TREATMENT SESSION SUMMARY

Presenting Issue: _____________________________________________

Core Negative Belief: ___________________________________________

Core Positive Belief: ____________________________________________

Treatment Session (circle one)    First    Reevaluation    Session #_____

Prong being addressed (circle one)    Past    Present    Future

Target of this reprocessing session (circle one)

Touchstone    Worst    Past (other)    Present    Future

Outcome (circle one)    Completed    Unfinished

Stabilization Intervention (circle one)

None    Muscle    Breathing    Container    Calm Place

Client’s Status (circle one)

Unstable    Stable    Excellent

Treatment Notes: ________________________________________________

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Additional Interventions Planned (non-EMDR/BLS):____________________

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