

CASE NO. /
NAME.....DATE.....

EMDR : CLIENT SAFETY FACTORS/ CONTRAINDICATIONS CHECKLIST (Page 1 of 2)

Therapist: rate each item on the scale beneath on the short dotted lines, for the level of risk or concern you have. Then add comments on the line beneath. Utilise the comments in subsequent preparation of the client. Be prepared to re-rate at a later date to establish client readiness.

- 0= no discernible risk/concern involved – or not applicable in this instance,
- 1= minor discernible risk/concern,
- 2= considerable risk/concern but priorities suggest treatment should proceed,
- 3= risk or concern too great to proceed

Client’s readiness for EMDR and level of rapport: readiness..... client / therapist rapport.....

Details:

Client’s preparedness to experience: a high level of vulnerability..... lack of control.....physical sensations from the target memory..... strong negative emotions..... confront imagery.....

Details:

Client’s willingness: to report experiences accurately..... not to withhold material that emerges.....

Details:

Client’s ability to utilise: relaxation techniques..... self-control skills..... other skills.....

Details:

Client’s personal stability: client’s ability to recall debriefing instructions..... client able to seek assistance if needed..... client’s depressive symptoms..... suicidal ideation present.....

Details:

Client’s support network: no supportive other identified..... client isolated/lives alone..... support network unreliable or sporadic in nature.....

Details:

Client’s physical status: heart condition..... pregnancy..... respiratory condition (particularly asthma)..... other physical condition..... physical conditions that have an association with significant life events (e.g. chest pains as a reminder of past heart attack).....

Details:

Client’s neurological status: history of organic brain damage..... head injury..... poorly controlled epilepsy..... ADD or ADHD..... other neurological condition.....

Details:

Client’s ophthalmic status: any suggestion whatsoever that eye movements cause pain..... recent eye infections..... current use of drops or ointments..... history of glaucoma in client or client’s family..... eye surgery..... foreign bodies in eye recently/corneal abrasions.....

If more information is needed about any of the above topics, then see Shapiro, F. (2001) Eye Movement Desensitization & Reprocessing: Basic principles, protocols and procedures (pp91-104). New York: Guilford Press

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Venue for treatment: is the client likely to be a danger to self or others in an out-patient clinic?.....

Details:

Client's abuse of substances: in the past..... currently..... alcohol intake..... amphetamines..... other hard drugs (specify in details beneath)..... other substances

Details:

Client's pharmacological needs: client taking benzodiazepines (e.g. valium, librium, ativan, etc.).....

Details:

DO NOT RATE THIS SECTION merely answer yes or no. Any 'NO' needs addressing before commencing with EMDR

Medicolegal cases: client has provided an official statement...YES/NO... informed consent has been obtained from all parties relevant to the client...YES/NO... instructions received from instructing solicitor?...YES/NO... CPS guidelines on therapies that change memory considered? ...YES/NO...

Details (comment on any 'NO' answer):

Systems control: potential effect of EMDR on his/her relationships..... occupational life/colleagues..... social/recreational life..... education..... effect of client remaining in potentially dangerous environment/vulnerable relationships.....

Details:

Secondary gain: clear indications of negative outcomes of successful EMDR..... clear indications of positive outcomes of unsuccessful EMDR.....

Details:

Treatment timing: significant stressor in client's current life..... client due to go on holiday or needs to be away during EMDR..... client has time for safety immediately after EMDR session..... appointment timing considerations (e.g. shift work).....

Details:

Case complexity: dissociative symptoms noted at assessment...YES/NO... dissociation likely to be a factor/history of dissociative episodes..... therapist inexperienced in this area..... DES averaged total above 30?..... Atypical DES PTSD profile (i.e. factor 1 and/or 3 scores in relation to factor 2)?.....

Details:

**OTHER COMMENTS RELATING TO SAFETY/CONTRAINDICATIONS
(including suggested reassessment date):**
