Autobiographical Timeline for (Client Name)_____

List “less than nurturing/traumatic” experiences are listed above the horizontal line, and “positive experiences” are below the line.

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Birth Current Age

List strengths (+) and vulnerabilities (-) for each below:

Mother	Father	Other Important Person	Self as a Young Child	Self as a Teenager	Current Adult
+	+	+	+	+	+
+	+	+	+	+	+
-	-	-	-	-	-
-	-	-	-	-	-

Forms: Angela Costello LMFT