

P&MT Expanded Protocol

Define the Problem

1 Help your patient to be specific rather than abstract in defining the problem. For example, "I'm nervous in front of my boss." vs "I have low self-esteem."

Find the Part that Carries the Problem

2 Ask your patient to identify the emotion or body issue connected to the problem.

3 Ask your patient to locate where in his/her body the emotion or sensation is strongest.

4 Ask your patient to speak to that emotion or feeling, silently or aloud, and ask it to give the patient an image or picture of itself.

5 In the absence of an image in the patient's mind, ask the patient to speak to the emotion or feeling and to increase (temporarily) the intensity of the sensation.

6 If the intensity of the sensation increases, ask the patient to thank the feeling, and then ask it to decrease the sensation.

7 If the intensity of the sensation increases or decreases, ask again for it to give the patient a picture or image of itself.

8 If no image appears to the patient, treat the body sensation as you would a picture and continue with the protocol. (Often, an internal image of the Part will show itself later in the process.)

9 Once your patient has located an image she can work with, verify with this FS Part that it is the one that claims as its own the issue you are treating.

10 Ask your patient to describe for your notes the FS Part he is visualizing: gender, hair color and style, clothes, age, and distinctive features you can use to find it in later sessions.

11 Spend some time just getting acquainted as you ask about its awareness of significant people in the patient's life--parents, siblings, children, spouse, etc.

Elicit the Memories That Are the Foundation for the Problem

12 Ask your patient to ask the FS Part to share its earliest disturbing memory of any kind; don't limit your query to memories that match the emotion that brought the patient to therapy. (Sometimes an FS Part will say a memory is not disturbing. If so, substitute other adjectives such as painful, distressing, bothersome, unpleasant, etc.)

13 Ask the patient to describe the memory in detail, especially what the patient's SiM Part is experiencing. (This will likely be enough to reactivate the emotional memory in the midbrain.)

14 Ask the patient to ask the FS Part if it can see the SiM Part in the third person; i.e., from outside itself. (Almost always the FS Part can do so.)

P&MT Expanded Protocol, Page 2

<p>15 Ask the patient if she can see the SiM Part in the third person; i.e., from outside herself. (Asking the FS Part and the patient, in that order, to view the SiM part in the third person, increases the likelihood that the patient will have a third-person view. This permits the patient to interact directly with the visualized SiM Part without having to go through the FS Part.)</p>
<p style="text-align: center;">Neutralize the Problem Memories</p>
<p>16 Ask the SiM Part if it would like to let go of the negative emotions attached to the memory. (Note that a “no” answer to this question probably indicates the presence of a blocking Part. You may have to negotiate with the blocker before you can proceed. See below, this chapter.)</p>
<p>17 Rescue the SiM Part to a safe place. This provides escape from an intense trauma scene. It may also protect the SiM Part from interference by a nearby blocker.</p>
<p>18 Carry out the neutralizing intervention with the SiM Part rather than the FS Part to be more efficient in reducing the SUD score to zero.</p>
<p>19 Make the FS Part your first target in neutralizing a memory only when the patient cannot visualize the SiM Part separately from herself in the third person.</p>
<p>20 Ask the patient if she wants to use wind, water, fire or something else to release the Part’s distress. You may want to say, “We can blow it away with wind, wash it away with water, or burn it up in fire.” You could also add, “Any visualization that symbolically dispenses with the emotional energy will also work, including just throwing it away or flushing it down the toilet.”</p>
<p>21 After the first pass of the intervention, ask the patient to check the SUD level for the Part. If the SUD level isn’t zero, ask the Part if it knows why the SUD level isn’t zero.</p>
<p>22 If the Part knows why the intervention is stalled, use that answer to focus the next pass of the intervention. If the Part doesn’t know why the intervention is stalled, simply repeat the intervention asking the Part to focus again on where in the body the memory is stored.</p>
<p>23 Continue repeating the intervention until the SUD level is zero. When the SUD level is a 1 or 2, visualizing a big blast of hurricane wind or a powerful wave will usually bring the SUD to zero that we are looking for.</p>
<p>24 When there is significant resistance to neutralizing a memory, look for a blocking Part. Locate that Part and ask its permission to heal the Part of the pain of its memory.</p>
<p>25 To locate a blocking Part, ask the patient and the Part you’re with to “look around” to find the Part that might be observing the work. It could be a figure on the horizon, a parental introject, a shadow, or a non-human image. Ask permission of the blocking Part to continue the intervention. When there is an unresponsive blocking Part, say to this Part that no response means “yes, permission given.”</p>
<p>26 A blocking Part is often fearful of losing its power or disappearing. Reassuring the blocking Part that this isn’t true is helpful in negotiating. Suggesting the “2-step” intervention usually seals the deal. (The 2-step: Move the emotional energy first from the SiM Part into a container; check with the blocker to see that nothing bad happened; neutralize the contents of the container.)</p>

Jay Noricks, PhD
702.877.4944
jaynoricks@gmail.com

1/1/2021

27 Return to the FS Part and elicit another memory for neutralizing.