

Treatment Plan Targets

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

Presenting Issue/Syn	nptom	Attachment Longing Under the Issue						
Present Triggers								
Socially	Work/C	Community	Close Relationships					
Past Events								
List older memories here going fro	m Older to Young	ger Memories. There	e may be more than 4					
Memory:		Ag	e:					
0		<u> </u>						
2								
3								
4								
	. 5 .	LCL						
F	uture Desi	red States						
For Each of the Above Present Trigg	gers how would th	e client like to feel,	act or behave instead?					
Socially	Work/Co	mmunity	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. "Do you remember what we worked on last time?"

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 5-7.

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	memor	y found.	This sh	ould b	e a mome	ent in tir	ne, not an	issue.)
"When you bring up that r	memory, wh	at image	e repres	ents the	worst	part?			
ONLY if no image (may be	another per	ception	of the fi	ve sens	es): <i>"A</i>	s you thin	k of the	experien	ce, what
is the worst part of it?"									
Negative Cognition: "Wha	nt words go	best wit	h that p	icture ti	nat exp	ress your	negativ	e belief al	bout
	_								
Positive Cognition: "When	you bring υ	ıp that p	oicture, v	what wo	ould yo	u prefer t	o believ	e about y	ourself
instead?									
Validity of Cognition (VOC						ue do tho	se word	<i>ls</i> (repeat t	:he
positive cognition above) <i>t</i>	^r eel to you n	ow on a	scale o	f 1 to 7,	where	1 feels c	omplete	ely false ar	nd 7 feels
completely true?"	J			·			,	,	
, ,									
	1	2	3	4	5	6	7		
	Complet	ely false	9		C	ompletel	y true		
Emotion: "When you brir	ng up that pi	icture ar	nd those	words	(negati	ive cognit	ion abo	ve), what	emotion
do you feel now?"									
SUD: "On a scale of 0 to	10, where 0	is no di	sturband	ce or ne	utral a	nd 10 is ti	he highe	est disturb	ance you
can imagine, how disturb	ing does the	e memo	ry feel to	o you n	ow?"				
0	1 2	3	4 5	6	7	8	9	10	
	No distu	bance/r	neutral		High	est distur	bance		
Location of Body Sensation	on: "Where	do you	feel it in	your b	ody?"_				
"I'd like to invite you to b	oring up that	t picture	, those i	negativ	e word:	s (repeat t	he nega	ative cogn	ition) <i>, and</i>
notice where you are fee	ling it in you	ır bodv-	—and fo	llow my	fingers	s." (DAS c	enerally	/ 20 or mc	ore
passes/customized to nee		-		.,	<i>J</i>	,	,		
Important!! After the follo			الم مم ما:	المحد	ort D ^ 4	S and are	in DUA	SE 4 /T	to nove and



Phase 4: Reprocessing



DESENSITIZATION:

After the DAS/BLS of 20-30 back and forth, "What are you noticing now?" Allow them to answer, and no matter what they say, you say: "Go with that." Then do another set of DAS, generally 20 or more passes that are customized to the needs of the client.

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).



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 customized to the client).

Repeat: "What are you noticing now?" (Pause for a response). "Go with that." (Sets of DAS). Continue with sets of DAS as long as 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).



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

Installation links the desired Positive Cognition with the original memory/experience:

- "Do the words (repeat the PC) still fit, or is there another positive statement you feel would be more suitable?"
- "Think about the memory and those words (repeat the selected PC). From 1, completely false, to 7, completely true, how true do they feel?"
- "Hold them together. Those words_____ and that memory. "Do DAS.
- "On a scale of 1 to 7, how true do the words (PC) ______ feel to you now?" (After each set)
- 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.
- 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)?"

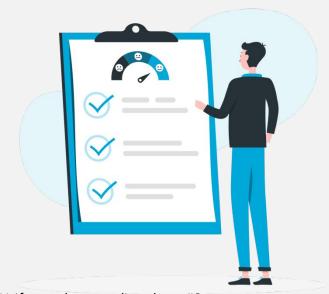




Phase 7: Closure

An unfinished session is one in which a client's material is still unresolved (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.

- 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?"
- Do a containment exercise: "I suggest we do a resource (or a container) exercise before we stop. I suggest we ______" Suggest resource you have practiced or a container exercise. Examples include: Container imagery (put it away in a container until the next session); Safe/Calm Place; Light Stream; etc.
- 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.



Completing the Treatment Plan

"Now I would like us to look at each present trigger and decide how you would like to react, behave, or feel in that situation when or if it happens in the future."

(This needs to be something you can imagine happening.)

One for each present trigger listed above. Present trigger 1: "As you think about the present trigger of___, how would you like to be able to react, feel, or behave when that or something similar happens in the near future."

Future Desired State:

Future Desired State:

Present trigger 2:

"As you think about (name second present trigger), how would you like to be able to react, feel, or behave in the future?"

Future Desired State:

Present trigger 3:

"As you think about .(name third present trigger), how would you like to be able to react, feel, or behave in the future?"

Future Desired State:

Future Desired State:

There may be more or less than 3 of each

Transfer the information to the Future section on the Treatment Plan Targets



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."

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 be able to see this movie where you are effectively coping in this situation?"

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.

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).

