

EMDR Target Development Worksheet (Page 1 of 4)

Readiness, consent, stabilization capacity, session fit, and stop/pause checks before target activation.

Client / ID: _____ Date: _____ Clinician: _____

Presenting theme in client words (no graphic detail):

1. Readiness and session-fit checks

- | | |
|---|---|
| ☐ Current risk low enough for memory-linked work | ☐ Client oriented / present contact available |
| ☐ Dissociation or shutdown not primary today | ☐ Stabilization tools available and rehearsed |
| ☐ Informed consent current for this target dose | ☐ Client prefers to proceed (not only comply) |
| ☐ Enough time remaining for safe closure | ☐ Between-session environment/support considered |

Finding that changes the plan (if any):

If not ready: preparation / consult / different target / defer:

2. Stop or pause cues

- | | |
|--|---|
| ☐ Loss of orientation / floating | ☐ Flooding beyond known resources |
| ☐ Client requests stop or preparation | ☐ Image keeps shifting with no workable moment |
| ☐ Not enough time for closure | ☐ Acute risk or safety need appears |

Immediate stabilization / next clinical step:

3. Consent and privacy reminders

Confirm the client understands possible distress rise, the right to pause, what will be documented, and that this worksheet is planning material rather than a mandate to process today. Prefer short clinical labels over graphic narrative in shared notes and unsecured files.

Consent notes:

EMDR Target Development Worksheet (Page 2 of 4)

Phase 1 style past / present / future map. Organize by function. Do not open a target on this page.

Past touchstones (theme + role, not full narrative)

P1:

P2:

P3:

Present triggers

Pr1:

Pr2:

Pr3:

Future templates (desired choice or adaptive response)

F1:

F2:

Connecting themes / beliefs / body / avoidance

Connectors:

Provisional sequence and rationale

Provisional order (IDs only):

Client priority:

Current activation (0-10) for top candidate:

Clinical relevance / why this order (one sentence):

Reminder: the earliest, worst, or most detailed memory is not automatically first. Selection depends on formulation, readiness, preference, resources, and training.

EMDR Target Development Worksheet (Page 3 of 4)

Phase 3 assessment for ONE selected target after readiness supports proceeding.

Selected target ID / short label:

Why this target now (not the most distressing by default):

Assessment elements

Target image / representative moment:

Negative cognition (self in the present):

Desired positive cognition:

VOC (1-7): _____ SUD (0-10): _____

Emotions:

Body location / sensation:

Specificity / fit / readiness note:

Proceed, narrow, or return to preparation

- ☐ Ready for protocol-consistent work within training
- ☐ Return to preparation / stabilization
- ☐ Different target from the map

- ☐ Narrow target further before processing
- ☐ Consult / supervision needed
- ☐ Defer; reevaluate next session

Decision and reason:

EMDR Target Development Worksheet (Page 4 of 4)

Worked conceptualization prompts, closure, reevaluation, privacy, and training boundary.

Compact conceptualization (clinician use)

Broad presenting pattern:

Past / present / future map summary:

Selected target and selection rationale:

Readiness information that supports or delays next step:

Planned closure and reevaluation thread:

Closure and reevaluation prompts

- | | |
|---|---|
| ☐ Client oriented at end of session | ☐ Containment / grounding used as needed |
| ☐ Between-session support plan named | ☐ No home bilateral stimulation assigned |
| ☐ Next review question written | |

Closure notes:

Reevaluation question next session:

Progress-note scaffold (minimum necessary)

Target-assessment work on [short label]. Readiness: [finding]. Consent: [status]. Baseline SUD/VOC if used: [numbers]. Client response: [orientation / affect / request]. Closure: [status]. Next step: [preparation / selected target / different sequence].

Note draft:

Boundary

For trained or supervised EMDR clinicians only. Not a self-processing form. Does not establish readiness by itself, treat a diagnosis, predict outcome, replace an EMDR manual, or represent an official training-body form. Local recordkeeping rules still apply.