



# Treatment Plan Targets

This is where you can record the answers from the Finding the Root script

Presenting Issue/Symptom

Attachment Longing Under the Issue

## Present Triggers

Socially

Work/Community

Close Relationships

## Past Events

List older memories here going from Older to Younger Memories. There may be more than 4

Age:

Memory:

1

2

3

4

## Future Desired States

For Each of the Above Present Triggers how would the client like to feel, act or behave instead?

Socially

Work/Community

Close Relationships

# Phase 8: Reevaluation



## ✔ Check for what the client experienced between sessions:

- Assess if the client processed more between sessions.
- Changes in symptoms
- Changes in behaviors or patterns of relating
- Changes in reactivity or previous triggers
- Dreams
- New thoughts or insights

Reevaluate the Target from last session.

## ✔ Assess the current state of the previous target:

- Is it still disturbing?
- Were other associated memories brought up?
- Were the present triggers more or less active?
- Remember, incomplete session can be incomplete for phases 4, 5, 6.

### **If INCOMPLETE, Restart Phase 4 Reprocessing by asking:**

- “What is the image that is the worst part of this memory now?”
- “What emotions are you feeling now?”
- “On a scale of 0 - 10, how disturbing does that feel to you now?”
- “Bring up that memory, notice where you feel that disturbance in your body, and follow my fingers.”
- Continue sets of DAS, as if you are starting in top of Phase 4, until you get to a 0, then move on to Phases 4, 5,6.
- If COMPLETE: Go to the next memory in chronological order that still has a charge, by taking a SUD, and process Phases 3-7.

# Phase 3:

## Assessment Full Protocol



Specific Instructions: Prior to starting, please make sure you are in the correct seating, have already practiced speed, distance and type of DAS, and practiced the stop signal. You should be ready to start eye movements after the final question in Assessment.

**Target:** (In training, earliest touchstone memory found. This should be a moment in time, not an issue.) \_\_\_\_\_

\_\_\_\_\_ “\_When you bring up that memory, what image represents the worst part?

\_\_\_\_\_ ONLY if no image (may be another perception of the five senses): “As you think of the experience, what is the worst part of it?” \_\_\_\_\_

**Negative Cognition:** “What words go best with that picture that express your negative belief about yourself now?” \_\_\_\_\_

Positive Cognition: “When you bring up that picture, what would you prefer to believe about yourself instead? \_\_\_\_\_

**Validity of Cognition (VOC):** “When you think of that picture, how true do those words (repeat the positive cognition above) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?”



Completely False

Completely True



**motion:** “When you bring up that picture and those words (negative cognition above), what emotion do you feel now?” \_\_\_\_\_

**SUD:** “On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does the memory feel to you now?”



No disturbance /neutral

Highest disturbance



**Location of Body Sensation:** “Where do you feel it in your body?” \_\_\_\_\_

“I’d like to invite you to bring up that picture, those negative words (repeat negative cognition) notice where you are feeling it in your body—and follow my fingers.”

(DAS generally 20 or more passes/customized to need of client)

**Important!! After the following question, you immediately start DAS and are in PHASE 4. (Turn to next page)**

# Phase 4: Reprocessing



## DESENSITIZATION:

After the DAS/BLS of 30-20 back and forth, **“What are you noticing now?”** Allow them to answer, and no matter what they say, you say:

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A

**“Go with that.”** Then do another set of DAS

Repeat: **“What are you noticing now? Go with that.”** Continue DAS/BLS as long as the client reports change or new information (as many sets of DAS/BLS as necessary) until the client stops reporting change for two consecutive sets of DAS/BLS, then ask (B).

“Some people like to use the metaphor of watching the experience go by like looking out of the window of a train or watching a video on a screen. Would one of those feel useful to you?”

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B

## BACK TO TARGET:

**“When you go back to the original memory, what are you noticing now?”** (Pause for a response). **“Go with that.”** (DAS, 20 or more passes).

Repeat **“What are you noticing now?”** (Pause for a response). **“Go with that.”** (Sets of DAS). Continue with sets of DAS as long as the client reports change or new information (as many sets of DAS as necessary)."

When the client goes back to the original target after two consecutive sets of DAS and still reports no change check SUD (see C below).

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C

## CHECK SUD:

When you believe they are at or near end of processing, say **“When you bring up the original memory, on a scale of 0 to 10, where 0 is no disturbance and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now? --Go with that.”** (Sets of DAS.) If SUD is stuck at 1 or 2, ask, **“Where do you feel it in your body? \_\_\_Go with that.”** Set(s) of DAS or, **“What is the most disturbing part of that memory now?”**

REPEAT Steps A, B, and C until SUD is 0 twice (or ecologically sound).

# Phase 5: Installation



1

"Do the words (repeat the PC) still fit, or is there another positive statement you feel would be more suitable?"

2

"Think about the memory and those words, (repeat the selected PC). From 1, completely false, to 7 completely true, how true do they feel?"

3

"Hold them together. Those words \_\_\_\_\_ and that memory." Do DAS.

4

"On a scale of 1 to 7, how true do the words (PC) \_\_\_\_\_ feel to you now?"  
(After each set)

5

Continue installation as long as the material is becoming more adaptive. Continue sets of DAS until the VOC no longer strengthens. Once the VOC=7 (or ecological), go to Phase 6: Body Scan.

6

If client reports a 6 or less, check appropriateness and address blocking belief (if necessary) with additional sets of DAS. (Note: If running out of time, set aside the blocking belief to be addressed at a later time and proceed to closure for incomplete session.)



## Phase 6: Body Scan



“Close your eyes and keep in mind the original memory and the words (repeat the selected Positive Cognition). Then bring your attention to the different parts of your body, starting with your head, and working downward.

Any place you find any tension, tightness or unusual sensation, tell me.” If any sensation is reported, do DAS. If there is a positive/comfortable sensation, do DAS to strengthen the positive feeling. If a sensation of discomfort is reported, reprocess until discomfort subsides.

Savoring the New! After a clear Body Scan: “Is there a gesture or movement that would help you connect with that feeling of **(name the PC or new positive feeling)?”**

# Phase 7: Closure



An unfinished session is one in which a client's material is still unresolved (the client is obviously upset, SUD more than 0, VOC less and 7, or time has run out before completing the Body Scan).

The following is a procedure for closing down an unfinished session. The purpose is to acknowledge the work completed and assist the client in shifting their state to be present and stable prior to leaving.

\*\*\* Procedure for closing unfinished sessions\*\*\* If complete go directly to 3#.

1

Give the client the reason for stopping. "We are almost out of time and we will need to stop soon." Give encouragement and support for the effort made. "You have done some very good work and I appreciate the effort you have made. What feels like the most important thing you have learned about yourself or for yourself today?"

2

Do a containment exercise: "I suggest we do a resource (or a container) exercise before we stop.

"I suggest we  
containment exercise.

" Suggest resource you have practiced or a

Examples include: Container imagery (put it away in a container until the next session); Safe/Calm Place; Light Stream; etc.

3

Read the "Debrief the Experience" section to the client, as scripted below:

Closure for all Sessions: "The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories, or dreams. If so, just notice what you are experiencing and if you wish you can record it on the Memories & Lies log. Use the resources we have worked on to help manage any disturbance. We can work on this material next time. If necessary, you can call me.

# Restricted Early Events or Recent Events Protocol

(Adapted from Shapiro, 2001)



Understanding the Window of Tolerance is necessary for all trauma processing.

## PLEASE NOTE:



EMD or Restricted Protocol should not replace the EMDR protocol. It does not produce comprehensive reprocessing but only symptoms reduction.

Restricted processing should be done for clinical reasons such as because the client cannot tolerate the full EMDR processing protocol. If the client is able to process with the full protocol, that protocol should be used as it has been empirically shown to be effective in reducing disturbance and changing the way the client's system reacts.

We do not want you to use this protocol in place of the full protocol just because you feel it is easier for the client or for you. No matter what type of processing you are doing with EMDR, it is necessary to do all 8 phases. We need to have some idea of the client's current resources, the ability to change states in a way that is not dangerous. We want to know the client's history. We still find the targets and identify the root of the present issue.



Protocol for restricted reprocessing. We do not need to get all of the details; just the headlines.

## NOTE: These are the specific differences from the Standard Protocol:

1. Shorter sets of DAS (12-8 passes)
2. Return to Target after each set of DAS to assess the SUD instead of asking "What do you notice now?"
3. The next step of the process starts once the SUD is lower than 4 instead of getting to 0 twice.

Procedure	Script	Therapists'Actions	Therapists'Notes
<b>Step 1:</b> Decide with Client that Restricted Processing is necessary.	Choose the event for restricted processing.	This is a clinical decision made in collaboration with client.	
<b>Step 2:</b> Entire event outloud with DAS.	«We have selected the target of _____ to process with the Restricted protocol. I would like to invite you to tell the story of the experience out loud, from just before the event to the current moment and follow my fingers. Please let me know when you are finished.»	Therapist begins DAS while the client tells the entire story out loud from beginning to end. Stopping at the end of the story.	
<b>Step 3:</b> Selection of first POD (Point of Disturbance)	“Now I would like you to review the event again, silently in your mind, while I do DAS and allow the most disturbing part to show up. When it does, use your stop signal and we will use that as the first target.”	Therapist does DAS. Client uses stop signal when they use the stop signal that piece of the event will be used as the first target.	Target: 1st POD 1: _____ . (Just in 1 or 2 words not the whole story.)
<b>Step 4:</b> Accessing POD Phase 3	“When you bring that up, what image is the worst part?”	Take whatever they say as the worst part, even if not an image.	
<b>4.a</b>	“What words go best with that picture that express your negative belief about yourself now?”	Take whatever they say here and ask the next question.	NC
<b>4.b</b>	“What would you rather believe about yourself now?”		PC:
<b>4.c</b>	“When you bring up that image/sound on a scale of 0 to 10, where 0 is no disturbance and 10 is the highest disturbance, how disturbing does the memory feel to you now?”		SUD:

Procedure	Script	Therapists'Actions	Therapists'Notes
<b>4.d</b>	"I'd like you to bring up that image, those words (NC) and follow my fingers."	Begin DAS: Short fast sets @ 10 passes	
<b>4.e</b>	"When you bring up that image/sound on a scale of 0 to 10 how disturbing does it feel to you now?"	Stay with this POD until SUD reduced to 4 or less. Ask SUD, by repeating words to left, at the end of every set.	Once SUD has lowered as far as it can on this SUD then move on to step 5. The SUD may only get to a 4.
<b>5.Moving to next POD target.</b> (After getting next POD, keep going back to step 4 until they run the whole video and no more POD's.)	"Now I'd like you to review the episode again silently and tell me whatever comes up as the next worst part, we will use that as the next target" ** go back to 4*****	Therapist does DAS while client reviews the episode and uses stop signal at the next part. Go back to 4. Repeat until no worst parts surface.	Target 2:..... Target 3:..... Target 4:..... There may be several PODs or just 1 or 2
<b>6.Install the PC for ENTIRE EPISODE</b>	"Do the words (repeat PC 4.b) still fit or is there another positive statement that feels more suitable?"	Allow client to agree or change PC.	
<b>6.a</b>	"Bring up that memory and those words (repeat PC), from 1, completely false to 7, completely true, how true do they feel to you now?"	Allow client to answer.	
<b>6.b</b>	"Hold those together, those words and that memory."	Do short, fast sets of DAS, about 10 passes.	
<b>6.c</b>	"On a scale of 1-7, how true do those words feel to you now?"	End with this. Do not do phase 6 body scan.	

# Phase 7: Closure



An unfinished session is one in which a client's material is still unresolved (i.e., s/he is still obviously upset; the SUD has not gone down to 0; the VOC has not gone up to 7; you have not had time to complete the Body Scan).

The following is a procedure for closing down an unfinished session. The purpose is to acknowledge clients for what they have accomplished and assist them in being present and as stable as possible prior to leaving.

\*\*\* Procedure for closing unfinished sessions\*\*\* If complete go directly to 3.

1

Give the client the reason for stopping. "We are almost out of time and we will need to stop soon." Give encouragement and support for the effort made. "You have done some very good work and I appreciate the effort you have made. What feels like the most important thing you have learned about yourself or for yourself today?"

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Examples include: Container imagery (put it away in a container until the next session); Safe/Calm Place; Light Stream; etc.

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Read the "Debrief the Experience" section to the client, as scripted below:

Closure for all Sessions: "The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories, or dreams. If so, just notice what you are experiencing and if you wish you can record it on the Memories & Lies log. Use the resources we have worked on to help manage any disturbance. We can work on this material next time. If necessary, you can call me.

# FUTURE TEMPLATE SCRIPT



We choose one of the future desired states relating to the present triggers to focus on, these can be found on the Treatment Plan Targets Sheet. Identify how the client would like to respond instead of the current response to the present triggers. Together with the client choose which present trigger/future template will be addressed.

Say: **"We have addressed the past events, the root of the present disturbance as well as the present triggers and now we will look at what you would like to be different in the future. We have a specific protocol to imagine your desired future and process blocks and enhance and deepen the positive states."**

**"What positive belief would you like to hold onto in this future situation?"**  
**"I would like you to run a movie of the desired state and the words (PC)....."**

**"Imagine stepping into this scene, noticing how you are handling the situation. Notice what you are thinking feeling and experiencing in your body. Let me know when you are ready and I will begin BLS and you can let me know when to stop."**

After the movie stops check in with client and get feedback. Repeat 3 to 5 times.

Once the movie is successfully installed above, invite the client to create a challenge or a bump in the road to add to the movie. It may be something the client is afraid might happen. The clinician may suggest something if the client has a difficult time coming up with one.

Ask: **"What if...(future fear)... were to happen during this experience?"**

**"What resources might be helpful for you to imagine yourself effectively coping with this situation?"**

Say: **"I'd like you to imagine yourself coping effectively with/in ....."**

**in the future. I'd like to invite you to imagine running the movie, with the new positive belief**

**(PC)..... and your resources. Notice how you are handling the situation and what you are thinking, feeling and noticing in your body"**

If the client needs more resources you can help them with that before starting the BLS.

**"Now I'd like to invite you to run this movie in your mind's eye while we are doing the BLS. Let me know when you are ready to start and when to stop the BLS. We will check in afterwards."**

Run the movie 3 to 5 times with BLS- as long as it is getting more positive.

**After the movie stops check in with client and get feedback. Repeat 3 to 5 times.**  
**(Resources need to be accessible by the client in the movie)**

Final Step - Closure  
(At the end of any session)

**"The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories or dreams. If so, just notice what you are experiencing and if you wish you can record it on the Memories & Lies Log. Use the resources we have worked on to help manage any disturbance. We can work on this material next time."**

If incomplete session add: **"What do you need to be able to close today?"** Or **"I wonder if it would**

**be helpful to.....(recommend a resource).**