identify the problematic symptoms and the order of severity.
  • Identify the targets (dysfunctionally stored life experiences) that initiated and maintain each symptom.
  • With client input, create targeting sequence plans for each symptom using the sketched out ones you just created as a starting point.
  • Select the first Targeting Sequence Plan to work on. Choose which memory to reprocess in the first session; _____ First (Touchstone) or _____ Worst.

After History is done: Phase 2 (Preparation)
  • Develop self soothing tools: “calm/soothing place,” container, RDIs, Target Specific RDI
  • DES (Dissociative Experience Scale) if necessary

If Phase 2 (Preparation) comes first (For those clients with poor affect tolerance; poor ego strength; and/or dissociation.):
  • Take as many sessions as needed to develop sufficient self soothing tools.
  • Establish and maintain a safe working relationship that you will monitor throughout therapy.
  • Review the Client Selection Criteria Checklist and address all concerns taking as many sessions as needed.
  • DES (Dissociative Experience Scale).

Phase 2 (Preparation) going well:
  • Begin History Taking, alternating with Preparation as needed to maintain client stabilization.
  • 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 targeting sequence plans and completed Phase 1 & 2:
  • Explain how information is stored and reprocessed to client.
  • Describe how you will be working differently in the following session (First reprocessing session).
  • Speak with confidence.

First Reprocessing Session:
(Phases 3-6: Assessment – Body Scan)
  • Say hello; check in (5 min maximum)
  • Begin Phase 3 (Assessment)

At the end of the Reprocessing session, therapist decides to resume unfinished target or which target is next in chronological succession:
  • Identify your strengths, weaknesses and plan for next session. Refer to Participant Skills Checklist
  • Use the Treatment Summary Notes (Weekend 1 Manual) 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.”