

PRACTICUM

Packets



Practicum Packet

Phase 1: History

Welcome to your first practicum experience!

To begin, you will meet briefly as a group with your facilitator and the other dyads your facilitator is supporting for this Part 1 training.

- This is the time for clarifying questions before we send you off into your breakout rooms.
- Exchange phone numbers with your partner and facilitator

In your breakout room:

- Once in your dyads, spend a few minutes getting to know one another and getting comfortable.
- Decide who will be the therapist first.
- Take note of the time since you will each have a turn during this block

We would like you to practice each type of floatback, even if it's with the same theme/issue.

You can identify three different possible NC's with which to practice or use the same NC for all.

It can feel odd to do two or three types of floatback on the same NC, though we want you to practice each of these methods.

Prior to beginning, be sure to identify a grounding strategy in the event that the client becomes activated.

Check in with the client after each set of floatbacks to assess the need for containment or grounding.

PHASE 1: THEMATIC HISTORY TAKING WORKSHEET

What is bringing the client to therapy?

Presenting problems:

- 1.
- 2.
- 3.

Primary Themes/Issues:

- 1.
- 2.
- 3.

Negative beliefs about the self (NCs):

- 1.
- 2.
- 3.

METHOD #1: FLOATBACK USING NEGATIVE COGNITION ALONE:

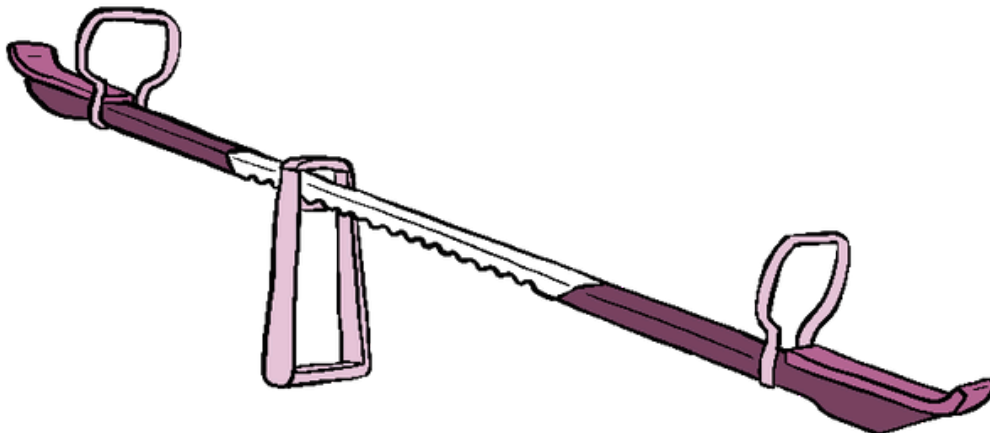
Obtain the NC: “When you think about this recurring theme, what do you tell yourself this means about *yourself*?”

Reminder: The core negative belief (NC) needs to have the following characteristics:

- It is about the **self** (not just a negative feeling the person has about a situation or someone else) in the present moment
- It needs to be **negative**
- It needs to **not actually be true**
- It needs to refer to a belief about the self NOW (when accessing the trauma)

Negative beliefs about the self (NCs):

- 1.
- 2.
- 3.



NC #1:

First: “Now, as you think about that recurring issue and the words (repeat NC), when is the first time you can remember believing (NC)?”

First incident:

Worst: “Now, as you think about that recurring issue and the words (repeat NC), when is the worst example of a time you can remember believing (NC)?”

Worst incident:

Most recent: “Now, as you think about that recurring issue and the words (repeat NC), when is the most recent time you can remember believing (NC)?”

Most recent incident:

Desired future: “Now, as you think about that recurring issue and the words (repeat NC), as you think about the future, how would you like to be able to experience this issue instead?”

Desired future:

Check in with your client to assess need for grounding before continuing.
Remember, with clients in your office, you are unlikely to need more than one floatback method.

METHOD #2: FLOATBACKS USING NC TOGETHER WITH BODY SENSATION AND/OR AFFECT EVOKED BY THAT THEME AND NC:

NC #1:

**When you think of that issue and say the words (NC), what do you notice in your body?
What emotions do you feel?**

First: Now, as you think about that recurring issue, (the sensation in your body), (the emotions), and the words (repeat NC), when is the first time you can remember feeling just like this?

First incident:

Worst: Now, as you think about that recurring issue, (the sensation in your body), (the emotions), and the words (repeat NC), when is the worst example of a time you can remember feeling just like this?

Worst incident:

Most recent: Now, as you think about that recurring issue, (the sensation in your body), (the emotions), and the words (repeat NC), when is the most recent time you can remember feeling just like this?

Most recent incident:

Desired future: Now, as you think about that recurring issue, the feeling in your body), (the emotions), and the words (repeat NC), how would you like to be able to experience this issue instead?

Desired future:

METHOD #3: AFFECT SCAN: (SHAPIRO, 1995)

Affect Scan is particularly useful when clients have difficulty putting words to their experience. It's not uncommon for implicit memory to be held in non-verbal form.

“Now let your mind scan back to an earlier time when you may have felt just like this and just notice what comes to mind.” OR...

“Hold the experience in mind, notice the emotions you are having right now, and notice what you are feeling in your body. Now float back like on a river of time and tell me the first time/worst time/most recent time you felt *just like this*.”

With the affect scan, just identifying the earliest time is sufficient to start.

First:

Worst:

Most recent:

List of Negative and Positive Cognitions

Theme	Negative Cognition	Positive Cognition
Safety/Vulnerability	<p>I can't protect myself (or loved ones).</p> <p>I'm not capable of telling whom I can trust.</p> <p>I am not safe <u>now</u>.</p> <p>I'm in danger <u>now</u>.</p>	<p>I can (learn to) protect myself. I am a survivor.</p> <p>I am safe <u>now</u>.</p> <p>I can choose whom to trust.</p> <p>It's over, I can move beyond it.</p>
Choices/Guilt	<p>I can't handle it.</p> <p>I can't stand it.</p> <p>I can't trust my judgment.</p> <p>I am helpless <u>now</u>.</p>	<p>I can handle it.</p> <p>I have choices now.</p> <p>I'm in charge of my reactions.</p> <p>I can (learn to) trust my judgment.</p>
Responsibility/Shame	<p>I'm bad.</p> <p>I'm unlovable.</p> <p>I'm worthless.</p> <p>I don't matter.</p> <p>I'm weak.</p> <p>I'm incompetent.</p> <p>It's my fault.</p> <p>I'm inadequate.</p> <p>I'm a failure.</p> <p>I should have done something/<u>known better</u>.</p>	<p>I'm good.</p> <p>I'm lovable.</p> <p>I'm good enough.</p> <p>I do matter.</p> <p>I'm competent.</p> <p>It's not my fault.</p> <p>I'm strong (enough).</p> <p>I'm adequate.</p> <p>I did the best I could.</p>
Connection/Belonging	<p>I can't connect.</p> <p>I don't belong.</p> <p>I am invisible.</p> <p>I'm different, and that's not okay.</p>	<p>I can connect.</p> <p>I deserve to belong.</p> <p>I deserve to be seen.</p> <p>I am myself, and that's okay.</p>

Practicum Packet

Phase 2: Resourcing

Instructions

For this Phase 2 practicum, you will return to your partners and practice several resourcing exercises.

First you will meet briefly with your facilitator for small group discussion, clarification of instructions, and guidance. Then, you'll be sent to your breakout rooms to practice.

Split your time in half so that you each have the same amount of time to be therapist and client. Practice at least 2 of the exercises, more if you have time.

PRACTICE #1: CONTAINER

Instructions (Adapted from Landry Wildwind, Mark Nickerson, Katie O’Shea, and Sandra Paulson)

Step 1. Explanation

For many people, the idea of an internal container is not appealing. Some people think it means they are avoiding their difficulties. Others find the idea impossible to imagine. We start by explaining to clients how the felt-sense of an internal container could be helpful to them and why people need this capacity.

“All people have a lot of material that needs attention so it can be reprocessed and digested. The brain holds onto a great deal of information – sights, sounds, tastes, memories, thoughts, but doesn’t always have the opportunity to organize it, discard what it doesn’t need, and file what it does. So we need a way to gently hold onto that information in a way that allows us to get on with daily life until we can take one piece at a time and give it our full attention.”

Step 2: Design characteristics

“I’d like to invite you to imagine in the mind’s eye a container sufficient to contain every disturbing thing.”

As the client describes the container to you, pay attention to its qualities. Here are some things that can be helpful in the construction of a container.

Description of container:

Strong: **“Is it strong enough to hold what you put into it?”**

Two-way valve: **“Some people like to have a two-way valve system to take parts out rather than everything coming out at once.”**

Comfortable inside: **“Some people like it to be comfortable enough inside so that your past experiences are willing to stay inside until the time is right to work with them.”**

Transparent vs Opaque: **“Is it important to you to be able to see the disturbing things?”** (asked if the container is transparent) **“Some people find it helpful when their container is opaque and they don’t need to always look at what’s in there.”**

Location of the container: **“Where would you like to put the container?”** (Notice location and query if container is inside the body or somewhere unstable or unsafe.)

Step 3. Imagine using the container

“Now I’d like to invite you to let every disturbing thing make its way smoothly and easily into the container for now. Let your imagination decide how the disturbing things move into the container. Take all the time you need.” (Wait 20–30 seconds).
“Are the things moving into the container? Let me know if any difficulty pops up and I can help.”

Step 4. Enhance

“Can you tell me what feelings/emotions/sensations are coming up as you imagine letting things go into your container?” (Consider strengthening any adaptive experiences with slow BLS—tapping, butterfly, etc.)

Step 5. Cue word

“Now as you focus on those positive feelings, is there a word or phrase that would represent your container? _____ Think of that, and notice the positive feelings and sensations that go along with that word.” (slow BLS)

Practice

Step 6. Cueing with disturbances

“Can you think of a mildly disturbing recent experience, access your container (cue word), and notice the positive sensations that you experience when you let those disturbing experiences go into your container.”

Step 7. Self-cueing with disturbance

“Now, I’d like to invite you to think of another mildly disturbing recent experience, access your container (cue word), and notice the positive sensations that you experience when you let those disturbing experiences move into your container.”

Integration

Mindful practice helps this exercise become organic and accessible to people. Encourage clients to practice letting material move into their container for now each morning and evening.

Step 8. Integrate

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

PRACTICE #2: SAFE/CALM STATE

(adapted from Katie O'Shea and Sandra Paulson, 2009)

Step 1: Explanation and introduction of concept of the safe state

"It's the job of the emotional centers of the brain (such as the amygdala) to be our 'smoke detector.' The amygdala stays alert 24/7 and can respond instantaneously to danger. We don't need to pay attention and stay alert and aware all the time b/c the amygdala automatically does this. That's its job.

So, would it be okay to feel safe when you are safe, when nothing bad is happening right here and right now? (Pause. If yes, continue). In order to feel safe when we are safe, we need to let everything that still needs to be sorted through go into your container.

Can you let all of those things go into the container for now?" (add SLOW BLS)

Step 2: Notice the shift in state and install

"Just notice."

Continue BLS, checking in periodically, until they reach a state of relaxed awareness, our natural state when no danger is present.

Step 3: Name the state and install, noticing if it evolves

"As you focus on what you're feeling now, what word or words come to mind? I want you to have a way to quickly call back this feeling. Hold (the word/words) in mind while you focus on the feeling, and add more taps."

Have them tap for about 30 seconds, then ask, **"Did (their word/words) stay or change?"** If it stayed, ask them to practice it in order to get in the habit of feeling safe when they are safe. If it changed, add BLS until it stops changing/feels connected.

Step 4: Psychoeducation about the process of habit change and rewiring

"It usually takes about 2 weeks of practice for our body to get out of the habit of being vigilant and into the habit of feeling relaxed and aware when there is no danger present. Remember, your amygdala is on duty 24/7. The body responds one million times faster than the conscious mind, so we are made to be relaxed and ready at all times."

Remind them to **Contain and Resource** before sleep, upon awakening, and when they change activities.

Applications

- Use as a temporary state change strategy as distinguished from deeper change (which results from the reprocessing effects of EMDR therapy).
- Use to shift out of reprocessing (when desired by client) as a temporary state change to manage high levels of distress.
- Use to close an incomplete target memory, when time is running out, or in between sessions as a self-regulation strategy.

Tips for use of Calm/Safe State:

- Developing a Safe/Calm State can increase levels of distress in clients whose sense of safety in the world has been compromised.
- Bilateral stimulation paired with the development of the Safe/Calm State can be activating. Be sure you are using **short** sets of **very slow** BLS or omit BLS while still following the procedural steps.

In EMDR therapy, containment strategies help to shift focus of attention and regulate affect. A container and reminder of safe state can be used when needed during and at the end of sessions or as a coping strategy between sessions.

PRACTICE #3: CROSS CRAWL

Cross Crawl is an example of a movement strategy that crosses the midline of your body. The movement uses the left and right hemispheres of the brain to increase awareness of your body and coordination. Cross crawl can be as complex as dancing or yoga or as simple as dancing.

How to practice the exercise:

1. Stand up.
2. Lift your left knee off the floor.
3. Bend your right elbow to touch your knee.
4. Lower knee to the floor and arm to your side.
5. Stand up.
6. Lift your right knee.
7. Move your left elbow to touch your right knee. Repeat.

View [Cross Crawl exercise: Neurological Disorganization \(this is a good thing!\)](#).



Clench and release can be an alternative for clients who do not have a wide range of motion.



Practicum Packet

Reprocessing: Part 1

During this practicum, you will each have the opportunity to experience EMDR reprocessing, once in the role of therapist and once in the role of client. You will briefly meet in your facilitation group prior to being sent to your practice breakout rooms.

Guidelines

For the therapist

- For your second round as therapist, you do NOT need to repeat Phases 1 and 2 with your client.
 - After the first cycle through as therapist and client, you will move forward as in any clinical situation. This means that you will check in with your client (Phase 8) and will follow instructions about how to pick up where you left off with the client.
- You **do** need to check your target and NC with your facilitator **prior to beginning Phase 3**.
- Be sure you and your client establish the “stop” and “pause” signals.
- **Establish which form of bilateral stimulation you will be using.**
- Administer the DES screening for dissociation before moving into reprocessing.

For the client

- Please let your facilitator know if you have any concerns or limitations with reprocessing so that they can guide you.

MECHANICS OF PHASE 2: PREPARATION

Stop Sign

- Establish a nonverbal ‘Stop’ signal and a signal to say, “I need a break.” or “I just need to take a breath or take a second.”
- Encourage the client to use a stop signal at any time or for any reason they need to stop, including a loss of ability to maintain dual awareness.
- Practice the use of the stop and pause sign with the client.

Be sure you:

- Have a target and NC
- Get the go-ahead from the facilitator
- Establish stop and pause signals
- Establish which form of BLS you will be using



List of Negative and Positive Cognitions

Theme	Negative Cognition	Positive Cognition
Safety/Vulnerability	<p>I can't protect myself (or loved ones).</p> <p>I'm not capable of telling whom I can trust.</p> <p>I am not safe <u>now</u>.</p> <p>I'm in danger <u>now</u>.</p>	<p>I can (learn to) protect myself. I am a survivor.</p> <p>I am safe <u>now</u>.</p> <p>I can choose whom to trust.</p> <p>It's over, I can move beyond it.</p>
Choices/Guilt	<p>I can't handle it.</p> <p>I can't stand it.</p> <p>I can't trust my judgment.</p> <p>I am helpless <u>now</u>.</p>	<p>I can handle it.</p> <p>I have choices now.</p> <p>I'm in charge of my reactions.</p> <p>I can (learn to) trust my judgment.</p>
Responsibility/Shame	<p>I'm bad.</p> <p>I'm unlovable.</p> <p>I'm worthless.</p> <p>I don't matter.</p> <p>I'm weak.</p> <p>I'm incompetent.</p> <p>It's my fault.</p> <p>I'm inadequate.</p> <p>I'm a failure.</p> <p>I should have done something/<u>known better</u>.</p>	<p>I'm good.</p> <p>I'm lovable.</p> <p>I'm good enough.</p> <p>I do matter.</p> <p>I'm competent.</p> <p>It's not my fault.</p> <p>I'm strong (enough).</p> <p>I'm adequate.</p> <p>I did the best I could.</p>
Connection/Belonging	<p>I can't connect.</p> <p>I don't belong.</p> <p>I am invisible.</p> <p>I'm different, and that's not okay.</p>	<p>I can connect.</p> <p>I deserve to belong.</p> <p>I deserve to be seen.</p> <p>I am myself, and that's okay.</p>

DAY 3

PHASE 3: ASSESSMENT/TARGETING WORKSHEET (NO BLS)

Decide on the EVENT to be targeted:

- This is a *specific* incident or event.
- Even if similar events happened repeatedly, *the client chooses one representative incident to target. "The worst part of the incident."*
- You will draw from the Phase 1 worksheet where you have **already** identified the events (via floatback or affect scan) and often, the NC.

Event headline:

Image

"What *image* represents the worst part of this event?" or **"When you think of the incident or event, what do you get?"** (Might be on another sensory channel. Might be 'the fact that it happened.' In those cases, target that.)

Describe the image:

Negative Cognition (NC)

"As you look back, what words go best with that image that express your negative belief about yourself now?"

NC:

Positive Belief (PC)

"As you look back, what would you like to be able to believe about yourself now (instead of NC)?"

PC:

Validity of Positive Cognition (VoC)

“When you think of that worst part, how true do the words (repeat PC) *feel to you NOW* on a scale of 1 to 7 where 1 feels completely false and 7 feels completely true?” (If the client struggles with this, encourage them to go with their gut feeling about how true the words are when connected to the worst part.)

1 2 3 4 5 6 7

Emotions

“When you bring up that image, and those words, (repeat NC), what emotions are you feeling *right now*?”

Describe the emotions:

SUDs

“On a scale of zero to ten where zero is no disturbance or neutral and ten is the highest disturbance you can imagine, how disturbing does it feel to you now?”

0 1 2 3 4 5 6 7 8 9 10

Location of Body Sensation

“Where do you feel it in your body?”

Describe the body sensations:

Move IMMEDIATELY into Phase 4: Desensitization.

PHASE 4: DESENSITIZATION (FAST BLS)

“Now bring up that picture (or worst part), those words (repeat the Negative Cognition), notice where you are feeling it in your body, and let whatever happens happen.” (Begin BLS)

“Take a pause (if tapping, or stop EMs); **take a deep breath. What are you noticing now?** (pause for a response) **Go with that.”** (Sets of BLS are generally 24 – 36 or more passes. After a few sets, customize to the needs of the client.)

Repeat:

“Take a pause (if tapping, or stop EMs); **take a deep breath. What are you noticing now?** (pause for a response) **Go with that.”**

Repeat 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 or has positive or neutral responses for **two consecutive sets of BLS**, then return to check target.

“When you bring up the memory as you experience it now, what are you noticing? (pause for a response) **Go with that.”**

Check target by first assessing SUDs, then ask, **“What are you noticing about the target? Notice that.”** Continue to reprocess.

“When you bring up the 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).

_____ **What keeps it at a** (number)?

0 1 2 3 4 5 6 7 8 9 10

“Go with that.” BLS. As long as the client reports changes or new information, continue reprocessing.

If the SUD is 1 or 2, ask, **“What keeps it from being zero? Go with that.” BLS.** As long as the client reports changes or new information, **reprocessing.**

If the SUD is reported as a 0, continue with at least one set of BLS, then ask, **“What are you noticing now?”** Only then proceed to Phase 5 Installation.

PHASE 5: INSTALLATION (FAST BLS)

BLS sets are **long** and **fast**. This is still a reprocessing phase with the goal of deeper, long-lasting change.

“As you bring up the memory, do the words (repeat the PC) still fit, or is there another positive belief that fits even better?”

Original or updated PC:

“Bring up the memory and those words (repeat the selected PC). Where 1 feels completely false and 7 feels completely true, how true do those words feel to you now?”

1 2 3 4 5 6 7

“Hold the memory and the words (repeat PC) together and just notice.” (Apply BLS)

“Take a pause (if tapping, or stop EMs); **take a deep breath. What are you noticing now?”**
(pause for response)

“Notice that.” (Apply BLS)

Continue sets of BLS as long as the material is thematically related to the target memory, and becoming more positive/ adaptive, or additional disturbance is being reprocessed. Use your clinical judgment on when to continue to follow the associations and when to return to the target memory and the PC.

Check VOC adding sets of BLS until the VOC no longer strengthens.

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

Once the VOC=7, add **two sets** of BLS (eliciting feedback as usual).

“Hold the original image together with the words (repeat PC) and just notice.” (TWO long sets of fast BLS.)

PHASE 6: BODY SCAN (FAST BLS)

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

“Bring up the memory as you experience it now and the words (repeat PC). Scan your body from head to toe and tell me anything you notice.” _____

If any sensation is reported, do sets of **BLS** until the sensation subsides. Repeat the body scan until it is clear.

If the body scan is adaptive, say:

“Bring up the memory as you experience it now and the words (PC) and the clear body sensations and just notice.”

Do one long, fast set of BLS to complete.

PHASE 7: CLOSURE (SLOW BLS OR NO BLS)

Scenario #1: When the target memory remains *incomplete* (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 SUD is greater than 0, OR the VOC is less than 7, OR Body Scan is not clear.

Procedure:

Let the client know that it's time to stop processing for now:

"Is this a good place to pause?"

DO NOT check SUD, check PC, take VOC or Body Scan. Doing so can activate reprocessing at a time when we are preparing to contain and shut down the processing.

"Is there anything that would be helpful in the transition from our work here to whatever comes next for you today?"

Assist client to contain and/or shift state utilizing agreed-upon strategies.

Go to **"To Close all Sessions."**

Scenario #2: Target memory is completely reprocessed through Phase 6. (SUD=0, VOC=7, clear Body Scan)

1. Acknowledge resolution of the Target Memory.
2. Offer validation
3. Debrief using "Instructions for Closing All Sessions."

To Close All Sessions

Encourage the client to observe any changes and use their resourcing strategies as needed, as the processing can continue between sessions. Let the client know how to reach you if needed.

"Processing may continue after our session. You might notice new insights, thoughts, memories, physical sensations, or dreams. Just jot down whatever you notice. We will talk about it at our next session. Remember to use your resources as needed."

PHASE 8: REEVALUATION

You will begin here the *SECOND* time (and each time after that) you rotate through for reprocessing practicum.

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

General Issue (Brief Check In)

“Related to _____ (name of the issue/problem) that we have been working on, what (if anything) have you noticed since our last session?”

- If the prior session’s target was completely reprocessed (SUD=0, **AND** VOC=7, **AND** Body Scan is clear), proceed with “returning to recheck a **completed** target.”
- If the prior session was incomplete (SUD>0, **or** VOC<7, **or** no clear body scan), go to “returning to resume processing on an **incomplete** target.”

Returning to Recheck a *Completed* Target

Goal: To ‘check our work’ before moving on to the next target memory.

Application: If reprocessing was **complete** in the last session (SUD 0, VOC 7, Clear Body Scan), check that the target remains reprocessed. If it is, then review the Treatment Plan to determine the next memory to be reprocessed.

Target (Memory Specific): _____ (label for the memory)

“When you bring up the memory of _____ (label) we were working on in our last session, what are you noticing now?”

“When you bring up the 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 it feel to you now?”

0 1 2 3 4 5 6 7 8 9 10

If SUDs remain zero, check the VOC.

DAY 3

“When you bring up the memory as you experience it now, how true do the words (PC) _____ feel to you now, on a scale of 1-7 where 1 feels completely false and 7 feels completely true?”

1 2 3 4 5 6 7

If the VOC remains 7, check the Body.

Body Scan

“Bring up the memory as you experience it now, the words (PC) _____, and scan your body from head to toe and tell me anything you notice.”

Returning to resume processing on an *Incomplete Target*

Goal: When resuming processing on a target that was incomplete from the prior session, we are essentially picking up where we left off. The aim here is to check in about whatever processing may have occurred between sessions and reactivate the still unmetabolized memory network and... go!

Application:

Target (Memory Specific): _____ (label for the memory)

“When you bring up the memory of _____ (label) we were working on in our last session, what are you noticing now?”

“When you bring up the 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 it feel to you now?”

0 1 2 3 4 5 6 7 8 9 10

If SUDs are greater than 0, reactivate the memory with the following questions and then resume Desensitization Phase 4:

“Bring up the memory we have been working on. What is the image that represents the worst part of it now?”

DAY 3

“What emotions are you experiencing now?”

“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 it feel to you now?”

0 1 2 3 4 5 6 7 8 9 10

“Where do you feel it in your body?”

If SUDs are zero, check the VOC.

VOC

“When you bring up the memory as you experience it now, how true do the words (PC) _____ feel to you now, on a scale of 1-7 where 1 feels completely false and 7 feels completely true?”

1 2 3 4 5 6 7

If the VOC < 7, resume reprocessing at Phase 5 and continue reprocessing through Phase 6 after that.

“What keeps it from being a 7? Notice that.”

If the VOC=7, check the Body.

Body Scan

“Bring up the memory as you experience it now, the words (PC) _____, and scan your body from head to toe and tell me anything you notice.”

If the body scan is not clear, reprocess what the client notices until it is clear. Once the client has a clear/adaptive body scan, pair the target, PC, and body scan together and do one long, fast set of BLS.

Once the target is fully reprocessed

- Review Treatment Plan: See Target Identification Summary to determine what memories still need to be reprocessed using Phases 3-7.
- To begin reprocessing another memory or present trigger go to Phase 3.