

EMDR Case Inquiry Format

(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.

Clinician orientation

1) Please indicate your theoretical orientation before EMDR training:

2) EMDR training level and experience. Specify L1, L2, additional advanced EMDR training:

3) Duration of EMDR experience:

Client data

Presenting problem(s) (include duration): _____

Client's Treatment goal(s): _____

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) _____

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) _____

Global Assessment of Functioning (GAF): _____

DES scores and Dissociative symptoms: _____

Other testing data: _____

Defenses: _____

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

Treatment Plan:

Please describe your overall treatment plan and estimated duration of treatment: _____

EMDR Protocol(s)

Which EMDR protocol is being used (i.e. Single Traumatic Event, Current Anxiety and Behavior, Recent Traumatic Event, Process Phobia, Excessive Grief, Somatic, Performance Enhancement, DETUR, Positive Affect Tolerance, Distress Tolerance, etc.):

Treatment Responses:

Ego strengthening and stabilization. Please describe any relaxation training, imagery, hypnosis or other stabilization and resource development interventions and results: _____

When relevant, please note any information about the organization of discrete behavioral states and interventions used to decrease dissociative responses: _____

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: _____

Response to bilateral stimulation: _____

Resource 2: _____

Response to bilateral stimulation: _____

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.

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): _____

Reassessment (follow up 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:

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

