# Affect Tolerance and Management Protocol Summary

**Adapted from Carol York, LCSW, Copyright 2001**

1) **Identification of the feeling state**. Have client bring up a particular situation which allows them to access the feeling state that is difficult to tolerate or manage. Please note that **the feeling state is the target**. Accessing the particular situation helps vivify or "tag" the emotional state so that it can be brought into awareness.

2) **Helping the client to identify the worst part of the feeling**. This is to help differentiate when there are some feared or shame abound affect states. The clinician may have to address the **discomfort about having a feeling about a feeling**, such as *feeling overwhelmed about being angry* or *feeling ashamed about being sad*. The clinician may need to address the feeling of being overwhelmed rather than the anger or the feeling of ashamed rather than the sadness.

3) **Setting up the target**.

A. Expanding the awareness of the feeling state that is being targeted ("When you turn your attention to that feeling, what do you notice"). This can be further developed with additional optional questions (where do you feel it in your body, does it have a shape; what size is it; does it move; what temperature is it, etc.

B. Negative Cognition: "When you think of the feeling you just described, what negative belief you have about the feeling, about yourself or the situation **when you feel this way**?"

C. Positive Cognition: "When you think of that feeling, what would you like to believe about the feeling, about yourself or the situation **when you feel this way**?"

D. VOC: "When you access this feeling and hear the words ___ (client's PC), how true do they feel now, with 1 being completely false and 7 being completely true?"

E. Emotion: "When you bring up that feeling (repeat client's description of the feeling state), what emotions go with it?"

F. SUDS: When you bring up the feeling, the negative words (repeat the clients NC) and the ____ (restate the emotions identified) how disturbing is it from 0 to 10 where 0 is neutral, no disturbance, and 10 is the most disturbing or the highest you can imagine?"

G. Body Sensation: "Where do you feel it?"

4) **Desensitization**. Have the client hold the feelings as described, the negative cognition, the identified emotions, the body sensations and begin bilateral stimulation. Processing will lead through various associated channels as with the standard protocol. Clients will rarely reach a 0 or 1 SUD. The aim is to achieve a decrease of 2-3 SUD levels so that the client can better tolerate the feeling state, access and reflect of the associated information. When this has been achieved and no further decrease is occurring, go to installation phase.

5) **Installation**. If the SUD has reduced to a 0 or 1, verify that the PC still fits, change if necessary and proceed with installation. If SUDS is greater than 1, the PC can be checked and adjusted with the question, "As you hold this feeling with the disturbance

that is present now, are these the words you want to believe about the feeling, yourself or the situation?" Install with the direction, "As you hold this feeling with the disturbance that is present now along with the words ___ (PC ). An alternative installation can be done with the question, "Of all the things you thought and felt today, what is the most positive thing you can believe about the feeling, yourself or the situation as you feel this way?" Instruct client to hold the target feeling, the disturbance left and the positive statement, adding bilateral stimulation. Continue until a VOC of 6-7 as with standard protocol.

6) **Body scan** should not be done, as full reprocessing does not occur and a clear body scan is not likely.

7) **Closure** using standard procedures.

See attached **Affect Tolerance and Management Protocol (Carol York, LCSW copyright 2001**) for fuller elaboration of protocol including the following directions regarding challenges in successful utilization.
*During commencement of desensitization, it is not usual for the level of disturbance to increase after the first set. Have the client focus on what comes up and do another set of bilateral stimulation. If the client's level of disturbance does not shift, the client likely needs help with arousal management, and processing of this targeted feeling state pauses to work with one of the various approaches to arousal management. These include: Exploring with the client, "When this happens, what do you usually do to manage this feeling?". If the client responds with an appropriate adaptive strategy, have the client use that management strategy as the clinician sits and waits. Check to see if the level of distress decreases. If it does, add bilateral stimulation. Check to determine that the level of distress continues to decrease. If so, have the client notice the difference in distress and add bilateral stimulation again.*

*If the client does not have any present adaptive affect management strategies, explore Resource Development and Installation strategies to help increase their management of this feeling state.*

*Once a present management strategy or resource has been installed, have client return to the targeted feeling state. Ask the client to again bring up the feeling and ask, "How has it changed? How disturbing does it feel now?" and continue with the desensitization of the target.*