BRAINSPOTTING CERTIFICATION

**SESSION TRACKING FORM**

THIS FORM IS FOR CLINICIAN USE ONLY

CLINICIAN’S NAME:

(Example- can erase for actual tracking)

Client Initials: MJ  
Date:

Type of BSP Used/Clinical Course: Phase 1- Body Resource Set Up

Session #: 1

Notes: Ct. wanted to process anxiety around seeing mom during holiday. Anxiety located in chest and upper thighs. SUD 8. Used Body Resource set up, found resource in feet. SUD down to 5. Processed until SUD was 2. Ended session feeling more relaxed and less attached to outcome of holiday visit.

Client Initials:   
Date:

Type of BSP Used/Clinical Course:

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Notes:

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