LECTURE 7

ACCES AND ACTIVATE CHECKLIST

PHASE 3: ACCESSING AND ACTIVATING
(Kiessling, 2010)
(Chapter 5, Phase 3: Assessment Shapiro 2001)

ACCESSING AND ACTIVATING CHECKLIST: OVERVIEW
AIP:
- For the AIP system to reprocess an incident and its associated neural network, the negative and positive systems must first be accessed and activated. This checklist (much like a pilot's checklist used to ensure the aircraft is ready for flight) is designed to effectively and efficiently *access and activate* the disturbing incident and its desired adaptive positive belief, as well as establish some baseline measurements

Pg 65

GOALS
- Complete the checklist to activate the client's memory networks for processing:
  - The checklist order has been developed to access and activate the dysfunctional and adaptive memory networks in the most effective and efficient manner.
    - Sensory encoding (image, sound, smell, taste, touch)
    - Beliefs
    - Emotions
    - Sensations
- Obtain baseline measurements for treatment processing and outcome evaluation
  - Validity of Cognition (belief): VoC = 1–7 (Shapiro)
  - Subjective Units of Disturbance: SUD = 0–10 (Watkins & Watkins)

ACCESSING AND ACTIVATING CHECKLIST
(Kiessling, 2010)

STEP 1: CLARIFY THE TARGETED INCIDENT (client's informed consent)
• The targeting sequence plan has been developed.
• The processing modality (EMD, EMDr, EMDR) has been agreed upon
  • (EMD-Part 1)
• Confirm the targeted incident: *"We have agreed to work on _____. Does that still fit, or is there something better now?"*

Pg 66

STEP 2: ACCESS THE TARGETED INCIDENT AS CURRENTLY ENCODED

• Access (recall) the incident as it is currently encoded:
• Senses (Image, taste, smell, sound, touch), or
• Emotions, or
• Body sensation

"What represents the worst part of that incident?"

STEP 3: ACTIVATE THE TARGETED INCIDENT'S NEURO-NETWORK
• Once accessed, the remainder of the checklist is designed to activate the various components of the incident's memory.

1. Negative Belief (NC: Shapiro)
• Re-access the agreed-upon negative belief schema (reminder: beliefs are the meta-perception of the entire neural network) that was identified during the development of the targeting sequence plan:
"When you think of _____ does the negative belief
          (name the incident)

we have developed_____still fit or is there
          (name the negative belief)

a better one?"

2. Positive Belief (PC: Shapiro)
  • Once the negative network is activated, focus attention on the positive network, its positive feelings, sensations and belief.

  • Re-access the agreed-upon positive belief schema (reminder: beliefs are the meta-perception of the entire neural network's emotions and sensations) that was identified during the development of the Targeting Sequence Plan:

  "When you think of_____, does the positive belief we
                         (name the incident)

  have developed _____still fit or is there a
                      (name the positive belief)

  better one?"

Pg 67

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3. Validity of Cognition (Likert Scale - cognitions- Shapiro)
    [Likert Scale - measures additudes/opinions)
  • Once the positive belief is activated, obtain the first baseline measurement, that is, the validity of cognition (VoC). The VoC measures how true the positive belief feels ***now*** when thinking of the identified incident. Use a 1–7 scale, where 1 feels totally false and 7 feels totally true.
    "Notice the positive feelings and sensations that go along with that belief.

    *When you think of the incident and your positive belief and its positive feelings and emotions, how true does the belief feel to you **now** on a scale of 1 to 7 where 1 feels totally false and 7 feels totally true?"*

                1   2   3   4   5   6   7

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4. Emotions
  • Now that the positive network has been activated, return to activating the remaining components of the negative network:

  "When you think of _____ and the negative
                        (name the incident)

  belief _____, what emotions are you
          (name the negative belief)

  experiencing right now?"

  _____

5. Subjective Units of Disturbance (SUDS: Wople)

• Now that the negative neural network has been reactivated, obtain the second baseline measurement, that is, the Subjective Units of Disturbance (SUD). The SUD is a measurement of how disturbing the entire experience is ___now___ on a scale from 0 to 10, where 0 in neutral or no disturbance and 10 is the highest level of disturbance one can imagine.

"How disturbing does it feel ___now___, on a scale from 0 to 10 where 0 is neutral or no disturbance and 10 is the highest disturbance you can imagine?"

0   1   2   3   4   5   6   7   8   9   10

Pg 68

6: **Body location: restricted processing does not access body sensations**

• Body sensations potentially access the life-span's neural-network

7: Begin restricted processing

The targeted incident's neuro-network system is now ready for processing (linking / up-dating / consolidation). Remind the client of the key elements— target, negative belief, and body location—and begin processing using the agreed-upon form of BLS (EMD, EMDr, EMDR).

"Now I'd like you to focus on the incident, the negative belief_____, and follow my fingers."
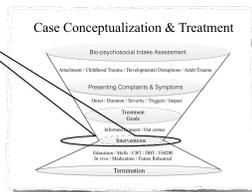

UNRESTRICTED PROCESSING

PROCESSING INTERVENTION

ALREADY ACCOMPLISHED

Case Conceptualization

• Phase 1: Treatment Plan

  • Client Selection Criteria

    • Stable enough

    • No dissociative symptoms

  • Targeting Sequence Plan

    • Developed

• Phase 2: Stabilization

  • Affect Skills

Pg 121

INFORMED CONSENT

1. Targeting Plan

2. Target within the Targeting Plan
   other ·············▸

   touchstone ·············▸

3. Processing modality (EMD, EMDr, EMDR)

   • Unrestricted Processing (EMDR)
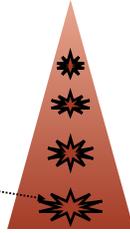
PREPARATION FOR PROCESSING

• **Processing Resources** (EMDR Scripted Protocols; Luber, 2009)

• **Resource Connection Envelope** (Brurit Laub)

To be accessed and activated just before beginning the phase 3 checklist

      Step 1. Recall a positive memory

      Step 2. Compact focusing (enhancement)

      Step 3. Verbal cue

      Step 4. Connecting as a processing resource

Pg 122

• **Fear of the Fear:**

• **Wedging** (Kiessling; a.k.a. Absorption Technique [expanded], Hoffman)

  Step 1. Measure the 'fear of doing the processing': 0–10

  Step 2. Identify a resource needed to help manage 'doing' the processing

  Step 3. Access and activate an incident when that resource was successfully used

  Step 4. Strengthen that incident's emotions, sensations, belief

  Step 5. Enhance - tap in or walk through how it feels (clinical judgment)

  Step 6. Cue word

  Step 7. Measure the 'fear of doing the processing': 0–10

  Step 8. If the 'fear' has reduced, and the client is willing, move into processing
      • Resource may be used during processing as a clinical intervention.

PHASE 3: ACCESS AND ACTIVATE
(Chapter 5: Phase 3 Assessment; Shapiro, 2001)

ACCESS AND ACTIVATE
• Goal
  • To access and activate the positive and negative neural-networks
  • Take baseline measurements
    • Current VoC of positive belief system / SUD of the memory

1. Access the targeted memory
   • Remind client of the agreed upon target

• Activate the targeted memory (and memory neural-network system)
  • Ask for the worst part as it is currently activated, may be:
    • Imagine / Emotion / Sensation / Smell / Taste

Pg 123

• Negative belief
  • Remind client of the agreed upon negative belief, allowing
    for modification to have occurred between sessions

• Positive belief
  • Remind client of the agreed upon positive belief, allowing
    for modification to have occurred

• VoC (Validity of the Cognition)
  Measure how true the positive belief feels at this moment

      1   2   3   4   5   6   7
  Totally false   Totally true

• Emotions
  • Activate the current emotions

• SUD (Subjective Units of Disturbance)
  Measure the current level of disturbance
    0   2   3   4   5   6   7   8   9   10
  No disturbance   Highest disturbance

• Body Location
  • Access the somatic sensations associated with the targeted
    memory's neural-network
  • Note: Restricted Processing does not ask this question

Remind the client of the target, emotions and body sensation then
start BLS