

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Interventions Planned (non-EMDR/BLS): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_