Readiness Checklist for Phase 4 in Non-complex PTSD

Kathleen M. Martin, LCSW

Treatment Alliance

___Therapeutic alliance is established and strong enough

___Client is willing to report internal experience truthfully so clinician can follow and understand

Case Conceptualization

___A thorough history was completed and a roadmap of the earliest/key traumas fueling current dysfunction identified

___The order of trauma targeting is decided

___The clinician knows the theme (responsibility/self-defectiveness, safety and choice) and the predominant core negative cognitions fueling the current dysfunctions

___The client was screened for Dissociative Disorders

___Other appropriate testing and assessment instruments have been administered and scored. For example, the Beck Depression Inventory, Impact of Event Scale.

___Secondary gains have been identified and addressed

___The desired self-beliefs and behaviors are identified

Client Stability and Window of Tolerance

___The client can tolerate negative and positive affect

___The client can tolerate attention on the traumatic material

___The client has skills to switch from disturbance to calm both in and out of session

___Dissociation has been treated and is manageable

___Social/family/work life is adequately stable

___Medical conditions, if any, are OK for reprocessing

___Client will call and ask for help if necessary

Timing Issues

___No impending life events that may be negatively impacted if the client were to feel "raw" due to the psychotherapy (e.g., work demands, travel plans, family re-unions)

___No impending vacations of either therapist or client

___Therapist is available for support and follow-up

___If using insurance, enough sessions are available

___90 minute sessions (optimal but not mandatory)

Client Preparedness for Trauma Reprocessing

___Client has been given basic information about EMDR theory and change process

___Expectations about the process have been given

___Type of preferred DAS has been established. Permission to tap given (if using taps)

___Client's questions about EMDR are answered

___Client has made a contract to continue with treatment (client has agreed to return for follow-up sessions to complete the work)

Please note: If you are unsure of any of the above, seek consultation before moving into the reprocessing.

Reference: Shapiro, F. (2001). Eye Movement Desensitization and Reprocessing Basic Principles, Protocols and Procedures Second Edition. New York: Guilford Press.

Readiness Checklist for Phase 4 in Complex PTSD
By Kathleen Martin, LCSW

The typical Readiness Checklist (page 1) applies along with the dissociation & dissociative phobias have been treated "enough" so the following conditions exist:

Dissociative Table and the Process of Realization
____ The parts of the personality have been accessed and identified
____ Isolation among the parts has been reduced
____ There is at least a growing understanding that they are all part of the same person
____ Persecutory and Protector Parts have been treated enough to have at least a beginning sense that they are part of this one person and the traumas happened to them too

Co-Consciousness
____ ANP knows the EPs and can stay present when EPs are activated
____ EPs know ANP and other EPs and can stay present when another part is activated

Communication, Co-operation and Collaboration
____ There is dialogue among the parts
____ Parts are willing to work with each other
____ There is at least a growing sense that all parts experienced everything
____ The ANP is not the only part that facilitates stabilization when needed

Compassion
____ ANP understands the "jobs' of the various parts and that each job was created to help manage the affect/traumatic material/mental contents
____ANP's phobia to the emotional parts has been significantly reduced and can stay present when they are activated; ANP knows the EPs carry the feelings and memories that belong to the ANP too
____ EPs also share in this understanding and tolerance of each other

Time Orientation
____ Correct time orientation has been established with all emotional parts and they can maintain dual awareness at least for a brief period of time while the memory is activated (clinician knows that when dual awareness is lost, reprocessing stops)
____ EPs know that the memory that will be worked on is indeed a memory

Cognitive Errors Maintaining the Dissociation have been identified and treated
____Cognitive errors have been identified and repaired so reprocessing can occur

Dissociative Phobias are reduced enough to begin reprocessing
____Protector and Persecutory parts have personified some of the trauma and are allowing the system to have access to this material
____ANP and EP phobias to the therapist are reduced enough
____Phobia to the traumatic material is decreased

How reprocessing complex trauma is different than reprocessing simple PTSD cases

The 3 session (90 minutes each) resolution of a single incident trauma is not possible in complex trauma. The use of the EMDR Standard Protocol typically has to be altered in complex trauma cases, at least early in the reprocessing stage. Reprocessing in complex trauma cases often has to be carefully titrated to keep all parts inside the window of tolerance. Reprocessing is often stopped by an EP doing its typical job of distraction away from the unwanted material or reliving it. When this happens returning to the stabilization phase is necessary and may take weeks or months and sometimes year(s) before returning to reprocessing. There typically comes a point in the reprocessing when another EP is activated and becomes discovered in cases high on the dissociative continuum. Sometimes this requires stopping the reprocessing and returning to stabilization. Checking in with all parts is a common and necessary intervention in the beginning and end of each session, and when necessary, after certain sets of dual attention stimuli to make sure all parts are remaining stable and inside the window of tolerance. Remember, if the ANP cannot stay present while the maladaptively stored material is accessed (EP), the client is not ready for trauma reprocessing. Be careful to make sure all conditions are met on the typical readiness checklist (page 1) and the additional complex trauma readiness checklist (page 2) before proceeding into Phase 4 of the EMDR Standard Protocol.

Here is a partial list of how to process complex trauma, keeping it carefully titrated to access controlled amounts of traumatic material.

- Use of dual attention stimuli is immediately stopped when the client goes outside the window of tolerance or close to that point. Return to stabilization.
- Use EMD rather than EMDR: come back to the image or target frequently, perhaps at the end of every 1-2 sets. As the client can tolerate more, allow more sets before returning to target.
- Use of short sets. Always use your clinical judgment.
- Slower pace of the dual attention stimuli
- Tip of the finger reprocessing: this does not require Phase 3 setting up the target (image, NC, PC, VOC, Feelings, SUDs, body location) but rather just a few passes of dual attention stimuli to process through a tiny bit of material
- Talking between sets more. Perhaps checking in with parts, checking time orientation, making sure parts are still present, etc. Be careful with this as you may stop processing that is being tolerated.
- Targeting sequence typically does not target the core traumas first. Start with a more recent trauma, latency age, or something that won't immediately open the

most difficult traumatic material. Always use clinical judgment.

- Remember that one part may respond very differently than another part to an intervention. Evaluate the effects on the system after each intervention.
- Return to table/parts work to see what has shifted after a controlled amount of processing.