

Phase 1: history and treatment planning

Clinicians | Preparation | Phase 1

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

Build a collaborative formulation before choosing targets. History taking is paced to the person; it is not a request for a detailed account of every traumatic experience.

PAST

Relevant history

PRESENT

Needs and strengths

FUTURE

Goals and supports

Purpose and context

A useful plan connects current concerns, relevant experiences, strengths, and achievable goals while identifying needs that affect pacing.

Client-facing explanation

You can start with what brings you here and what you hope will change. You and your therapist can decide how much detail is useful today.

Clinician reference

Assess presenting concerns, functional impact, developmental and cultural context, current safety, dissociation, medical and substance-related considerations, supports, and coping. Use appropriate assessment within your competence; seek consultation for complexity. No checklist determines suitability.

General sequence / checklist

1. Clarify goals and how progress will be recognized in everyday life.
2. Gather relevant history with permission; include strengths, relationships, developmental context, current functioning, and ongoing stressors.
3. Assess current risk and safety, dissociation, coping capacity, support, and stabilization needs using appropriate clinical methods.
4. Map possible past experiences, present triggers, and future situations; distinguish hypotheses from established connections.
5. Discuss options, treatment suitability, target sequencing, preparation needs, and readiness to proceed; revisit the plan together.

Example / documentation consideration

Fictional planning example: a present-day driving trigger, a past collision, and a future commute may be mapped together. The clinician decides sequencing after assessment.

Scope and cautions

Do not elicit detailed trauma narratives solely to complete this worksheet. Acute safety needs and significant disconnection require assessment and an individualized plan, not an automated pass/fail result.

Selected references (framework; not validation of every exercise)

EMDRIA: The Eight Phases of EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/phase-1-planning