



Supervision template

Date: Name of clinician:

Please complete all sections. Record any problems you have experienced in one or more phases of the protocol.

1. HISTORY

- 1.1. Information about the patient/client (including age, current occupation, relationship status, drug or alcohol use, prescribed drugs)
- 1.2. Past traumatic experiences (Chronologically)
- 1.3. How does this person usually cope with strong emotion/distressing experiences?
- 1.4. Presenting problem?
- 1.5. Suitability for treatment – any concerns

2. PREPARATION

Mention any problems/achievements if preparation has taken place (e.g. could a safe place be installed/ Any concerns from patient/client or clinician?)

3. ASSESSMENT

- 1.1. Memory**
- 1.2. Worst part of the memory**
- 1.3. Negative Cognition (NC) (most preferable NC for client)**
- 1.4. Positive Cognition (To be thematically linked to NC)**
- 1.5. Validity of Cognition 1-7**
- 1.6. Emotion**
- 1.7. SUD 0-10 (Subjective units of distress)**
- 1.8. Location in body**

4. DESENSITISATION

- 4.1 Any problems/ looping/ blocked processing/use of Bilateral Stimulation**
- 1.2. Cognitive interweave problems (after Part 2)?**
- 1.3. Inability to reach 0/10**

5. INSTALLATION

5.1 Positive cognition change/ Inability to install/ Inability to reach 7/7?

6. BODY SCAN

**Any remaining physical sensations,
New channels opening up?**

7. CLOSURE

8. RE-EVALUATION

Has original target been processed?

Does the client/patient need any other skills?

9. ANY OTHER COMMENTS?