

BIO-PSYCHOSOCIAL INTAKE

General information M F Age _____ Ethnicity _____

Married Partnered Single Divorced Widowed

Living arrangements _____

Career _____

Health Excellent Good Fair Poor

Medical concerns: _____ (Optional)

Behaviors: Smoking Alcohol Drugs Other _____ (Optional)

Family of origin Parents: Married Divorced Stepparent(s)

Father's parenting style, major characteristics: _____

Mother's parenting style, major characteristics _____

Number of siblings _____ Client's birth order _____

Religious upbringing: _____ (Optional)

Significant childhood experiences (brief comment - no in-depth descriptions necessary)

Good/happy/positive	Age	Bad/negative/sad/disturbing	Age
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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CORE BELIEF CLUSTERS: Developmental Plateaus

NEGATIVE

I am abandoned.
I am alone.
It's not safe to feel.
I am unimportant.
I am invisible.

ADAPTIVE

I can survive / exist / get my needs met.
I can survive / exist / get my needs met.
I can begin to learn when and how to...
I have value regardless.
I can get my needs met.

SURVIVAL

RESPONSIBILITY

Control

I am powerless / helpless / trapped.
I have to be in control.
I am responsible.
I should have done something.

I can control what I can in ...
I can safely let go of some control.
I can recognize appropriate responsibility.
I did what I could.

Shame/Defectiveness

I am... (core sense of self)
I am unlovable / undeserving.
I am worthless / defective.
I am bad / selfish.
I am not good enough.
I am inadequate.
I am responsible.

I am okay as I am.
I am okay as I am.
I can accept myself.
I am good enough.
I can accept myself.
I can recognize appropriate responsibility.

Guilt

I did... (self-evaluation of behaviors)

I am bad.
I am a failure.
I am responsible.
I have to be in control.

I am powerless / helpless / trapped.
I should have done something.

I can learn from my mistakes.
I did the best I could.
I can recognize appropriate responsibility.
I can recognize what I can and cannot control.
I can control what I can.
I did what I could.

VULNERABILITY

I am vulnerable.
I am powerless.
I am helpless.
I am trapped.

I can protect myself.
I can control what I can.
I can control what I can.
I can control what I can.

PTSD (“T” trauma—child or adult onset)

I am going to die.
I am in danger.
I am overwhelmed.

I survived.
I can survive.
I can get through it.

TARGET PLANNING INTAKE WORKSHEET

Presenting complaint (AIP informed, belief schema oriented):

Gather necessary information about the client's presenting complaint, triggers and symptoms

"Tell me what problem or situation you'd like to address?"

Negative Core Belief

Clinician—try to figure out: What does it mean to them? How do they feel about themselves when this happens. Why did they learn it. When did they learn it?

Ask open ended questions: probe, suggest, reflect, etc— working with the client to identify the core belief - Do not give this list to the client - help them figure it out by offering possible clusters you think may fit (attune to them!)

- | | | |
|---|---|--|
| <input type="checkbox"/> <i>I am inadequate</i> | <input type="checkbox"/> <i>I'm worthless.</i> | <input type="checkbox"/> <i>I'm not good enough.</i> |
| <input type="checkbox"/> <i>I'm incompetent</i> | <input type="checkbox"/> <i>I am a failure</i> | <input type="checkbox"/> <i>I am unimportant</i> |
| <input type="checkbox"/> <i>I am invisible</i> | <input type="checkbox"/> <i>I am alone</i> | <input type="checkbox"/> <i>I am abandoned</i> |
| <input type="checkbox"/> <i>I am vulnerable</i> | <input type="checkbox"/> <i>I am powerless</i> | <input type="checkbox"/> <i>I am helpless</i> |
| <input type="checkbox"/> <i>I am responsible (for everything)</i> | <input type="checkbox"/> <i>I have to be in control</i> | |
| <input type="checkbox"/> other: _____ | | |

Past: Help them identify / recall other times when they had the same negative belief in the past (situations may be different)

"Tell me times when you have felt (negative belief) the same way in the past."

If the client does not spontaneously mention family of origin or early childhood, ask questions like:

“Any situations as a child with either of your parents or siblings when you felt the same way?”

***Touchstone:** *“What is the earliest time you can recall?”*

Positive Cognition (as the client thinks of the touchstone)

“As you think of the earliest (or worst) incident, how would you like to think about yourself?” Be prepared to offer adaptive, appropriate suggestions - the belief should be congruent with the presenting complaint (Situations may be different)

- I'm okay as I am* *I can accept myself (strengths/weakness)*
- I'm okay regardless* *I did the best I could (under the circumstances).*
- I'm lovable regardless.* *It's over*
- I can only control what I can*
- I can (begin to) recognize appropriate responsibility*
- Serenity Prayer — I can recognize (learn) what I can and cannot.....*
- Other _____

Future Triggers

“As you think of your negative belief, tell me some times in the future when you may feel the same way.”

TRANSFER THIS INFORMATION TO THE TREATMENT PLAN SUMMARY OUTLINE

MULTIPLE COMPLAINTS WORKSHEET

Step Identify

- A. the client's complaints (person, place, situation, etc).
- B: each complaint's negative and positive core beliefs (NC/PC),
- C: develop a targeting plan for each (Present, Past, - [including the touchstone], Future)

	Complain #1	Complaint #2	Complaint #3
Presenting Complaint	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
NC	_____	_____	_____
PC	_____	_____	_____
Past	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Touchstone	_____	_____	_____
Future	_____	_____	_____
Triggers	_____	_____	_____

Select the complaint the client wishes to process first and complete the Treatment Plan Summary Outline for that complaint:
(Targeting Sequence Plan)

C3: CHRONOLOGICAL TARGETING PLAN

Step 1. Identify disturbing incidents along client's life span.

Incidents (timeline)

Past Disturbing Incidents

[age]

Present Complaints

[age]

Future Triggers

a _____ []
b _____ []
c _____ []

d _____ []
e _____ []
f _____ []

g _____
h _____
i _____

Step 2. Select the target to be processed first (circle one: a, b, c, d, e, f, g, h, i) and write below, then identify its NC & PC

_____ NC: _____ PC: _____

Step 3: Processing Option (circle one: EMD, EMDr or EMDR)

TREATMENT PLAN SUMMARY OUTLINE
(Targeting Sequence Plan)

Presenting Problem (Issue): _____

Negative Belief: _____

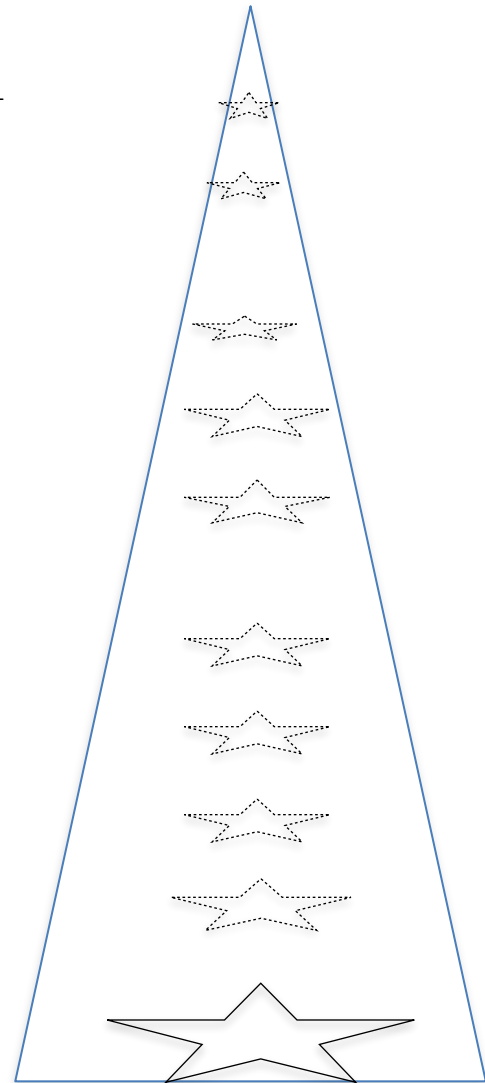
Positive Belief: _____

Future Triggers:

Present Triggers:

Past Incidents (incident and age):

Touchstone: _____



DIAPHRAGMATIC BREATHING

DEVELOP

- Step 1.** *“Assume a comfortable position and a positive attitude.”*
- Step 2.** *“Place one hand on your chest and the other on your abdomen.”*
- Step 3.** *“Take a slow deep breath in through your nose imagining that you are sucking in all the air in the room and hold it for a count of 4 (or as long as you are able, not exceeding 7) and have your hand on the abdomen raise higher than the one on your chest.”*
- Step 4.** *“Slowly exhale through your mouth for a count of 4.”*
- Step 5.** *“As all the air is released, relax and gently contract your abdominal muscles to completely exhale the remaining air from your lungs.”*
- Step 6.** *“Repeat this cycle a couple more times.”*

If positive, consider ‘tapping in’ / ‘walking through it’ to allow the positive sensations to ‘settle in’. If negative, stop and consider using another affect management skill.

Step 7. Cue word

“Give this process a word, now repeat the exercise saying the word as you do it.”

If positive, consider ‘tapping in’ / ‘walking through it’ to allow the positive sensations to ‘settle in’.

PRACTICE (Do not add ‘tapping in / walking through it’ when practicing affect shifts)

Step 8. Cueing with disturbance

“Now think of a mildly disturbing recent experience, access your cue word, and repeat the breathing exercise. Notice the positive shift that occurs.”

INTEGRATE (Do not add ‘tapping in / walking through it’ when practicing outside the office)

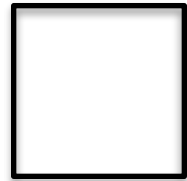
Step 9. Practice

“Practice your breathing as often as possible between now and when we meet again.”

FOUR SQUARE BREATHING
Extended Resourcing

STAGE 1: DEVELOP

- Step 1.** *“Assume a comfortable position and a positive attitude.”*
- Step 2.** *“Breathe in for a count of four.”*
- Step 3.** *“Hold your breath for a count of four.*
- Step 4.** *“Slowly exhale through your mouth for a count of 4.”*
- Step 5.** *“Once all the air is released, relax for a count of four.”*
- Step 6.** *“Focus on how positive it feels for a moment while I tap it in.”*
- Step 7.** **Cue word**



“Give this process a word, now repeat the exercise saying the word to yourself as you go through the breathing progression.” *“How did that feel?”*

STAGE 2: PRACTICE (Do not add ‘tapping in when practicing affect shifts)

Step 8. Cueing with disturbance

“Now think of a mildly disturbing recent experience, access your cue word, and repeat the breathing progression. Notice the positive shift that occurs. What did you notice?”

STAGE 3: INTEGRATION

Re-script

Step 1: *“Is there a recent situation where you would have liked to have been able to use your breathing progression?”*

Step 2: *“Imagine using your breathing progression in that situation and notice how you would have felt. What are you noticing?”*

(If positive, consider tapping in)

Repeat steps 1 & 2 with other recent past situations as needed

Rehearse

Step 1: *“Can you imagine a situation, between now and when we meet again, when using your breathing progression would be helpful? Imagine using your breathing progression in that situation. What are you noticing?”*

(If positive, consider tapping in)

Practice

“Practice your breathing progression as often as possible between now and when we meet again.”

DEVELOPING A CONTAINER

(Adapted from Landry Wildwind, 1998)

DEVELOP

Step 1. Design characteristics

Design: *“I’d like to suggest a couple of characteristics for your container.”*

Strong: *“Have your container strong enough to hold what you put in it.”*

Two-way valve: *“Have a two-way valve system to put things in and take parts out.”*

Comfortable inside: *“Have it be comfortable inside so those experiences you put in are willing to stay until you are ready to work with them.”*

“Tell me about your container.” _____

Step 2. Imagine using the container

“Now imagine how it would feel if you knew you could access and use your container when disturbing experiences or memories come up.”

If positive, consider ‘tapping in’ / ‘walking through it’ to allow the positive sensations to ‘settle in’. If negative, stop and consider using another affect management skill.

PRACTICE

Step 3: Cue Word

“As you think of your container, and the positive feelings associated with it and your ability to use it, what word or phrase would you use to describe it?”

If positive, consider ‘tapping in’ / ‘walking through it’ to allow the positive sensations to ‘settle in’.

Step 5: Managing disturbances using the container

(Do not add ‘tapping in / walking through it’ when practicing affect shifts)

“Now think of a mildly disturbing recent experience, access your container (cue word), and notice the positive sensations that you experience when you put those disturbing experiences into your container.” (Repeat as appropriate - .

INTEGRATE (Do not add ‘tapping in / walking through it’ when practicing outside the office)

Step 6. Practice:

“Practice using your container as often as possible between now and when we meet again.”

CALM / SECURE / BEAUTIFUL PLACE

(Calm / Safe Place : Shapiro, 2001)

DEVELOP:

Step 1. Accessing a relaxing experience

“Imagine a place / experience where you recently felt calm and secure.”

Step 2. Emotions and sensations

“Tell me about the images, sensations, smells, sounds [etc.] you are recalling.”

Step 3. Enhancement

“Now focus on these images, sensations, smells, sounds [etc.] and notice the calm inner peace you are experiencing” “What are you noticing?”

If positive, consider ‘tapping in’ / ‘walking through it’ to allow the positive sensations to ‘settle in’. If negative, stop and consider using another affect management skill.

Once positive, proceed to ‘practice’

PRACTICE

Step 4. Cue word

“Give that positive experience a word or phrase ... Now repeat that word along with its positive emotions and sensations. What do you notice?” (If positive, proceed.)

Consider ‘tapping in’ / ‘walking through it’ to allow positive sensations to ‘settle in’

Step 5: Cueing with disturbance

(Do not add ‘tapping in / walking through it’ when practicing affect shifts)

“Now think of a mildly disturbing recent experience and access your cue word and its associated positive feelings and sensations. Notice the positive shift that occurs. What do you notice?”

INTEGRATE (Do not add ‘tapping in / walking through it’ when practicing outside the office)

Step 6. Practice

“Practice this process as often as possible between now and when we meet again.”

Wheel of Fortunate Experiences

Positive Belief: "Today let's focus on your positive belief"

Focus: "Let's place that positive belief in the middle of our circle."

Circle the wheel: "Now we'll list a number of times you have experienced that belief and its positive feelings and sensations."

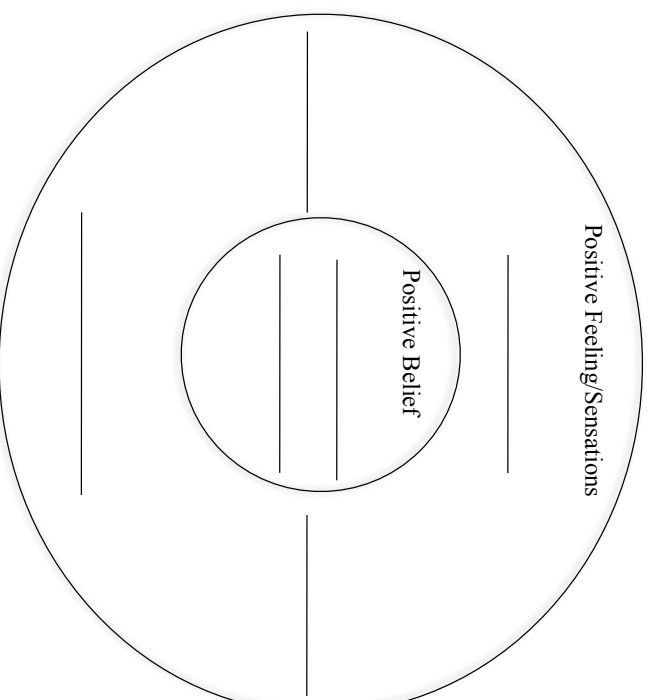
Enhance each experience: "Now let's focus on each experience, noticing the positive emotions and sensations that accompanied the experience." (tap in/walk through)

Focus: Look at the entire wheel, from 1-7, where 1 is totally false and 7 is totally true, how true does your positive belief feel now?

1 2 3 4 5 6 7

Enhance: Focus on the entire wheel, noticing all those experiences and how good it feels. (tap in/walk through)

Positive Experiences



EXTENDED RESOURCING SCRIPT
(BEHAVIOR SKILL)

Identify a Current Anxiety

Example: 1 - Processing your targeted incident during this training.

“Tell me about a situation that frequently occurs that you would like to handle better.”

Stage 1: Access and Activate

Step 1: Identify and develop the resource

“What skill or resource do you think you need to handle it better?”

Step 2: Enhance *“Tell me a time when you have used this skill.”*

Step 3: Enhancement

“Tell me about more about it.”

(develop the image, affect, body sensations, adaptive behaviors, etc.)

“What positive belief about yourself goes best with this experience?”

(example: I am capable, lovable, in control, etc.)

“Focus on that earlier positive experience and its positive feelings and sensations.” (consider tapping in)

“As you focus on those positive experiences, what posture or body movement would most represent those feelings?”

“Hold that body posture [or movement] for a moment noticing the positive feelings.” (consider tapping in)

Step 4: Cue word

“What word or phrase best describes your resource / skill?”

Step 5: Self-cuing

“Now bring up that word/phrase and access your resource.” What positive feelings and sensations are you experiencing?” (consider tapping in)

Stage 2: Practice is skipped when extending a behavioral resource

Stage 3: Integrate

Step 1: Re-script

- 1) *“Is there a recent situation when things would have been different had our resource been available?”*
- 2) *“Imagine using your resource in that situation and notice how you would have behaved and felt. What are you noticing?”*
If positive: (consider tapping in)

Repeat steps 1 & 2 with other recent past situations when the resource would have been helpful.

Step 2: Rehearse

- 1) *“Can you imagine a situation, between now and when we meet again, when using your resource would be helpful?”* If positive: (consider tapping in)
- 2) *“Imagine using your resource in that situation and notice how you will behave and feel.....What are you noticing?”* If positive: (consider tapping in)

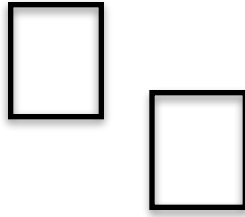
Repeat steps 1 & 2 with each additional future situation the client imagines.

CLOSURE

- 1) *T: “I'd like you to try to remember the work we have done today, write down your positive belief [PC], and read it every day, especially before situations you know might create a little anxiety. Next session, we'll review how things have gone.”*

EMDR MECHANICS

- [] **Seating**—Place chairs side-by side, facing one another, at a comfortable distance (close as possible)



- [] **Demonstration of Eye Movements**

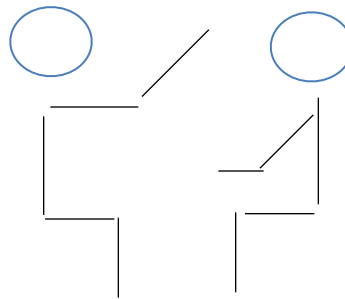
Eye Level

Hand Distance: As close to the face as is comfortable for the client

Hand: Several fingers or full hand

Sweeps - smooth, sweeping across face—eye level

Arm: angled at approximately 60 degrees - pointing over their forehead



Clinician Client

Speed - as comfortably fast as possible

- [] Develop a stop signal to be used if:
 - 1) the client wants to stop - and take a break, or stop all together
 - 2) some other incident comes up other than the targeted incident
 - 3) a body sensation comes up
 - 4) the level of disturbance (SUD) starts to go up

RESTRICTED PROCESSING

TARGET SELECTION:

Refer to the Targeting Sequence Plan Summary Worksheet

Selected target _____

Negative belief _____

Positive belief _____

INSTRUCTIONS FOR RESTRICTED PROCESSING (EMD):

“I’m going to read a series of questions to remind us of the incident we have chosen to start processing today.”

“After that, I will begin the eye movements. Generally, I’ll do this for about 10 seconds and then stop. During the stimulation, just focus on the incident.”

“When I stop, I’ll ask you to rate, from 0 to 10, where 0 is no disturbance and 10 is the highest disturbance, how disturbing you think the incident is. I’ll then repeat the stimulation.”

“We’ll do that three times and then I’ll ask you to briefly describe what you think is changing about the incident. Then we’ll repeat the eye movements and rating the disturbance another three times, after which you can tell me what is changing again. We’ll continue to repeat that cycle as long as the disturbance decreases.”

“Once it has stopped decreasing, we’ll focus on how you’d like to handle the situation and strengthen it the best we can. We may or may not work on how you will handle other aspects of the incident.”

STOP SIGNAL

“Remember, you have a stop signal that you can use any time you want to stop or something other than the incident [name the chosen target] _____ comes up.

“You also have your [name the stabilization / containment skill that has been developed], _____ any time you’d like to stop, perhaps to take a break or put something into your container.”

ACCESSING AND ACTIVATING CHECKLIST (PHASE 3)
(Phase 3: Assessment-Shapiro)

TARGET:

“We have decided to work on _____? Does that still fit?”
[name the incident]
[If not] *“What fits now?”* _____

WORST PART:

“Tell me the worst part of the incident?” _____
*“We had decided your negative belief was [name the NC] _____?
Does that still fit or is there a better one now?”*

POSITIVE BELIEF:

*“We had decided a more adaptive belief was [name the PC] _____?
Does that still fit or is there a better one now?”*

VoC:

*“When you think of the incident, how true do the words [name the PC] _____
feel to you now on a scale from 1 (totally false) to 7 (totally true)?”*
1 2 3 4 5 6 7

EMOTIONS:

*“When you think of the incident and _____ [name the NC],
what emotions are you feeling now?”*

SUD:

“On a scale from 0 (no disturbance) to 10 (highest disturbance), how disturbing is it?”
0 1 2 3 4 5 6 7 8 9 10

BODY LOCATION:

“Where do you feel it in your body?” _____

RESTRICTED PROCESSING

(Phase 4: Desensitization - Shapiro)

RESTRICTED PROCESSING PROCEDURES

Mechanics: Rapid sets (10 round-trips) of eye movement

Begin restricted processing *“Now I’d like you to focus on the incident, the negative belief _____, and the level of disturbance you are experiencing and follow my fingers.”*

Step 1: Do 10 round-trips sets of rapid eye movement

Step 2: Stop , direct client back to the incident, ask for its level of disturbance (SUD)

*“Take a breath, let it go....As you **think** of the incident, how disturbing is it now on a scale from 0 to 10?Go with that”*

Step 3: Repeat steps 1 & 2 two more times (total of 3)

Step 4: After the third cycle of Steps 1 & 2, ask for what the client thinks about the incident

“As you think of the incident, what do you notice about it now?” And 0-10 how disturbing is it?”Go with that.”

Step 5: Repeat steps 2-4 until the SUD is no longer decreasing.

CAUTION: If the client uses his/her stop signal, stop processing.

- Stop Signal:
 - Determine the cause:
 - Intrusive memory / Body sensation / Level of disturbance (SUD) goes up.
- Stop processing using eye movements put the event in the container, revert to standard stabilization techniques (no more bilateral stimulation)

Step 6: Level of disturbance (SUD) stops moving down -

- Consider whether it makes sense under the circumstances, *“Is there anything that would help this go lower?”* If so - return to processing: if not- proceed to Installation.

PHASE 5: INSTALLATION

Step 1. Re-check the positive belief:

“Does the original positive belief [repeat the original positive belief developed during EMDR treatment planning] _____ still fit, or is there one that fits better now?”

Step 2. Take a VoC:

“Hold the original incident and the positive belief together. Now, on a scale from 1 (totally false) to 7 (totally true) how true do you think it is now?”

1 2 3 4 5 6 7

Step 3. Process with BLS:

“Go with that.” [10 round-trip sets of rapid eye movement]

Step 4. *“Take a breath, now from 1-7, how true do you think it is now?” ...Go with that”*
[10 round-trips of rapid eye movement]

Repeat until the belief integrates to an adaptive level (i.e. consistent with the situation).

A. If the VoC < 7? (VoC may not fully integrate to a 7—ecological.)

“What keeps this from going to a 7?”

“What is the worst thing that would happen if it were to go to a 7?”

“What would help it move closer to a 7?”

If the VoC does not fully move to 7, consider whether it makes sense under the circumstances. If so, move on to running a future template or another target as is clinically appropriate.

FUTURE PROCESSING

If the client has desensitized the target to a SUD that makes sense under the circumstances.
and
Installed the positive belief (cognition) to a VoC that makes sense under the circumstances.

Set up a future role play

“Now imagine the similar situation happening in the future. As you imagine it, bring up your positive belief. Run a movie and tell me what you notice about how you will handle the situation.”

“What did you notice?.....How true do you think it is now from 1-7?”

If Positive: Do a set of 10 round trips of rapid eye movements

“What do you notice now?.....How true do you think it is now from 1-7?”

Repeat if the VoC is moving up until it becomes a 7 or stops moving

If Negative: Stop processing and proceed to debriefing and closure

Move on to Closure

When the VoC reaches a 7

If the VoC is less than 7 and feels appropriate under the circumstances

If negative emotions, sensations or beliefs arise

PHASE 7: CLOSURE

CLOSING AN EMDR SESSION

Time management

Use clinical judgment regarding how much time is needed to stabilize the client before ending the session.

Inform the client it is about time to stop.

“It is about time we stop. Would you like to do one more set or stop now?”

Stabilization

As needed, consider interventions to stabilize the client.

Stabilization / affect management resource / guided imagery exercises

Debrief

New insights / connections / memories / what has been learned

“Tell me what you experienced.”

and -

Add your thoughts, experiences, etc. similar to what you would do at the end of any treatment session!

Processing will continue

Instruct the client that processing will continue after the session so he / she should note responses to triggers, changes in behaviors, dreams, insights, etc.

Complete the Restricted Processing Session Summary

RESTRICTED PROCESSING SESSION SUMMARY

Targeted Incident _____

Core Negative Belief: _____

Core Positive Belief: _____

Treatment Session

Target of this reprocessing session (circle one)

Present Future

Outcome (circle one) Completed Unfinished

record: SUD (0-10) _____ VoC (1-7) _____

Stabilization Intervention (circle one)

None Breathing Container Calm Place Other

Client's Status (circle one)

Unstable Stable Excellent

Treatment Notes: _____

Additional Interventions Planned : _____

INTRODUCTION TO PROCESSING

TARGET SELECTION:

Refer to the Treatment Plan Summary Outline

Target _____

Core Belief Schema: _____

Selected Target: _____

INSTRUCTIONS FOR STANDARD PROCESSING (EMDR):

“I’m going to read series of questions (Accessing and Activating Checklist) to remind us of the incident we have chosen to start processing today, as well as to take some baseline measurements.”

“After that, I will begin the eye movements. Generally, I’ll do this for about 15 - 20 seconds and then stop. During the stimulation, allow your mind to free associate or daydream. Just allow whatever happens to happen.”

“When I stop, I’ll ask you to just report what you are noticing without thinking about whether it makes sense or not.”

“We’ll just keep doing that process until either the incident is no longer disturbing, or we have run out of time. If you finish the incident, we’ll strengthen your positive belief and check for any remaining physical symptoms that may have been associated with the incident.”

“I’ll make sure we stop with enough time to talk about the experience and let you know what to expect between sessions.”

STOP SIGNAL/BACK-TO-TARGET REMINDER:

“Remember, you have a stop signal that you can use any time you want to stop or refocus your attention on the _____ [name the chosen target].

You also have your affect management skill, _____ and your processing skill _____ available anytime you’d like to use them.”

ACCESSING A PROCESSING SKILL
Wedging (Kiessling; a.k.a. Absorption Technique [expanded], Hoffman)

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

“As you think of the processing we are going to do today, how anxious are you, 0-10?”

2. Identify a resource needed to help manage ‘doing’ the processing

“What skill or strength do you need to do the processing today?”

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

“Tell me a time when you have successfully used that skill.”

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

“Focus on the positive feelings and sensations you have when you recall that incident.”

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

Step 6. Cue word

“What word or phrase describes that skill?” _____

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

“As you think of doing the processing today, how disturbing is it now?” _____

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.

ACCESSING AND ACTIVATING CHECKLIST (PHASE 3)

(Unrestricted Processing EMDR Checklist: Kiessling)

TARGET:

"We have decided to work on _____? Does that still fit?"
[name the incident]

[If not] *"What fits now?"* _____

WORST PART:

"Tell me the worst part of the incident?" _____

*"We had decided your negative belief was [name the NC] _____?
Does that still fit or is there a better one now?"*

POSITIVE BELIEF:

*"We had decided a more adaptive belief was [name the PC] _____?
Does that still fit or is there a better one now?"*

VoC:

*"When you think of the incident, how true do the words [name the PC] _____
feel to you now on a scale from 1 (totally false) to 7 (totally true)?"*

1 2 3 4 5 6 7

EMOTIONS:

*"When you think of the incident and _____ [name the NC],
what emotions are you feeling now?"*

SUD:

"On a scale from 0 (no disturbance) to 10 (highest disturbance), how disturbing is it?"

0 1 2 3 4 5 6 7 8 9 10

BODY LOCATION:

“Where do you feel it in your body?” _____

UNRESTRICTED PROCESSING “CHEAT” SHEET

Phase 4: Processing (target specific or memory-network: past / present / future)

1) Unrestricted processing

- a. BLS: Sets of BLS 15-20 or more seconds
(pacing according to client’s nonverbal cues)
- b. At the end of the set: *“Take a breath let it go ... what do you notice now?”* (generic words to allow self-selection..... *“Go with that.*

Continue this process as long as things are moving.

When processing stops moving (client reports something like *“not much/no changes”* for two consecutive sets)

2) Back to target

Ask:

“When you think of the incident (or issue), what do you notice now?” ... *“Go with that.”*

- a. If the client reports new information, return to #1) Unrestricted Processing, until things stop moving again, and then repeat # 2) Back to Target.
- b. If the client still reports *“not much / no changes,”* then proceed to #3) Take an SUD.

3) Take an SUD

“As you think of the incident, how disturbing is it to you now, 0 to 10?”

If the client reports a number >1 return to processing #1 & 2

or if:

SUD = 1, then

- *“Where do you feel it in your body?go with that*

or

- *“What would help this go to 0?”*

- *“What is the worst that would happen if this went to 0?”*

Closing a session while still in the desensitization phase

- 1) Remind the client it is almost time to stop. Would they like to do one more set or stop now?

“We are almost out of time, would yo like to do one more set or stop now?”

- 2) Consider using stabilization skill.
- 3) Discuss the positive experiences, learning, etc.

Phase 5: Installation

- 1) *“Does the positive belief_____ [name the belief] we developed still fit or is there a better one now?”*
- 2) *“Hold the incident and the positive belief together; from 1 to 7, how true does it feel?”*
- 3) Process until VoC moves to a 7 (processing speed BLS)
 - a. If the client reports nothing new, take a VoC:
“On a scale from 1 to 7, how true does it feel now?”
 - b. If the client reports new material, continue with BLS until nothing changes and then Take a VoC:
“On a scale from 1 to 7, how true does it feel now?”
- 4) If the VoC does not integrate to 7, ask:
“What would help this move to a 7?”
 - a. If the VoC # makes sense under the circumstances, proceed to:

Phase 6: Body Scan

- 1) *“Think of the incident and your positive belief, scan your body, and tell me if you feel anything.”*
- 2) Process each sensation until the client reports a neutral body (processing speed BLS).

Closure: Debrief with the client, discussing new insights, experiences, etc. Remind the client processing will continue after the session.

RE-EVALUATION WORKSHEET

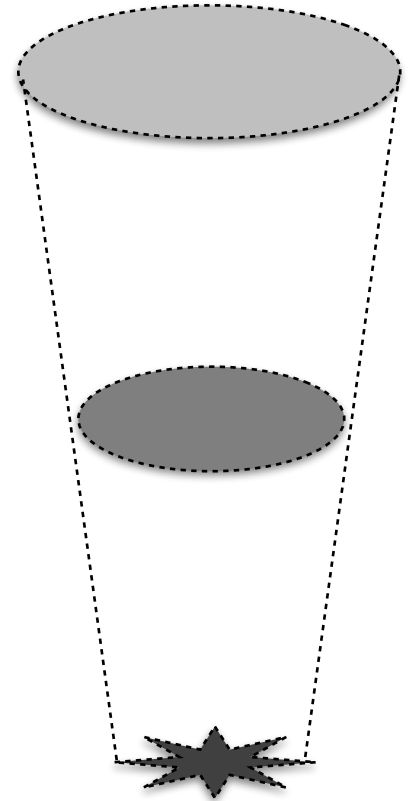
Use standard interview / debriefing skills

Check Global Issue / Concerns

Check Symptom Specific Issues / Concerns

Check Target Specific Issues / Concerns

Consider processing (EMD or EMDr) any new related target(s) (time permitting)



ACCESSING AND ACTIVATING CHECKLIST (PHASE 3)
(Unrestricted Processing EMDR Checklist: Kiessling)

TARGET:

“We have decided to work on _____? Does that still fit?”
[name the incident]

[If not] *“What fits now?”* _____

WORST PART:

“Tell me the worst part of the incident?” _____

*“We had decided your negative belief was [name the NC] _____?
Does that still fit or is there a better one now?”*

POSITIVE BELIEF:

*“We had decided a more adaptive belief was [name the PC] _____?
Does that still fit or is there a better one now?”*

VoC:

*“When you think of the incident, how true do the words [name the PC] _____
feel to you now on a scale from 1 (totally false) to 7 (totally true)?”*

1 2 3 4 5 6 7

EMOTIONS:

*“When you think of the incident and _____ [name the NC],
what emotions are you feeling now?”*

SUD:

“On a scale from 0 (no disturbance) to 10 (highest disturbance), how disturbing is it?”

0 1 2 3 4 5 6 7 8 9 10

BODY LOCATION:

“Where do you feel it in your body?” _____

Processing Options (EMD, EMDr, EMDR)

Restricted - (use procedures from previous practice session)

Contained Processing (EMDr) : Target may be present or future

- Case Conceptualization (Same as restricted)
- Processing
 - Phase 3: Access and Activate
 - And as the last step before processing: *“Where do you feel it in your body?”*
 - Phase 4: Desensitization
 - Free association within an agreed upon target
 - Longer sets of eye movement (BLS)
 - Pacing: follow non-verbal cues
 - After each set: *“Take a breath, let it go...as you think of the _____ what do you notice?Go with that.”* (incident)
 - SUD – take a SUD only when things stop moving
 - SUD >0
 - Phase 5: Installation
 - Same as restricted processing
 - Phase 6: Body Scan
 - Hold the incident and your positive belief together and scan your body. Report any disturbance.
 - Process with eye movements (BLS) until body sensations are neutral
 - Phase 7: Close – Debrief
- Integration
 - Integrate same as any form of psychotherapy

UNRESTRICTED PROCESSING (EMDR):

Any target: past, present or future

- All the same as above except:
 - Phase 4: Desensitization
 - Full free association across the life span
 - Between long sets of eye movements: *“Take a breath..let it go..What do you notice now? ...Go with that.”*
 - Higher levels of emotions
 - Continue eye movements while to nurture and support
 - *“That good...stay with it...you’re safe...it’s over..just observe it...You can stop anytime you want”*
 - SUD > 0
 - Unrestricted Processing often takes multiple sessions to desensitize

PROCESSING SESSION SUMMARY

Targeted Incident _____

Core Negative Belief: _____

Core Positive Belief: _____

Treatment Session

Target of this reprocessing session (circle one)

Past Present Future

Outcome (circle one) Completed Unfinished

(record) SUD (0-10) _____ VoC (1-7) _____

Stabilization Intervention (circle one)

None Breathing Container Calm Place Other

Client's Status (circle one)

Unstable Stable Excellent

Treatment Notes: _____

Additional Interventions Planned : _____

RE-EVALUATION WORKSHEET

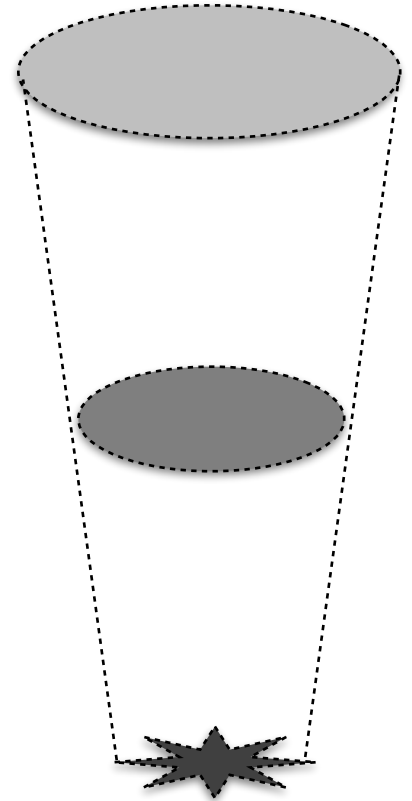
Use standard interview / debriefing skills

Check Global Issue / Concerns

Check Symptom Specific Issues / Concerns

Check Target Specific Issues / Concerns

Consider processing (EMD or EMDr) any new related target(s) (time permitting)



CRISIS INTERVENTION
A-TIP WORKSHEET

(Baseline information / measurements)

PREPARATION

Step 1. Explanation of value of eye movements to reduce vividness of traumatic images and provide some calming

Step 2. Informed consent to use EMD (restricted processing)

Step 3. Teach the breathing exercise to use for stabilization

ACCESS & ACTIVATE

Step 4. Describe the incident: *“Tell me what happened.”* (Optional: description of incident while mimicking walking by moving knees up and down or slowing tapping in the experience):

Step 5. Negative belief (thought associated with the incident [check most dominant]):

When you recall that incident, what are you thinking about yourself?
Offer the statements below that seem appropriate)

I am powerless. *I am going to die.* *I'm not good enough.*

I am helpless. *I am overwhelmed.* *I'm inadequate.*

I am trapped. *I am in danger.* *I'm unlovable.*

I am vulnerable. *I am responsible.* *I'm worthless.*

I am bad. *I am damaged.* *I'm a failure.*

other: _____

A-TIP SESSION SUMMARY

Targeted Incident _____

Core Negative Belief: _____

Core Positive Belief: _____

Treatment Session

Target of this reprocessing session (circle one)

Present Future

Outcome (circle one) Completed Unfinished

record: SUD (0-10) _____ VoC (1-7) _____

Stabilization Intervention (circle one)

None Breathing Container Calm Place Other

Client's Status (circle one)

Unstable Stable Excellent

Treatment Notes: _____

Additional Interventions Planned : _____

DRAWING PROCEDURES

PHASE 3: ACCESS AND ACTIVATE

- Step 1.** Use the squares or fold a sheet of paper twice, forming four quadrants per page.
- Step 2.** Draw the worst part of the experience (upper-left quadrant of the paper).
- Step 3.** Write /draw the negative and positive thoughts (vertical: words, faces, thermometer, etc.).
- Step 4.** SUD scale (horizontal: words, faces, thermometer, etc.)

PHASE 4: PROCESSING

- Step 1.** BLS
 - a. Eye movements, walking through / tapping in, etc. while looking at the picture
- Step 2.** Process two to three times
- Step 3.** Redraw the experience (upper-right quadrant)
- Step 4.** Repeat steps 1 to 3 (using different quadrants of the paper—front and back of page) until SUD = 0 or drawing is no longer changing.

PHASE 5: INSTALLATION

- Step 1.** Draw the adaptive outcome with the adaptive positive belief (word, phrase, face, etc.).
- Step 2.** Rate how true it seems (1–7 or scale, happy faces, etc.).
- Step 3.** Process with a set of BLS.

PHASE 7: CLOSURE

- Step 1.** Debrief and close the session following standard closure procedures,

