



## **Brainspotting Targets**

Please complete the assessment on the following pages in preparation for Brainspotting. Fill out all sections to the best of your ability.

1. Please indicate interest in resolution of the following trauma targets in BSP by checking any that apply. \*

*Check all that apply.*

- Childhood sexual abuse
- Incest
- Childhood physical abuse
- Childhood neglect
- Childhood emotional abuse
- Sexual trauma - adolescence
- Sexual trauma - adult
- Intimate Partner Violence (IPV) - adult
- Chronic gaslighting
- Witnessing IPV as a child
- Other interpersonal (person-to-person) trauma
- Major accident or other single-incident traumas
- Natural disaster
- Cultural/Racial trauma
- Human trafficking
- Work-based trauma (e.g. first responders)
- Exploitation/Trafficking
- Revenge porn
- Parental abandonment
- Developmental/preverbal trauma
- Parental mental illness
- Parental substance abuse
- Bullying
- Poverty
- Moving frequently or suddenly as a child
- Robbery
- Assault
- Incarceration
- Miscarriage
- Death of a parent as a child
- Death of another loved one as a child
- Grief over death of loved one
- Abortion
- Medical trauma
- Religious/Spiritual trauma
- Cult Affiliation trauma

- Other institutional trauma
- Combat
- Sexual Harassment
- Parentification as a child (made to take care of others)
- Parental over-indulgence ("spoiling")
- Growing up in an an invalidating family ("Your feelings aren't real")
- Other - describe below
- None of the above

2. Please use the space below to say more about any of the targets you indicated, if you wish. Type 'N/A' otherwise.

---

---

---

---

---

*Skip to question 3*

**Targets Related to Trauma**

Below find some of the common areas in which trauma survivors may have difficulty

3. Check all that apply. \*

*Check all that apply.*

- Anxiety
- Panic Attacks
- Emotional flashbacks
- Sensory Flashbacks
- Nightmares
- Sleep issues
- Dissociation
- Low self-esteem
- Passivity towards life
- Toxic Shame
- Feeling helpless
- Hopelessness
- Difficulty regulating anger
- Irritability
- Reduced capability to experience joy
- Depression
- Phobias
- Sexual issues
- Fear of intimacy/closeness
- Disinterest in connection with others
- Other difficulties with intimacy
- Difficulty setting and maintaining boundaries (e.g. saying "no")
- Difficulty respecting others' boundaries
- Self Harm
- Biting nails, skin picking
- Suicidal Ideation
- Eating disorders
- Appetite problems
- Substance Abuse
- Chronic Pain
- Other Immune &/or inflammatory condition
- IBS or other gastrointestinal issues
- Difficulty with memory
- Difficulty concentrating
- Restlessness, fidgety
- Difficulty identifying emotions
- Difficulty expressing self

- Impulsiveness
- Persistently bored or dissatisfied
- Loss of interest or pleasure
- Excessive crying
- Emotional numbing
- Risk-taking behaviors
- Intrusive thoughts
- Distrust
- Loud inner critic
- Combativeness
- Grandiosity
- Other - describe below
- None of the Above

Other:  \_\_\_\_\_

4. Please elaborate on any of the above if you wish. Otherwise, type 'N/A'

---

---

---

---

---

After BSP Treatment

How would you like to feel at the end of therapy together?

5. Check all that apply

*Check all that apply.*

- More hopeful or optimistic
- Resolution of past
- More clarity
- Greater capacity for joy
- More peaceful
- Greater acceptance
- More present/grounded
- Greater sense of personal power
- More self confidence/belief in yourself
- More compassion
- Forgiveness
- Feel safer in your body
- More sense of purpose/direction
- Other - describe below

6. Please elaborate in the space provided

---

---

---

---

---

**Current Therapy-  
Related  
Strengths/Resources**

This list is only a few of the many strengths people can bring to therapy. Add as many as you see fit in the text field. Do not worry if you have not yet discovered all of your strengths!

7. Check all that apply and add any missing items \*

*Check all that apply.*

- Mindful
- Creative
- Curious
- Open to experience
- Thoughtful
- Good eating/sleeping/activity habits
- Social Support - friends
- Social Support - family
- Social Support - community &/or other groups
- Spiritual
- Compassionate towards self
- Other - describe below

Other:  \_\_\_\_\_

8. Please elaborate or add any additional strengths you possess

---

---

---

---

---

---

This content is neither created nor endorsed by Google.

Google Forms