

EMDR Therapy Treatment Planning Worksheet

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| <p style="text-align: center;">Present Template</p> <p>Presenting Problem/Cognitive Theme:</p> <p>Recent Examples (What experiences cause or trigger this problem? How does this problem show up in your life on a daily/weekly basis?):</p> <p>When you think of these moments, what do you notice? Negative belief: I am... Emotions: Body Sensations:</p> | <p style="text-align: center;">Future Template</p> <p>Future desired positive state:</p> |
| <p style="text-align: center;">Past Template</p> <p>Floatback (any related memories with age for timeline, no details/story):</p> | <p style="text-align: center;">Preparation/Resources</p> <p>BLS Type/Speed:</p> <p>Stop Signal:</p> <p>DES-II Score:</p> <p>PCL-5 Score:</p> <p>Phase 3/4 Readiness Checklist:</p> <ul style="list-style-type: none"><input type="checkbox"/> Emotional Regulation<input type="checkbox"/> Dual Awareness<input type="checkbox"/> Basic Needs/Social Support<input type="checkbox"/> Medical/Legal/Travel Issues?<input type="checkbox"/> EMDR Psycho-Ed/Questions?<input type="checkbox"/> Parts Resistance/Hesitation? <p>Safe Calm State/Place Imagery:</p> <p>Container:</p> <p>Inner Resources/Attachment Imagery:</p> <p>Other Coping Skills/Resources/ Assessment Scores:</p> |