

LECTURE 9a

CLINICAL INTERVENTIONS



PHASE 4: DESENSITIZATION

Unrestricted Processing
(Chapter 6; Shapiro, 2001)

GOAL

- To fully process the agreed-upon target until SUD = 0 or is ecologically valid (may take numerous treatment sessions to complete)

AIP

- Bilateral stimulation is the catalyst that activates the adaptive information processing system.
- Isolated (maladaptive) and adaptive neural-networks link / update / reconsolidate



EXPECTATIONS

• Clinician

- Eye movements are the preferred form of BLS.
- No suppose to's
 - Once processing begins, anything may be reported by the client
 - About the target
 - About other situations:
 - Channels of Association: past, present, future
- Trust the information processing system to 'connect the dots'
- Stimulate and keep moving
 - Processing is moving as long as the client reports something different than the previous set—regardless of what that is!

• **Client expectations**

- “Just notice / free associate / day dream.”
- “Let whatever happens, happen.”
- “Just report what you notice, no ‘supposed to’s.’”
- Stop / keep going signals
 - Stop signal
 - Always respect the client’s desire to stop
- Keep going signal:
 - Gives client permission to control the processing if they wish to extend a set of BLS

CLINICAL PROCEDURES

• **Processing Instructions**

“Once we start processing [BLS], allow yourself to just daydream / free-associate.

During the processing, I will be watching for shifts in your body, looking for when you have completed a paragraph of thought.

I will slow down the [BLS]; if you are in the middle of the paragraph, just signal me to keep going.

When we stop, I’ll ask you to just give me a brief statement of what you are noticing. Again, there are no ‘supposed to’s’; just let whatever happens, happen.”

Pg 125

• **Bilateral Stimulation (BLS)**

- Pacing
 - 15 to 30 seconds per set
- Nonverbal cues
 - Facial expressions
 - Eye movements: Adapt to the client’s rhythm
 - Learn client’s ‘tells’
- Keep eyes tracking smoothly
 - If jerky or stopped (client is losing dual attention, refocus them more on the mechanics, i.e., eye movements),
 - Attract the client’s attention “Follow my fingers.... Good, that’s it”
 - Continue eye movements until smooth tracking has resumed
 - Stop after three to four more passes

• **Feedback between sets**

• **Clinician**

- Clinical intervention:
 - *“Take a breath, let it go....What do you notice now?
.....Go with /Start with that.”*
- Minimize reflective listening, repeating what the client says.
 - Upon report, the client is already moving on
- After some experience processing, the client may start reporting as you stop your eye movements; adjust your comments accordingly
 - *“Client comments.....”, “Okay, go with that”*

• **Client**

- There are no “supposed to’s” / allow free association
- Target specific or neural-network channels of association
- Brief statements / comments / road markers
- It is not necessary for the client to report details regarding his/her experience.

PROCESSING CONSIDERATIONS

- **Under-accessing** (80 - 20% office / memory)
- When the client has trouble getting started consider:
 1. Focusing on the body
 - *“Where do you feel it in your body?”*
 2. Modify the eye movements
 - Longer sets
 - Tapping vs. eye movements
 - Eye movements may be creating too much ‘in the office’
 - Switching to tapping and having the client close his/her eyes may allow the client to ‘get more into the memory
 3. Return to target and re-access
 - *“When you think of ... what do you notice now?”*

- **Normal Processing** (optimal processing range 60 - 40% in office/in memory)
- Changes indicating processing:
 - Word Document Metaphor
(Client is processing a single document)

- Target Specific
- Images
- Sensations
- Emotions
 - Normal processing through the experience
Ex: Sexual abuse survivor
Fear -Shame-Guilt-Anger-Sadness
- Thoughts / insights / beliefs

- Channels of Association (Client is processing the file folder)
- Trust the process
- Whatever comes up is related to the target / is within the identified neural-network / is related to the presenting complaint
- Past/ present / future targets
- Images / emotions / sensations / people / places, etc.

- Emotions
- Approach
 - May increase or decrease with each set of BLS
 - Emotional intensity may increase before dropping
 - Ecological progression
 - Example: child abuse survivor: shame to anger to sadness, etc.
 - Emotions are being released
 - The client is not being re-traumatized
 - The client is observing, not reliving

- Interventions
 - BLS helps facilitate processing and integration
 - Extend sets of BLS as long as necessary to help pull the client through the disturbance
- Pro-active clinical support
 - Nurture through the experience
 - Assure client support, safety
 - Make reference to
 - Safety *"It's over, you are safe now."*
 - Time orientation *"It happened a long time ago."*
 - Geographical orientation *"It's in the past, you're here in my office now."*

Pg 127

- Emotional Plateaus
 - Remind the client it is okay to rest, take a break and recharge
- Stop signal
 - Remind the client of his/her stop signal
 - Always respect client's wishes to stop

- Physical sensations
 - Physical sensation experienced during the incident may come up during processing.
- Beliefs
 - Both negative and positive beliefs may be reported
 - New insights, learning and perceptions of self may evolve

- **Over-accessing** (80% or more in the memory)
 - Not responsive to clinical interaction
 - Reliving the experience
 - Hyper-arousal
 - Over-whelming emotions / sensations
 - Terror vs. fear
 - Hypo-arousal
 - Shut down / numbing / dissociation
 - Interventions
 - Pro-active
 - Eye movements
 - Active tapping
 - Restricted Processing (EMD)

WHEN PROCESSING IS NO LONGER CHANGING

- Client reports no change after several sets of BLS
 - Back to target

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

- If:
 1. The client reports something new: resume normal processing
 2. The client still reports no movement: take a SUD

“When you think of the incident, how disturbing is it now?”

If the client reports a SUD>0....”Go with that”
and resume normal processing



COMPLETING THE DESENSITIZATION PHASE 4

- Process the incident to SUD = 0 (may take numerous treatment sessions)
- What if SUD = 1 or 2 and is not changing after another set:
 - *“Where do you feel (SUD #) in your body?....Go with that”*
 - or
 - *“What would help this move to a 0?”Go with that*
 - or
 - *“What is the worst thing that would happen if it goes to a 0?....Go with that”*

Ecological: The SUD may be where it needs to be - if so, proceed to Installation

PHASE 5: INSTALLATION
(Chapter 6; Shapiro, 2001)

AIP

- To strengthen the neural-network's linkage / up-dating / reconsolidation of the incident

- Steps

1) Recheck the initial adaptive positive belief schema. Processing may have evolved the belief to one that is more adaptive.

"When you think of the incident, does our original positive belief still fit or is there a better one now?"

2) If a better one, use that for the remainder of treatment.

Py 129

3) Link the positive belief with the incident and measure its validity.

"As you think of the incident and your positive belief, how true does it seem now on a scale from 1 to 7 where 1 is totally false and 7 is totally true?"

VoC: 1 2 3 4 5 6 7

4) Strengthen the linkage with processing speed BLS until fully integrated.

5) VoC < 7

- Potential blocks:

- *"What would help this move to a 7?"*
- *"What is the worst thing that would happen if it goes to a 7?"*

- Ecological?

- Ex. *"I have to do the presentation before I really believe it!"*

6) Once installed, proceed to Phase 6: Body Scan

PHASE 6: BODY SCAN*
(Chapter 6; Shapiro, 2001)

*Restricted processing does not use this step as it may activate other memories

AIP

- Residual components of the targeted incident may be held somatically
- Early childhood experiences are often stored in non-declarative memory.
- Client may not be able to recall images or thoughts.
- Emotions and/or physical sensations may be all that can be reported.

Py 130

STEPS

- 1) "Think of the incident and your positive belief; now scan your body and report any body sensations you are experiencing. What are you noticing?"
- 2) Process any reported body sensations (positive or negative) with processing speed BLS
 - Relatively brief set - (10-15 seconds)
 - Ask: "What do you notice now?Go with that"
 - Client may report new memories - process those with BLS until they are resolved
- 3) Repeat body scan process until the client no longer has any negative body sensations.

PHASE 7: CLOSURE
(Chapter 6; Shapiro, 2001)

AIP

- To stabilize the client before ending the treatment session
- To debrief the client regarding new insights, thoughts, etc.

CLINICAL JUDGMENT

- When to begin closing a treatment session?
 - Client's stabilization skills
 - Client's level of affect
 - Client's need for debriefing / connecting

Py 131

STEPS

1) Inform the client

- *“We are almost out of time. Would you like to do one more set or stop now and talk about your experience?”*

2) Affect management

- **Positive State** (Target has been completed, i.e., SUD=0, VoC=7, Clear Body)
 - Discuss the experience with the client
 - New insights / new perspectives / new learning

- Mildly disturbed state (Target processing is still in the desensitization phase):
 - Use clinical judgment regarding debriefing the incident
 - Consider using the client’s affect management skill to stabilize the client

- Strongly disturbed state (Target processing is still in the desensitization phase):
 - Stop session sooner to allow for more time to stabilize the client
 - Consider alternative affect management interventions to stabilize the client
 - Guided imagery, etc.
 - Have the client sit in the lobby
 - Pre-planning
 - Have a friend bring them
 - Schedule the appointment near the end of the day

- Future rehearsal (Mary Reigel)
- Have the client imagine the rest of the day, focusing on positive experiences after leaving the office until going to bed

3) Closure statement:

“You’ve done some good work. Processing will continue between sessions, so just notice what is happening. You may have new thoughts, dreams, insights, etc. Just make note of them and we will talk about them when we meet again.”
