

Name \_\_\_\_\_ Date \_\_\_\_\_

**A-TIP TREATMENT SUMMARY**

Targeted Incident: \_\_\_\_\_

Irrational Belief: \_\_\_\_\_

Adaptive Belief: \_\_\_\_\_

Starting SUD \_\_\_\_\_ Ending SUD \_\_\_\_\_

Starting VoC \_\_\_\_\_ Ending VoC \_\_\_\_\_

**Outcome** (circle one)      Completed      Unfinished

**Closure Intervention** (circle those used)

None Breathing: Eye roll Four-square Circular Figure-eight Container Calm Place  
Other \_\_\_\_\_

**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

**Client's Status** (circle one)

1 2 3 4 5  
Unstable Excellent

Treatment Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Interventions Planned: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_