

Processing Traumatic Targets in Complex Dissociation: Trajectory Map Template

A structured template (based on van der Hart et al.'s framework) for EMDR with complex trauma)

Phase 1: Initial Assessment & Mapping

Client Information

- **Dissociative Structure Assessment:**

- Identified ANPs: _____
- Identified EPs: _____
- Level of co-consciousness: _____
- Internal communication capacity: _____

Trauma Timeline Construction

Create a chronological lifeline identifying:

- **Age periods:** 0-5 | 6-10 | 11-15 | 16-20 | 20+
- **Major traumatic events per period:** _____
- **Perpetrators involved:** _____
- **Types of trauma:** (physical, sexual, emotional, neglect)

Phase 2: Clustering & Categorization

Clustering Criteria (choose primary organizing principle):

☐ By Episode/Time Period ☐ By Perpetrator ☐ By Negative Cognition Domain ☐ By Emotion Type ☐ By Somatic Location ☐ Client's Own Categorization: _____

Identified Clusters

Cluster 1: _____

- Representative memory: _____
- Pathogenic kernels: _____
- Parts holding this memory: _____
- SUD level: _____

Cluster 2: _____ (Repeat format for each cluster)

Phase 3: Processing Sequence Planning

Determining Processing Order (prioritize by):

1. **Current life interference level** (High/Medium/Low)
2. **Client readiness** (Ready/Partial/Not ready)
3. **Integrative capacity required** (Low/Medium/High)
4. **Support system availability** (Strong/Moderate/Limited)

Recommended Sequence:

1. **Starter target:** Recent, mild, isolated incident
 - Purpose: Test integrative capacity
 - Parts involved: Main ANP only
 - Other parts' location: Safe places
2. **Primary targets:** (List in order)
 - Target 1: _____
 - Target 2: _____
 - Target 3: _____

Phase 4: Parts Preparation Map

For Each Target, Specify:

Target Memory: _____

Participating Parts:

- Active processors:

- Observers:

- Helpers/resources:

Non-participating Parts:

- Parts in safe places:

- Reason for non-participation:

Potential Blockers:

- Parts that may object:

- Contingency plan:

Phase 5: Safety & Stabilization Requirements

Pre-processing Checklist:

☐ Dual attention capacity verified ☐ Stop signals established ☐ Safe place for each part established ☐ Internal cooperation agreements in place ☐ External support system activated ☐ Between-session coping plan created

Window of Tolerance Indicators:

- **Upper limit signs:**

- **Lower limit signs:**

- **Return to window strategies:**

Phase 6: Processing Modifications

Planned Adaptations:

- ☐ **Standard EMDR protocol**

- ☐ **Fractionated approach needed:**

- Divide by: sensation / emotion / cognition / time segment
- Number of sessions estimated: _____

- ☐ **Progressive approach (TFS)**

- ☐ **EMD only (no cognitive processing)**

BLS Modifications:

- Speed: Standard / Slow / Very slow (client preference)
- Set length: Standard / Short (5-10) / Very short (3-5) (client preference)
- Type: Eye movements / Taps / Tones (client preference)

Phase 7: Integration Markers

Synthesis Indicators: ☐ Memory shared among parts ☐ SUD decreased to 0-1 ☐ VoC increased to 6-7 ☐ Body scan clear

Realization Indicators: Personification achieved ("This happened to me") ☐ Presentification achieved ("It's over, I'm safe now") ☐ Grief process initiated ☐ Narrative coherence established

Phase 8: Post-Processing Plan

After Each Target:

- Integration check: _____
- Parts needing comfort: _____
- Homework: _____
- Next session planning: _____

Phase 3 Readiness Indicators:

☐ Major trauma clusters processed ☐ Parts showing increased cooperation ☐ Daily life stabilization improved ☐ Ready for grief work ☐ Ready for "normal life" phobias work

Special Considerations

Attachment Conflicts (if applicable):

- Parts attached to perpetrator:

- Parts defending against perpetrator:

- Strategy for resolution:

Risk Factors to Monitor:

☐ Self-harm potential ☐ Substance use ☐ Relationship disruption ☐ Functional impairment ☐ Dissociative barriers increasing

Note: This trajectory map should be considered a living document, revised regularly based on client response and emerging information. The sequence and approach may need adjustment based on the client's integrative capacity and life circumstances.