Case Conceptualization Form (Option 1)

(Information obtained from the clinical interview, assessment tools and forms, and observations)

List presenting issues (what brings the client to therapy) and symptoms connected to the presenting issue and what the client wants ***more of***…what they ***want less of.***

Why client is seeking therapy (Presenting issue(s): Include the **earliest time** and a **recent time** of when they noticed or experienced the presenting issue. In addition, indicate what the client feels is the most "distressing" part of their presenting issue and how that makes them **feel or believe** about themself. This helps identify a pattern and clinical theme.	**SUD**
Cognition (Include Beliefs / Thoughts)	**SUD**
Emotions (Affect)	**SUD**
Somatic Symptoms	**SUD**
Avoidance Defense Behaviors / Urges	**SUD**
Relational / Connection	**SUD**

Case Conceptualization (cont)

Attachment History / Style	
Primary Caregivers	Family Members including Partners and Children
Siblings / Step-Siblings	Friends, Coworkers, Other

List any **special considerations** that may impact reprocessing. Examples: Affect Dysregulation, Dissociation, Medical Issues, Drug/Alcohol Issues, Time Limit, Complexity of trauma, Blocking Beliefs, etc.

Identify client's ***strengths and support, positive experiences and skills/resources*** that may be needed in therapy.

Select ***up to 3*** **issues/symptoms/memories** that the client would like to address in EMDR Therapy. This will go into the **EMDR Treatment Planning Worksheet. Identify their negative beliefs about each of these. It will help in identifying clinical themes.**
1.
2.
3.

Identified Clinical Theme(s)*
1.
2.
3

Treatment Approach / Protocol (s) / Prong*

Descriptions of Treatment Approach and Protocols

Treatment Approach

_____Symptom Reduction (EMD, EMDr)
_____Cluster / Theme / Specific Issue (EMDr)
_____Developmental / Comprehensive (EMD, EMDr, EMDR)

Protocols to Consider

- ☐ **EMDR** - Full **comprehensive** treatment includes three-prong
  - Can maintain dual awareness with minimal intervention
  - Can mix EMD, EMDr, and Flashforward if needed
- ☐ **EMD** - Desensitization of a single event, or part of an event. The focus of treatment is on **sx reduction** rather than reprocessing. Returning to target and get SUD after each set.
  - Narrow focus on associations relating to points of disturbances only.
  - Return to target (POD) and check SUD frequently
  - Past events too destabilizing
  - Poor affect tolerance
  - Sx reduction of memory
  - Time constraints
- ☐ **EMDr** - **Reprocessing is restricted** to keep the process more focused to prevent looping or going into other trauma networks
  - Zoom out to broad focus on associations related to the T-episode.
  - Return to target when associations depart from the T-Episode.
  - Main strategy in R-TEP
  - Restrict processing to stay within a specific theme
  - Frequent looping or blocks during processing
  - Difficulty maintaining focus (jumping around)
  - Time restraints do not support comprehensive
- ☐ **Special Protocols to Consider**
  - ☐ **FlashForward**
    - Disruptive feared future event
    - Obsessive Compulsive Disorder
    - Specific Phobia
    - Client skepticism of EMDR
    - Unable to identify past trauma
    - Irrational fear(s) and/or anticipatory anxiety response
  - ☐ **DeTur Protocol**
    - Can be used when the client is using and wants to quit but struggling with the triggers
    - Addictions and dysfunctional behavior
  - ☐ **Feeling-State Addiction Protocol**
    - When positive feelings become rigidly linked with specific objects or behavior.
    - Any feeling can be linked to a behavior
    - Assumes that the feeling underlies the behavior.
  - ☐ **ASSYST Protocol**
    - Acute Stress -
    - Recent incidents
    - Intrusive Symptoms
  - ☐ **PRECI Protocol**
    - Recent Events and Ongoing Traumatic Stress
    - Clients who have experienced recent critical incidents where stressful events continue for a period of time.
  - ☐ **Flash Technique**
    - Highly disturbing Memories
    - Overwhelmed clients who do not want to work on the memories
    - Clients who dissociate
  - ☐ **Pain Protocol by Mark Grants**
  - ☐ **R-TEP -** Early Intervention
    - Focused processing of intrusive fragments of a memory
    - Sx reduction of memory & Time constraints