

## FLOW FOR INTERVENTION IF CLIENT IS LOOPING IN REPROCESSING

Julie Miller, MC, LPC, LISAC

A client may make identical reports after two sets of bilateral stimulation (BLS), and the clinician should intervene in the least intrusive manner that gets processing going again. If the processing begins to move again after one or more of these interventions, return to standard procedures. These are some options, in order of least intrusive to most intrusive:

1. Least intrusive - change the BLS
  - a. Speed up slightly (after letting the client know you are doing so) for the next set.
  - b. Increase the intensity of the tactile tappers (if you are using equipment) or tap slightly firmer (if using manual tapping).
  - c. If the client's eyes are open (and they are not dissociative), have them close their eyes and use tones/tappers in place of eye movements for BLS.
  - d. Change the tone of the audio tones to an alternative sound that the client has approved of (if you are using equipment and that is an option) or add audio tones.
2. Check for body sensations/disturbance
  - a. What do you notice in your body right now? Any tightness/tension/unusual sensations?
  - b. Whatever the client says, do a set of BLS to see if things start moving
3. Check for a feeder memory or blocking belief (especially when SUD is stuck at more than zero or the VOC is stuck at less than 7)
  - a. Feeder memory:
    - i. Ask the client to hold together whatever they are looping around (negative belief, picture, sensations, etc.).
    - ii. Ask the client to trace/float/scan this experience back to another time they remember feeling this way.
    - iii. Whatever comes up, use BLS to see if it opens up more processing.
  - b. Blocking belief: ask the client these kinds of questions:
    - i. "What would happen if you were less distressed about this experience?"
    - ii. "What would happen if you got past this experience?"
    - iii. "What would it take for you to feel less disturbance/feel better?"
    - iv. "What keeps your brain from digesting/processing this experience?"
    - v. Whatever comes up, use BLS to see if it opens up more processing.
4. Carefully consider what interweave you might want to offer
  - a. Provide a question (considering the clinical theme around which the client is looping – responsibility defectiveness/inaction; safety/vulnerability; control/choice; connection/ belonging)
    - i. "I'm confused; who was bigger/older/the adult? You or him?"
    - ii. "Are you safe *now*?"
    - iii. "What if it happened to *your* child?"
    - iv. "Where is that woman now?"
    - v. "Let's pretend, what do you imagine you could do if it happened now, knowing what you know now?"
  - b. Whatever the client says, use BLS to resume processing
  - c. Consider interweaving material from other psychotherapies (Internal Family Systems, ego state/parts work, art, sand tray, Gestalt, music, somatic, Motivational Interviewing, etc.)
5. Once processing is moving again, get out of the way and let it process! We only intervene if the process is stuck, and then only with the least intrusive procedure until things get moving.