A-TIP Worksheet

Preparation

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

Step 2. Obtain informed consent to use eye movements

Step 3. Optional: Teach a grounding exercise: (eye-roll, four-square, circular)

Access & activate the incident

Step 4. Describe the incident:
Tell me what happened. or Tell me what you are concerned about.

___________________________________________________________

___________________________________________________________

Step 5. Irrational belief:
When you think of that, what negative self-talk do you have?
(Offer the statements below that seem appropriate)

[ ] I’m responsible [ ] I have to be in control [ ] I have to be perfect
[ ] I’m not good enough. [ ] I’m inadequate. [ ] I’m worthless.
[ ] I’m a failure. [ ] I’m unlovable. [ ] I’m overwhelmed
[ ] I am powerless. [ ] I am going to die. [ ] I am helpless.
[ ] I am overwhelmed. [ ] I am trapped [ ] I am in danger.
[ ] I am vulnerable. [ ] I am bad. [ ] I am damaged.
[ ] I should have done something

[ ] other: ____________________________________________________

Step 6. How disturbing is that thought _____________ on a scale from 0 (no disturbance) to 10 (highest disturbance)?

0 1 2 3 4 5 6 7 8 9 10
Step 7. Positive belief:

How would you like to think about yourself in that situation?
(Offer possible beliefs if the client has difficulty generating his/her own)

[ ] I’m okay regardless.  [ ] I can accept myself.  [ ] I’m good enough
[ ] I’m worthwhile  [ ] I can get through it  [ ] I’m lovable
[ ] I’m adequate  [ ] It’s over. I survived.  [ ] I can get through it.
[ ] I did the best I could.  [ ] I can protect myself.

[ ] I can recognize appropriate responsibility  [ ] I can control what I can
[ ] other:__________________

Step 8. On a scale from 1-7 where 1 is totally false and 7 is totally true, how true do you think your positive thought is now?

VoC    1 2 3 4 5 6 7
Totally false                 Totally true

Step 9: Stop Signal:  One we start the eye movements, stop me if other memories come up or you feel any body sensations.

Step 10. Desensitize (Restricted Processing - EMD)

I’d like you to bring up the incident and your negative thoughts….now follow my fingers. When I stop, think of the incident and tell me how disturbing it feels. Then follow my fingers again. We’ll repeat that process as long as the disturbance keeps changing.

a. BLS /DAS(5-10 round trips of eye movements):

b. Take a breath, think of the incident…0-10 how disturbing is it? .......

Recording the disturbance is optional, rapid pacing is more important

_____ Go with that    Repeat a & b
_____ Go with that    Repeat a & b
_____ Go with that    Repeat a &

c. Take a breath, when you think of (the incident), what do you notice?.......

  0-10 how disturbing is it? _____Go with that.    Repeat a,b,c
a. BLS/DAS (10 round trips of eye movements):

b. Take a breath, think of the incident… 0-10 how disturbing is it?

  Recording the level is optional, rapid pacing is more important
  ___ Go with that  Repeat a & b
  ___ Go with that  Repeat a & b
  ___ Go with that  Repeat a & b

c. Take a breath, when you think of (the incident), what do you notice?…

  0-10 how disturbing is it? _____Go with that. BLS/DAS Repeat a,b,c

  Stop desensitization if the client uses his/her stop signal:

  Once the level of disturbance no longer drops, proceed to installation

Step 11: Install and enhance VoC:

a. When you think of (incident) does your positive thought still fit or is there
   a better one? If so, what fits now?
   _____________________________________________

b. When you think of (incident), how true is that thought feel now on a scale
   from 1-7 where 1 is totally false and 7 is totally true?
   ___ Go with that  (BLS/DAS: 10 sets)
   ___ Go with that  (BLS/DAS: 10 sets)

c. When the VoC stops increasing, proceed to closure

Step 12: Close Session

a. Talk with the client about his/her experience

b. Remind him/her that more situations may come up, if so, seek additional
   support for a mental health professional
A-TIP Treatment Summary

Targeted Incident

Irrational Belief:

Adaptive Belief:

Starting SUD ____________  Ending SUD______________

Starting VoC ____________  Ending VoC______________

Outcome (circle one)  Completed  Unfinished

Closure Intervention(s) (circle those used)

None  Eye-roll  Four-square  Circular  Figure-eight  Calm Place  Container

Client’s Status (circle one)

Stable  Excellent

1  2  3  4  5

Treatment Notes:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Additional Interventions Planned :______________________________
_________________________________________________________________________________
_________________________________________________________________________________