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EMDR Treatment Plan

Eight-phase EMDR documentation for trauma-focused care

CLINICIAN & CLIENT

CLINICIAN NAME, CREDENTIALS (EMDR-TRAINED)	
CLIENT NAME OR INITIALS	
DATE	[MM / DD / YYYY]

DIAGNOSIS & PRESENTING PROBLEM

PRESENTING PROBLEM	
DSM-5 IMPRESSION	
ICD-10 CODE (USE CURRENT-YEAR EDITION)	_____

RISK & SAFETY (COMPLETE FIRST)

SUICIDAL IDEATION	☐ None ☐ Passive ☐ Active — if present, follow safety protocol now
SELF-HARM / OTHER RISK	☐ None ☐ Present ____
SAFETY PLAN	

EMDR READINESS

STABILIZATION SKILLS TAUGHT	☐ Safe/calm place ☐ Container ☐ Light-stream ☐ Other ____
DISSOCIATION SCREEN	☐ Completed ☐ Result: ____
CONTRAINDICATIONS REVIEWED	☐ Yes ☐ Notes: ____

TARGET 1 (PAST / PRESENT / FUTURE)

TARGET MEMORY / TRIGGER	____ Time frame: ☐ Past ☐ Present ☐ Future
NEGATIVE / POSITIVE COGNITION	NC: ____ PC: ____
BASELINE SUDS (0–10) / VOC (1–7)	SUDS ___ VOC ___

TARGET 2 (PAST / PRESENT / FUTURE)

TARGET MEMORY / TRIGGER	____ Time frame: ☐ Past ☐ Present ☐ Future
NEGATIVE / POSITIVE COGNITION	NC: ____ PC: ____
BASELINE SUDS (0–10) / VOC (1–7)	SUDS ___ VOC ___

MEASURABLE GOALS & OBJECTIVES

GOAL 1	e.g., reduce SUDS on target memory from ___ to 0; VOC to 7
GOAL 2	Functional goal (e.g., fewer intrusion symptoms, improved sleep)
REVIEW DATE	[MM / DD / YYYY]

EIGHT-PHASE ROADMAP

PHASES	☐ 1 History ☐ 2 Preparation ☐ 3 Assessment ☐ 4 Desensitization ☐ 5 Installation ☐ 6 Body scan ☐ 7 Closure ☐ 8 Reevaluation

CONSENT & SIGNATURE

CONSENT FOR TREATMENT	☐ Obtained and documented
PSYCHOTHERAPY NOTES	Process notes need a separate authorization to disclose (45 CFR 164.508(a)(2)).

PROVIDER SIGNATURE & DATE

DISCLAIMER

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