EMDR ASSIST

FREE CLINICIAN RESOURCE

FOR EMDR CLINICIANS · NOVEMBER 2026 EDITION

EMDR Treatment Plan Template

A printable three-pronged treatment plan with a worked clinical example

A structured EMDR treatment plan you can complete after Phase 1 and revise across the episode of care — presenting problem, case conceptualisation, readiness, three-pronged target sequence, measures, and review points.

WHAT'S INSIDE

- ✓ Section-by-section plan to fill in
- ✓ Three-pronged (past / present / future) target sequence grid
- ✓ Readiness and stabilisation checklist
- ✓ Outcome measures and review schedule
- ✓ A fully worked example plan

Use this live, in session.

EMDR Assist turns protocols like this into guided, phase-by-phase session tools — SUD/VoC tracking, scripts and notes in one place.

Try it free · emdrassist.com

> **Clinical use notice.** Educational reference material for clinicians who have completed EMDRIA-approved Basic Training. It does not replace training, consultation, supervision, or clinical judgement, and it is not medical advice.

1. Client and episode details

Field	Entry
Client identifier (no PHI)	
Episode start date	
Referral source / presenting concern	
Diagnosis (ICD-10 / DSM-5-TR)	
Session format and frequency	

2. Presenting problem and history

- Presenting symptoms with frequency, intensity and duration.
- Trauma and adversity history (single-incident, complex, developmental).
- Current stressors, supports, and resources.
- Risk: suicidality, self-harm, substance use, current danger.
- Dissociation screen result (e.g. DES-II) and clinical interpretation.

3. Case conceptualisation (AIP)

State the maladaptively stored memories believed to drive the current presentation, the negative cognitions they encode, and the adaptive resolution you and the client are working toward (Shapiro, 2018).

Element	Entry
Touchstone / earliest related memory	
Core negative cognition	
Desired positive cognition	

Element	Entry
Present triggers maintaining the belief	
Future goals blocked by the belief	

4. Readiness and stabilisation checklist

- Informed consent for EMDR given and documented.
- Affect tolerance demonstrated (calm place, container, grounding).
- Dual attention maintained during BLS trial.
- Dissociation and risk addressed; safety plan in place if indicated.
- Sufficient session length and post-session support for reprocessing.

5. Three-pronged target sequence

Sequence targets past → present → future within each cluster. Record baseline SUD and VoC when the target is assessed in Phase 3, not at planning.

#	Prong	Target (image / event)	NC → PC	SUD	VoC	Status
1	Past					
2	Past					
3	Present					
4	Present					
5	Future					

6. Outcome measures and review

Measure	Baseline	Mid-point	Discharge
PCL-5			
PHQ-9			
GAD-7			
Target SUD (current focus)			

- Review the plan every 6–8 sessions or after any significant change in presentation.

- Re-sequence targets when new material emerges in Phase 4 or between sessions.
- Document rationale whenever the sequence changes.

7. Worked example

Presentation. Adult client, single-vehicle collision 14 months ago; intrusive images, avoidance of driving, hypervigilance at intersections. PCL-5 = 46. DES-II = 11 (non-elevated). No current risk.

Conceptualisation. Collision memory stored with the negative cognition "I'm not safe," reinforced by an earlier childhood memory of a parent's unpredictable driving. Present triggers: merging traffic, brake sounds. Future goal: drive the client's child to school without avoidance.

#	Prong	Target	NC → PC	SUD	VoC
1	Past	Parent's near-miss, age 8	I'm not safe → I'm safe now	6	3
2	Past	Moment of impact, collision	I'm not safe → I'm safe now	9	2
3	Past	Waking in the ambulance	I'm helpless → I can cope	7	3
4	Present	Merging onto the highway	I'm not safe → I can handle this	6	3
5	Present	Sound of braking nearby	I'm not safe → I'm safe now	5	4
6	Future	Driving child to school	— → I can do this	—	4

Plan. Two further preparation sessions (container, calm place, BLS trial), then reprocess targets 1–3 in order, retest present triggers before targeting them, and install the future template last. Review at session 8 with repeat PCL-5.

References

Every clinical claim in this resource is traceable to the sources below. Instruments are public domain or used under their published terms.

1. Shapiro, F. (2018). *Eye movement desensitization and reprocessing (EMDR) therapy* (3rd ed.). Guilford.
2. Leeds, A. M. (2016). *A guide to the standard EMDR therapy protocols* (2nd ed.). Springer.
3. Hensley, B. J. (2016). *An EMDR therapy primer: From practicum to practice* (2nd ed.). Springer.
4. EMDR International Association. *Definition of EMDR therapy and standards*. EMDRIA.