**EFT Session Notes**

*The information contained in these session notes is confidential and is intended as a professional consultation. These notes are not to be copied or disclosed to third parties without permission of the author.*

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| **EBEFT Premium Accreditation candidate** | **EBEFT Trainer / Mentor** | **Date of session** | **Session #**  **out of 48** | **Client session #** | **Client Initials** | **Client Age** |
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| **Client’s Presenting Issue or Symptom (What they wanted to work on) | Assessment Used (if relevant)** | | |
| **Focus for this session** | SUD/VOC Start | SUD/VOC End |

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| **Specific Recent Event** *(Briefly, that one time when…)* | | | | Event SUD Start | | | Event SUD End |
| **Aspect #1 and Type**  (auditory, visual, olfactory, gustatory, kinesthetic, emotion, thought, somatic) | | **Aspect #2 and Type**  (auditory, visual, olfactory, gustatory, kinesthetic, emotion, thought, somatic) | | | **Aspect #3 and Type**  (auditory, visual, olfactory, gustatory, kinesthetic, emotion, thought, somatic) | | |
| **SUD Start** | **SUD End** | **SUD Start** | **SUD End** | | **SUD Start** | **SUD End** | |
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| **Specific Childhood Event** *(Briefly, that one time when…)* | | | | | Event SUD Start | | | Event SUD End |
| **Aspect #1 and Type**  (auditory, visual, olfactory, gustatory, kinesthetic, emotion, thought, somatic) | | | **Aspect #2 and Type**  (auditory, visual, olfactory, gustatory, kinesthetic, emotion, thought, somatic) | | | **Aspect #3 and Type**  (auditory, visual, olfactory, gustatory, kinesthetic, emotion, thought, somatic) | | |
| **SUD Start** | **SUD End** | | **SUD Start** | **SUD End** | | **SUD Start** | **SUD End** | |
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| **EFT Techniques Used in Session (circle all used) –** Talk/Rant & Tap | Basic Recipe | Full Basic Recipe (incl 9 Gamut) | Tell the Story | (Silent) Movie Technique | Daisy Chaining | Sneaking Up | Chasing the Pain | Tearless Trauma | Boxing Up/Sneaking Away | Tailenders | Alternate Tapping Points | | | | | | | | |
| **Technique** | | **Rationale for Technique Use** | | | | | | | |
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**EFT Concepts Worked with/Identified in this Session (Core beliefs, limiting beliefs, secondary gain, psychological reversal, cognitive shifts)**

**EFT Testing Method (other than SUD/VOC) Used and Result**

**Most Difficult Challenge and/or Questions to ask Mentor**

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| **Written Overview of the Session and Further Detail ( 1- 2 paragraphs which you can refer to during your video mentoring session)** *Include your process of adhering to confidentiality and privacy issues, any informed consent you used, and any future appointments booked or follow-up* |