Trauma-Informed Practice & EMDR Awareness: A Casebook

THE TALKING THERAPIES UK CASEBOOKS



Trauma-Informed Practice & EMDR Awareness: A Casebook

Cases for reflection, supervision and CPD

A casebook · 9 cases · for practitioners

TALKING THERAPIES UK

First edition · 2026

Published by Talking Therapies UK, talkingtherapies.co.uk.

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First edition, 2026.

This casebook gathers the case studies of the courses in the Trauma-Informed Practice & EMDR Awareness pathway on Talking Therapies UK Training & CPD. It is drawn from the courses and kept current with them: whenever a course's case changes, the casebook is set again.

Revised and expanded edition, November 2026: six chapters on working with cases.

Revision 2. This printing was set on 7 November 2026 from the courses as it stood that day.

A note on the cases. They are written for teaching, are illustrative and do not describe real people. This casebook supports reflection and supervision; it does not replace supervision, and it does not qualify anyone to practise.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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About this casebook

The 9 cases of the Talking Therapies UK Trauma-Informed Practice & EMDR Awareness pathway in one book, for reflection, supervision and CPD: six chapters on working with cases (formulation, measuring change, risk and safeguarding, supervision and reflective practice, and the ethics of case material), then each case with questions for reflection drawn from its course, a formulation sheet and notes for supervision, and a CPD record for them all.

Part 1 covers what working with a case involves in any pathway: how to use the cases alone, in supervision or in a group; how to formulate, with the way this pathway formulates; how to measure change; risk and safeguarding; supervision and reflective practice; and the ethics of case material. Read it before you start on the cases.

Part 2 holds the cases, in the order of the pathway's courses, from foundation to advanced. A case written out in full follows one person from referral to ending, with the formulation, the work session by session, the measures, a supervision conversation and a commentary on the course's questions. Every case ends with questions for reflection, a formulation sheet and notes for supervision. Part 3 is a CPD record for the cases and a reflection on the book as a whole.

What this casebook offers

- How to formulate a case, and the way this pathway formulates
- Measuring change, reliable improvement, and using measures with clients
- Risk and safeguarding in case work, and supervision and reflective practice
- Work through 9 cases from across the pathway
- Prepare cases for supervision and group discussion, and keep a record for your CPD

PART 1

Working with cases

How to use the casebook, how to formulate a case in this pathway, measuring change, risk and safeguarding, supervision and reflection, and the ethics of case material.

In this part

- Chapter 1, How to use this casebook: working with the cases alone, in supervision and in a group, and how the cases are built
- Chapter 2, Formulating a case: what a formulation is and is not, the five Ps, maintenance cycles, working collaboratively, common errors, and the pathway's own way of formulating

CHAPTER 1

How to use this casebook

What the casebook is for

This casebook gathers the 9 cases of the Trauma-Informed Practice & EMDR Awareness pathway, one for each course that carries a case, and gives each a structure for working on it. It is written for qualified and training practitioners who want to think a case through more carefully than a lesson allows: to prepare for supervision, to run a peer group, to rehearse the reasoning a model asks for before meeting it in practice, or to record learning for continuing professional development. Reading about a model and applying it to a person are different skills, and the second is learned by doing it, slowly, with feedback.

How the cases are built

Each case begins from the case study of the course it accompanies, so that it can be read alongside that course's lessons. Where a case has been written out in full for this book, it follows one person from referral to ending: the referral and its context, the assessment, a formulation worked through in the pathway's own terms, the work session by session with short extracts of dialogue, the outcome with its measures, what made the work difficult, a supervision conversation about it, and a commentary on the course's questions for reflection. Every case, written in full or not, then sets out what the course teaches that bears on it, the questions for reflection, a blank formulation sheet and notes for supervision.

Working with a case on your own

A method that works for most people is this. Read the case twice: once for the story, and once for what you would want to know that the case does not tell you. Note your first reactions before you think about technique, including any that surprise you; they are part of the material, and they often point to what a supervisor would ask about. Complete the formulation sheet before reading the worked formulation, and write down the two or three hypotheses you would most want to test. Then answer the questions for reflection in writing, briefly, before reading the commentary. The commentary is one experienced reading of the case, not the answer; where your reasoning differs, decide whether the difference is a gap in your thinking or a reasonable alternative, and take the alternatives to supervision.

Working with a case in a group

A group of three to six works well, with ninety minutes for one case. Give ten minutes for everyone to read the case alone, and twenty for each person to complete their own formulation in silence. Spend thirty minutes comparing formulations, starting with where they differ, because that is usually where the learning is. Take the questions for reflection in the next twenty minutes, and read the commentary together at the end. Close with ten minutes for each member to write what they learned in the CPD record at the back of the book. Agree at the start that what members say about their own clients stays in the group, and that anyone who recognises a person in a case says so and stops.

A NOTE ON THE CASES

The cases are composite and written for teaching. They do not describe real people, and any resemblance to a real person is coincidental. The measures, sessions and dialogue are illustrative of good practice, not records of it.

CHAPTER 2

Formulating a case

What a formulation is

A formulation is a working account of a person's difficulties: what they are, how they came about, what keeps them going, and what might help. Johnstone and Dallos (2014) describe it as a hypothesis, built with the person, that draws on theory to make sense of their experience and to guide what happens next. Three features follow from that description. A formulation is provisional: it is tested against what happens in the work and revised when it does not fit. It is personal: it uses the person's own words and history rather than the general statements of a textbook. And it is useful: a formulation that does not change what the practitioner does next is a description, however elegant.

Levels of formulation

Formulations work at different levels, and knowing which level a case needs saves time. A descriptive formulation sets out the presenting difficulty in the model's terms, such as the thoughts, emotions, sensations and behaviours in one recent episode. A maintenance formulation explains what keeps the difficulty going now, usually as a cycle in which the person's attempts to cope keep the problem alive. A longitudinal formulation adds the person's history: the early experiences, beliefs and rules that make sense of why this difficulty, in this person, at this time. Kuyken, Padesky and Dudley (2009) describe case conceptualisation as a crucible in which the person's experience, theory and research are combined, and recommend moving from the descriptive to the explanatory level only as the work needs it, building the person's strengths into the account at every level rather than adding them at the end.

The five Ps

A structure that works across most approaches is the five Ps: the presenting difficulty, the predisposing factors that made the person vulnerable to it, the precipitating factors that set it off, the perpetuating factors that keep it going, and the protective factors that help. The figure shows them as a sequence, though in practice they are revisited as the work goes on. The perpetuating factors are usually where the work begins, because they operate now and can be changed now.

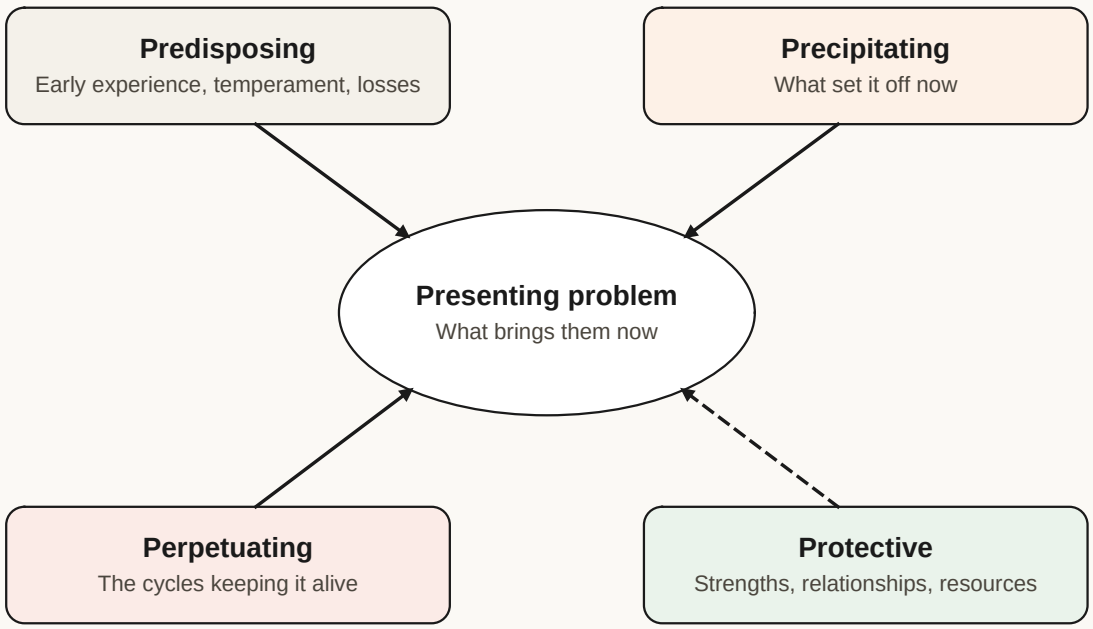


FIGURE 2.1 The five Ps of formulation
A shared map of how a difficulty came to be and what keeps it going: the presenting problem at the centre, with predisposing vulnerability, the precipitating trigger, perpetuating cycles, and protective strengths around it. A good formulation is provisional, collaborative, and rewrites itself as understanding deepens.

The maintenance cycle

Most difficulties persist because the person's reasonable attempts to cope keep them going. Avoidance relieves fear and leaves the prediction untested; withdrawal relieves the effort of low mood and removes the experiences that could lift it; reassurance-seeking calms a worry for minutes and confirms that it needed calming. Drawing that cycle with the person, from one recent episode, is often the single most useful thing in an assessment, because it shows them that their difficulty has a logic and that the logic can be interrupted.

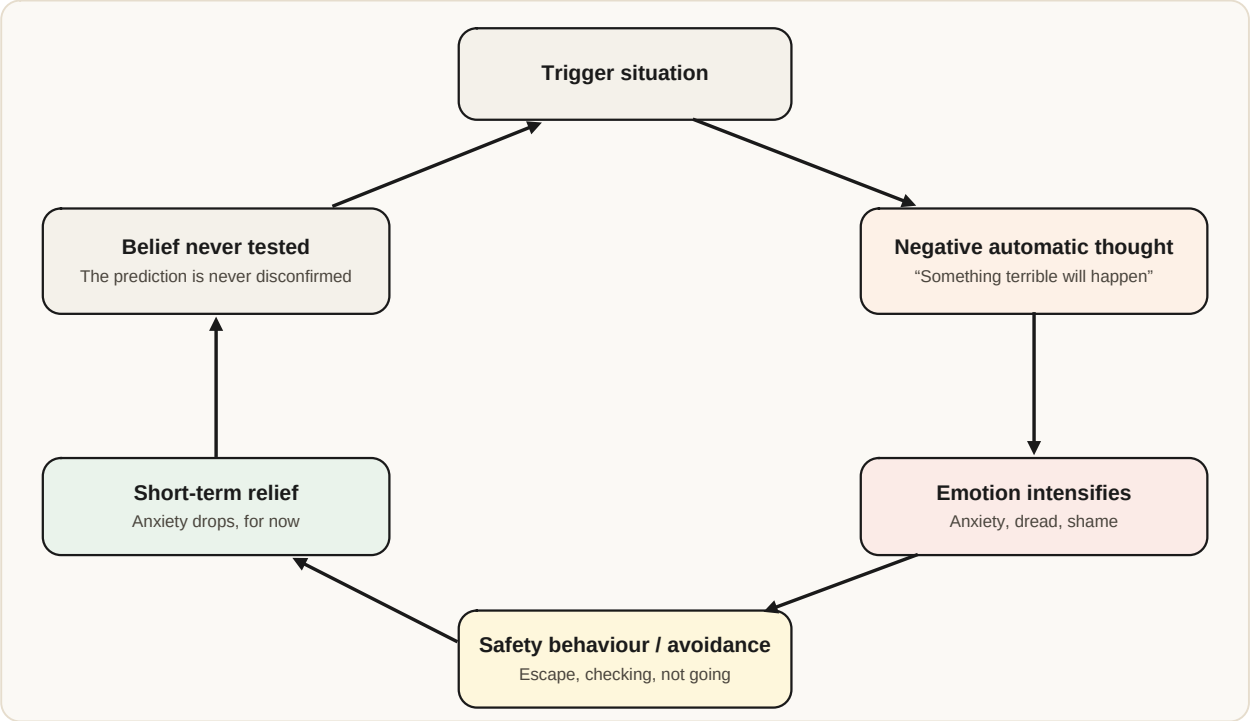


FIGURE 2.2 A maintenance (vicious) cycle
How problems keep themselves alive: a trigger activates a negative automatic thought, the emotion rises, a safety behaviour or avoidance brings short-term relief, and because the feared prediction is never tested, the underlying belief survives to fire again. Treatment interrupts the loop, usually at the behaviour.

Formulating with the person

A formulation is built with the person, not delivered to them. Offer each part as a question ("I wonder whether staying in bed that morning made the afternoon harder; does that fit?"), use their words, and check what they make of it. Look for strengths as deliberately as for problems: what the person has kept doing despite the difficulty, what they value, and who helps. Attend to culture and context, including how the person's family, community and circumstances shape what the difficulty means to them and what kinds of help feel acceptable. A formulation that leaves out poverty, racism, illness or caring responsibilities can be accurate in its psychology and still wrong about the person's life.

Common errors

Four errors are common enough to check for in every case. The first is detail without explanation: a long list of facts that does not say what maintains what. The second is fitting the person to the model, so that anything the model does not predict is left out. The third is formulating once, at assessment, and never returning to it; the formulation should change when the work produces evidence it did not expect. The fourth is formulating the person and not the work: leaving out the relationship between practitioner and client, which often repeats the pattern being formulated, and the practitioner's own reactions.

Formulating in this pathway

The Trauma-Informed Practice & EMDR Awareness pathway teaches its own way of organising a case: a trauma-informed formulation. Its areas are these, and each case's formulation sheet is laid

out in them:

- Safety and stabilisation
- Triggers and responses
- Signs of being outside the window of tolerance
- Beliefs and meanings about what happened
- Strengths and supports
- Pacing the work

The figure that follows shows the model behind it. Where a case in this book is written in full, its formulation is worked through in these areas, so that you can compare it with your own; where a case is shorter, the sheet is yours to complete before you turn to the questions.

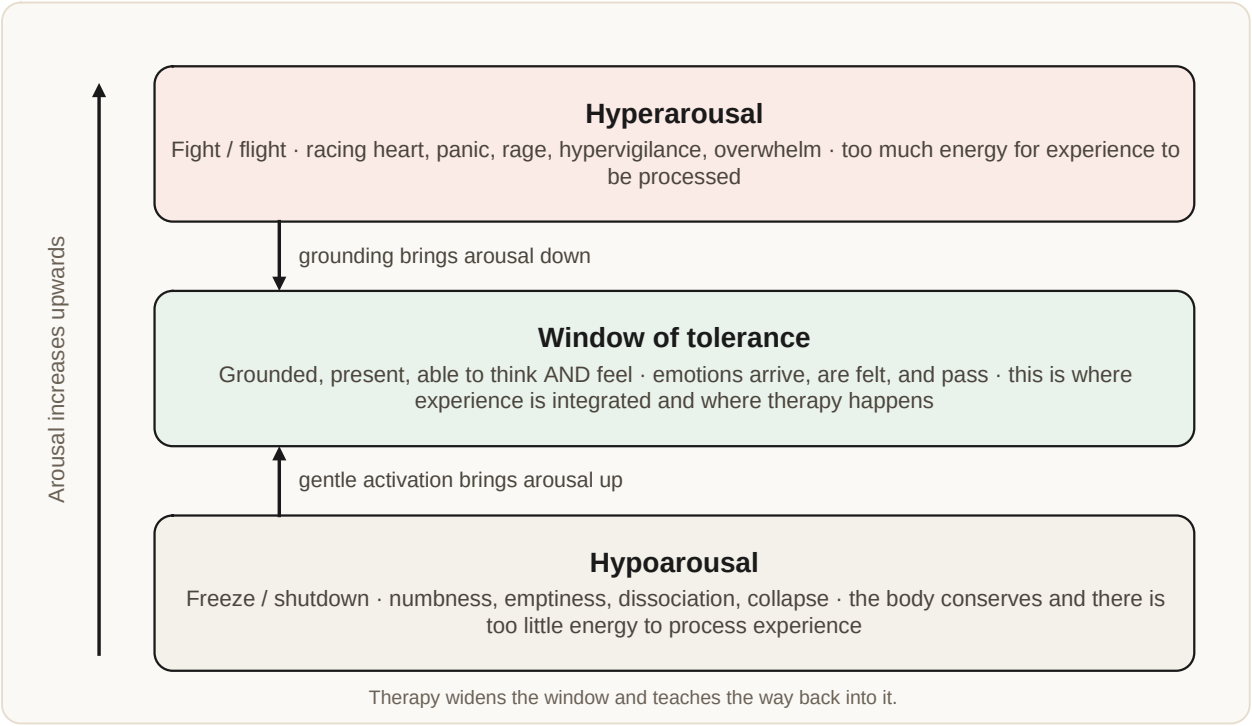


FIGURE 2.3 The window of tolerance
Siegel's window of tolerance describes the zone of arousal within which experience can be processed and integrated. Trauma narrows the window: survivors are thrown into hyperarousal (fight/flight) or hypoarousal (shutdown) by reminders. Therapy widens the window and teaches the return journey.