

**PROTOCOLS AND WORKSHEETS
FOR CLINICAL PRACTICE**

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THE FOLLOWING DISSOCIATION RESOURCES BEGIN ON PAGE 201:

Clinical Signs of Dissociative Disorders.....	201
Manual for the Dissociative Experience Scale.....	206
DES-II	211
General Guide in Use of EMDR Therapy in Treatment of Dissociative Disorders.....	215

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PHASE ONE: EMDR THERAPY PSYCHOSOCIAL INTERVIEW AGENDA —CLIENT READINESS CRITERIA CHECKLIST—

- OK:** Has been addressed and is appropriate for EMDR therapy.
- PROBLEM:** Problem/Concern.
Wait until completion of Basic Course or until further preparation and stabilization have been achieved.
- CONSULTATION:** Consultation indicated with EMDR clinician with expertise in area of concern.

The following may be treated as a clinical checklist or worksheet:

CLINICAL CONCERNS:

DISSOCIATION AND LONG-STANDING ISSUES

- OK** **PROBLEM** **CONSULTATION**

Client has been screened for Dissociative Disorder (DD). DD rules out the use of EMDR therapy by Part One-trained clinicians and requires additional training beyond the Part Two training. A Mental Status Exam, and the Dissociative Experiences Scale II (DES) should be used for all clients to determine the degree of dissociation present. Further evaluation for Dissociative Disorders should be conducted with any client about whom you have concerns. See *Clinical Signs of Dissociative Disorders*, the *DES-II*, *Adolescent DES*, *Child Dissociative Checklist*, and *A General Guide to the Use of EMDR Therapy in the Treatment of Dissociative Disorders* in the Appendix. Special preparation and stabilization for DD clients is needed to establish their capacity to maintain dual awareness in order for reprocessing to occur.

Indicators of poor psychic development include but are not limited to:

- Years of unsuccessful psychotherapy
- Minimal or poor responses to psychotropic medications
- Depersonalization and/or derealization
- Dissociative Disorder
- History of hospitalizations
- Somatic symptoms
- Chronic instability at home and/or at work
- Inability to learn from experience
- Previous unsuccessful treatment of addictions and/or compulsions
- Secondary gains to maintaining their symptomatology

ACUTE PRESENTATIONS

- OK* *PROBLEM* *CONSULTATION*

The following situations require caution and case consultation:

- Major loss, illness, or injury
- Life threatening substance abuse
- Recent suicide attempt(s)
- Self-mutilation
- Serious assaultive or impulsive behavior
- Psychotic episode

STABILIZATION

- OK* *PROBLEM* *CONSULTATION*

- Adequate stabilization/self-control strategies in place
- Client must have a workable means of managing distress as necessary during and between sessions
- Client has adequate life supports (friends, relatives, etc.)
- Systems/issues that might endanger client have been addressed
- Client able to call for help if indicated
- Medical marijuana use
- Client is safe at home

MEDICAL CONSIDERATIONS

- OK* *PROBLEM* *CONSULTATION*

- General physical health/medical condition/age considered (possible exacerbation with stress)
- Medications
- Inpatient if necessary, to manage danger to client or others
- Eye pain contraindicates EMs until cleared by physician (use alternate forms of stimulation)
- Any neurological impairment or physical complication inappropriate for Weekend 1/Part 1 clinicians
- Pregnancy: first trimester cautions; other complications

TIMING CONSIDERATIONS/READINESS

- OK* *PROBLEM* *CONSULTATION*

- Timing of life events (projects, demands, work schedules, vacations, etc.)
- Willingness/ability to participate in the treatment plan
- 90-minute sessions (if possible) 50 minutes minimum

 **PHASE ONE: TARGET IDENTIFICATION WORKSHEET**

This worksheet is designed to develop a treatment plan specific to a presenting issue. You will use Direct Questioning and the Floatback Technique, and/or Affect Scan to identify relevant experiences in the client’s memory network that are informing their current symptoms. It will also help you prioritize what memories to process and keep track of them as they resolve.

PRIORITIZED PRESENTING ISSUE:

The Presenting Issue is collaboratively determined by client and clinician.

RECENT EXAMPLE OF PRESENTING ISSUE:

List examples of recent experiences related to prioritized presenting issue from intake or elicit them here.

Use one of the recent experiences that most resonates with the presenting issue to access the dysfunctionally stored network and identify potential targets for reprocessing.

PAST EXPERIENCES:

Use **Direct Questioning, Floatback Technique and/or Affect Scan** as scripted below to identify the past experiences associated with the client’s current difficulties. Elicit memories including the youngest or childhood memories according to client’s tolerance. Direct questioning often provides a clear network of past targets. If it does not, use Floatback then Affect Scan technique. Cluster as necessary to organize memories.

Record the client’s experiences with **brief** description and the client’s age or grade for each memory.

Past Experiences

Age/Grade

DIRECT QUESTIONING: The following are examples of questions. (Note responses on the list above.)

"Have there been other memories that felt like this?"

"Do you remember an earlier time when you felt this way?" (Identify a pattern of response, emotional reaction, or distorted belief)

Note: Use Floatback with caution with complex trauma client presentations.

FLOATBACK TECHNIQUE:

Refer client back to the representative/resonant **recent experience** on the preceding page and **ask:**

"What is the image that represents the worst part of this recent experience?"

What negative thoughts or beliefs are you having about yourself as you think of it? _____

What are the emotions you are experiencing? _____

Where do you feel it in your body?" _____

FLOATBACK, continued

(If possible, use the client's actual words/descriptions in this script.)

"As you focus on the image (pause) the negative thoughts(s) [repeat negative thoughts] you are having about yourself (pause), the emotions (pause) and body sensations (pause), let your mind float back to earlier times in your life when you may have felt this way before and just notice what memory or memories come to mind...(pause). What memories are coming up?"

Record the client's memories on the Past Experiences list on the preceding page using **brief** descriptions with the client's age or grade.

To prompt for additional memories (ideally back to early childhood), repeatedly use the following statement until no new memories are identified.

"As you focus on that experience, notice any earlier memories that may come to mind..."

Record each memory on the Past Experiences list on the preceding page.

Additional option: If Floatback doesn't yield results, and if client is sufficiently stable, try the Affect Scan (uses only emotion and body sensation): **Use with caution with complex trauma client presentations.**

AFFECT SCAN:

If Floatback doesn't yield results, try the Affect Scan (uses only emotion and body sensation):

"Hold the recent experience in mind, notice the emotions you are having right now and notice what you are feeling in your body. Now let your mind scan back to an earlier time when you may have felt this way before and just notice any memory or memories that come to mind."

Record each memory on the Past Experiences list on the preceding page.

NOTE: Before proceeding to the next page, identify and note both the touchstone (earliest) and the worst memory on the list on the preceding page.

PRESENT TRIGGERS:

Now that the client may be in greater touch with the core feeling underlying this memory network, explore for additional present triggers that were not identified earlier.

"Are there other situations, people or places in your current life now that bring up these negative reactions?" (Note: list current triggers already mentioned with prior questions.)

FUTURE DESIRED RESPONSE: (Future Template)

"How would you like to be able to handle these situations (present triggers) in the future?"

TARGET MEMORY SELECTED FOR FIRST REPROCESSING SESSION:

Identify Target Memory selected for the first reprocessing session:

Based on the AIP model and the assessment of client’s affect tolerance, the clinician makes a recommendation about which memory should be reprocessed first and offers the rationale. Discuss it with the client and make a final decision.

"Based upon what you have shared with me today and what we know about EMDR therapy, let’s discuss which memory we should reprocess first. I recommend we reprocess:

(Identify the specific first, worst OR other from the past experiences listed previously.)
because _____

(Clinician provides rationale for the choice, e.g., touchstone is the foundational memory).
How does that sound to you?" Record **brief** description of the agreed upon memory with the client’s age or grade:

Redirect client’s focus of attention to Safe/Calm State using the cue word (no BLS) as you close the session.



PHASE TWO: PREPARATION CHECKLIST

Check when completed:

Explanation of EMDR Therapy

- AIP/REM

"When a disturbing event occurs, it can get locked in the brain with the images, sounds, thoughts, feelings and body sensations. EMDR seems to stimulate the information and allows the brain to process the experience. That may be what is happening in REM or dream sleep - the eye movements (tones, tactile) may help to process the material. It is your own brain that will be doing the healing and you are the one in control."

EMDR Seating Position for in person and virtual

- For in person setting:** Seating arrangement (ships passing).
- For virtual settings:** Take time to establish the best position for the clinician and the BLS within the visual frame.
- For virtual settings:** Client and clinician can "pin" each other.

Eye Movements

- Comfortable distance from client's face.
- Speed (horizontal EMs).
- Alternative directions (- / \).

Alternative Bilateral Stimulation (to be used only if necessary)

- Tapping.
- Auditory.

Reprocessing Aids

- Metaphor (train/movie).

"In order to help you 'just notice' the experience, imagine riding on a train or watching a video and the images, feelings, thoughts, etc., are just passing by."

- Virtual Metaphor: Online photo or video apps that demonstrate images moving, disappearing, or changing.
- Stop signal/Keep going signal.

"It is important that you use your stop signal any time you want to stop for any reason. What type of signal would you feel comfortable using?"

PHASE TWO: PROCEDURAL STEPS FOR CREATING A SAFE/CALM STATE

INSTRUCT CLIENT TO USE AS NEEDED	<p>Use with or without eye movements. (If without BLS, substitute breathing.)</p> <p>Clarify with client that this is a positive exercise designed to create a positive memory. If the experience elicits negative associations, the client could be asked to put that negative material in their container and/or the Safe/Calm State image can be modified or changed. If this does not work, another stabilizing measure should be explored. Discontinue BLS sets if the client reports any disturbance.</p> <p>Use other coping skills if more appropriate (containment or other resource).</p>
IMAGE	<p><i>"Please bring up an image or sense that gives you a feeling of safety and calm." (pause) "What is it?" (pause) "Describe what you see."</i></p>
EMOTIONS AND SENSATIONS	<p><i>"As you notice it now what do you see, hear, and feel? (pause) What emotions are you noticing? (pause) What sensations do you have in your body?"</i></p>
ENHANCEMENT	<p><i>"Focus on it and notice any sights, sounds, smells, and sensations. (pause) Tell me more about what you are noticing."</i></p>
EYE MOVEMENTS	<p><i>"Bring up the image or sense and concentrate on what you are feeling and where you feel the pleasant sensations in your body and allow yourself to enjoy them. (pause) Concentrate on those feelings and sensations and follow my fingers. (4-8 slow BLS) What are you noticing now?"</i></p> <p>If positive: <i>"Focus on that. (BLS) What do you notice now?"</i> (If necessary, add up to 4 sets of BLS to strengthen it as long as it remains positive.)</p> <p>If negative: Redirect attention away from the image or sense, setting aside any negative parts and return to the positive, if possible. If successful, then <i>"Focus on that. (BLS) What do you get now?"</i> If not successful, then identify another calm or safe state making sure there are no associations with people or, instead, shift to a mindfulness or breathing exercise.</p>
CUE WORD	<p><i>"Is there a word or phrase that represents this image or sense? Think of _____ and notice the positive feelings and sensations you are having when you think of that word. Concentrate on those sensations and the word/phrase _____ and follow my fingers. (4-8 BLS) (pause) What are you noticing now?"</i> (Pause for a response.) Repeat and enhance positive feelings with sets of BLS as long as the experience continues to strengthen.</p>
SELF-CUEING	<p><i>"Now say that word _____ and notice how you feel."</i></p> <p>Note: No more BLS from here on out.</p>
CUEING WITH DISTURBANCE	<p><i>"Now imagine a minor annoyance, not what brought you into therapy, but some minor annoyance perhaps something that annoyed you this morning or on your way here, (1 or 2 out of 10) and notice how you feel. (pause) Bring up the cue word(s) _____ and notice any shifts in your experience. (pause) What do you notice?"</i></p>
SELF-CUEING WITH DISTURBANCE	<p><i>"Now think of a little bit more annoying incident (2 or 3 out of 10), notice how you feel, (pause) then bring up that word _____ by yourself, especially noticing any changes in your body when you focus on your cue word."</i></p>

PHASE THREE: TARGET ASSESSMENT WORKSHEET	
INSTRUCTIONS	"After we activate the memory, we will be doing sets of eye movements (tones, tactile). Between the sets I will check in with you about what you are experiencing. Please tell me what you are noticing each time we pause. Sometimes things will change and sometimes they won't. There are no 'supposed to's' in the process. So just give me feedback as to what is happening, without judging whether it should be happening or not. Let whatever happens, happen. Remember you have a stop signal should you need to use it."
TARGET MEMORY	"We have decided to reprocess the memory of: _____ to help you with _____ (name the presenting issue). In order for us to refer to this memory later, let's give a name or title to this memory." (Use non-triggering language.) Record agreed upon name or title of memory:
IMAGE	"What picture represents the worst part of this experience?" Image: If no picture: "As you think of the experience, what is the worst part of it as you think of it <u>now</u> ?"
NEGATIVE COGNITION	"What words go best with that picture that express your negative belief about yourself <u>now</u> ?" [Tip: if needed, ask "What does that say about you as a person <u>now</u> ?"]
POSITIVE COGNITION	"When you bring up that picture (or experience), what would you prefer to believe about yourself instead?" [Tip: if needed, ask "What does that say about you as a person <u>now</u> ?"]
VALIDITY OF COGNITION (VOC)	"When you think of that memory _____, how true do the words (repeat the PC) _____, feel to you <u>now</u> on a scale of 1-7, where 1 feels completely false and 7 feels completely true?" 1 2 3 4 5 6 7 Completely false Completely true
EMOTIONS/ FEELINGS	"When you think of the memory _____ and the words (repeat the NC) _____, what emotions do you feel <u>now</u> ?"
SUBJECTIVE UNITS OF DISTURBANCE (SUD)	"On a scale from 0-10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does the memory feel to you <u>now</u> ?" 0 1 2 3 4 5 6 7 8 9 10 No disturbance Highest disturbance
LOCATION OF BODY SENSATIONS	"Where do you feel that in your body?"



PHASES 4-7: REPROCESSING & CLOSURE WORKSHEETS

PHASE FOUR - Desensitization: Track channels of associations as they emerge about the memory and other experiences:

BEGIN PROCESSING ON THE TARGET MEMORY: *"I'd like you to bring up that picture (or worst part), those negative words (repeat the Negative Cognition), notice where you are feeling it in your body, and let it go wherever it needs to go as you start eye movements."* BLS generally 20 or more passes customized to the client's needs, as fast as the client can tolerate.

TO RESUME PROCESSING

RESUME PROCESSING ON AN INCOMPLETE TARGET MEMORY (See Phase 8 Reevaluation for the four questions to ask before resuming.) *"Bring to mind the experience, the emotions and sensations you're having now, and start a set of eye movements."*

A. REPROCESS:

"Take a breath; let it go. What are you noticing now?" (pause for a response) *Go with that."* (Set of **BLS** are generally 20 - 30 or more passes. After a few sets, customize to the needs of the client.) Repeat: *"Take a breath; let it go. What are you noticing now?"* (pause for a response) *Go with that."* Continue with sets of **BLS** as long as the client reports changes or new information.

Do as many sets of **BLS** as necessary until the client stops reporting change for two consecutive sets of BLS, then ask B.

B. BACK TO TARGET MEMORY:

"When you bring up that memory as you experience it now, what are you noticing now?" (pause for a response) *Go with that."* (Continue with sets of **BLS**.) As long as the client reports changes or new information, go back to A.

NOTE: When the client brings up the Target Memory and reports NEUTRAL or NO CHANGE after two consecutive sets of **BLS**, proceed to C below to check SUD.

C. CHECK SUD:

*"When you bring up that memory as you experience it now, on a scale of 0 to 10, where 0 is neutral or no disturbance and 10 is the highest disturbance you can imagine, how disturbing does the memory **feel** to you **now**?"* (pause for a response) *Go with that."* As long as the client reports changes or new information, go back to A.

If the SUD is 1 or 2, ask, *"Where do you feel it in your body? Go with that."* As long as the client reports changes or new information, go back to A.

If the SUD is reported as a 0, continue with at least one set of **BLS**, then ask, *"What are you noticing now?"*

REPEAT Steps A, B, and C until SUD is 0 (or ecologically adaptive SUD of 1). Proceed to the Phase 5 Installation.

■ **PHASE FIVE - Installation:** Linking the desired Positive Cognition with the target memory/experience:

BLS is long and fast as this is still a reprocessing phase with the goal of trait change.

- A. "As you bring to mind the memory, do the words (repeat the PC) still fit, or is there another positive statement that fits even better?"
Note original or updated PC: _____
- B. "Bring up the memory and those words (repeat the selected PC). From 1 (completely false) to 7 (completely true), how true do they feel to you now?"
Note current VOC: _____
- C. "Hold the memory and the words (repeat PC) together." (Apply **BLS**)
- D. "What are you noticing now? (pause for response) Notice that." Apply **BLS**)
- E. Continue sets of **BLS** as long as the material is becoming more positive/adaptive, or residual disturbance is being reprocessed.
- F. Once no change is reported, check **VOC** adding sets of BLS until the VOC no longer strengthens. "Bring up the memory and those words (repeat the selected PC).
From 1 (completely false) to 7 (completely true), how true do they feel to you now?"
- G. Once the VOC=7 (or ecological) and no longer getting stronger, proceed to Phase 6-Body Scan.
- H. If the client reports a 6 or less, check the appropriateness of the PC. Identify and address any blocking belief (i.e., *What prevents it from being a 7?*).
(**NOTE:** If running out of time, set aside the blocking belief to be addressed at a later time and proceed to closure for incomplete target memory.)

■ **PHASE SIX - Body Scan:**

BLS is long and fast as this is still reprocessing with the goal of trait change.

"Close your eyes and keep in mind the memory as you experience it now 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 sets of **BLS**. If a sensation of discomfort is reported—continue sets of BLS until the discomfort subsides or is ecologically adaptive. Repeat the body scan until it is clear or ecologically adaptive.

If a positive/comfortable sensation, do sets of **BLS** to strengthen the positive feeling.

Repeat the body scan until it is clear or ecologically adaptive.

IF time allows, return to the treatment plan and determine the next target for processing.

■ PHASE SEVEN - Closure:

INSTRUCTIONS FOR BRINGING CLOSURE TO AN INCOMPLETE TARGET MEMORY SESSION - (SUD>0, VOC<7, no clear Body Scan)

An incomplete target is one in which a client's material is still unresolved, i.e., the client is still reporting distress, the SUD is greater than 0, the VOC is less than 7, or Body Scan is not clear.

1. Tell client it is time to bring closure to the processing:

"We are almost out of time and will need to close. I appreciate the effort you've made."

2. DO NOT take **SUD**, check PC, take **VOC** or Body Scan as they may activate processing.

3. Assess need for stabilization: *"How are you doing?"*

- a. If needed, offer a containment exercise:

"I would like to suggest we do a containment exercise before we stop. I would like you to imagine taking what remains of this experience and put it in a container of your choosing until the next time we meet."

- b. Shift state by eliciting their Safe/Calm State, grounding, or relaxation exercise.

4. Debrief once stabilized:

- a. Offer validation: *"You have done some good work today"*.

- b. Get client's feedback and offer feedback on the session with special attention to orienting the client to the present and their use of coping strategies between sessions.

*"As you consider your experience today, what positive statement can you make that expresses how you feel OR, what you have learned or gained?" (no **BLS**)*

5. Follow "Instructions for Closing ALL Sessions" at the bottom of this page.

INSTRUCTIONS FOR BRINGING CLOSURE TO A COMPLETED TARGET MEMORY SESSION - (SUD=0, VOC=7, clear Body Scan)

1. Acknowledge resolution of the Target Memory.
2. Offer validation: *"You have done very good work today. How are you feeling?"*
3. Debrief using "Instructions for Closing All Sessions".

INSTRUCTIONS FOR CLOSING ALL SESSIONS

Instruct client to observe any changes and use their self-soothing strategies as needed, as the processing can continue between sessions. Assure client of your availability.

"The processing we have done today may continue after our session. You may or may not notice new insights, thoughts, memories, physical sensations, or dreams. Please briefly jot down whatever you notice. We will talk about it at our next session. Remember to use one of your coping skills as needed."

TREATMENT SUMMARY NOTES
For Record-Keeping Purposes
(Optional)

CIRCLE APPROPRIATE ITEMS:

NAME _____ **DATE** ____/____/____

PRESENTING ISSUE: _____

TARGET MEMORY:

Past	Present Trigger	Future Template
Target Memory	Status: Complete	Incomplete

Stabilization Exercise used at the end of the session? Yes/No

Safe State Light Stream Breathing Other _____

Client Stability when leaving session:

Poor Fair Good Excellent

Treatment Summary Notes:

Issues/associations that arose during processing to be re-evaluated at a later time:

PHASE EIGHT: REEVALUATION WORKSHEET

Issue/Focus of Current Treatment Plan: _____
(Have seating and BLS method ready)

GENERAL ISSUE (Brief Check In)

Ask specific questions about the symptoms and behaviors being addressed.

"Related to _____ (name the issue) that we have been working on, tell me what you have noticed that is new or different in your life since our last session."

"Have you noticed any changes in your thoughts, feelings, dreams or behavior?"

"Do you have any new memories or insights as you think about this issue today?"

TARGET (Memory Specific): _____

"When you bring up the memory of _____ (name or title of the memory) we were working on in our last session, what are you noticing now?"

"What has changed or is different about the experience as you think of it?"

"Any new insights or thoughts?"

*"When you bring up that memory as you experience it now, on a scale of 0 to 10, where 0 is neutral or no disturbance and 10 is the highest disturbance you can imagine, how disturbing does the memory **feel** to you now?"*

- If the SUD is 0, check the PC/VOC and Body Scan.
- If SUD is > 0, return to Phase 4: Desensitization.
- If VOC is <7, return to Phase 5: Installation.
- If Body Scan is not clear, return to Phase 6: Body Scan.
- If processing is complete (SUD 0, VOC 7, BS clear) review the Treatment Plan to determine the next memory to be reprocessed.

PHASE EIGHT: RESUMING PROCESSING OF AN INCOMPLETE TARGET MEMORY

SUD > 0

If the **SUD** is greater than 0, activate the memory with the following questions and then resume Desensitization Phase 4:

Memory

"Bring up the memory we have been working on. What is the image that represents the worst part of it as you think about it now?"

Emotions

"What emotions are you experiencing now?"

SUD

*"On a scale from 0-10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does the memory **feel** to you now?"*

Body Location

"Where do you feel it in your body?"

Reprocessing

*"Bring to mind the memory, notice where you are feeling it in your body and begin a set of eye movements (or other **BLS**)."*
Resume Desensitization Phase 4.

SUD = 0
VOC < 7

If the Target Memory is a **SUD** = 0, and the Positive Cognition for the Target Memory is **VOC**<7, resume the Installation Phase 5 to link the Positive Cognition to the memory. Follow procedural steps through Closure.

SUD = 0
VOC = 7
Body scan not clear

If the Target Memory is **SUD**=0, the Positive Cognition for the Target Memory is **VOC**=7, and the Body Scan is not clear, go directly to Body Scan (Phase 6). Initiate **Body Scan** holding in mind the memory and the PC and scan the body to ensure that the body is congruent.

Continue until Phases 4-6 are completed (**SUD**=0 **VOC**=7, clear Body Scan).

ONCE TARGET IS FULLY REPROCESSED

Review Treatment Plan to determine what memories still need to be reprocessed using Phases 3-6. If the completed target is a present trigger, the next target would be a Future Template.

CLOSURE

Use Closure (Phase 7) procedures at the end of every session (whether target is complete or incomplete).

PHASE EIGHT: TREATMENT PLANNING CONSIDERATIONS

TREATMENT PLAN CONSIDERATIONS:

- 1. Target Memory is complete (SUD=0, VOC=7, clear Body Scan).**
- 2. Check remaining experiences identified during History Taking and Treatment Planning as well as associations that emerged during reprocessing:**

Past

Reprocess past experiences that are still disturbing.
Apply standard procedures for Phases 3-6 until fully reprocessed.

Present

Reprocess present triggers that are still disturbing.
Apply standard procedures Phases 3-6 for each trigger that did not generalize from reprocessing past experiences.

Future Templates

As past experiences and present triggers are resolved, proceed to "Procedural Steps for Developing Future Templates."

PROCEDURAL STEPS FOR DEVELOPING FUTURE TEMPLATES

INTRODUCTION:

"You have just completed work on a present trigger _____ and came to that positive belief of (repeat the PC) _____. Can you imagine a time in the future, perhaps the same or a similar situation, when this belief might be useful for you?"

STEP 1: IDENTIFY DESIRED OUTCOME

Identify a future situation (similar to the reprocessed present trigger) where a more adaptive response is needed. Ensure the client has the skills needed to implement it.

"What is the future situation?"

Address skill building as needed.

"Do the words (repeat PC from present trigger) fit?" (If not, identify preferred PC.)

Note the PC: _____

"How would you like to feel in that future situation? (e.g., calm, confident, grounded, etc.)."

Note desired feeling or state:

STEP 2: IMAGINE THE FUTURE SCENE

Ask the client to imagine that future scene/image of the experience while holding in mind the Positive Cognition (PC) and the desired feeling.

"I'd like you to imagine yourself responding effectively with that situation in the future. With the new positive belief (repeat the PC) _____, and a feeling of (repeat desired feeling or state) _____ imagine stepping into this scene. Notice how you are handling the situation and what you are thinking, feeling, and experiencing in your body."

After a sufficient pause ask: *"What are you noticing?"*

Step 2 continued on next page

FUTURE TEMPLATE STEP 2 continued

A. If the client's response is **POSITIVE**:

- **Reinforce the scene/image and strengthen with sets of BLS** (one or two sets – long/fast as used in reprocessing).
- **Install the Positive Cognition (PC) until VOC is 7** (or ecologically adaptive):
 - **PHASE FIVE - Installation:** Linking the desired Positive Cognition with the future template:
 - *"Bring up the future situation and those words (repeat the selected PC). From 1 (completely false) to 7 (completely true), how true do they feel to you now?"* Note VOC: _____
 - *"Hold the situation and the words (repeat PC) together."* (Apply **BLS**)
 - *"What are you noticing now?"* (pause for response) *Notice that."* Apply **BLS**)
 - Continue sets of **BLS** as long as the material is becoming more positive/adaptive, or residual disturbance is being reprocessed.
 - Once no change is reported, check **VOC** adding sets of BLS until the VOC no longer strengthens. *"Bring up the future situation and those words (repeat the selected PC). From 1 (completely false) to 7 (completely true), how true do they feel to you now?"*
- **Once the VOC=7** (or ecological) and no longer getting stronger, **SKIP B and go directly to Step 3** on the next page.

B. If client's response is **NEGATIVE or uncertain, explore and address as needed**:

- Is the disturbance related to appropriate hesitancy due to unfamiliarity or needed skills? **Identify any difficulties, problem solve, teach relevant skills and/or strengthen resources.** Then generate a desired response and process the future scene as above by returning to the beginning of Step 2.
- In other cases, **blocks, anxieties or fears can be reprocessed directly by sets of BLS until neutral.** Then generate a desired response and reprocess as above (Step 2).
- If disturbance isn't clearing, identify if there is another present trigger that needs to be reprocessed first. **Reprocess with Phases 3-6.** Then generate a desired response and reprocess as above (Step 2).
- If, after these strategies the Future Template remains blocked, explore for Feeder Memories or Blocking Beliefs. **Once identified, use Phases 3-6 to reprocess the associated past memories, present triggers, and/or memories related to a negative or blocking belief.** Once reprocessing of the contributory experience(s) is complete, generate a desired response and reprocess as above by returning to the beginning of Step 2 on preceding page.

STEP 3: RUN A MOVIE

Ask the client to run a MOVIE of the sequence from start to finish (without BLS) responding adaptively to the situation, holding in mind the Positive Cognition (PC), and noticing the feelings and sensations.

"Now I would like you to run a movie of dealing effectively with this situation, holding in mind the positive belief (state PC) _____ you have about yourself and noticing the positive feelings and sensations.

After sufficient pause, ask *"What are you noticing?"*

A. If the client's response is POSITIVE:

- Add BLS as the client runs the movie again to strengthen the positive feelings.
- **Install the Positive Cognition (PC) until VOC is 7** (or ecologically adaptive):

■ **PHASE FIVE - Installation:** Linking the desired Positive Cognition with the future template:

- *"Bring up the future situation and those words (repeat the selected PC). From 1 (completely false) to 7 (completely true), how true do they feel to you now?"* Note VOC: _____
 - *"Hold the situation and the words (repeat PC) together."* (Apply **BLS**)
 - *"What are you noticing now?"* (pause for response) *Notice that."* Apply **BLS**)
 - Continue sets of **BLS** as long as the material is becoming more positive/adaptive, or residual disturbance is being reprocessed.
 - Once no change is reported, check **VOC** adding sets of BLS until the VOC no longer strengthens. *"Bring up the future situation and those words (repeat the selected PC). From 1 (completely false) to 7 (completely true), how true do they feel to you now?"*
- Once the VOC=7 (or ecological) and no longer getting stronger, **SKIP B.**

B. If the client hits any blocks, apply additional sets of **BLS** until neutralized. Run the desired movie from start to finish until the client achieves a sense of confidence and satisfaction.

STEP 4: GENERATE A CHALLENGE SITUATION

When time allows and if appropriate for your client:

Create a scenario where there is an unanticipated or undesirable challenge and generate an adaptive response to that situation. Process and install PC to VOC of 7 (or ecologically adaptive) for each situation. Offer example(s) ONLY if client cannot generate them:

"I'd like you to imagine that very same situation, but this time a challenge occurs. What would the challenge be?" _____

Implement Steps 2 and 3 (see prior pages) for the same situation – now with the added challenge. You may choose to generate multiple challenge situations, as time allows.

Use Closure (Phase 7) procedures at the end of every session.

■ PHASE SEVEN – Closure following Future Template.

Closure script is modified for the Future Template.

INSTRUCTIONS FOR BRINGING CLOSURE TO AN INCOMPLETE Future Template

1. Tell client it is time to bring closure to the processing:
"We are almost out of time and will need to close. I appreciate the effort you've made."
2. Assess need for stabilization: *"How are you doing?"*
 - a. If needed, offer a containment exercise:
"I would like to suggest we do a containment exercise before we stop. I would like you to imagine taking what remains of this experience and put it in a container of your choosing until the next time we meet."
 - b. If needed, shift state by eliciting their Safe/Calm State, grounding, or relaxation exercise.
3. Debrief once stabilized:
 - a. Offer validation: *"You have done some good work today"*.
 - b. Get client's feedback and offer feedback on the session with special attention to orienting the client to the present and their use of coping strategies between sessions.
"As you consider your experience today, what positive statement can you make that expresses how you feel OR, what you have learned or gained?" (no **BLS**)
4. Follow "Instructions for Closing ALL Sessions" at the bottom of this page.

INSTRUCTIONS FOR BRINGING CLOSURE TO A COMPLETED TARGET MEMORY and/or FUTURE TEMPLATE SESSION

1. Acknowledge resolution of the Target Memory and/or Future Template.
2. Offer validation: *"You have done very good work today. How are you feeling?"*
3. Debrief using "Instructions for Closing All Sessions".

INSTRUCTIONS FOR CLOSING ALL SESSIONS

Instruct client to observe any changes and use their self-soothing strategies as needed, as the processing can continue between sessions. Assure client of your availability.

"The processing we have done today may continue after our session. You may or may not notice new insights, thoughts, memories, physical sensations, or dreams. Please briefly jot down whatever you notice. We will talk about it at our next session. Remember to use one of your coping skills as needed."

EXAMPLES OF NEGATIVE AND POSITIVE COGNITIONS

This is a listing of possible negative and positive cognitions related to the memory to be reprocessed. This list is not to be handed to the client but for the clinician to use as a reference when assisting the client in putting words to the possible distorted thoughts or beliefs that arise from the memory. If the client struggles, the clinician can offer 1-2 options from each category on this list.

THEME/CATEGORY	NEGATIVE COGNITIONS	POSITIVE COGNITIONS
RESPONSIBILITY: DEFECTIVENESS Self-Worth/Shame	<i>I am bad.</i> <i>I am unlovable.</i> <i>I'm not good enough.</i> <i>I am incompetent.</i> <i>I don't matter.</i>	<i>I am good/I'm innocent.</i> <i>I am lovable.</i> <i>I am good enough.</i> <i>I am competent.</i> <i>I do matter.</i>
RESPONSIBILITY: ACTION Action/Guilt	<i>It's my fault.</i> <i>I should have done something.</i> <i>I am unforgiveable.</i> <i>I am horrible person.</i> <i>I'm inadequate/weak.</i>	<i>I learned/can learn from it.</i> <i>I did the best I could.</i> <i>I can forgive myself and move on.</i> <i>I'm okay, in spite of my mistake.</i> <i>I am adequate/strong.</i>
SAFETY/VULNERABILITY	<i>I am vulnerable.</i> <i>I am going to die.</i> <i>I am not safe.</i> <i>I can't trust.</i> <i>I'm in danger.</i>	<i>It's over; I am safe now.</i> <i>I am safe now.</i> <i>I am safe now.</i> <i>I can learn to protect myself.</i> <i>It's over, I can move beyond it.</i>
CONTROL/CHOICES	<i>I am helpless/powerless.</i> <i>I'm trapped.</i> <i>I am not in control.</i> <i>I can't handle it.</i> <i>I am out of control.</i>	<i>I have choices now.</i> <i>I'm free.</i> <i>I'm in control now.</i> <i>I can handle it.</i> <i>I'm in control of my reactions.</i>
CONNECTION/BELONGING	<i>I can't connect.</i> <i>I don't belong.</i> <i>I am invisible.</i> <i>I'm different, and that's not okay.</i> <i>I'm alone.</i>	<i>I can connect/I am connected.</i> <i>I do belong/I worthy of belonging.</i> <i>I deserve to be seen.</i> <i>I am myself/unique, and that's okay.</i> <i>I'm not alone.</i>

See Shapiro 2018, pages 443-444 for additional examples of Negative & Positive Cognitions.

CHILD EXAMPLES OF NEGATIVE AND POSITIVE COGNITIONS		
	Negative Cognitions	Positive Cognitions
RESPONSIBILITY/ DEFECTIVENESS	<i>I'm not good enough.</i>	<i>I am good enough/fine as I am.</i>
	<i>I don't deserve love.</i>	<i>I deserve love; I can have love.</i>
	<i>I am a failure.</i>	<i>I got this!</i>
	<i>I am worthless/pathetic.</i>	<i>I am worthy; I am pretty good.</i>
	<i>I am disgusting.</i>	<i>I am fine.</i>
	<i>I am not lovable.</i>	<i>I am lovable.</i>
	<i>I deserve only bad things.</i>	<i>I deserve good things.</i>
	<i>I am sick.</i>	<i>I am/can be all better.</i>
	<i>I do not deserve....</i>	<i>I can have/deserve....</i>
	<i>I am small.</i>	<i>Watch out world...you can't hold me back!</i>
	<i>I am a disappointment.</i>	<i>I am OK just the way I am.</i>
	<i>I deserve to die.</i>	<i>I deserve to live.</i>
	<i>I am miserable.</i>	<i>I am happy.</i>
	<i>I am dumb.</i>	<i>I am smart enough.</i>
	<i>I am ugly.</i>	<i>I am OK looking.</i>
	<i>I can't do anything right.</i>	<i>It's OK to make mistakes.</i>
	<i>I am a bad kid.</i>	<i>I am good kid.</i>
	<i>I have to be perfect.</i>	<i>It's OK for me to make mistakes.</i>
	<i>My feelings are bad.</i>	<i>My feelings are OK.</i>
<i>I don't fit in.</i>	<i>I fit.</i>	
<i>Nobody likes me. (I am not likable.)</i>	<i>I am liked by some people. (I am likable.)</i>	
<i>I let people down.</i>	<i>It's OK to make mistakes.</i>	
RESPONSIBILITY/ ACTION	<i>I should have done something. *</i>	<i>I did the best I could.</i>
	<i>I did something wrong. *</i>	<i>I learned/can learn from it.</i>
	<i>I should have known better.*</i>	<i>I do the best I can/I can learn.</i>
	<i>I am shameful/stupid/bad person.</i>	<i>I'm fine as I am.</i>
	<i>I am weak.</i>	<i>I am strong.</i>
	<i>I am to blame.</i>	<i>I did not cause it to happen.</i>
	<i>I should have done more.</i>	<i>I handled it the best I could; I was not responsible for what happened.</i>
*What does this say about you? (e.g., therefore, I am...)		

Continued on next page

Child Examples of Negative and Positive Cognitions, continued

	Negative Cognitions	Positive Cognitions
SAFETY/ VULNERABILITY	<i>I cannot trust anyone.</i>	<i>I can choose whom to trust.</i>
	<i>I cannot protect myself.</i>	<i>I can learn to protect myself.</i>
	<i>I am in danger.</i>	<i>It's over; I am safe now.</i>
	<i>I am not safe.</i>	<i>I am safe now.</i>
	<i>I am going to die.</i>	<i>I am safe now.</i>
	<i>It's not OK (safe) to feel/show my emotions.</i>	<i>I can safely feel/show my emotions.</i>
	<i>I am not safe.</i>	<i>I am protected.</i>
	<i>Bad things always happen to me.</i>	<i>I can expect good things to happen.</i>
	<i>Nobody cares about me.</i>	<i>I am cared for.</i>
	<i>I can't trust others.</i>	<i>I can trust many others in my life.</i>
	<i>It's not fair.</i>	<i>Not everything is fair. But good things do happen for me.</i>
	<i>I am picked on/weak.</i>	<i>I'm bully-proof.</i>
CONTROL/ CHOICE	<i>I am not in control.</i>	<i>I am now in control.</i>
	<i>I am powerless/helpless.</i>	<i>I now have choices.</i>
	<i>I cannot get what I want.</i>	<i>I can get what I want.</i>
	<i>I cannot stand up for myself.</i>	<i>I can stand up for myself.</i>
	<i>I cannot let it out.</i>	<i>I can tell people my feelings.</i>
	<i>I am a liar.</i>	<i>I am learning to tell the truth.</i>
	<i>I do dumb things.</i>	<i>I am learning to do better.</i>
	<i>I cannot trust my judgment. I don't always think right.</i>	<i>I can trust my judgment. I'm thinking better.</i>
	<i>I can't win/succeed.</i>	<i>I can win/succeed.</i>
	<i>I have to be perfect/please everyone.</i>	<i>I can be myself/make mistakes.</i>
	<i>I can't handle it.</i>	<i>I can handle it.</i>
	<i>I can't do it.</i>	<i>I can do many things if I try.</i>
	<i>I never get what I want.</i>	<i>Some things go my way.</i>
<i>Nobody listens to me.</i>	<i>Others care about what I have to say.</i>	
<i>Everyone is mean to me. I am a victim.</i>	<i>I stand up for myself.</i>	
CONNECTION/ BELONGING	<i>I don't fit in</i>	<i>I fit in</i>
	<i>I can't ask for help</i>	<i>I can ask for help</i>
	<i>I'm all alone.</i>	<i>I have others who care about me</i>
	<i>Nobody wants me.</i>	<i>I'm wanted</i>
	<i>I'm left out.</i>	<i>I belong</i>

PROCEDURAL STEPS OUTLINE

■ PHASE ONE – History Taking and Treatment Planning, Client Readiness

■ PHASE TWO – Preparation and Stabilization

Rapport

Explanation of EMDR therapy (Preparation and Stabilization Phase): Explanation of EMDR therapy is dependent upon age, background, experience, and sophistication of client.

"When a disturbing event occurs, it can get locked in the brain with the original picture, sounds, thoughts, feelings and body sensations. EMDR procedures seem to stimulate the information and allow the brain to reprocess the experience. That may be what is happening in REM or dream sleep. The eye movements (tones, tactile) help reprocess the memory and other associated experiences. It is your own brain that will be doing the healing and you are the one in control."

Establishing Types of Stimulation

Demonstrate all three (eye movements, auditory, tactile taps) so choices are available if needed.

For eye movements determine the appropriate distance and direction of eye movements. (Preparation and Stabilization Phase)

"Where does it feel most comfortable to have my hand?" (Clinician moves hand toward and away from the client's face and tests the speed of the eye movements).

Set Up

For eye movements, clinician places chair to the side of the client ("ships passing in the night" position). For tactile and auditory tones, it is also preferable for clinicians to place their chair to the side in order to allow clients to keep their eyes open (without directly facing the clinician).

Metaphor to Use (Offered in the and Stabilization Phase)

"In order to help you 'just notice' the experience, imagine riding on a train noticing the feelings, thoughts, etc. as the scenery is going by."

If the client cannot relate to this, another metaphor can be used, such as watching a movie. (Clinician does not use **BLS** to establish the metaphor.)

The train or movie metaphor encourages dual awareness and an open, receptive posture to the unfolding of their experience during the Desensitization Phase.

Review and Check the Safe/Calm State (If needed)

Check with the client to make sure their Safe/Calm State is still useful and write down the cue word/phrase. May need to review other resources as well, or instead.

B. BACK TO TARGET MEMORY:

Continue with subsequent sets of **BLS** until you believe the client is at the end of a channel, e.g., the material reported is neutral or positive with no qualitative change. Go back to Target and ask: *"When you go back to the memory as you experience now, what are you noticing now?"*

Whatever the client reports, add a set of **BLS**.

If new material emerges, continue down that channel of associations with subsequent sets of bilateral stimulation. When you believe the client is at the end of the channel, go back to the Target Memory and ask, *"When you go back to the as you experience it now, what are you noticing now?"*

Whatever the client reports, add a set of **BLS**. When the client goes back to the Target and reports NEUTRAL or NO CHANGE after two consecutive sets of BLS, check SUD.

C. CHECK SUD:

*"When you bring up that memory as you experience it now, on a scale of 0 to 10, where 0 is neutral or no disturbance and 10 is the highest disturbance you can imagine, how disturbing does the memory **feel** to you now?"*

If the **SUD** is 1 or 2, ask where they feel it in their body. Apply **BLS** until **SUD** is 0 or ecologically adaptive.

If the **SUD** is 0, apply another set of **BLS** to strengthen, then ask, *"What are you noticing now?"* Proceed to Installation Phase.

NOTE: If **SUD** continues to be greater than 0 after multiple sets of **BLS**, and/or a blocking belief arises, use strategies for information not moving and when running low on session time, offer a containment strategy for remaining material; then, shift to Safe State or other relaxation exercise to facilitate state shift.

Do not proceed to Installation Phase until **SUD** is 0 or ecologically adaptive.

■ **PHASE FIVE—INSTALLATION.** Installation begins only after Phase 4 Desensitization is complete (SUD=0 or ecologically adaptive 1). Installation: linking the desired Positive Cognition with the memory:

A. Checking the Initial Positive Cognition:

"As you bring to mind the memory, do the words (repeat the PC) still fit, or is there another positive statement that fits even better?" Note original or updated PC.

B. Checking the VOC (Validity of Positive Cognition):

"Bring up the memory and those words (repeat the selected PC). From 1 (completely false) to 7 (completely true), how true do they feel to you now?"

C. Linking the PC and the Target Memory with Bilateral Stimulation

(BLS is long and fast as this is still a reprocessing phase with the goal of trait change.

"Hold the memory and the words (repeat PC) together." (Apply **BLS**)

D. "What are you noticing now?" (pause for response) Notice that." (Apply **BLS**)

- E. Continue sets of BLS** as long as the material is becoming more positive/adaptive, or residual disturbance is being reprocessed.
- F. Once no change is reported**, check **VOC** adding sets of **BLS** until the **VOC** no longer strengthens. *"Bring up the memory and those words (repeat the selected PC). From 1 (completely false) to 7 (completely true), how true do they feel to you now?"*
- G. Once the VOC=7** (or ecological) and no longer getting stronger, proceed to Phase 6- Body Scan.
- H. When the VOC is Less Than 7: Check for a Blocking Belief or Feeder Memory**

Ask, "What prevents it from being a 7?"

Wait for a response; then add a set of **BLS** to see if a blocking belief comes to mind.

Consider alternate **BLS** direction, speed, or modality.

Add sets of **BLS** until client reports a **VOC** of 7. OR, if client's rating is ecologically adaptive, such as, *"I need to try it to be sure."*

Consider:

- Ecological soundness.
- New skills needed.
- Tag the blocking belief or feeder memory and address it as a separate target.
- Change the PC to make it more believable. (*"I can succeed"* vs. *"I am successful"*)

■ **PHASE SIX – BODY SCAN.** Body Scan begins only after Phase 5 Installation is complete (VOC=7 or ecologically adaptive).

Body Scan: *"Close your eyes and keep in mind the memory as you experience it now 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, apply bilateral stimulation. BLS is long and fast as this is still a reprocessing phase. If a positive or comfortable sensation develops, apply one or more sets of bilateral stimulation to strengthen the positive experience. If a sensation of discomfort is reported, apply **BLS** until discomfort subsides, then repeat body scan until it is clear or ecological.

■ **PHASE SEVEN—CLOSURE:**

Debrief experience with client then read closure statement. Review Stabilization Strategies to Manage Stress if needed.

Closure Statement

*"The reprocessing 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—take a snapshot of what you are seeing, feeling, thinking, and the trigger, and keep a **TICES** log. Then use your Safe/Calm State to help shift the disturbance. We can work on whatever comes up next time. You can also call me if you need to."*

Procedure for Closing Incomplete Target Memory Session:

An incomplete target is one in which a client's material is unresolved, i.e., they are still experiencing some distress or confusion about the memory or related associations. OR the **SUD** is greater than a 1-2 and/or the **VOC** is less than 6. The following is a suggested procedure for closing down an incomplete target memory. The purpose is to validate the client's efforts and help them shift states in order to help them feel grounded before they leave.

Steps:

1. Inform the client that it is time to stop and explain the reason. *"We are almost out of time and we will need to stop soon."*
2. DO NOT take **SUD**, check PC, take **VOC** or Body Scan as they may activate processing.
3. Assess the need for stabilization. *"How are you doing?"*
Offer a containment exercise, if needed:

"I would like to suggest we do a containment exercise before we stop. I would like you to imagine taking what remains of this experience and put it in a container of your choosing until the next time we meet."

Facilitate state shift by eliciting their Safe/Calm State, a resource, grounding, or a relaxation exercise.

4. Debrief once stabilized:
 - a. Offer validation: *"You have done some good work today"*.
 - b. Get client's feedback and offer feedback on the session with special attention to orienting the client to the present and their use of coping strategies between sessions.

"As you consider your experience today, what positive statement can you make that expresses how you feel OR, what you have learned or gained?" (no **BLS**)
5. Review Closure Statement (see previous page) with the client.

■ PHASE EIGHT – REEVALUATION

See Phase Eight Reevaluation worksheets:

- Reevaluation Worksheet to reevaluate the issue and memory following a reprocessing session.
- Resuming Processing of an Incomplete Target Memory.
- Treatment Planning Considerations.
- Procedural Step for Developing Future Templates.

PRINCIPLES AND PROCEDURES FOR ENHANCING CURRENT FUNCTIONING WITH EMDR RESOURCE DEVELOPMENT AND INSTALLATION (RDI) IN COMPLEX POSTTRAUMATIC STRESS DISORDER

Adapted from Korn & Leeds, 2002

PURPOSE

To develop and strengthen specific qualities or attributes, beliefs or behaviors needed to address specific challenges.

To increase access to adaptive memory networks.

To increase capacity to tolerate affects, both positive and negative.

To strengthen the ability to shift from one state to another.

USE:

Resource Development and Installation (RDI) is a resourcing strategy that can be used anytime during the course of treatment. It is used in the initial phases of treatment to aid clients with complex clinical presentation to better manage day to day functioning and/or challenging situations (e.g., routine contentious encounters with ex-spouse; or spending the upcoming holiday with a family member who abused them). RDI helps develop the client's resources and strengthens the adaptive memory networks. It may also be used to prepare the client for history taking and target identification when the time is right. Prior to EMDR memory reprocessing, RDI can help to develop or strengthen the client's resources and adaptive memory networks to support them in reprocessing disturbing and traumatic memories. Additionally, RDI may be necessary if after reprocessing several past memories successfully, the client becomes overwhelmed once they gain a deeper understanding of their traumatic history and what they suffered.

Types of Resources:

Resources appropriate for RDI are associated with positive affects (confidence, competency, mastery, interest, excitement, enjoyment, pride, triumph) and adaptive responses that the client already possesses, but in other contexts. Appropriate resources are based in adult states, unambiguous in content or theme.

Resources can also include *cultural wealth* (Yosso, 2005) such as any positively associated cultural experiences that highlight the assets of the person as a member of a community. (An array of knowledge, skills, abilities and contacts possessed and used by a community.)

Identify client resources within three broad domains of experience in the order presented:

1. Mastery Resources (internal to the client) include:

- The client's own experiences of mastery; previous coping responses to challenging situations or experiences associated with relevant positive affect states (e.g., strength, self-compassion, confidence, competency, pride, triumph, etc.).
- A physical stance or movement that evokes the capacity to act with agency on one's own behalf.

2. Relational Resources include:

- Positive role models who have demonstrated capacities the client would like to incorporate such as courage, persistence, boundary setting, or truth telling. People the client knows or knows of that embody the quality the client wants to develop. Can be real life heroes or public figures, characters from books, stories, cartoons, movies, TV.
- Memories of supportive others including caregivers, relatives, teachers, authority figures, religious figures, community leaders, peers, or pets who have provided soothing, care, affection, protection, or other desired qualities.

3. Symbolic Resources include:

- Any animal or element from the natural world such as an eagle, a mountain stream, a rock or a tree that symbolizes a specific quality. Religious, cultural, archetypal, totemic and transpersonal symbols or rituals.
- An image of a positive goal state or future self that represents the outcome of being successful at attaining their goal.
- Figures or symbols from dreams or imagination which express the client's capacity for adaptive functioning or inspiration.

Procedural Steps for Resource Development and Installation

IDENTIFY A SITUATION OR CHALLENGE WHERE THE RESOURCE IS NEEDED

A situation in which the client is triggered in the present (e.g., speaking up in meeting, or walking into a room of strangers) or a circumstance when the client lacks the needed resource (e.g., lacks courage/strength to reprocess traumatic experiences, lacks patience with overtired children, or lacks confidence to set boundaries).

"In what situation or circumstance do you need additional resources?"

IDENTIFY NEEDED QUALITY, BELIEF OR BEHAVIOR

To increase access to adaptive memory networks.

This quality can be a positive affect (i.e., strength, courage, confidence, motivation), positive belief, or an adaptive response (i.e., patience, assertiveness, self-care) that is necessary, but lacking for the client in the identified situation/circumstance above.

"What quality do you need or need more of as you consider managing or responding in the _____ (restate the identified situation/circumstance above)."

OR,

*How would you like to be able to **FEEL** in the challenging situation?" _____*

IDENTIFY THE EXPERIENCE OR ENTITY THAT EMBODIES THE QUALITY

This is a memory, image or entity that represents one of three broad domains of experience: mastery memories, relational experiences and symbols.

"Can you remember a time when you experienced this quality? If the client answered "yes," ask: "When was it?"

If the client answered "no" or gave no response, ask: *Have you seen it demonstrated by or experienced it from someone else? If the client answered "yes," ask: "Who and what was it?"*

If the client answered "no" or gave no response, ask: *"Is there an entity or symbol that represents or characterizes this resource, such as something in nature (mountain or large oak tree), or a cultural tradition or ritual, or religious figure? If the client answered "yes," ask: "What is it?" _____*

ELABORATION OF MEMORY OR IMAGE

The clinician asks for an elaboration of the memory or image to enable the client's felt sense of the experience.

"Visualize the _____ (restate the memory, or image) and give me a full description of it."

If additional prompting is needed, ask TICES questions as needed to enhance the client's access to the experience of it.

IMAGE

The clinician asks the client to identify an Image that represents the quality/resource.

What image represents this quality or resource?" _____

EMOTIONS AND SENSATIONS

The clinician asks the client to identify what emotions and sensations they are experiencing now.

"As you think of _____ (restate the memory or image) and your experience of it now, what are you feeling? What emotions are you having? What sensations are you noticing in your body?"

ENHANCEMENT OF THE FULL EXPERIENCE

The clinician encourages the client to fully experience their positive feelings, body sensations and to acknowledge any adaptive responses they are noticing as they focus on the memory, image or entity.

"Focus on this positive experience.... what you see, hear, and notice in your body right now. Take a moment to be with your experience. (Pause.) Tell me anything new you notice about it now."

REINFORCE EXPERIENCE OF RESOURCE WITH BLS

The clinician reminds the client of the positive and adaptive attributes of the resource, and strengthens the association with several slow, short sets of BLS. If the resource becomes contaminated, start over with a different memory, image or entity or switch to a different domain of experience.

"Bring up the image (restate the image) of this quality. Notice your feelings of _____ (restate emotions) and where you feel those sensations in your body and allow yourself to experience them fully. Concentrate on the experience and follow my fingers. (Add a short (8-10 passes) of slow BLS.) How does it feel to you now?"

If positive: *"Focus on that (short, slow BLS) What do you notice now?"* Repeat with several sets of BLS until the resource is fully internalized.

If negative: Redirect attention to another experience associated with that resource; or consider another resource.

CUE WORD

The clinician asks the client to come up with a word, phrase or positive belief that is associated with the resource and strengthen it with several short, slow sets of BLS.

"Is there a word, phrase or positive belief that represents this resource? Think of _____ (restate the word, phrase or belief) and notice the positive feelings and where you feel them in your body when you think of it now. Concentrate on those sensations and the word _____ (restate the word, phrase or belief) and follow my fingers" (8-10 slow BLS).

"How do you feel now?" Repeat with several slow, short sets of BLS until it is fully strengthened.

SELF-CUING

The clinician encourages client to use the cue word to access the resource outside of session.

"Now, I'd like you to know that you can do this on your own when you need it. Take a moment to bring up the cue word on your own now _____ and notice how it feels."

FUTURE REHEARSAL USING POSITIVE RESOURCE

The clinician instructs the client to imaginably rehearse using the resource in the situation/circumstance initially identified. After running a movie appropriately using the resource, add sets of slow BLS while the client reruns the movie.

"Now imagine _____ (restate the situation/circumstance initially described) and see yourself using your resource. Are you managing or responding more effectively?"

If the client affirms a positive/adaptive response, instruct the client to: *"Run a movie of you using your resource effectively in that situation/circumstance in the future and tell me when you're finished."* When finished, ask: *"What do you notice?"*

If it remains positive/adaptive, strengthen it by instructing the client: *"Now run the movie again with BLS and tell me when you are finished."*

Add several sets of slow BLS until the desired scenario has been firmly established. Length of sets can vary, depending on the client's ability to stay with the desired response without activating a negative association. It may also be beneficial to enhance one segment of the experience at a time to minimize possible contamination. Can also install one segment of the experience at a time to minimize possible contamination.

CHALLENGE SITUATION (Optional):

"Now imagine a challenge situation that could arise. Run a movie of your desired response to this situation using your resource. What do you notice?"

PRACTICE

Instruct the client to practice using this resource in situations that are stressful or hard to manage. Evaluate utility of resource in subsequent sessions. Adjust as needed to optimize effectiveness. Use BLS to reinforce positive experiences of successfully applying the resource. You can add a corresponding positive belief.

This process may be repeated for each of the qualities the client wants to develop and strengthen, and with each of the specific images/positive associations generated by the client.

USE OF RDI:

Clinicians should periodically reevaluate resources that have been developed to determine their effectiveness on the client's overall stability. When the client is ready for memory processing, the therapist can re-introduce a previously installed resource that is needed to address the traumatic material.

The resource state can also be used to assist with closure for an incomplete Target Memory by helping the client return to a state of mastery by invoking a resource that has already been established.

Korn, D. L., & Leeds, A. M. (2002). Preliminary Evidence of Efficacy for EMDR Resource Development and Installation in the Stabilization Phase of Treatment of Complex Posttraumatic Stress Disorder. *Journal of Clinical Psychology*, 58(12), 465.

CONTAINER

In EMDR therapy, containment strategies help to shift focus of attention and regulate affect. A container can be used when needed during and at the end of sessions or as a coping strategy between sessions. Two resources are offered here:

- **Murray, Katy.** (2011). Clinical Q&A: Container. *Journal of EMDR Practice and Research*, 5(1), 29.

This four-page article describes the value of Container imagery in EMDR therapy and provides a script for guiding clients in building and testing a Container. The full text article can be downloaded at no charge at <https://doi.org/10.1891/1933-3196.5.1.29>

- **Container Exercise–Mark Nickerson**

Purpose:

To be able to put aside and safely contain disturbing memories until the person is ready to face them. It can also be used to contain matters that distract a person from their desired focus within EMDR therapy sessions and at other times.

Instructions:

In a moment, I'd like you to design an imaginary container that could be used to store disturbing or distracting thoughts, feelings or memories until you determine you are ready to face them. This is not designed to permanently ignore powerful things that have happened to you. But it is designed to help you have more control over when you choose to face and come to terms with these issues.

Your container should have the following characteristics:

- *Strong enough to hold what you put in it*
- *Not something you use in your life for other purposes*
- *Something with a door/valve so that you can determine when you want to put something in or take it out*
- *Whatever feels right for you and remember, you can change it if needed*

Now, take a moment and tell me when you can picture your container. (Help clarify their container if needed.)

Now, I'd like you to take a moment to do your best to allow anything you would like to go into your container. You can place it in, pour it in, or let it be drawn into the container in any way your imagination wants to. Take some deep breaths as you do this exercise and I'll allow you some time to let as much go into the container as possible. Wait about 20 seconds and say, Are things going into the container? Problem solve as needed to help.

When things are going into the container say, *Take as long as you need to allow this to happen. Let me know when as much as possible is in the container or if you are having trouble with the exercise.*

When person has completed this say, *Now take a moment to be sure you have sealed up the container.*

I want you to notice how you feel now that you have been able to put as much as you did in that container. Compared to before, you might feel more relieved, more relaxed, more in control, or something else. Take some more time to appreciate that this is how you are able to feel now.

Consider that there may be a time and place to bring something out of the container to face it and come to terms with it. Until that time, know that you can use the container to help you manage disturbance or distractions. Is there a "cue" word you could use to remind you of your container?

EMD (Eye Movement Desensitization)

ADAPTIVE INFORMATION PROCESSING

Access memory or part of a memory as it is currently stored
so that it can be processed.

Accessing the Target Memory activates the distressing emotional states.

The dual attention between past and present, combined with BLS, facilitates a de-arousal effect. Returning to target after each set limits the associative processing for containment purposes

ORIGINALLY DEVELOPED AND RESEARCHED BY DR. SHAPIRO IN THE 1980s

For a more thorough discussion please refer to Pages 220-222 of Dr. Shapiro's 2018 text in which she differentiates between the EMD procedures used in the original (1989) research and how EMD has evolved in clinical practice.

REPLACED BY EMDR THERAPY AS A MORE COMPREHENSIVE TREATMENT

PURPOSE

To be used in circumscribed situations to reduce arousal and increase stability.

For the reduction of symptoms stemming from a memory or part of a memory while minimizing spontaneous associations to other experiences.

For use in initial stages of treatment for more debilitated clients and/or in emergency situations to increase the client's ability to stay present and incorporate a greater sense of mastery

For selected clients who can easily get emotionally overwhelmed and dysregulated.

Once the client is sufficiently stabilized, standard EMDR reprocessing can be used.

PROCEDURAL STEPS:

“The disturbing memory can be treated by requiring the client to maintain in awareness one or more of the following: (1) an image of the memory, (2) the negative self-statement or assessment of the event, and (3) the physical sensations. However, the procedures below were tested in the first RCT (Shapiro, 1989), and appeared to be both effective in desensitizing an identified adverse event and successfully limiting associations. EMD can also be used to target an isolated sensory experience such as a sound or smell. Intrusions can be treated by focusing only on the image.” (Shapiro, 2018 p. 221).

1. Identify the memory or part of memory.
2. Use the standard Phase 3 - Assessment Phase identifying the components of the experience.
3. In Phase 4 - Desensitization, instruct the client to hold in mind the components of the memory.
4. Apply short sets of fast BLS, (12-20), increasing the number of repetitions as needed. After each set, instruct the client to *"Take a breath; let it go. (pause) What are you noticing now?"* If positive, these can be reinforced with sets of eye movement.

Note: In clinical practice, the procedure is to return to the target after every set, while checking the SUD occasionally. In Shapiro's early research on single incident trauma survivors the procedure is to return to the Target Image and Negative Cognition after each set and take a SUD.

5. If other associations arise, shorten subsequent sets. Use a containment strategy and return to target.
6. Return to target after each set until the desired shift has occurred.
7. Once the desired treatment effect has been achieved, begin Phase 5 - Installation: install the selected PC until VOC is 7 or as strong as ecologically adaptive.
8. Note that Phase 6 - Body Scan is skipped.
9. Phase 7 - Closure: As usual, as in general practice apply a state shift strategy.

■ PHASE FIVE - Installation:

"Do the words (repeat the PC) still fit, or is there another positive statement you feel would be more suitable?" Note the original or updated PC.

"Bring up the original experience and the words (repeat the selected PC). From 1 (completely false) to 7 (completely true), how true do they feel to you now?"

"Hold them together." Apply BLS: fast as this is still processing. "How true do those words (PC) feel to you now when you think of the original experience on a scale of 1-7 where 1 is untrue and 7 is absolutely true?"

Continue Installation as long as the material is becoming more adaptive.

■ DO NOT DO PHASE 6 – Body Scan when using EMD.

■ PHASE SEVEN - Closure:

Procedure for Closing Incomplete Target Memory Session:

An incomplete target is one in which a client's material is unresolved, i.e., they are still experiencing some distress or confusion about the memory or related associations. The following is a suggested procedure for closing down an incomplete target memory. The purpose is to validate the client's efforts and help them shift states in order to help them feel grounded before they leave.

Steps:

1. Inform the client that it is time to stop and explain the reason. *"We are almost out of time and we will need to stop soon."*
2. DO NOT take **SUD**, check PC, take **VOC** or Body Scan as they may activate processing.
3. Assess the need for stabilization. *"How are you doing?"*
 - a. Offer a containment exercise, if needed:
"I would like to suggest we do a containment exercise before we stop. I would like you to imagine taking what remains of this experience and put it in a container of your choosing until the next time we meet."
 - b. Shift state by eliciting their Safe/Calm State, a resource, grounding, or a relaxation exercise.
4. Debrief once stabilized:
 - a. Offer validation: *"You have done some good work today"*.
 - b. Get client's feedback and offer feedback on the session with special attention to orienting the client to the present and their use of coping strategies between sessions.

"As you consider your experience today, what positive statement can you make that expresses how you feel OR, what you have learned or gained?" (no **BLS**)

5. Follow "Instructions for Closing ALL Sessions" on the next page.

Instructions For Bringing Closure To A Completed Target Memory Session:

1. Acknowledge resolution of the Target Memory.
2. Offer validation: *"You have done very good work today. How are you feeling?"*
3. Debrief using "Instructions for Closing All Sessions".

Instructions For Closing All Sessions:

Instruct client to observe any changes and use their self-soothing strategies as needed, as the processing can continue between sessions. Assure client of your availability.

"The processing we have done today may continue after our session. You may or may not notice new insights, thoughts, memories, physical sensations, or dreams. Please briefly jot down whatever you notice. We will talk about it at our next session. Remember to use one of your coping skills as needed."

■ PHASE EIGHT – Reevaluation:

Check in with the client on how they have been able to respond or manage the challenging situation related to the memory or part of the memory that was processed. Check for additional intrusive thoughts, startle responses and other symptoms. Check the SUD of the original experience – if you only processed a part of the memory, consider full EMDR reprocessing of the entire experience for complete resolution.

IMPACT OF EVENT SCALE (Revised)

Instructions: Below is a list of difficulties people sometimes have after stressful life events. Please read each item and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to _____, how much were you distressed or bothered by these difficulties?

	Not at all	Little bit	Moderately	Quite a bit	Extremely
1-Any reminder brought back feelings about it.	0	1	2	3	4
2-I had trouble staying asleep.	0	1	2	3	4
3-Other things kept making me think about it.	0	1	2	3	4
4-I felt irritable and angry.	0	1	2	3	4
5-I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	2	3	4
6-I thought about it when I didn't mean to.	0	1	2	3	4
7-I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8-I stayed away from reminders about it.	0	1	2	3	4
9-Pictures about it popped into my mind.	0	1	2	3	4
10-I was jumpy and easily startled.	0	1	2	3	4
11-I tried not to think about it.	0	1	2	3	4
12-I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13-My feelings about it were kind of numb.	0	1	2	3	4
14-I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15-I had trouble falling asleep.	0	1	2	3	4
16-I had waves of strong feelings about it.	0	1	2	3	4
17-I tried to remove it from my memory.	0	1	2	3	4
18-I had trouble concentrating.	0	1	2	3	4
19-Reminders of it caused me to have physical reactions, such as sweating, trouble breathing.	0	1	2	3	4
20-I had dreams about it.	0	1	2	3	4
21-I felt watchful and on-guard.	0	1	2	3	4
22-I tried not to talk about it.	0	1	2	3	4

Impact of Event Scale - Revised

Scoring Information

Avoidance Subscale = mean of items 5, 7, 8, 11, 12, 13, 17, 22

Intrusion Subscale = mean of items 1, 2, 3, 6, 9, 16, 20

Hyperarousal Subscale = mean of items 4, 10, 14, 15, 18, 19, 21

Assessing Psychological Trauma and PTSD: A Handbook for Practitioners

Chapter 15: The Impact of Event Scale-Revised
by Daniel S. Weiss, PhD & Charles R. Marmar, MD
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In J.P. Wilson, & T.M. Keane (eds.),
Assessing Psychological Trauma and PTSD: A Practitioner's Handbook
New York: Guilford.

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ADVERSE CHILDHOOD EXPERIENCE (ACE) QUESTIONNAIRE
Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often**...swear at you, insult you, put you down, or humiliate you? **Or** act in a way that made you afraid that you might be physically hurt?

Yes_____No_____If yes, enter 1 _____

2. Did a parent or other adult in the household **often**...push, grab, slap, or throw something at you? **or ever** hit you so hard that you had marks or were injured?

Yes_____No_____If yes, enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**...touch or fondle you or have you touch their body in a sexual way? **Or** try to or actually have oral, anal, or vaginal sex with you?

Yes_____No_____If yes, enter 1 _____

4. Did you **often** feel that...no one in your family loved you or thought you were important or special? **Or** your family didn't look out for each other, feel close to each other, or support each other?

Yes_____No_____If yes, enter 1 _____

5. Did you often feel that...you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes_____No_____If yes, enter 1 _____

6. Were your parents **ever** separated or divorced?

Yes_____No_____If yes, enter 1 _____

7. Was your mother or stepmother... **often** pushed, grabbed, slapped, or had something thrown at her? **Or sometimes or often** kicked, bitten, hit with a fist, or hit with something hard? **Or ever** repeatedly hit over at least a few minutes or threatened with a gun or a knife?

Yes_____No_____If yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes_____No_____If yes, enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes_____No_____If yes, enter 1 _____

10. Did a household member go to prison?

Yes_____No_____If yes, enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.
(>3 significant; the higher the score, the greater the impact of life experiences)

Learn more at <https://www.cdc.gov/violenceprevention/aces/index.html>

CLINICAL USE OF THE DES

Many clinicians have used the DES as a screening device to identify high dissociators, but are unsure how to proceed when someone obtains a high score on the scale. Most times that a client scores over 20 or 30 on the DES, the clinician will want to know more about the dissociative experiences that contributed to the high score. One approach at further investigation would be to use the completed scale to interview the client. For each item worth a score of 20 or more, the clinician could ask the client for an example of the dissociative experience. (E.g., Can you give me an example of the time when you found something among your possessions that you didn't remember buying?") With this method, it is possible to find out if a client has understood a question differently than it was intended. For example, a client might answer the above question with "Sometimes my wife buys me new shirts and I find them in my closet." Clearly, this experience is not an example of dissociation and the high score is misleading.

Another approach would be to use one of two available structured clinical interviews for dissociative disorders. The Dissociative Disorders Interview Schedule developed by Ross (Ross et al., 1989) and the Structured Clinical Interview for DSM-III-R Dissociative Disorders (Steinberg et al., 1990) developed by Steinberg can both be used to make or rule out a dissociative disorder diagnosis.

DES-II

Eve Bernstein Carlson, PhD

Frank W. Putnam, MD

Directions

This questionnaire consists of twenty-eight questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs.

To answer the questions, please determine to what degree the experience described in the question applies to you and circle the number to show what percentage of the time you have the experience.

Example:

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
(never) (always)

Date _____ Age _____ Sex M ____ F _____

1. Some people have the experience of driving a car and suddenly realizing that they don't remember what has happened during all or part of the trip. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was said. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3. Some people have the experience of finding themselves in a place and having no idea how they got there. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

5. Some people have the experience of finding new things among their belongings that they do not remember buying. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

6. Some people sometimes find that they are approached by people that they do not know who call them by another name or insist that they have met them before. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

8. Some people are told that they sometimes do not recognize friends or family members. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation). Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

10. Some people have the experience of being accused of lying when they do not think that they have lied. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

11. Some people have the experience of looking in the mirror and not recognizing themselves. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

12. Some people have the experience of feeling that other people, objects, and the world around them are not real. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

13. Some people have the experience of feeling that their body does not seem to belong to them. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they are reliving the event. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

15. Some people have the experience not being sure whether things that they remember happening really did happen or whether they just dreamed them. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

16. Some people have the experience being in a familiar place but finding it strange and unfamiliar. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

18. Some people find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

19. Some people find that they are sometimes able to ignore pain. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

21. Some people sometimes find that when they are alone they talk out loud to themselves. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.). Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing it (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

25. Some people find evidence that they have done things that they do not remember doing. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

28. Some people sometimes feel as if they are looking at the world through a fog so that people and objects appear far away or unclear. Circle a number to show what percentage of the time this happens to you.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%