

Name _____ Date _____

TREATMENT SESSION SUMMARY

Presenting Issue: _____

Target: _____

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: Eye roll Four-square Circular Figure-eight
Container Calm Place

Other _____

Client's Stability (circle one)

1 2 3 4 5
Distressed Stable Excellent

Treatment Notes: _____

Additional Interventions Planned: _____
