TREATMENT MANUAL

EMDR and the Art of Psychotherapy With Children

Infants to Adolescents

Second Edition

Robbie Adler-Tapia
Carolyn Settle

SPRINGER PUBLISHING COMPANY
EMDR and the Art of Psychotherapy With Children
Robbie Adler-Tapia, PhD, is a licensed psychologist who has worked with children and families for 30 years. Her work has been at the cutting edge of treating trauma in young children as she has worked as a psychologist, educator, consultant, researcher, and writer. She has extensive experience in child welfare, in the forensic arena, and working with first responders and public safety. Dr. Adler-Tapia is coauthor of *EMDR and the Art of Psychotherapy With Children*, and author of *Child Psychotherapy, Integrating Developmental Theory Into Clinical Practice*. She has authored several invited chapters on treating trauma in children in the child welfare system, and trauma treatment for children who have experienced sexual abuse. Dr. Adler-Tapia presents internationally on the treatment of trauma in children including using EMDR therapy for attachment and dissociation. She has taught graduate level course work at the university level and supervised interns. Her volunteer work includes promoting EMDR therapy for the poorest and most vulnerable clients including working internationally to train therapists working with the child welfare system and children orphaned by AIDS. She also volunteers with PISTLE (Post Incident Stress and Trauma in Law Enforcement) promoting EMDR therapy for public safety professionals.

Carolyn Settle, MSW, LCSW, is a clinical social worker who has worked with children, adolescents, and adults for 38 years. She is a psychotherapist, consultant, educator, author, and researcher in private practice in Scottsdale, Arizona. Her areas of specialty are counseling children and adults who have experienced trauma, depression, anxiety, phobias, attention deficit hyperactivity disorder, and giftedness issues. Ms. Settle is an EMDRIA-approved consultant, an EMDR Institute Facilitator, and an EMDR Trauma Recovery Humanitarian Assistant Program trainer. She coauthored *EMDR and the Art of Psychotherapy With Children* and has coauthored several chapters and journal articles on EMDR therapy with children. Ms. Settle presents in the United States and internationally on using EMDR therapy with children and adults who have experienced trauma and/or dissociation. She has also trained therapists in the United States and internationally to use EMDR therapy with children including child therapists in New Orleans after hurricane Katrina; in India; and in Newtown, Connecticut, after the elementary school shooting.
EMDR and the Art of Psychotherapy With Children

Infants to Adolescents Treatment Manual

Second Edition

Robbie Adler-Tapia, PhD
Carolyn Settle, MSW, LCSW
This is a sample from EMDR AND THE ART OF PSYCHOTHERAPY WITH CHILDREN: INFANTS TO ADOLESCENTS TREATMENT MANUAL, SECOND EDITION
Visit This Book’s Web Page / Buy Now / Request an Exam/Review Copy

Copyright © 2017 Springer Publishing Company, LLC
All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of Springer Publishing Company, LLC, or authorization through payment of the appropriate fees to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923, 978–750–8400, fax 978–646–8600, info@copyright.com or on the Web at www.copyright.com.

Springer Publishing Company, LLC
11 West 42nd Street
New York, NY 10036
www.springerpub.com

Acquisitions Editor: Sheri W. Sussman
Compositor: Newgen KnowledgeWorks


16 17 18 19 20 / 5 4 3 2 1

The author and the publisher of this Work have made every effort to use sources believed to be reliable to provide information that is accurate and compatible with the standards generally accepted at the time of publication. The author and publisher shall not be liable for any special, consequential, or exemplary damages resulting, in whole or in part, from the readers’ use of, or reliance on, the information contained in this book. The publisher has no responsibility for the persistence or accuracy of URLs for external or third-party Internet websites referred to in this publication and does not guarantee that any content on such websites is, or will remain, accurate or appropriate.

Library of Congress Cataloging-in-Publication Data
Title: EMDR and the art of psychotherapy with children/infants to adolescents treatment manual/Robbie Adler-Tapia and Carolyn Settle.
Other titles: EMDR and the art of psychotherapy with children treatment manual
Classification: LCC RJ505.E9 | NLM WS 350.6 | DDC 618.92/8914—dc23
LC record available at https://lccn.loc.gov/2016020146

Special discounts on bulk quantities of our books are available to corporations, professional associations, pharmaceutical companies, health care organizations, and other qualifying groups. If you are interested in a custom book, including chapters from more than one of our titles, we can provide that service as well.

For details, please contact:
Special Sales Department, Springer Publishing Company, LLC
11 West 42nd Street, 15th Floor, New York, NY 10036–8002
Phone: 877–687–7476 or 212–431–4370; Fax: 212–941–7842
E-mail: sales@springerpub.com

Printed in the United States of America by Gasch Printing.
Contents

Introduction to the Manual ix

1. History Taking, Case Conceptualization, and Treatment Planning Phase 1
   Instructions to the Therapist for History Taking, Case Conceptualization, 1
   and Treatment Planning
   Session Protocol for History Taking, Case Conceptualization, 3
   and Treatment Planning
   Therapist Script for History Taking, Case Conceptualization, 5
   and Treatment Planning
   Intake Form for Child/Adolescent Psychotherapy 6
   EMDR History Taking, Case Conceptualization, and Treatment Planning Form 8
   Child/Adolescent Interview Questions 11
   Consent for Treatment of Minor Child/Teen Assent Form 13
   Treatment Plan 14
   Child/Adolescent Symptom Monitoring Form 16
   EMDR Therapy Progress Note 17

2. Preparation Phase 21
   Introduction to EMDR Therapy, Mechanics of EMDR Therapy, Stop Signal, Metaphor, 21
   Safe/Calm Place, and Containers
   Session Protocol for the Preparation Phase 22
   Introduction to EMDR Treatment for Children and Adolescents 23
   Script for EMDR Therapy Phase 2, Mechanics, and BLS for Children/Teens 24
   Teaching Children/Teens to Use the Stop Signal With EMDR Therapy 25
   Metaphor for EMDR 26
   Introduction to Safe/Calm Place 27
   Script for Teaching Safe/Calm Place to the Child/Teen 28
   Form for Safe/Calm Place 29
   Safe/Calm Place Protocol Abbreviated Instructions Form 30
   Containers for Children and Adolescents 31

3. Assessment Phase 33
   Instructions to the Therapist for the Assessment Phase 33
   Session Protocol for the Assessment Phase 34
   Script for Reviewing the Previous Session 35
   Target Identification and Organization for Children and Adolescents 36
   Identifying Picture/Image 37
   Eliciting NC and PC 38
   Kids’ List of Cognitions 40
   Measuring VoC 41
   Identifying Emotions/Feelings 41
   Measuring SUD 42
Contents

Identifying the Location of Body Sensations  42
Explaining Desensitization to the Child  43

4. **Desensitization Phase**  47
   Instructions to the Therapist for the Desensitization Phase  47
   Session Protocol for the Desensitization Phase  48
   Script for Desensitization  49

5. **Installation Phase**  51
   Instructions to the Therapist for Installation  51
   Session Protocol for Installation Phase  52
   Script for Installation  53

6. **Body Scan Phase**  55
   Instructions to the Therapist for Body Scan  55
   Session Protocol for Body Scan  56
   Script for Body Scan  57

7. **Closure Phase**  59
   Instructions to the Therapist for Closure  59
   Session Protocol for Closure  60
   Script for Closure  61
   Script for Closing Incomplete Sessions  61

8. **Reevaluation Phase**  63
   Instructions to the Therapist for Reevaluation  63
   Session Protocol for Reevaluation  64
   Script for Reevaluation  65
   Final Desensitization/Trauma Processing Session  66
   Reevaluation and Posttreatment Assessment  67
   Form for EMDR Therapy Discharge/Discontinuation of Treatment  68

9. **Cognitive Interweaves for Children and Adolescents**  69
   Instructions to the Therapist for Cognitive Interweaves for Children and Adolescents  69
   Session Protocol for Cognitive Interweaves for Children/Teens  71
   Example of Scripts for CIs for Children/Teens  72
   Utilizing CIs to Restart Processing  73
   CIs for Current or Future Issues  76

10. **Resource Development and Installation for Children and Adolescents**  77
    Instructions to the Therapist for RDI for Children/Teens  77
    Script for RDI for Children  79
    RDI Worksheet—Part 1  81
    RDI Worksheet—Part 2  82
    Abbreviated RDI Protocol  83

11. **Mapping and Graphing for Use in EMDR Therapy With Children and Teens**  85
    Introduction to Mapping and Graphing  85
    Instructions to the Therapist for Mapping  85
    Session Protocol for Mapping  87
    Script for Mapping Targets  88
    Instructions to the Therapist for Graphing Mastery Experiences and Targets  91
    Session Protocol for Graphing  92
    Script for a Mastery Graph  93
    Script for a Targeting Graph  94
    Script for Graphing  95
12. Future Template for Use in EMDR Therapy With Children and Adolescents
   Instructions to the Therapist for Future Template 97
   Session Protocol for Future Template 98
   Future Template Script 99

13. Assessing Fidelity or Adherence to EMDR Therapy With Child Clients
   Instructions to the Therapist for Assessing Fidelity or Adherence to EMDR Therapy
   With Child Clients 101
   EMDR Therapy Assessment of Fidelity 103
   EMDR Therapy Fidelity Questionnaire 104

14. Blocking Beliefs Questionnaire for Children and Adolescents
   Instructions to the Therapist for Blocking Beliefs Questionnaire for Children and Adolescents 107
   Blocking Beliefs Questionnaire for Children and Adolescents 108

15. Script for Trauma Reprocessing Phases With Children and Adolescents
   Script for Trauma Reprocessing Phase With Children and Adolescents 111
   Assessment Phase 112
   Desensitization Phase 113
   Installation Phase 114
   Body Scan Phase 115
   Closure Phase 116
   Reevaluation After an Incomplete Session 117

16. Children 0 to 6 Years and Preteens and Adolescents: Phases, Ages, and Stages
   Introduction to EMDR Therapy With Infants, Toddlers, Preschoolers and Preteens, and Adolescents 119
   History Taking, Case Conceptualization, and Treatment Planning Phase: Infants to Preschoolers 124
   Preparation Phase: Infants, Toddlers, and Preschoolers 126
   Assessment, Desensitization, Installation, Body Scan, and Closure Phases: Infants, Toddlers, and Preschoolers 127
   Traumatic Stress Symptom Checklist for Infants, Toddlers, and Preschoolers 128
   History Taking, Case Conceptualization, and Treatment Planning Phase: Preteens and Adolescents 130
   Preparation Phase: Preteens and Adolescents 131
   Emotional Regulation for Preteens and Adolescents 133
   Assessment Phase: Preteens and Adolescents 134
   Desensitization Phase: Preteens and Adolescents 136
   Installation, Body Scan, and Closure Phases: Preteens and Adolescents 137
   Reevaluation Phase: Preteens and Adolescents 138
Introduction to the Manual

This revised manual is based on EMDR therapy created by Dr. Francine Shapiro and documented in Dr. Shapiro’s books (1995, 2001). This treatment manual has been updated to provide a simple and practical way to use the phases of EMDR therapy in psychotherapy with children to adolescents. Additional sections expand on the use of innovative scripts and instructions for therapists working with children 0 to 6 years old and preteens and adolescents. The EMDR therapy scripts, protocols, and forms that are detailed in the book *EMDR and the Art of Psychotherapy With Children: Infants to Adolescents*, Second Edition, are included in this manual. An inventive table—Phases, Ages, and Stages—has been added. It efficiently summarizes the eight phases of EMDR therapy as they relate to the developmental stages of children from infant to adolescent. Also, a new Blocking Beliefs questionnaire was adapted for children and teens and is provided in the manual to guide the therapist.

The manual reflects the chapters in the book and includes directions to the therapist, session protocols, therapist’s scripts, and forms for each phase of the protocol. Instructions to the therapist provide an overview of the goals for the specific phases of EMDR therapy with suggestions for case formulation. Session protocols include the steps for each specific phase of treatment. Next, therapists are provided with scripts that include possible wording for the therapist to use with children and adolescents set in italics. The final section of each phase includes forms as templates for the therapist to use for documentation and case planning.

For the purposes of this treatment manual, the reader will note that the terms *child* and *teenager* and *parent* are used to refer to the client and the client’s parent or caretaker. The session protocols are suggested guidelines; however, the timing of individual sessions is tailored to the individual child/teen and parent’s needs. The therapist is encouraged to read *EMDR and the Art of Psychotherapy With Children: Infants to Adolescents*, Second Edition, in order to fully understand case formulation based on children's and teenager's developmental needs.

When using the phases of EMDR therapy with clients of any age, but especially with children, the therapist can integrate techniques and tools from play therapy, art therapy, sand tray therapy, and any other techniques the therapist determines helpful to assist clients with expressing themselves.
History Taking, Case Conceptualization, and Treatment Planning Phase

This section relates to Chapter 3 of the book, EMDR and the Art of Psychotherapy With Children: Infants to Adolescents, Second Edition.

Instructions to the Therapist for History Taking, Case Conceptualization, and Treatment Planning

With Phase 1 of EMDR therapy, History Taking, Case Conceptualization, and Treatment Planning, begins the process of becoming attuned with the client’s unique concerns and issues and physical and emotional capacities, and of creating the safety necessary for clients to process trauma. Pacing the use of EMDR therapy is a critical clinical decision. The therapist’s role of attuning himself or herself to client’s physical and emotional presentation and needs, and preparing the client for EMDR therapy is the foundation for treatment. Special emphasis should be placed on assessing the child/teen’s age, developmental level, and understanding of the context of the child/teen’s life experiences in order to guide the treatment process. The therapist should also attend to the child/teen’s nonverbal communication, including changes in breathing, mannerisms, skin tone, and so on, during treatment. The child/teen’s ability to tolerate affect also needs to be assessed. In addition, the therapist should assess the child/teen’s current stability, which should include evaluation of any risk of suicidal behaviors and/or whether a child/teen is medically fragile. Children/teens that are currently not stable may require more time spent in the Preparation Phase as is discussed in Chapter 4 of EMDR and the Art of Psychotherapy With Children: Infants to Adolescents, Second Edition.

Evaluating targets also begins as the therapist takes the child/teen’s history. It does not mean that the therapist has identified the specific targets for processing at this point, but that the therapist make notes, mental or written, to explore the possible target issues and negative beliefs as the therapist proceeds.

The therapist begins the history taking, case conceptualization, and treatment planning process by completing the forms. When it is time for the target identification process, the child/teen is asked to wait in the playroom or lobby while the parent is interviewed. There are several reasons for not having the child/teen in the office while interviewing the parent: First, the parent may have his or her own issues and unresolved affect related to the incidents, which will be identified for the child/teen. Second, the parent’s targets may be different from the child/teen’s, and the therapist does not want the parent’s statements to contaminate what the child/teen may report. If the child/teen listens to the parent’s statements, the child/teen may echo the parent’s statements rather than reporting his or her own issues/targets. The parent’s ideas or beliefs about targets for the child/teen may be different from those of the child/teen. However, the child/teen might not volunteer targets that are
EMDR and the Art of Psychotherapy With Children

embarrassing, or the child/teen may have forgotten a target that needs to be addressed in treatment. All of these issues need to be considered by the therapist; yet ultimately, the target selected must resonate for the child/teen. It is suggested that the therapist interviews the parent for possible targets while the child/teen waits in an adjacent room or considers having the child/teen not attend this session.

This protocol describes session guidelines; however, the amount of information to be included in each session depends on the unique needs of the child/teen and family. This process is explained in great detail in Chapter 3 of the book, *EMDR and the Art of Psychotherapy With Children: Infants to Adolescents*, Second Edition. It is possible to integrate the Mapping and Graphing (see Chapter 11) techniques to identify targets starting from the History Taking, Case Conceptualization, and Treatment Planning Phase of EMDR.
**Session Protocol for History Taking, Case Conceptualization, and Treatment Planning Phase**

1. Prior to or at the first session of EMDR therapy the parent receives and completes:
   - Informed Consent for Treatment
   - Informed Assent for Treatment (to be signed by child/teen)
   - Health Insurance Portability and Accountability Act (HIPAA; for therapists practicing in the United States)
   - Additional paperwork as indicated by the therapist’s professional, agency, and/or governmental guidelines

2. The therapist greets and introduces himself or herself to the child/teen and parent.

3. The therapist reviews the Initial Patient Information Packet and all Informed Consent forms. The therapist explains psychotherapy and reviews the forms with the parent and child/teen. The therapist then answers child/teen’s and parent’s questions.

4. The parent participates in the intake process per the professional and/or agency’s intake procedures.

5. The parent completes the Intake Form for Child/Adolescent Psychotherapy.

6. The parent participates in the Child/Adolescent Intake Interview with the therapist.

7. The child/teen participates in the Child/Adolescent Intake Interview.

8. The therapist contacts other providers, including pediatrician or primary care physician, psychiatrist, therapists, or other medical/mental health providers.

9. The therapist has parent(s) sign appropriate release of information forms.

10. The therapist contacts other professionals including school and day care.

11. The therapist requests other assessment, testing, or additional records that would assist in treatment planning.

12. The therapist provides the parent with self-report instruments and explains the purpose of the instruments. The parent is instructed to complete the Child Dissociative Checklist, Version 3 (CDC3; Putnam, 1997), or the Adolescent Dissociative Experiences Scale (A-DES; Armstrong, Carlson, & Putnam, 1997), Sensory Integration Checklist, and Traumatic Stress Checklist for Infants and Toddlers, Preschoolers (if the child is less than 8 years old; Adler-Tapia, 2001) and returns forms to the therapist. (See Chapter 3 in *EMDR and the Art of Psychotherapy With Children: Infants to Adolescents*, Second Edition, for detailed information and references for assessment tools.)

13. The therapist reviews assessment forms with the parent as appropriate. If the client is more than 8 years, the therapist will complete Trauma Symptom Checklist for Children (TSCC; Briere, 1996) with the client in the first session.

14. The therapist completes the Children’s Impact of Traumatic Events Scale-Revised (CITES-R; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991) or the Child’s Reaction to Traumatic Events Scale-Revised (CRTES-Revised; Jones, Fletcher, & Ribbe, 2002) and TSCC with the child/teen in the therapy session.

15. The therapist completes the History Taking, Case Conceptualization, and Treatment Planning process using forms provided. (History Taking, Case Conceptualization, and Treatment Planning process is completed with the child/teen and parent in session except where indicated on the form.)

16. The therapist begins to note possible targets for EMDR trauma reprocessing based on presenting problems suggested by the child/teen and parent.

17. The therapist uses targets identified to create a targeting sequence for use in the Assessment Phase of EMDR therapy. It is possible to integrate Mapping and Graphing techniques (included in Chapter 11 of this manual) during this phase.

18. The therapist identifies general treatment goals with measurable behavioral objectives and completes the treatment plan form. For example, “I know my child/teen will have completed therapy when he or she has a 50% increase in successful school attendance.”
19. The therapist explains the Child/Adolescent Symptom Monitoring Form for use between sessions and gives the parent a copy of the Child/Adolescent Symptom Monitoring Form for parent use.

20. The therapist reviews treatment goals with the child/teen and parent and answers any questions.

21. The therapist schedules the next appointment.

22. The therapist escorts the child/teen and parent to the waiting room/exit.
Therapist Script for History Taking, Case Conceptualization, and Treatment Planning

After interviewing the parent, bring the child/teen into the session and utilize the following script when interviewing the child/teen. “What did your mom/dad/caretaker tell you about why you came here today?” If the child/teen does not respond, then the therapist continues with the following. “Your mom/dad/caretaker told me that you had some worries, thoughts, or feelings that are bothering you.” If no response from the child/teen, the therapist offers some symptoms presented by the parent. For example, “Your mom/dad/caretaker said you have bad dreams.” Continue: “I’m wondering if there are other things that are bothering you that your mom/dad/parents/caretaker doesn’t know about that we should talk about today.” Based on the therapist’s attunement with the child/teen, the therapist first attempts to have the child/teen verbalize the target, but the child/teen may need alternative options. “If you want to, we can draw a picture or put all those things that are bothering you on my whiteboard so we don’t miss any.” Allow the child/teen to select the therapeutic tool to use in identifying targets for desensitization. The therapist can use a sand tray, toys, or other activities to engage the child in identifying targets.
Intake Form for Child/Adolescent Psychotherapy

Child’s name: ___________________________ DOB/Age: ____________ / ______________
Child primarily lives with: __ Both parents __ Mother __ Father __ Other caregiver ______
Mother’s name: ___________________________ DOB: __________________________
Address: ______________________________________________________________________
Phone: (Cell) _______________________ (Home) ______________________________
Employer: _____________________________________________________________________
Custody: _____________________________________________________________________
Please list others living in mother’s home, ages, and relationship to child:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Father’s name: ___________________________ DOB: ______________________________
Address: ______________________________________________________________________
Phone: (C) ____________________ (H) __________________________________________
Employer: _____________________________________________________________________
Custody: _____________________________________________________________________
Please list others living in father’s home, ages, and relationship to child:
____________________________________________________________________________
Step-parent’s/guardian’s information: (If applicable) ____________________________
Address: ______________________________________________________________________
Phone: (C) ______________________________ (H) ________________________________
Employer: _____________________________________________________________________
Who has legal guardianship of your child? ______________________________
Please describe custody and the child’s current living arrangements: __________________
Is there any legal involvement with your child? Yes ___ No __________________________
If so, please describe: ______________________________________________________________________
Please bring copies of any court orders that impact your child.
Who are your child’s significant others living with your child? Please list their names, ages, relationships, grades, and jobs if applicable:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
Who are your child’s significant others not living with your child? Please list their names, ages, relationships, grades, and jobs, if applicable:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
Intake Form for Child/Adolescent Psychotherapy (Page 2 of 2)

Child’s name: ____________________ DOB/Age: ______________ / ______________

School attending and grade level (if applicable): __________________________________________

Child’s job and employer (if applicable): ________________________________________________

Work phone: ____________ Work days and hours: ________________________________

How were you referred: ____________________________?  ____________________________

Reason(s) for seeking therapy: ______________________________________________________

What goals do you have for therapy? _______________________________________________

Have you sought mental health treatment before for your child? ___ Yes ___ No

If so, when and with whom? ______________________________________________________

Current medical doctor/family physician: _____________________________________________

Phone number: _________________________________________________________________

Current medications (type and dosage): _____________________________________________

Has there been any history or suspicion of physical, sexual, or emotional abuse? (If so, please explain) ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Have there been any suicide attempts? (If so, explain) ________________________________

______________________________________________________________________________

In case of emergency, please notify:

Name: _______________ Phone: ______________ Relationship: ______________

Insurance (The following questions are about the policy holder.)

Policyholder’s name: ________________ SSN: ______________ DOB: ______________

Address: __________________ City: ______________ State: ______________

Zip: ______________

Home phone: ______________ Work phone: ______________ Cell phone: ______________

Insurance company: 1. (Medical) __________________________________________________

2. (Mental health): ______________________________________________________________

Authorization #: _________ Number of sessions authorized: _________ Co-pay: _________

Employer: _________________________________________________________________

Job title: _________________________________________________________________

If you are a dependent, what is your relationship to the policyholder: _________________?

By completing this form, my signature indicates that the information provided is truthful and accurate.

Form completed by: ____________________________________ Date: ___________________

Signature: _____________________________________________
EMDR History Taking, Case Conceptualization, and Treatment Planning Form

(This form is completed in addition to the clinician’s standard intake form.)

1. What are the parent’s current concerns and goals for treatment? (“I know my child/teen will have been successful in treatment when________________.”)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

2. Themes: (What themes are presented by child/teen and parent related to responsibility, safety, control/choice?)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

3. Symptom assessment: (Does child/teen and parent have any indication as to precursor of symptoms? How long have symptoms been present? Are there any times when symptom(s) are not present?)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
EMDR History Taking, Case Conceptualization, and Treatment Planning Form (Page 2 of 3)

4. Identify traumatic experiences as reported by parent only. The therapist asks the child/teen to wait in playroom while interviewing the parent regarding targets. (What is the worst trauma experienced by the child/teen per parent report? Assess for currently activated traumas including traumas/triggers most closely related to current distress or symptoms. Note any additional traumatic experiences spontaneously reported by the child/teen. List triggers, that is, people, places, things, and so on, that activate traumatic memories, cause distress or symptoms, or lead to avoidance.)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

5. Identify traumatic experiences as reported by the child/teen. (The therapist asks the child/teen to rejoin the session and interviews the child/teen per the target identification script. The child/teen may not identify any of the responses that the parent has identified.) The therapist also completes assessment tools (for a child 8 years or older) during this process. (The parent is asked to wait in the waiting room and complete the assessment tools if child/teen is comfortable with the parent leaving.)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

©Springer Publishing Company
6. Identify mastery experiences presented by the child. (“Tell me something that you are proud of that you have done. Tell me a time when you felt really good about yourself.”)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Notes:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Clinician’s name: ____________________________ Date: _____________________________
Clinician’s signature: ____________________________________________________________
Child/Adolescent Interview Questions

Child's name: ______________________ Date: ______________________

These questions are used to gather information from the child and build rapport in the therapeutic relationship. These questions can be used any time during the intake process. Any of the child’s answers can be possible resources or targets for treatment.

1. *Do you go to school? What school do you go to?*

2. *What's your teacher's name?*

3. *What is your favorite subject in school (besides recess and/or lunchtime)?*

4. *If you had three wishes, what would they be?*

5. *What's your favorite color?*

6. *If you ruled the world, what would be two things you would change right away?*

7. *What's your favorite television program?*

8. *What makes you laugh?*

9. *What’s your favorite sport or activity?*

10. *Tell me something that makes you sad.*

11. *What’s your favorite animal?*

12. *Who lives at your house? (Explore people and pets.)*

13. *Who is your favorite superhero/heroine? (Possible resource)*

14. *Ask children/teens about his or her bedroom: Who shares your room? Who decorated your room? What’s your favorite thing in your room? (This question gets at information about the child/teen’s position in the family. Who makes decisions in the family? Is the child/teen allowed to make decisions about his or her own room or did a parent decorate the room and did the child/teen have any input?)*
Child/Adolescent Interview Questions (Page 2 of 2)

Child’s name: _______________________ Date: ______________________

1. What’s your favorite movie? What’s your favorite video game?

2. What do you do when you get really upset? Do you go to your room? Do you ride your bike or play video games or watch television?

3. Do you like to listen to music? What songs do you like the most? Do you ever listen to music when you’re happy or upset?

4. Tell me something that is annoying to you. (If the child/teen is someone who is bothered by clothing tags, etc., this question may be more expansive.)

5. Who do you talk to when you’re upset?

6. Who are your best buddies? What do you guys like to do together?

7. What do you do at recess/lunchtime?

8. Do you ever have headaches or stomach aches?

Therapist’s notes:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Therapist’s signature: ______________________ Date: ______________________
Consent for Treatment of Minor Child/Teen Assent Form

This is an authorization for ______________________ (therapist name) to provide treatment and/or diagnostic services to my child/adolescent, ______________________ (name). By signing this Consent for Treatment, I certify that I legally have custody or joint custody of my son or daughter and, thus, can legally consent for treatment of my child/teenager.

__________________________________________  ______________________
Parent/Guardian signature                        Date

Child Assent Form

I understand that my parent or guardian may consent for my treatment; however, I have also been asked to give my assent for my own treatment. By signing below, I realize that the therapist listed has elicited my own assent for treatment.

__________________________________________  ______________________
Child’s name                                     Birth Date

__________________________________________  ______________________
Child’s name                                     Witness
## Treatment Plan

Client name: _____________________________ Date: _______________________________
Client ID #: ____________________________ Therapist: __________________________

Current Behavioral Functioning Summary:

<table>
<thead>
<tr>
<th>DSM-5/ICD-10 Diagnosis</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem Statements</th>
<th>Goals/Objectives Client Is to Achieve</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Treatment Plan (Page 2 of 2)

Client name: ____________________________________________________________

Date: ____________________________________________________________________

Client ID #: __________________________________________________________________

Therapist: __________________________________________________________________

Mode of Treatment

[ ] Individual [ ] Group [ ] Parent/child dyad
[ ] Assessment
[ ] Court-ordered [ ] Family [ ] Supervised visit

Frequency of Treatment _______________________________________________________

_____________________________________________________________________________

Treatment Methodology

[ ] Anger Management [ ] Conflict Resolution
[ ] Problem-Solving Skills [ ] Art Therapy
[ ] Desensitization [ ] Psychoeducational
[ ] Assertiveness Training [ ] Feeling Identification
[ ] Relaxation/Stress Management [ ] Assessment
[ ] Grief Work [ ] Safety Planning
[ ] Behavior Modification [ ] Insight Oriented
[ ] Sand Tray [ ] Play Therapy
[ ] Bonding/Attachment [ ] Music Therapy
[ ] Trauma Focused [ ] EMDR Therapy
[ ] Parent Training [ ] Communication Skills

Other ________________________________________________________________________

_____________________________________________________________________________

Client/legal guardian signature Date

_____________________________________________________________________________

Therapist signature Date

Date of review _______________________________________

(6 months from client signature)
## Child/Adolescent Symptom Monitoring Form

Date _______________  Child’s Name _______________________

Parent Completing Form ________________________________

Therapist ________________________________

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Day by Day (Following Therapy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Day 2</td>
</tr>
<tr>
<td>Stomach Aches</td>
<td></td>
</tr>
<tr>
<td>Diarrhea/Constipation</td>
<td></td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td></td>
</tr>
<tr>
<td>Behavioral Problems</td>
<td></td>
</tr>
<tr>
<td>Tantrums/Acting Out</td>
<td></td>
</tr>
<tr>
<td>Crying</td>
<td></td>
</tr>
<tr>
<td>Avoidance Behaviors</td>
<td></td>
</tr>
<tr>
<td>Agitation</td>
<td></td>
</tr>
<tr>
<td>Urination/Bowel Problems</td>
<td></td>
</tr>
<tr>
<td>Refusal Behavior</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
</tr>
<tr>
<td>Change in Eating Habits</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1 = minimal, 2 = moderate, 3 = severe

Other symptoms possibly related to treatment:

<table>
<thead>
<tr>
<th>Symptoms Positive Changes</th>
<th>Day by Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day 1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1 = minimal, 2 = moderate, 3 = severe

Additional Comments/Concerns: ___________________________________________________________

Please complete this form and bring it to your child’s next session.

Thank you!

<table>
<thead>
<tr>
<th>Positive Resources</th>
<th>Day by Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day 1</td>
</tr>
<tr>
<td>Socializing Well</td>
<td></td>
</tr>
<tr>
<td>Completes Activities of Daily Living (i.e., good hygiene)</td>
<td></td>
</tr>
<tr>
<td>Follows Daily Routine (sleep, school, and activity schedule)</td>
<td></td>
</tr>
<tr>
<td>Communicating Well</td>
<td></td>
</tr>
<tr>
<td>Respectful to Others</td>
<td></td>
</tr>
<tr>
<td>Handles Conflict Well</td>
<td></td>
</tr>
<tr>
<td>Manages and Expresses Emotions</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 1 = minimally, 2 = moderately, 3 = successfully
EMDR Therapy Progress Note

(This progress note is utilized after intake when History Taking, Case Conceptualization, and Treatment Planning is completed, for initial or subsequent sessions starting with the Preparation Phase of EMDR therapy.)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Review the developments since the last session (affective, somatic, cognitive, behavioral, imagery, symptoms, and environmental changes. Therapist makes notes of any new concerns or changes in the child/teen’s life).

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Preparation: (What skills/resources does the child/teen have and what skills/resources does the child/teen need to continue with the EMDR protocol?)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Note the Targeting Sequence identified as part of History Taking, Case Conceptualization, and Treatment Planning or note previously started Assessment and Desensitization of targets.

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

SUD on previous session’s target (0–10). (Note particular type of measurement used by the child/teen.):
EMDR Therapy Progress Note (Page 2 of 4)

VoC on previous session’s positive cognition (1–7). (Note particular type of measurement used by the child/teen):

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Body scan on previous session’s target. (Note location of any negative or positive body sensations reported):

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Target Identification

Memory/Target for current session (target from previous session/new target):

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Assessment

Picture:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Negative Cognition:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
1. History Taking, Case Conceptualization, and Treatment Planning Phase

EMDR Therapy Progress Note (Page 3 of 4)

Desired Positive Cognition:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

VoC: 1 2 3 4 5 6 7
(completely false) (completely true)

Client: _________________________________ Therapist: _____________________________
Date: _________________________________ Visit: _________________________________

Emotions
_______________________________________________________________________________
_______________________________________________________________________________

SUD
0 1 2 3 4 5 6 7 8 9 10
Neutral, no disturbance Worst disturbance
_______________________________________________________________________________
_______________________________________________________________________________

Body sensations (location and description)
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Resources
Resources used:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Closure
SUD at end of session (0–10):
_______________________________________________________________________________
_______________________________________________________________________________
EMDR Therapy Progress Note (Page 4 of 4)

VoC (if applicable) at end of session (1–7):

_______________________________________________________________________________
_______________________________________________________________________________

Body scan: (Note location of any negative or positive body scan reported.)

_______________________________________________________________________________
_______________________________________________________________________________

Completed session: ☐ YES ☐ NO

_______________________________________________________________________________

Closure exercise used (i.e., Safe/Calm Place, Relaxation Exercise, and Containers):

_______________________________________________________________________________
_______________________________________________________________________________

Additional notes on back? ☐ YES ☐ NO

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Therapist’s Signature __________________ Date __________________

References