

WHAT'S MY ACE SCORE?

Prior to your 18th birthday:

1. Did a parent or other adult in the household **often or very often** . . .
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes, enter 1 _____
2. Did a parent or other adult in the household **often or very often** . . .
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes, enter 1 _____
3. Did an adult or person at least 5 years older than you **ever** . . .
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes, enter 1 _____
4. Did you **often or very often** feel that . . .
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes, enter 1 _____
5. Did you **often or very often** feel that . . .
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes, enter 1 _____
6. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason?
Yes No If yes, enter 1 _____

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No If yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes No If yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No If yes, enter 1 _____

10. Did a household member go to prison?

Yes No If yes, enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

EMDR THERAPY SCREENING AND DATA CHECKLIST

Name: _____ Date: _____

Type and amount of previous counseling: _____

Present medications: _____

Results of objective tests _____

Mental status exam plus dissociative disorder screening

Sufficient rapport (feeling of safety, degree of truth telling)

Ability to use self-control techniques tested positive with _____

Personal and environmental stability: Factors needing attention are _____

Life supports: _____

Physical health (areas of concern include neurological impairment; pregnancy; cardiac, respiratory, and geriatric issues; seizures, and eye problems): _____

Inpatient treatment (medical needs; nature of the traumatic memory; is client a danger to self or others?): _____

Medication needs: _____

Drug or alcohol abuse (supports; program; was briefing given of potential exacerbation?): _____

Legal restraints (processing effects/forensic issues): _____

Systems control: _____

Secondary gains (action planned): _____

Timing considerations: _____

Reporting requirements: _____

- Terms in which theory was explained: information stored in brain, blocked learning, REM, hemispheres, or other? _____
- Informed consent: Mention possibilities that distressing, unresolved memories may surface; that unanticipated reactions may include disturbing emotions or sensations; and that between-session disturbance, such as nightmares or other memories, may occur.
- Test eye movement (client's preferences? which movements to avoid? alternative stimuli to be used?): _____
- Metaphors (train, tiger, tunnel, other?): _____
- Safe/Calm Place (specify place and word): _____
- Stop signal: _____
- Other: _____

CLIENT HISTORY FORM

Name: _____ Date: _____

1. What are the reasons the client came for therapy?
2. What are the client's goals?
3. What are the client's symptoms?
4. When did the symptoms start?
5. What else was happening at that time? (*contributing events*)
6. Have the symptoms changed? If so—how/when?
7. Why did the client decide to come in now?

8. What other situations may be contributing at this time?

9. Is there any crisis or situation needing an action plan? (*e.g., danger, family reunions, tests*)

10. Present medications (*plus effects of and feelings about them*)

11. Previous therapy:
 - Reason and focus

 - What kinds? (*descriptions of memorable interactions*)

 - Length of therapy

 - Quality of relationship with therapist (*any problems?*)

 - What characteristics does client look for in a therapist?

 - Why did the client stop treatment?

 - Results of therapy including:
 - What did s/he learn that was useful? How was it disappointing?

 - Was there anything s/he never addressed? (*events/situations/symptoms/issues*)

 - What did client like and not like in previous therapy?

12. Present relationships—spouse/partner/significant other/children (*include quality of these relationships*)

13. Other current caring friends and relatives

14. Current and previous work/school situations and relationships (*bosses/colleagues*)

15. Successes/Strengths/Feeling protective of anyone? (*useful for Cognitive Interweaves*)

16. How would client know if therapy is successful?

17. What would happen if therapy is successful? Would there be a downside? Would anyone in the client's life have a problem with this?

18. Attachment issues?

19. Issues related to race, ethnicity, culture, and nationality?

20. Religious influences/issues

21. Issues related to gender identity and sexual preference

22. Relationships with parents—past and present (*use pictures from childhood to discuss, if possible*)

23. Quality/examples of relationship between parents—past and present

24. Quality/examples of relationships with siblings—past and present

25. Friends/mentors in childhood and adolescence (*“Who really cared about you? How did that feel?” Subsequent disappointments.*)

26. School experience/teachers/peers—positive and negative

27. “Is there anything I haven’t asked that you feel is important for me to know?”

28. Use of various self-control techniques in order to increase access to resources (*positive memories and projective experiences*)

29. How does client presently self-soothe? (*including exercise, yoga, meditation, drugs, drinking, shopping, etc.*)
30. Hobbies and fun activities:
31. Additions:
- Safe/Calm Place(s): image, emotions, sensations, cue word/phrase

 - Resource Enhancement (e.g., RDI): image, emotions, sensations, cue word/phrase

 - Additional: Light Stream, Breath, Hypnosis, Other (*specify*) _____

 - Therapeutic relationship experiences/exercises (for stability within and between sessions)
32. Time line. Ask for 10 most disturbing memories and place them on a chronological time line. Explain 0–10 SUD scale and indicate level of disturbance as a baseline. Do the same for 10 most positive memories.
- Sometimes it is useful to ask: “On this time line, what are the most important events—good and bad—that formed the person you are today?” Or “When are the times that things changed?” Specifically ask for deaths/losses (including animals) and humiliations.
33. Negative Cognition checklist: Ask clients to check off the ones that give them a feeling in their body and/or “feels like them” when they are disturbed. These can be used to identify the earliest memories that set the groundwork for them. These events are also placed on the time line.

WEEKLY LOG (TICES) REPORT

Date	Trigger	Image	Cognition	Emotion	Sensation/SUD

From *Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition* by Francine Shapiro. Copyright © 2018 Francine Shapiro. Permission to photocopy this form is granted to purchasers of this book for personal use or use with individual clients (see copyright page for details).

EXAMPLES OF NEGATIVE AND POSITIVE COGNITIONS

Negative Cognitions	Positive Cognitions
Responsibility/Defectiveness	
I'm not good enough	I am good enough/fine as I am
I don't deserve love	I deserve love; I can have love
I am a bad person	I am a good (loving) person
I am incompetent	I am competent
I am worthless/inadequate	I am worthy; I am worthwhile
I am shameful	I am honorable
I am not lovable	I am lovable
I deserve only bad things	I deserve good things
I am permanently damaged	I am/can be healthy
I am ugly/my body is hateful	I am fine/attractive/lovable
I do not deserve . . .	I can have/deserve . . .
I am stupid/not smart enough	I am intelligent/able to learn
I am insignificant/unimportant	I am significant/important
I am a disappointment	I am OK just the way I am
I deserve to die	I deserve to live
I deserve to be miserable	I deserve to be happy
I am different/don't belong	I am OK as I am
I have to be perfect (out of inadequacy)	I am fine the way I am
Responsibility: Action	
I should have done something*	I did the best I could
I did something wrong*	I learned/can learn from it
I should have known better*	I do the best I can/I can learn
*What does this say about you? (e.g., I am shameful/I am stupid/I am a bad person)	I'm fine as I am
I am inadequate/weak	I am adequate/strong

(continued)

Negative Cognitions

Positive Cognitions

Safety/Vulnerability

I cannot trust anyone
I cannot protect myself
I am in danger
I am not safe
I am going to die
It's not OK (safe) to feel/show my emotions

I can choose whom to trust
I can learn to protect myself
It's over; I am safe now
I am safe now
I am safe now
I can safely feel/show my emotions

Power/Control/Choice

I am not in control
I am powerless/helpless
I cannot get what I want
I cannot stand up for myself
I cannot let it out
I cannot be trusted
I cannot trust myself
I cannot trust my judgment
I cannot succeed
I have to be perfect
I can't handle it

I am now in control
I now have choices
I can get what I want
I can make my needs known
I can choose to let it out
I can be trusted
I can/learn to trust myself
I can trust my judgment
I can succeed
I can be myself/make mistakes
I can handle it