

Case Presentation Form

Client age: Sex:

Presenting issue/s:

Brief history of adverse and traumatic events:

DES score and current assessment of level of dissociation:

Container ____ Calm Safe Place/State keyword _____

Assessment of Window of Tolerance:

Additional internal/external resources, coping skills, level of affect tolerance:

Additional preparation phase skills/resources:

Target (please circle appropriate designation and state reason for target choice): Touchstone, worst, other past event, current trigger, future template

NC: PC: Initial VOC: Initial SUD:

Please describe which phases you worked on during session and where you ended:

Describe closure and assessment of client's Window of Tolerance at the end of session:

Questions about your case: