TRAUMA AID UK

EMDR HUMANITARIAN ASSISTANCE PROGRAMMES

EMDR

CASE FORMULATION PRINCIPLES, FORMS, SCRIPTS & WORKSHEETS

FRANCINE SHAPIRO

INTAKE/CASE CONCEPTUALIZATION FORM

Questions to be incorporated into History Taking Phase in order to aid case conceptualization and management. Questions about substance abuse, mental status exam, and standard psychometrics are all part of generic history taking and are not covered below. The following questions are meant as guides and the form should be used as a checklist. Initial rapport building and general "get acquainted" conversation is assumed. From the very beginning, look for earlier events that set the groundwork for the pathology, the present situation and people that trigger the disturbance, and what skills and deficits need to be addressed for the future.

Name **Date**

_____ _____

- ❑ **1. What are the reasons the client came for therapy?**
- ❑ **2. What are the client's goals?**
- ❑ **3. What are the client's symptoms?**
- ❑ **4. When did the symptoms start?**
- ❑ **5. What else was happening at that time? (contributing events)**
- ❑ **6. Have the symptoms changed? If so-how/when?**
- ❑ **7. Why did the client decide to come in now?**
- ❑ **8. What other situations may be contributing at this time?**

- ❑ **9. Is there any crisis or situation needing an action plan? (e.g., danger, family reunions, tests)**

- ❑ **10. Present medications (plus effects and feelings about them)**

- ❑ **11. Previous therapy:**
  - **Reason and focus**
  - **What kind? (descriptions of memorable interactions)**
  - **Length of therapy**
  - **Quality of relationship with therapist (any problems)?**
  - **What characteristics does client look for in a therapist?**
  - **Why did the client stop treatment?**
  - **Results of therapy including: What did s/he learn that was useful?**

    How was it disappointing?

    Was there anything s/he never addressed? (events/situations/symptoms/issues)
  - **What did client like and not like in previous therapy?**

- ❑ **12. Present relationships (spouse/partner/SO/children): Include quality of these relationships**

- ❑ **13. Other current caring friends and relatives**

❑ **14. Current and previous work/school situations and relationships (bosses/colleagues)**

❑ **15. Successes/Strengths/Protective of whom? (useful for Cognitive Interweaves)**

❑ **16. How would client know if therapy is successful?**

❑ **17. What would happen if therapy is successful? Would there be a downside? Would anyone in the client's life have a problem with that?**

❑ **18. Explain AIP:**

- **The "unconscious" is really composed of stored memories of previous experiences that guide us automatically.**
- **These include unprocessed memories of earlier events that contain the emotions, physical sensation, and beliefs that arise in the present.**
- **They are the cause of the symptoms and negative behaviors and unpleasant thoughts and sensations.**
- **Identifying those earlier memories allows us to see the parallels between past and present experiences.**
- **Processing those memories allows us to learn what is useful and let go of the rest.**
- **The symptoms, behaviors, negative beliefs, emotions and sensations can be discarded.**

- **For simple PTSD explain that the symptoms (intrusive, avoidant and hyperarousal) are the product of the unprocessed event stored in the "wrong" form of memory (i.e., implicit rather than explicit).**

- **For other problems use specific symptoms and characteristics to make the same point.**

- **Since the "past is present" it helps to identify the necessary targets**

❑ **19. Relationship with parents - past and present (use pictures from childhood to discuss, if possible)**

❑ **20. Quality/examples of relationship between parents—past and present**

❑ **21. Quality/examples of relationships with siblings—past and present**

❑ **22. Friends/Mentors In childhood/adolescence ("Who really cared about you?"**

How did that feel?

Subsequent disappointments?)

❑ **23. School experiences/teachers—positive and negative**

❑ **24. "Is there anything I haven't asked that you feel is important for me to know?"**

❑ **25. Use of various self-control techniques in order to increase access to resources (positive memories and projective experiences)**

❑ **26. How does client presently self-soothe? (including exercise, yoga, meditation, drugs, drinking, shopping, etc.)**

❑ **27. Hobbies and fun activities:**

❑ **28. Additions:**

Safe-Place(s): emotions, image, cue word

RDI: emotions, image, cue word

Additional: Light-Stream, Breath, Donald Duck, Spiral, Hypnosis, Jacobson Muscle Relaxation, Other (specify) _____

Therapeutic relationship experiences/exercises for in session stability and between session internal reference

❑ **29. Time-Line (0 to 20 yearly then most pertinent) of most disturbing and pleasant events. Ask for 10 most disturbing memories and place them on Time Line. Explain 0-10 SUD scale and indicate level of disturbance as a baseline.**

Sometimes useful to ask: "On this timeline, what are the most important events — good and bad — that formed the person you are today?" Or "When are the times that things changed?" Specifically ask for deaths/losses (including animals) and humiliations. Make sure to also include memorable positive experiences.

❑ **30. Negative Cognition checklist: Ask clients to check off the ones that give them a feeling in their body and/or "feels like them" when they are disturbed. These will be used to identify the earliest memories that set the groundwork for them. These events are also placed on the Time-Line.**

❑ **31. Present situations and people that cause disturbance. These are the triggers. They will be used to access specific memories of present events that will be targeted with an Affect Bridge or Float Back to identify the pertinent touchstone memories. These touchstone memories will be processed in the first stage of the 3 Pronged Protocol. Then the triggers will be targeted and processed. Each triggering situation will also be the basis for the processing of a future template.**

❑ **32. Observations of therapeutic, family, and other systemic interactions that indicate defenses and deficits that will need to be addressed.**

❑ **33. List kinds of skills and experiences necessary to bring the client to a full level of mental health and adaptive functioning (happiness, confidence, bonding, contributing). For instance, what relationship skills or experiences are needed? Most needs will be revealed as therapy progresses. However, this is the time to begin thinking about it. Including the types of experiences needed to maintain the client's motivation to continue therapy.**

❑ **34. Personal feelings about client. What sensations arise in therapist's body? How comfortable is the clinician with the way the client demonstrates affect? What countertransference issues may arise from client's problems? These involve the therapist's own memory networks that are stimulated. What may need to be processed? How comfortable does clinician feel about disclosure/honesty in regard to own feelings?**

TREATMENT PLANNING GUIDE

Simple PTSD

"Simple" cases of PTSD involve a single event trauma or one cluster of events. These cases are generally addressed by targeting the primary event, the present manifestations of the problem (e.g., nightmares, flashbacks), the present triggers and future templates to overcome avoidance and consolidate learning with a greater degree of mastery. It is important for clinicians to investigate the aftermath of the identified trauma, as this may also be causing distress. For instance, the reaction of the police, medical personnel, or family and friends to a rape may also be traumatizing. If processing the rape itself does not clear these elements, they need to be targeted separately.

It is important in the History Taking Phase to identify if there have been previous losses or highly disturbing events (e.g., previous disaster situations, assaults) that may be feeding the present dysfunction. When appropriate, use direct questions, the Affect Scan or Floatback to identify any touchstone memories that may be feeding the feelings (e.g., trapped, helpless). If these earlier events cause significant arousal, they should be processed before proceeding to the later event. Even if the current critical event is obviously horrific/disturbing and is targeted first, it is still preferable to have sufficient information about the client's history. In case of blocked processing, the clinician will be better prepared to access the earlier events as potential feeder memories.

Comprehensive Treatment

For other diagnoses and issues (including complex PTSD), a more thorough understanding of the pathology is necessary. This is the case for Comprehensive Therapy (addressing the full clinical picture) or Symptom Focused Therapy (discrete problems).

When working within a time-limited setting or restricted client contract, sometimes it is necessary to focus only on a particular diagnosis or issue(s). In this case it is imperative to identify the earlier memories that set the groundwork for each problem and to process this first, before proceeding to the present triggers. The present situations that cause disturbance are only a symptom. The cause is the dysfunctionally stored unprocessed touchstone events. These events are identified through direct questioning, Affect Scan and/or Floatback using a memory of a recent disturbing current situation (trigger) as the initial focal point. Future templates are incorporated for each trigger and anticipated future situation. This consolidates the learning, and gives the opportunity to incorporate skill development before the client engages in the real world. Feedback from the real world encounters then guides the therapy process to completion. The 3 Pronged Protocol (past/present/future) is initiated to eradicate the symptom

clusters and bring the client to the most adaptive level of response possible. For diagnoses (phobias, pain, substance abuse) it is also important to incorporate the steps of the specific EMDR protocol.

Even in cases of Symptom Focused Therapy, it is preferable for the clinician to take a thorough and comprehensive history in order to educate clients about other aspects of their clinical picture and the potential for greater happiness and adaptive functioning in all areas of their lives. Once clients have been thoroughly informed, and see the myriad connections of their earlier history to their current life situations, they may decide to expand the clinical work. If the clinician does not do a comprehensive history, s/he will be unable to properly educate the client.

Comprehensive therapy can be accomplished by placing disturbing events (T and t) on a Time Line and processing them chronologically (1) past events, (2) present triggers, (3) future templates for each trigger and observed deficit. However, it is also crucial for the clinician to understand thoroughly how the client is currently affected, what issues s/he is dealing with, and the foundation of the pathology. In other words, each comprehensive history must be informed by the Symptom Focused clinical strategies. Each negative characteristic, symptom, behavior, affect, sensation, and belief stems from earlier experiences that are dysfunctionally stored. Time Lines will be most effective if the touchstone memories are identified and incorporated. As most presenting complaints stem from small "t" events, many are unlikely to be remembered by the client as memorable or significant until guided back to them through an Affect Scan or Floatback.

Defining Targets for Treatment

Different diagnoses indicate kinds of characteristics. Different characteristics stem from earlier unprocessed events. Simple PTSD has symptoms that stem from a critical incident and the treatment plan involves identifying that incident, any previous contributing ones, the triggers, current manifestations (e.g., nightmares, flashbacks), and future templates. Parts of the following form can be used for that purpose. Alternatively, most clients present with more complex diagnoses or "issues." They are bothered by problems and aspects of their lives that need to be addressed by processing. However, processing can proceed only after the appropriate targets are identified. For instance, a client may have difficulty with relationships. That is the "issue." However, each relationship difficulty has specific characteristics and these are targeted separately as the symptoms (e.g., being too clingy; being too judgmental; being attracted to unavailable people; believing people are untrustworthy; fear of self-disclosure; "defenses"). The present dysfunction is a symptom. The past event is the cause.

Assessment Sheet

A separate assessment is needed for each issue and associated symptom. Once the targets are defined they are processed according to the standard 3-Pronged Protocol.

Name _____ **Date:** _____

Issue (Presenting Problem): For instance: relationship problems/work problem/negative sense of self (e.g., I'm bad/a coward/a failure)

Symptoms: Negative/dysfunctional emotion, physical sensation, behavior, belief

Last time it happened (Last episode involving specific reaction):

Other memorable episodes (clusters):

Identify earliest memory that set the foundation. Following are choices to access the pertinent childhood event. One of the direct questions may bring the person back to an adolescent experience. Try again with one of the last two techniques to try and access a childhood experience if possible. Some problems may be adult onset, but most diagnoses are childhood based. You are looking for the earliest time they can remember.

Direct Questions:

Remember the last time it happened. Think of the NC. When is the first time you remember believing this about yourself?

When is the first time you remember behaving this way?

Affect Scan (variation of Affect Bridge):

Concentrate on the last time it happened. Where do you feel it in your body? Allow your mind to "roll back" to childhood. When is the earliest time that you felt this way? Variation: "Let the sensations take you back to childhood . . ."

Floatback:

Think of the last time it happened. What negative belief goes along with it? Where do you feel it in your body? Concentrate on those and let your mind float back to the earliest time to felt this way.

Touchstone event:

Other times (in childhood):

Triggers (present situations that cause the symptoms to emerge):

Future templates for each trigger:

Potential obstacles to processing:

Session Notes

Name _____ **Date**_____

Reevaluation

Developments Since Last Session:

SUDS on Previous Target:
VoC on Previous Positive Cognition:

Preparation

Safe Place:

Container:

Other Resources:

Metaphor:

Type of Stimulation:

Target Assessment (for each relevant memory, trigger, template)

Issue:

Target: Memory/Trigger/Future Template

Image:

NC:

PC:

VOC:

Emotion:

SUD:

Sensation:

Processing/Follow-up Notes

Feeder Memories/Progressions (other significant memories that emerge):

Primary theme(s) addressed (Responsibility/Safety/Choices)

Stuck points:

Cognitive Interweaves Used:

Resources Used (safe place, container, etc.)

End Point (SUD, VOC, last image, thought, etc):

How was incomplete session closed down?:

Homework assignments:

Discussion of any anticipated action or situation:

"How are we?" (Direct feedback to clinician about any procedures or interactions; describe the current therapeutic relationship, positive and negative aspects)

Any transferential issues that emerged (client networks associated to therapist):

Examine countertransference issues (i.e., personal associated networks triggered in you; any negative emotions or personal feelings of inadequacy, danger, lack of choices or potentially inhibiting feelings of over protectiveness, etc.):

What accomplished? (Clinician's perceptions; client's perceptions):

Positive feedback given to client in debriefing:

What resource was reinforced or technique given for between session stability:

Other interventions used:

Reevaluation

Planned target:

Anticipated problem areas:

CLIENT READINESS

Adaptive Information Processing

- **Processing is the forging of new connections between the targeted dysfunctional memory network and memory networks containing more adaptive information.**

- **In order for processing to take place, the client needs to access the information as it is currently stored—without "fear of the fear"**

- **Positive networks must exist**
- **The client must be able to stay present (dual awareness)**
- **Client history of traumatization does not dictate whether the positive networks exist**

If appropriate screening for DD has been done, the following indicators can be used to determine whether one can begin EMDR processing, if one is a neophyte EMDR clinician. Seasoned EMDR clinicians who are highly experienced with difficult populations can rely more on personal clinical judgment:

- **No major psychosis or depression**
- **After consultation with M.D. if there was an organic based loss of consciousness during event or if other physical issues exist that may be exacerbated by stress (discuss potential alleviating of stress through processing)**

- **Not danger to self or others**
- **Not currently in crisis (unless this is being pushed by traumata)**
- **Ability to use some method to change state, or self-soothe**
- **Ability to maintain contact (with therapist and internal experience) during stimulation sets**

- **"Truth-telling" agreement/ability**

DEVELOPING A SAFE PLACE

Use other affect if more appropriate for client
(e.g., calm, control, courage)

Image: *"I'd like you to think about some place you have been or imagine being that feels very safe or calm. Perhaps being on the beach or sitting by a mountain stream." [pause] "Where would you be?"*

_____

Emotions and Sensations: *"As you think of that safe place, notice what you see, hear, and feel right now." [pause] "What do you notice?"*

_____

Enhancement: *"Focus on your safe place, its sights, sounds, smells, and body sensations." "Tell me more about what you are noticing."*

_____

Eye movements: *"Bring up the image of that place." "Concentrate on where you feel the pleasant sensations in your body and allow yourself to enjoy them." "Now concentrate on those sensations and follow my fingers." [4-6 passes of EMs] "How do you feel now?"*

_____

If positive: *"Focus on that" (repeat EMs) "What do you notice now?"*

_____

Cue word: *"Is there a word or phrase that represents your safe place?"*

_____

"Think of _____ and notice the positive feelings you have when you think of that word." "Now concentrate on those sensations and the cue word and follow my fingers." (4-6 passes of EMs)

"How do you feel now?" Repeat sequence several times. Enhance positive feelings with EMs several times.

Self-cuing: *"Now I'd like you to say that word (phrase) and notice how you feel."*

Cuing with disturbance: *"Now imagine a minor annoyance and how it feels."* (pause) *"Now bring up your safe place_____ and notice any shifts in your body."*

Self-cuing with disturbance: *"Now I'd like you to think of another mildly annoying incident and bring up your safe place by yourself." "Again, especially noticing any changes in your body when you have gone to your safe place."*

Practice: *"I'd like you to practice using your safe place, between now and our next session, any time you feel a little annoyed." "Keep track of how things go and we'll talk about it next time we meet."*

ADDITIONAL CONTAINMENT TECHNIQUES

Spiral Technique

The client is asked to bring up a disturbing memory and to concentrate on the body sensations that accompany the disturbance. The client is told that this is an imaginal exercise and that there are no right or wrong responses.

"When you bring up the memory, how does it feel from 0-10?"

"Where do you feel it in your body?"

The clinician then asks the client to concentrate on the body sensations:

"Concentrate on the feeling in your body. Now, let's pretend that the feelings are energy. If the sensation was going in a spiral, what direction would it be moving in...clockwise, or counterclockwise?"

Whatever the client answers respond, "Good" and instruct them to move the spiral in the opposite direction:

"Ok, now with your mind, let's change direction and move the spiral _____(state "clockwise" or "counterclockwise" to indicate the opposite direction). Just notice what happens as it moves in the opposite directions."

Ask: "What happens?"

If the technique works the client will report that moving in the opposite direction will cause the feelings to dissipate and the SUD to drop. Teach it to the client for self-use. If the client says the spiral doesn't change, doesn't move, nothing happens, then chose another technique.

Breathing Shift

Ask the client to bring up a good, happy or positive memory. Try to use whatever affect is most useful. Ask him to notice where his breath is starting and to put his hand over that location in his body. Let him breathe a moment or two and instruct him to notice how it feels. Now ask him to bring up a memory with a low level of disturbance and notice how his breath changes. Ask him to put his hand over that location in his body. Now ask him to change his hand to the previous location and deliberately change his breathing pattern accordingly. This should cause the disturbance to dissipate. Teach it to the client for self-use.

EXAMPLES OF NEGATIVE BELIEFS

RESPONSIBILITY (I am defective)

- ❑ I don't deserve love
- ❑ I am a bad person
- ❑ I am terrible
- ❑ I am worthless (inadequate)
- ❑ I am shameful
- ❑ I am not lovable
- ❑ I am not good enough
- ❑ I deserve only bad things
- ❑ I am permanently damaged
- ❑ I am ugly (my body is hateful)
- ❑ I do not deserve
- ❑ I am stupid (not smart enough)
- ❑ I am insignificant (unimportant)
- ❑ I am a disappointment
- ❑ I deserve to die
- ❑ I deserve to be miserable
- ❑ I am different (don't belong)

RESPONSIBILITY (I did something wrong)

- ❑ I should have done something*
- ❑ I did something wrong*
- ❑ I should have known better*

SAFETY/VULNERABILITY

- ❑ I cannot be trusted
- ❑ I cannot trust myself
- ❑ I cannot trust my judgment
- ❑ I cannot trust anyone
- ❑ I cannot protect myself
- ❑ I am in danger
- ❑ It's not OK to feel (show) my emotions
- ❑ I cannot stand up for myself
- ❑ I cannot let it out

CONTROL/CHOICES

- ❑ I am not in control
- ❑ I am powerless (helpless)
- ❑ I am weak
- ❑ I cannot get what I want
- ❑ I am a failure (will fail)
- ❑ I cannot do . . . *
- ❑ I cannot succeed
- ❑ I have to be perfect (please everyone)
- ❑ I cannot stand it.
- ❑ I cannot trust anyone

*What does this say about you? (e.g., does it make you feel: I am shameful/I am stupid/I am a bad person/I am not good enough)

TOUCHSTONE EVENT

First step of 3-Pronged Protocol: Identify and process the past event that laid the foundation of the current pathology.

To Identify Touchstone Event:
Identify the image, NC, emotion, and sensations associated with present event or future concern. Clients may have a clear recollection of earlier events through either of these questions:

1. When is the first time you remember feeling that way?
2. When is the first time you learned_____(e.g., "I'm not good enough?")

Floatback Technique (Browning & Zangwill): If they cannot answer the questions, and the NC is clear and identified as a significant element of the presenting issue, or the present event is not fully accessed use the Float back to find a touchstone past event.

"Now, please bring up that picture of_____ , and those negative words_____ (repeat client's disturbing image and NC). *"Now, notice what feelings are coming up for you, where you are feeling them in your body, and just let your mind float back to an earlier time in your life-don't search for anything-just let your mind float back and tell me the earliest scene that comes to mind where you had similar thoughts of_____* (repeat NC), *feelings of_____*(repeat emotions), *and where you feel it in your body."*

NOTE: Check to make certain the NC reinforces/increases negative sensations.
If not, concentrate only on sensations.

Affect Scan (adaptation of Affect Bridge, Watkins & Watkins, 1997): The procedural steps used above in the Floatback can assist the learning process. However, the NC is not a necessary factor to identify the touchstone memories. **If the NC is unclear, the current memory is already accessed at a significant SUD, or time is a major factor, use the sensations as the bridge to the past.**

"Bring up the last time you felt upset."

"Hold the image in mind and the thoughts that come up about it."

"Where to do you feel it in your body?"

"Hold in mind the image and the sensation, and let your mind scan back to the earliest time you remember feeling that way."

NOTE: Remember to use the Procedural Steps to complete the Assessment of the earlier memory now identified for processing. Process the touchstone memory before moving to present trigger and future template.

FLOATBACK WORKSHEET

Use direct questioning, Affect Scan, and/or Floatback to find the earliest event accessible that laid the groundwork for the pathology

Current issue:

Current trigger, symptom:

When is the most recent time that you remember experiencing/ thinking/ reacting like this?:

Image - What picture represents the worst part of that recent experience?

Negative cognition — What words go best with that picture/incident that express your negative believe about yourself <u>now?</u>

Emotions — When you bring up that picture/incident and those words (negative cognition above) what emotion(s) do you feel <u>now?</u>

Sensations-Where do you feel it in you body?

Now, please bring up that picture of **_____** ***, and those negative words*** **_____ (repeat client's disturbing image and NC).** ***"Now, notice what feelings are coming up for you, where you are feeling them in your body, and just let your mind float back to an earlier time in your life-don't search for anything-just let your mind float back and tell me the earliest scene that comes to mind where you had similar thoughts of*** **_____ (repeat NC),** ***feelings of*** **_____ (repeat emotions),** ***and where you feel it in your body.***

Touchstone Event(s):

Proceed through all the procedural steps of the Assessment Phase on the touchstone memory before processing.

PROCESSING TRIGGERS

Second Step of 3 Pronged Protocol: Process current situations that cause the disturbance.

Identify recent events that have caused the symptoms (negative emotions, sensations, beliefs, behaviors) to emerge.

These current situations would have been identified during history taking, and through on-going feedback from log reports over the weeks of therapy.

Once the earlier event(s) that set the foundation for the current disturbance have been processed, most triggers will no longer be active. That is, the current situations will no longer cause symptoms because the negative emotions, sensations, thoughts, and behaviors are no longer stored. The processing of the earlier events will have transformed the "trauma" into a learning experience and resolved the present distress. However, some triggers will still be active because of second-order conditioning. That is, the repeated past distress in the presence of certain situations have conditioned a stress response. Other triggers may be fed by some residual information from earlier events that have not been completely processed since every channel may not open up. Still other triggers may be hot because the recent situations have been stored in memory with additional distinct emotions and perceptions different from the earlier event. Therefore a full generalization has not occurred. All these triggers will need to be processed.
Accessing the recent events that have caused distress allow the client and clinician to evaluate whether it is still disturbing:

"Bring up the last time you remember feeling/behaving/thinking/experiencing _____ ."

If any disturbance remains, the full Assessment procedures (image, neg. cognition, pos. cognition, VOC, emotions, SUDS, sensations) are done and the trigger event is processed to adaptive resolution.

The recent situation (trigger) is processed until the client feels no disturbance and the VOC is 7.

The Future Template is then installed for each trigger (e.g., imagining encountering the same situation in the future).

FUTURE TEMPLATE OVERVIEW

Third step of protocol: To address avoidance, adaptation, and actualization
It reveals hidden fears, negative cognitions and inappropriate responses

Once the earlier memories and present stimuli are adequately resolved, the clinician and client explore how the client would like to be perceiving, feeling, acting, and believing in the present and into the future. Each trigger should be addressed with a future template.

Once the client has received any needed appropriate education (e.g., about assertiveness, social customs & norms, other skills), s/he is asked to imagine the optimal behavioral responses, along with an enhancing PC. The clinician then leads the client in successive sets of BLS to assist him/her in assimilating the information and incorporating it into a positive template for future action.

Client:

(1) Imagines an adaptive response in the future and runs a movie of encountering in the future a previously disturbing (or unfamiliar) person, place, or situation or doing any other specific action;

(2) Identifies any negative belief or sensations. If not, continue with (4) below

If negative belief/sensations emerge, the clinician evaluates if it is:
A-Appropriate (e.g., hesitancy because of more needed skills training), or
B-If it is necessary to process any earlier experiences before proceeding (e.g., feeder memory, blocking belief, additional traumata), or
C-If the disturbance is marginal because of non-familiarity.

If A, then teach the relevant skill before proceeding with step 4.
If B, process the contributing event and stimuli before proceeding with step 4.
If C,

(3) Directly address current disturbance by processing with standard NC (e.g., I will lose control) and positive cognition, emotion, physical sensation.

After full validity of PC (e.g., I can succeed/I can hold my own) is achieved continue with below (see Future Template Script for exact steps). **Stay attuned to evaluate any negative associations or distortions that may emerge.**

(4) Client imagines adaptive behavior/response, and identifies empowering positive cognition, emotion, and physical sensations;

(5) Process and reinforce the positive associations with bls

(6) Run movie and inoculate with some "non-perfect" elements

At the end of this step, the client should feel emotionally, physically, and cognitively comfortable with the anticipated event.

FUTURE TEMPLATE SCRIPT

"I'd like you to imagine yourself coping effectively with/in _____ in the future. With the new positive belief_____ and your new sense of _____ (i.e. strength, clarity, confidence, calm), imagine stepping into this scene. Notice what you see and how you're handling the situation. Notice what you're thinking, feeling, and experiencing in your body. Are there any blocks, anxieties, or fears that arise as you think about this future scene?"

If yes, ask the client to focus on these blocks and introduce several sets of BLS. If the blocks do not resolve quickly, evaluate if the client needs any new information, resources, or skills to be able to comfortably visualize the future coping scene. Introduce needed information or skills. If the block still does not resolve and the client is unable to visualize the future scene with confidence and clarity, use direct questions, the Affect Scan, or the Floatback technique to identify old targets related to blocks, anxieties, or fears. Use the standard protocol to address these targets before proceeding with the template.

If there are no apparent blocks and the client is able to visualize the future scene with confidence and clarity, ask the client to focus on the image, positive belief, and sensations associated with this future scene and introduce sets of BLS. Do several sets until the future template is sufficiently strengthened. Check with body scan and the VOC scale.

Next, ask the client to move from imagining this one scene or snapshot to imagining a movie about coping in the future, with a beginning, middle and end. Encourage him to imagine himself coping effectively in the face of specific challenges, triggers, or snafus. Make some suggestions of things in order to help inoculate him for future problems.

"This time, I'd like you to close your eyes and play a movie, imagining yourself coping effectively with/in _____in the future. With the new positive belief _____ and your new sense of_____ (strength, clarity, confidence, calm), imagine stepping into the future. Imagine yourself coping with ANY challenges that come your way. Make sure that this movie has a beginning, a middle, and an end. Notice what you're seeing, thinking, feeling, and experiencing in your body. Let me know if you hit any blocks. If you do, just open your eyes and let me know. If you don't hit any blocks, let me know when you have viewed the whole movie."

If the client hits blocks, address as above (BLS, interweaves, new skills/information/resources, direct questions/Affect Scan/Floatback). If the s/he is able to play the movie from start to finish with a sense of confidence and satisfaction, ask the client to play the movie one more time from beginning to end and introduce BLS. In a sense, you are installing this movie as a future template.

REEVALUATION OVERVIEW AND SCRIPTS

Adaptive Information Processing

- Processing will continue between sessions
- Not all relevant channels will be accessed in each session
- New experiences will stimulate previously dormant networks
- New information may need to be integrated to allow completely successful functioning

There are four ways in which we re-evaluate our work with clients:

1. **Re-evaluate what's come up in the client's life since last session:**

   Such as dreams, symptom increase or decrease, changes, new responses, insights, cognitions, resources, triggers, etc. This information gets fed back into the case conceptualization and informs the larger treatment plan. Review the log carefully, and also ask:

   "What have you noticed since our last session? What's changed? "

Use of the log to report systems and other emerging issues.

T Trigger

I Image

C Cognition

E Emotion

S Sensation and SUD's

2. Re-evaluate the target worked on in the previous session:

Has the individual target been resolved? Whether the previous processing session was complete or incomplete, use the following instructions to access the memory and determine the need for further processing.

Bring up the memory/trigger of_____ that we worked on last session. What image comes up? What thoughts about it come up? What thoughts about yourself? What emotions? What sensations? And, on a scale of 0-10 (SUDS), how disturbing does this memory/trigger feel to you now?

All of the above are evaluated for any indications of dysfunction.

a. **Resolution of primary issue**
b. **Ecological validity**
c. **Has associated material been activated that must be addressed?**
d. **Resistance: What would happen if successful?**

If none exist, and the SUDS=0, do a set of BLS to be sure that the processing is complete. Then move on to check the positive cognition. If VOC=7, do a set of BLS to be sure that the processing is complete. If complete, move on to next target.

If any signs of dysfunction are indicated, including new negative perspectives or facets of the event, or the SUDS is higher than 0, bring the client's attention to the image, thoughts, and sensations associated with the memory/trigger and resume processing. Continue with standard protocol until processing is complete.

If VOC is less than 7, ask about what's keeping it from being a 7, note the associated feelings and sensations, and resume processing. Continue with standard protocol through the body scan until processing is complete.

If a completely new incident/target emerges, search for any feeder memories, and complete an Assessment phase on the appropriate target and fully process. It is not unusual for new associated memory to emerge that is in need of processing.

If a completely new negative cognition emerges, identify the part of the memory that best represents it, check for any feeder memories, complete the Assessment phase on the appropriate target and fully process. It is not unusual for another aspect of the memory to emerge that needs to be processed.

If client claims that nothing or no disturbance is coming up (or he can't remember what was worked on in the previous session) and therapist thinks that the work is probably still incomplete and the client is simply not able to access the memory, repeat the original Assessment information to the client as s/he retrieves the original image, NC and check the body sensations. Add in a set of BLS and continue processing.

If client wants to work on a "charged" trigger that came up in the past week instead of the target from the previous session, the clinician should acknowledge the importance of the information to the client, and assess the magnitude of the trigger. If it is indeed a severe critical incident, then proceed accordingly and return to the original target when possible. If it is not, then ask the client to put it aside momentarily in order to complete the previous target. Explain the importance of finishing one piece of work before moving to another target by using an analogy that will resonate with the client (e.g., slowing down the computer if too many files are open; cleaning out all the decay; riding one horse

at a time; finishing the bottle of antibiotics even if you feel ok). Fully reprocess each target through body scan and reevaluation before moving onto the next in order to ensure optimal results.

3. **At various critical points in treatment (before moving on to the next symptom, theme, goal, etc),** re-evaluate what has been effectively targeted and resolved and what still needs to be addressed. Re-evaluate whether memories and triggers are still charged by activating the memory/trigger and evaluating the SUDS level. Also evaluate whether client has been able to achieve cognitive, behavioral, and emotional goals in his life. If not, evaluate what still needs to be targeted. Be sure to evaluate feeder memories that may have emerged during processing that may not have been noted on the original treatment plan. Be sure to investigate previously identified clusters to see if any memories remain charged. Be sure that positive templates have been incorporated for all previously disturbing situations and projected future goals.

4. **Before termination,** re-evaluate targets worked on over the course of therapy and goals addressed during treatment. Are there any PAST targets that remain unresolved? Are there any PRESENT/RECENT triggers that remain potent? Are there any future goals that have not been addressed and realized? Retarget pivotal memories and progressions to search for any unresolved perspectives. Search through clusters for unresolved memories. Have the client hold in mind the previously relevant negative cognitions to identify any unresolved memories or perspectives. Have the client hold in mind each member of the family of origin and other significant people to identify any disturbance from past events or anticipations of future encounters. Have the client imagine current situations evolving one or more years into the future. Evaluate for any dysfunction, and need for educating, modeling, or reprocessing. Incorporate templates that allow for optimal functioning and resilience.

Thoroughly investigate the client's successful integration within the myriad social systems.

Have all the necessary targets been reprocessed to allow the client to feel at peace with the past, empowered in the present and able to make choices in the future? Has adequate assimilation been made with a healthy social system?

PAST

- **Primary Events**

  Primary events are the 10-20 disturbing memories reported during history taking and over the course of treatment. These should be checked for level of disturbance.

- **Past Events**

  Hold each of the main Negative Cognitions in mind and scan for other unresolved memories.

  Scan chronologically through life for other unresolved memories.

- **Progressions**

  Other events may be disclosed during processing of a primary target. Clinical judgment may lead to returning to and reevaluating these memories.

- **Clusters**

  Each cluster of related memories that were grouped together during treatment planning should be scanned to identify any memories that were not resolved through generalization of treatment effects.

- **Participants**

  Significant individuals in client's life should be targeted to determine if memories or issues regarding them remain disturbing.

PRESENT

- Current conditions, situations, or people that evoke avoidant or non-adaptive behaviors or emotional disturbance.

- Physical sensations and urges can be residual sources of avoidant or non-adaptive behaviors or emotional disturbance.

FUTURE

Incorporation of Positive Templates (see script)

- For each trigger

- New goals

- New skills

- Mastery

- New identity