Targeting Sequence Based on Shapiro’s 8-Phase Protocol (Phases 3-7)

→ Phase 3: Assessment

**TARGET** (Memory or incident): ____________________________________________________________

**Image:** Looking back on it now, what image represents the worst part of the target memory?
*(NOTE: If no image is available or the image doesn't carry much charge, simply have client notice the target memory or use another sensory channel like sound, smell, taste, touch if that carries more charge)*

**Negative cognition:** When you bring up the image (or incident) 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 incident), 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 incident) 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 incident) with the negative belief of ____________________________________________?

**Subjective Units of Disturbance (SUDs):** What is your level of disturbance as you bring up the image (or incident), 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 incident), 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 incident). Notice whatever you notice as I begin the stimulation...
*(FAST eye movements, tones, tactile stimulation)*

- 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?”
- 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 return to the target memory and ask for a SUDs rating to check in on progress when responses become more adaptive/neutral (Typically 3 sets of positive responses). Use a statement, “When you return to the target memory where we began, what are you noticing? If response is not adaptive/neutral, continue fast bilateral DAS and “go with that.” If response is adaptive/neutral ask, “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 anything but 0, ask: “What keeps it from being a 0?” and continue with fast bilateral DAS and “go with that.” If SUDs 0 or as close as reasonable (ecological 0), move on to Phase 5 if time allows. If SUDs not a 0 or as close as reasonable (ecological 0) in this session (time is running low), go to Phase 7, Closure (skip Phases 5 & 6).

→ Phase 5: Installation

• Check the Positive Cognition: “When you bring up the target memory, 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 target memory, 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 continue with fast bilateral DAS, and the statement “go with that.” Once responses become more adaptive/neutral (typically 3 sets of positive responses) ask again “What is your gut-level feeling of how true that positive belief is right now as you look back on the target memory, with 1 being completely false and 7 being completely true.” Continue same procedure until VoC is 7 or as close as reasonable.

• Once VoC is 7 or as close as reasonable (ecological 7), proceed to installation statement:

Place that positive belief of together with the target memory and notice whatever you notice.

• Continue with at least two sets of FAST bilateral DAS of adaptive responses checking in between the sets as usual. If material emerges, continue with sets of FAST bilateral DAS until responses become adaptive/neutral again (typically 3 sets of positive responses).

If VoC is not a 7 or as close as reasonable (ecological 7) in this session (time is running low), go to Phase 7- Closure (skip Phase 6).

→ Phase 6: Body Scan

Now that the positive belief has been installed, hold together the target memory with the positive belief of and scan your body. What are you noticing?

• If body scan is adaptive or clear, do a set of FAST bilateral DAS, saying, “Hold that body scan together with the target memory and the positive belief of .”

• If there are residual disturbances, have the client notice and continue with fast sets of bilateral DAS until body scan is neutralized, then pair the statement “Hold that body scan together with the target memory and the positive belief of .” with at least one set of fast bilateral DAS.

→ Phase 7: Closure

In the case of incomplete sessions, you may have jumped from Phase 4, 5 or 6 to Phase 7.

In closure you may utilize resources developed 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, addressing 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.