

Weekend 1 Practice Sheets

“The Answer”

“The first information we want to get is regarding your strengths and what you do under stress. This information will help us in the preparation phase for you. We will see what you are really good at doing and also what is less developed for you. This information will be useful as we continue the EMDR treatment process.”

“As you answer the following questions, there is no need to read into them too much. Whatever comes to mind first will be fine.”

What are you most proud of?	
What is difficult for you to do?	
What do you do when under stress?	
How do you handle extreme pressure?	
How are you with deadlines?	
How do you get your “way”?	
Is it easy for you to say “no”?	
Do you cry easily?	
What do you do when you are upset?	
Do you cry in front of others?	
Would you call yourself a “rule follower”?	
How do you deal with conflict?	
In an emergency situation what are you likely to do?	
Is it easy for you to ask for help?	
Is it difficult for you to accept help?	
How convincing are you?	
What are you likely to do when someone tells you “no”?	
How do you handle negative feedback or criticism?	

Therapist may take a moment to look for patterns, then take a guess: **“So it sounds like you are good at _____, and it is harder for you to _____. When you get close to pain I wonder if you will _____. (Looking for what is over and under developed for the client**



Personal Transformation Institute

ANYTHING THAT KEEPS YOU FROM BEING A SHINING
STAR IS EITHER A MEMORY OR A LIE

What patterns am I seeing in the Answer Questions?

How do they regulate affect?

What relational patterns?

What else do I feel curious about?

What do I notice about the client's posture, voice and the way they answered the questions?

What are the current resources? (What does the client do well?)

What is under-developed for the client?

What types on the Character Types Chart?

What resource exercises are a possibility?

Character Types

Character Types

Character Type	Possible Neg. Belief	Over-Developed	Under-Developed	Needed to hear
The Invisible One	I'm in danger. I'm going to die.	Disappearing. Survival Defenses, Sensitivity	Safety, grounding, staying present, feeling	"You are welcome here." "You are safe now."
The Emotional One	I'm in danger. It's not safe to feel safe.	Merging into other person. Knowing how others feel. Sensitivity.	Boundaries, ability to self-soothe.	"It is okay to feel safe when you are safe."
The Nice/ Non-threatening One	I'm helpless. I'm powerless.	Getting pity. Being a victim.	Personal power. Self-soothing.	"I'm here for you." "You can get your needs met."
The Independent One	I'm alone.	Competency. Ability to take control.	Asking for help. Trusting others to help.	"You can get support." "It's okay to ask for help."
The Rock	I don't matter. My needs don't matter.	Being dependable. Tolerating negative. Enduring suffering.	Knowing what they want. Asking for what they want. Action.	"What you want matters."
The Chameleon	I'm not enough.	Adaptation to environment. Ability to manipulate and adapt.	Being honest. Knowing who they are. Being straight forward.	"It's okay to just be you." "You matter."
The Hero	I'm not safe. I'm powerless.	Setting firm boundaries. Withstanding pain.	Being vulnerable. Connecting with authentic emotions.	"It is safe to connect."
The Doer	I need to be perfect. I'm not enough.	Energy, working hard, taking action.	Play. Connection. Self care.	"You don't have to work so hard." "It's okay to play."
The Life of the Party	I don't matter.	Energy. Fun. Action.	Rest. Being grounded and authentic.	"You matter." "You don't have to work to be noticed."

These are examples of possible answers. At one time these were needed adaptations for the person to either stay safe or keep connection to a caregiver. They then become a pattern of relating to others. Most people have multiple character types. Each character type has a strength in it. **The goal is to help create balance and more choices so the authentic self can be present.**

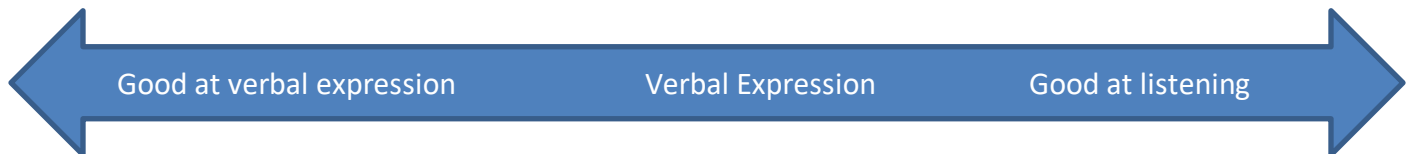
The possible negative belief is just an example and there may be many other options.

(Adapted from Ron Kurtz, 1990 and Pat Ogden, 2002) ©Deborah Kennard, MS 2015

“In next section we are looking at various areas of strengths. I will be taking a guess about where you are in each of these areas. My guess will be based on the answers to The Answer questions. It is very helpful to have you correct me after I guess. We will then decide on a resource to practice.”



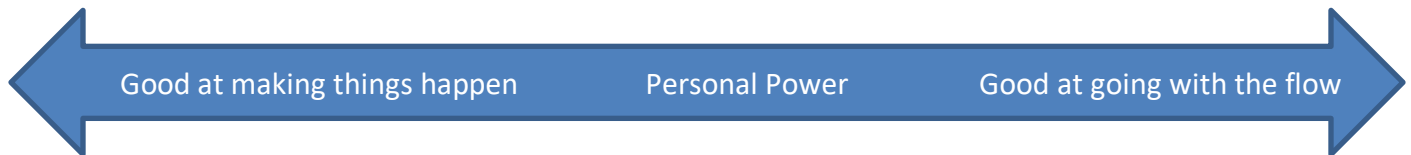
Ability to freely give and receive
Clear about personal rights and rights of others
Ability to choose



Able to put words to feelings
A balance of listening and expressing



Ability to regulate affect alone or with others



Clear about wants and needs
Clear about choices
Aware of effect they have on others



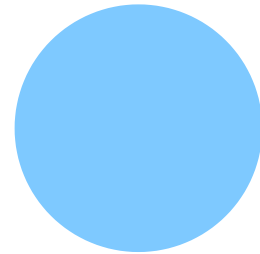
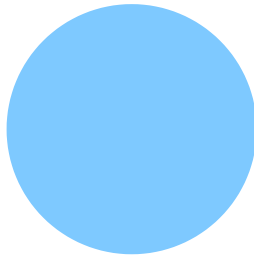
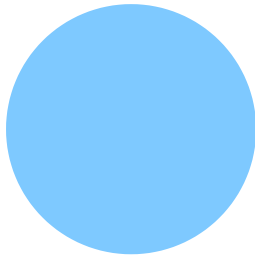
Ability to reach out for help
Ability to ask for what you want/ Doesn't take advantage or get taken advantage of

Finding the Problem

How to find the Universal Theme for the Client's Presenting Issue

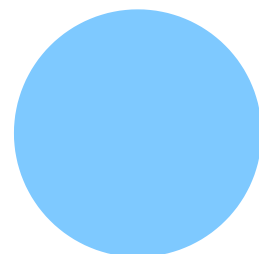
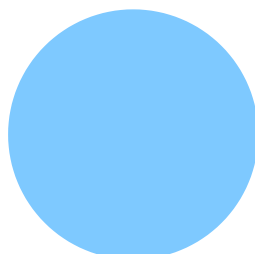
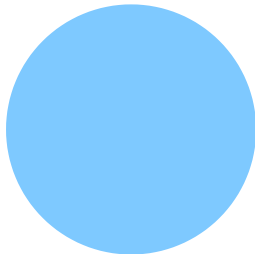
Often the presenting issue is also the client's "Answer" or adaptive strength. This exercise will help identify the attachment longing under the adaptation.

In each circle write a current issue or problem that if it was resolved, would make a significant difference in your life. Try to find something that is fairly persistent and it feels like you keep recycling it.

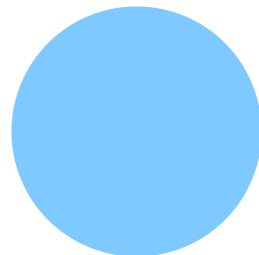
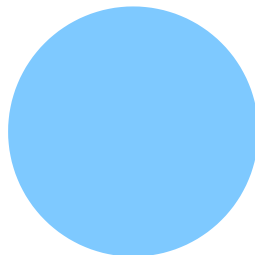
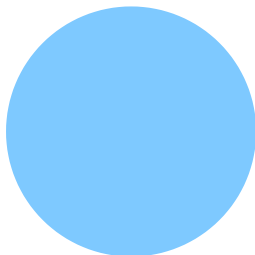


For each of the above, how is that something you are good at doing?

(Listening for how this has been a resource or adaptive to stay safe or connected)



What is the relational longing? What do you want that you are not getting?



When we go to Finding the Targets we will be looking for times when you had the hope of that longing but it didn't work out. Or you wanted this but did not get it.

Finding the Root Under the Answer

How to identify the attachment need, longing under the answer.
For one issue or symptom

Finding the true experiential root of the current disfunction is an important aspect of treatment planning. This exercise will help lead down the correct neuropathway in order to have the best chance at comprehensive treatment effects.

What is a current symptom, frustration or limitation?

When you experience the above what is the longing? What do you want in that moment that you are not getting?

Listening for Safety/Connection/Empowerment - Responsibility/Safety/Choice

Identify recent times when you did have a hope, even a glimmer of hope, of the longing being fulfilled and it did not work out.

Note: We are looking for times that the client had the hope or longing for getting the missing attachment experience but it didn't work out.

(We are looking for a Moment in Time to light up the limbic system. The client needs to have a specific moment but you do not need to have the details.)

When is the last time you wanted or experienced this at work or in the community? (Present Trigger 1.)

When is the last time you wanted or experienced this socially or with friends? (Present Trigger 2.)

When is the last time you wanted or experienced this with your closest relationships? (Present Trigger 3.)

What is the worst part of all of this right now?

How disturbing does it feel right now on a scale of 0-10, with 0 being no disturbance and 10 the highest disturbance?

When you bring up the worst part of that disturbance, what words express the negative belief you have about yourself NOW, even though you may know better?

(Clinician is looking for self-referencing, irrational negative belief that is the worst possible belief the client FEELS. Ex: I'm not good enough, I'm worthless, I don't matter)

When you bring up the worst part and the words_____ (NC) what is an earlier time you can remember experiencing something similar?

Memory:

Age:

If the client doesn't give a moment in time ask "And can you remember a specific moment in time?"

What was an earlier time? (Keep asking this question until the client stops answering, then go straight to Phase 3 Reprocessing)

Memory:

Age:

Memory:

Age:

Memory:

Age:

Memory:

Age:

Completing the Treatment Plan

<p><i>“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.”</i> (This needs to be something you can imagine happening.)</p>	<p>Future Desired State:</p>
<p>One for each present trigger listed above. Present trigger 1: <i>“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.”</i></p>	<p>Future Desired State:</p>
<p>Present trigger 2: <i>“As you think about _____ (name second present trigger), how would you like to be able to react, feel, or behave in the future?”</i></p>	<p>Future Desired State:</p>
<p>Present trigger 3: <i>“As you think about _____ (name third present trigger), how would you like to be able to react, feel, or behave in the future?”</i></p>	<p>Future desired state:</p>

There may be more or less than 3 of each

Transfer the information to the one page sheet on the following page

Target Sequence Plan

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

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

Memory:

Age:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

The Earliest Memory is the Touchstone Memory

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 4: Reprocessing

A. DESENSITIZATION: After the DAS 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 as long as the client reports change or new information (as many sets of DAS as necessary) until the client stops reporting change for two consecutive sets of DAS, 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).

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

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

7. ***“Do the words (repeat the PC) still fit, or is there another positive statement you feel would be more suitable?”***

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

9. ***“Hold them together. Those words _____ and that memory.”*** Do DAS.

10. ***“On a scale of 1 to 7, how true do the words (PC) _____ feel to you now?”*** (After each set)

11. 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.

12. 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.

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.

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 relaxation (or a container) exercise before we stop. I suggest we _____.”*** Suggest either a relaxation exercise or a container exercise. 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.”***