

Name: \_\_\_\_\_

**Case Conceptualization Form**

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

**Presenting Problem = Issue, Memory/Event, Symptom**

**Area of impact = Home, Work/School, Relationships (general or specific) and/or Specific Situation**

<b>List presenting Problems:</b> 1. <b>New Client:</b> Why did the client seek therapy? What are their goals for therapy? (new client) 2. For the current client - identify an updated presenting problem that is <b>currently</b> causing distress.	
<b>Age + Ethnicity + Marital Status + Living Situation + Gender Identification</b>	<b>SUD</b>
<b>Presenting Issue #1</b> Symptoms connected to #1; + Recent Examples/Experience + NC; + Area of Impact + ANS	<b>SUD</b>
<b>Presenting Issue #2</b> Symptoms connected to #2; + Recent Examples/Experience of #2; + NC; + area of impact + ANS	<b>SUD</b>
<b>Presenting Issue #3</b> Symptoms connected to #3 + Recent Examples/Experience of #3; + NC; + area of impact + ANS	<b>SUD</b>
<b>***Identify and list historical Experiences connected to each presenting Problem. ** Note this information may be activating and/or dysregulating. Ensure client is sufficiently resourced before obtaining this information</b>	

Select (1-2) **two presenting issues (from previous page)** that the client would like to address in EMDR Therapy.

Presenting Problem	Negative Cognition
1.	
2.	

Clinical Themes of the Presenting Problems (based on negative cognitions)

1.
2.
3.

**Attachment History / Adult Attachment Style** - What emotional and physical needs were not met? What attachment disruptions occurred? What resources did the client lack that shaped their understanding of self, others, and the world? Attachment histories inform us what resources, or skills may be needed for reprocessing. **\*\*\*NOTE:** This can be activating and possibly dysregulating, proceeding according to the clients level of activation - incorporate resourcing

<b>Primary Caregivers</b>	<b>Family Members including Partners and Children</b>
<b>Siblings / Step-Siblings</b>	<b>Friends, Coworkers, Other</b>

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

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Identify the client's **strengths and support, positive experiences AND skills/resources needs** that may be needed for reprocessing.

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Recommended Treatment Approach (Acute, Cluster, Comprehensive) + Protocol (s) / Prong to start with\*. This information will go into the EMDR Treatment Plan.

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Completed by \_\_\_\_\_

Date: \_\_\_\_\_