

## Targeting Sequence Based on Shapiro's 8-Phase Protocol

### Phases 3-7

#### Phase 3: Assessment

**TARGET** (Memory or incident): \_\_\_\_\_

**Image or worst part:** Looking back on it now, what image represents the worst part of the target?

(NOTE: If no image available or image doesn't carry much charge, simply have client think about the target or use another sensory channel like sound if that carries more charge)

**Negative cognition:** When you bring up that image (or worst part) now, what is the negative belief about yourself that goes along with it? (NOTE: Generally an "I am"/"I am not" statement)

**Positive cognition:** When you bring up the image (or worst part) of the target, what would you like to believe about yourself now? (NOTE: Encourage positive "I am" language instead of an "I am not" statement)

**Validity of Cognition (VoC):** As you look back on the image (or worst part) now, what is your gut-level feeling of how true that positive belief is right now with 1 being completely false and 7 being completely true?

**Emotion:** What emotions do you feel when you link the image (or worst part) with the negative belief of \_\_\_\_\_?

**Subjective Units of Disturbance (SUDs):** What is your level of disturbance as you bring up the image (or worst part), the negative belief, and the emotions all together, with 0 being no disturbance or neutral and 10 being the worst you can imagine?

**Location of Body Sensation:** What are you noticing in your body in this moment as you bring up the image (or worst part), the negative belief, and the emotions all together?

#### Phase 4: Desensitization

Bring up the body sensation(s) together with the negative belief of \_\_\_\_\_ and the image (or worst part) of the target memory. Notice whatever you notice as I begin the stimulation (e.g., **FAST** eye movements, tones, tactile stimulation)... (turn page)

- Stay out of the way as much as possible, checking in after approximately 24-36 passes of bilateral DAS. After each set, invite a breath, and ask the client, “What are you getting?” or “What are you noticing now?” The broadness of this open-ended question invites free association.
- When the client reports on what they are noticing now, continue with the next set of stimulation. Use the statements “Go with that,” or “Just notice that” to begin the next set of stimulation.
- You can have the client bring up the image (or worst part) and ask for a SUDs rating at any time to check in on progress when responses become more adaptive. Take care not to do this excessively. Use a statement such as, “When you return to the target image (or worst part) where we began, what is your level of distress in this moment with 0 being no disturbance or neutral and 10 being the worst you can imagine?” If SUDs is anything but 0, ask: “What keeps it from being a 0?;” continue to “go with that.”
- **If SUDs is not a 0 or as close as reasonable in this session: Go to Phase 7, Closure (skip Phases 5 & 6). If SUDs is 0 or as close as reasonable, move on to Phase 5 if time allows.**

### Phase 5: Installation

- Check the Positive Cognition: “When you bring up the image (or worst part), does the original positive belief of \_\_\_\_\_ fit, or is there another positive belief that fits better now?”
- Now check the VoC of the arrived upon Positive Cognition: “What is your gut-level feeling of how true that positive belief is right now as you look back on the image (or worst part), with 1 being completely false and 7 being completely true.” If VoC is anything but 7, ask “What keeps it from being a 7 (completely true)?” and keeping “going with that” until VoC is 7 or as close as reasonable.
- **If VoC is not a 7 or as close as reasonable in this session, go to Phase 7-Closure (Skip Phase 6). If VoC is 7 or as close as reasonable, proceed to installation statement and sets:**

Place that positive belief of \_\_\_\_\_ together with the original image (or worst part).

(NOTE: Continue with at least two sets of **FAST** bilateral DAS; check in between the sets as usual)

### Phase 6: Body Scan

Now that the positive belief has been installed, what are you noticing as you scan your body?

- If there are residual disturbances, have the client notice and continue with **fast sets** until body scan is neutralized, then pair the statement above with at least one set of **fast bilateral DAS**.
- When body scan becomes adaptive/clear, do another set of **FAST** bilateral DAS, saying, “Hold that body scan together with the original target and the positive belief of \_\_\_\_\_.”

**Phase 7: Closure.** In the case of incomplete sessions, you may have jumped from Phase 4 or Phase 5 to Phase 7 and this is permissible. In closure you can utilize the resources built and strengthened in Phase 2 to quell any residual distress and ensure a safe departure with or without **SLOW** bilateral DAS. You may also engage in a general debriefing about the session, being mindful to address any client concerns. Apprise what could happen following the session (i.e., processing may continue after session ends), and review a plan for safety, stabilization, and contacting support if needed.

*SCRATCH NOTES:*