

# Chapter 39

## Videotape Approach Script

### Revised Phase Three

Parts that are bold, italicized, and in quotes are the parts of the script that you might say to the client. The goal is not to start activating the memory until Phase Four, which is why multiple steps from the standard protocol are skipped in Phase Three and slightly reworded.

Target Memory:

Just make a few notes. Do not have the client tell you much about the memory at all since the goal is to avoid activation in Phase Three.

*The memory that you will be working on today has a beginning and an end. A single memory happens at a particular place at a specific time, and it typically lasts from several moments to several hours (at most). Without playing the memory or thinking much about it, can you quickly identify the beginning of this memory and can you identify a good endpoint to it? Again, a single memory is a single incident and doesn't last days. Just let me know when you have it.*

Discourage the client from giving you any details. All you need to know is that he has the beginning and ending point of this piece of video.

*Without thinking much about this memory, is there a negative "I" statement that you associate with it?* You can give examples if that is helpful.

*What would you like to believe about yourself related to this memory?*

*On a scale of one to seven, how true does that positive belief feel right now related to that memory, with one being "I don't believe it at all" and seven being "I believe it fully?"*

VOC: \_\_\_\_\_

*Without thinking about this memory in any detail, how difficult or impactful has this memory been on you on a zero to 10 scale over the course of your life, with zero being no distress and 10 being maximum distress?*

Again, we're trying to scale the historical intensity or impact of this memory (to get a general sense of how "big" this memory is), not the present distress the client is feeling in this moment related to this memory, since we are not trying to activate just yet.

Generalized Historical SUDs: \_\_\_\_\_

### Revised Phase Four

*In a moment, I'm going to ask you to play the memory very slowly, one frame at a time, starting at the very beginning. When you find distress in the memory, simply let me know by raising your hand or nodding. When you find it, I'm going to ask you to close the door on the memory and simply notice the distress in your body. Notice the distress like you would notice an object in the world. Notice its shape, temperature, texture, size, pressure, heaviness, movement, or stillness. In short, notice that sensation like you are about to sketch it. Good. Play the memory very slowly from the beginning and let me know when you find the first piece of distress, even if it's only a little bit. Don't play too much of it. Just let me know.* Pause until the client indicates that distress has been found.

*Good. Now, see the door on the memory channel close just for now, and don't think about that memory again until I ask you to. Just zoom in and notice the distress in your body as we begin the left-right stimulation.*

Do a standard length of 30-45 seconds of noticing with fast bilateral.

*Good. Big breath...* [allow client's breath to fully finish] *What are you noticing?* [pause]

**Notice that** or **Go with that**. Continue bilateral rounds.

Keep asking the client what he is noticing and going with that with more rounds of bilateral until the right-now body-based distress is declining. Note, you will hear the declining distress in the client's report during the check-in, i.e. "It's getting better," "It's spreading out," "I feel okay." If you cannot tell from the client's report or affect what their level of current body distress is, you can ask them occasionally (not after every set!): **"How much distress do you have in your body in this moment on a 0-10 scale?"** If the number is three to four or above, keep doing bilateral sets for 30-45 seconds, pause and breathe, then standard check-in until the current body-based distress is falling into a tolerable range.

If the current body-based distress from the current piece of the memory is decreasing, you should ask the client to play the memory forward and let you know when he finds the next piece of distress: **"Good. Play the memory forward and let me know with your hand or a nod when you find the next piece of distress."** When the client finds distress, ask them to close the memory channel and notice the distress. Process this with more rounds of bilateral until the distress activated by this piece is declining (until about a three or less on body-based SUDs... again, do not ask SUDs after every set!).

Keep doing the loop of light activation and multiple rounds of bilateral/noticing until the SUDs for each piece of the memory falls to a tolerable range. We are metaphorically taking small and digestible "bites" out of this memory to help keep the client from overactivating on the memory channel.

At some point, usually after 20 to 40 minutes, the client will arrive at the end of the memory. Repeat the process the same as above until the client gets to the end of the memory again. The client will keep processing in this way, one bite at a time, until there is no distress on any channel and the client is able to play the whole memory all the way through without any distress. Subsequent loops through the memory typically take less and less time.

Then ask, **"How much distress is in that memory right now on a zero to 10 scale?"** If there is residual distress when looking at the memory as a whole, continue bilateral processing until the distress is metabolized. If there is no distress, go to Phase Five and resume standard protocol.