

Interventions

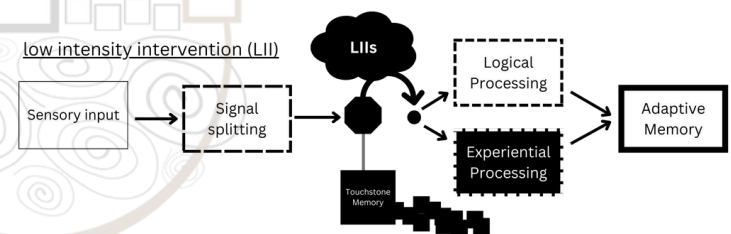
There are many different types of **interventions** informed by **adaptive information processing** which are designed to assist patients/clients in different ways, get around particular obstacles, or approach **processing information** in a manner more naturally intuitive to a particular individual.

Many utilize bilaterals to increase their effectiveness, but there are several for which bilaterals are not required or even actively discouraged. Many of the following interventions were designed by different clinicians and have been researched independently, while others were designed and developed specifically for the setting of this program (even if they can be applied more broadly).

Low Intensity Interventions (LIIs)



LIIs are used for addressing **Recent/ongoing** (ie. unconsolidated) experiences or **very detailed and currently overwhelming/distressing single aspects of experiences**. Targets are very specific and focused, for events requiring a clear **start and finish**, and usually identifying a **worst moment/part**. If an entire event or worst moment/part still feels like too much, often target will be **a single aspect/detail** (ie. image, physical sensation, sound, ect.)



Breaking trauma into smaller and smaller, “bite size”, pieces can make processing more “digestible”, especially when starting. Easier for pieces to start moving and experience a positive conclusion to processing experience

The interventions are grouped into 3 large categories; **low intensity interventions** (LIIs), **high intensity interventions** (HHI), and **positive interventions** (Resources). Each intervention listed will either have a corresponding script attached OR information about its original author and where more information about how to implement or training in that specific intervention (if required) can be found.

NOTE

[A separate section will discuss in more detail about **Targeting** and what differentiates **intervention intensity**, BUT KEEP IN MIND; **low vs high intensity** refers more to the **depth** (or “how far back”) the **processing** is focused. The subjective unit of disturbance (SUD, one measure used to evaluate) may still start as high as **10** even in the case of **low intensity interventions** (LIIs).]

- Goal:
 - Lower intensity
 - Decreased SUD
 - Less vivid/overwhelming
 - May report event feels “less important” or “like I am forgetting”
- Result:
 - Less current activation/hypervigilance
 - Increased window of tolerance

Modalities

- Acute Stress Syndrome Stabilization (ASSYST) procedure
 - Dr. Ignacio Jarero
 - ScalingUp training
- Adaptive iNSight Development (AiD) for recent targets
 - Saroni & Mosher
- Others include A-TIP, R-TEP, and more