



PRACTITIONER SELF-EVALUATION Things to Consider

Please begin your evaluation with an introduction of the client's story, history or presenting issue. (See sample below)

D. is a 57 year old psychotherapist, divorced with two grown children. Her father was an alcoholic and she describes her mother as: "intelligent, controlling and narcissistic". She was born six months after the death of her two-year old brother who died of a heart condition. Her parents were in the throes of grief when she was born at home to a 42 year old mother with no doctor present. She has a history, since childhood, of serious illness, accidents and surgeries - many related to her gastrointestinal tract.

D. presented with "untreatable" gastrointestinal distress for which allopathic medicine has been unsuccessful. She has been diagnosed with Irritable Bowel Syndrome, is in constant pain, has diarrhea, and has unintentionally lost 25 pounds in the last nine months. D. has four or more headaches a week, and is at a SUDS: 7 at the time of intake. When asked if she has ever experienced any of these symptoms before she reported a similar situation twenty years ago when she left her abusive, alcoholic husband. D. says that she stopped eating and developed stomach problems at that time, but eventually they went away, and that isn't happening now.

Multiple issues and aspects are likely to be revealed with each person, and resolution may take several sessions. It is not necessary for everything to have been resolved, or even successful in order for the case study to be acceptable. Often we learn more from our "failures" than from our successes.

How was rapport established at the beginning of the session, and what did you do to make the client comfortable?

- Eye contact/smile
- Words of welcome: Introductions
- Was the client given the opportunity to initiate conversation? (Often the first words a client says give great clues to where the session will eventually lead.)
- Water available for client and practitioner

If this was a first session did you address any of the following?

- Logistics:

- Where the bathroom is
- How long the session will last
- Having a glass of water available and discussion of the importance of hydration
- Was there any discussion of confidentiality, informed consent, intake form, payment options?
- Other

How did you demonstrate “presence”?

- Eye contact
- Active listening
- Reframing
- Mirroring
- Expression of compassion
- Meeting the client “where they are”
- Other

If this was a first session did how did you explain to the client what to expect?

- Was the client asked what s/he already knew about EFT?
- Was a history taken?
- Was any theory explained?
- Were the set-up and the reminder phrase explained?
- Did you and the client do a practice round of tapping to ascertain that the client knew the tapping points?
- Did you ask if the client had questions about the procedure, and, if so, were the questions answered accurately and confidently?

Was there a core issue underneath the presenting one, and, if so, how was that discovered? How did you decide what to work on first?

- Detective work
- Reframing
- Flexibility/creativity
- Intuition
- Persistence

What set-up and reminder phrases did you use, and how did you decide what words to use?

- Single word or phrase throughout as in The Basic Recipe
- Use of client’s own words

- Intuition
- “Daisy Chain”
- Choices method – introducing the positive
- Use of Resource States
- Preframing and/or Reframing: how were they worded and how could you tell if they “landed” or not?

What specific techniques did you use to address the problem?

- What points were tapped
 - Whole Basic Recipe
 - Short Cuts
 - Extra points (Fingers, wrists, ankles)
- Creative use of set-up statements and reminder phrases
- “Sneaking up on the problem
- “Movie Technique” or “Tell the Story Technique”
- 9-Gamut Brain Integration or Floor to Ceiling Eye Roll
- Persistence
- Use of other energy modalities (ie. TAT, DEH, Ask & Receive Matrix Reimprinting, AIT, NLP, Hypnosis)
- Other

How far was the presenting issue resolved?

- If partial resolution of an issue occurred, what did you do next and why?
- Note any shifting of aspects
- Make note of any cognitive shifts, and what they were

What methods of testing did you use in the session?

- SUDS
- Muscle testing
- Vividly imagining the movie again
- Telling the story
- Imagining a future similar incident
- In vivo

Closure

- How was timing handled?
- Did you review with the client the *presenting* issue?
- Did you point out to the client any cognitive shifts that may have occurred?
- Did you ask how the client he or she will know that the EFT has been successful as s/he goes through the week?
- Is there more work to be done, and was another appointment set?

- Was homework suggested? Please be specific

Was the session ethical in all ways?

- Did you demonstrate integrity through honest presentation of self, *full disclosure of EFT level of certification*, and staying within your scope of practice?
- Did you find yourself:
 - attached to the outcome
 - getting triggered yourself
 - feeling the need to give advice
 - having your own agenda
 - sharing personal stories
- Were appropriate boundaries maintained, including:
 - assurance of confidentiality
 - privacy
 - non-interruption of session
 - appropriate use of humor and testing procedures?
- Was the setting professional, and were you professionally dressed, maintaining a professional attitude throughout?

If you could do the session over, what would you change?

What was the best, most satisfying aspect of the session for you?