MEmory Specificity Training (MEST) for Group Treatment of Posttraumatic Stress Disorder

Therapist's Manual

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How to use this manual

This manual has been created for ease of applying MEmory Specificity Training (MEST) within a group therapy setting (maximum 12 members per group). This manual should only be used by individuals who are either practicing psychologists and/or are currently under the supervision of a practicing psychologist. Portions of this manual were taken from the definitions of PTSD and trauma provided by the Cognitive Processing Therapy Manual produced by Resick, Monson, Monson, and Chard (2010). In addition, portions of the conceptualization of the outlines for each session were provided by Raes, Williams, and Hermans (2009).

Part 1: The theory and research behind overgeneral memory retrieval and MEST

Part 2: Session outlines for 6 session model and 12 session model

PART I:

The first development of MEmory Specificity Training (MEST) was created by Raes, Williams, and Hermans (2009) and was created for use with individuals who suffer from symptoms of depression. MEST can be performed using a 6 session (weekly) model or a 12 session biweekly model. If the 12 session biweekly model is used, each additional session each week is used to provide further examples of the particular specific memories that are of focus (i.e. positive, negative, and/or neutral). Sessions are each 90 minutes in length. This manual was created for use with samples of individuals currently suffering from a moderate to high level of PTSD symptomology. Individuals within this sample will not be exclusionary based on type of trauma experienced. Therapy will focus on the worst traumatic event, although other traumatic events may also be discussed within the group therapy sessions based on different memory retrieval words that could be used. The client will be expected to attend all sessions and complete all assignments assigned during the sessions. The therapist will agree to adhere to the MEST protocol and also explain her role in the group therapy setting.

MEST is based on the theory of overgeneralization with regards to retrieval of memories. Overgeneral memories are also sometimes referred to as categorical memories, in which the person categorizing a memory on the basis of an overarching experience that occurs many times in one's life such as "going to a restaurant" (Williams, 1996). Another way individuals tend to overgeneralize is when they produce memories that occur over an extended period of time rather than an event that occurs in one day (i.e. when I spent summers at my lake house vs. when I went scuba diving in Aruba on my honeymoon last year). A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television) (Williams, 1996). Being able to produce specific memories has been connected with certain psychological disorders over the past few years, as individuals have begun to realize that it is most likely an overarching character trait that also must be focused on in order to prevent relapse of symptoms (Gibbs & Rude, 2004). Most research focusing on overgeneral memories discuss that the

reasoning behind retrieving a general/categorical memory as opposed to a specific memory is based on top-down processing, in which the individual accesses general memories first and then may begin to focus on a specific memory thereafter (Burgess & Shallice, 1996). One model that was developed to understand why individuals who are suffering from certain psychological disorders seem to not be able to access specific memories upon recall focused on how self-representation can affect this process (Williams, Barnhofer, Crane, Herman, Raes, Watkins, & Dalgleish, 2007). The Capture and Rumination (CaR), Functional Avoidance (FA), and Impaired Executive Control (X) (CaR-FA-X) model focuses on the top-down processing and describes individuals who are suffering from affective disorders (i.e. major depressive disorder or bipolar disorder) that make them feel negative about their self-representation and become overly focused on these representations. They hypothesize that the representations occur on the general level of memory retrieval and therefore, specific memories are more difficult to access because they may isolate certain aspects related to the self that go against their self-representation and/or force the individual to think about specific incidents that produced the negative self-representation (Conway & Pleydell-Pearce, 2000; Williams et al., 2007).

In addition, experiencing a traumatic event has been associated with the production of overgeneral memorie retrieval. The function of overgeneralizing for an individual who has experienced a traumatic event may be to distance the self from the negative affective experience that comes from dealing with the emotions tied to that incident (Williams, 1996). Williams (1996) also proposed that children who have experienced traumatic events in their childhood begin to overgeneralize with the retrieval of the traumatic event itself, but eventually this process spreads to include not only memories related to the traumatic event, but other kinds of memories (i.e. negative memories unrelated to the event, as well as positive memories and even memories that have neutral affect); thus, creating an overgeneralized memory system rather than just an overgeneralized memory for the traumatic event itself. Kuyken & Brewin (1995) found that individuals who had experienced childhood sexual abuse with/without also rating as highly depressed produced overgeneral memories more frequently than specific memories if they reported engaging in a high level of avoidance tactics related to their history of abuse. As reported, overgeneral memories are associated with many psychological disorders. One of which is posttraumatic stress disorder (PTSD) (McNally, Lasko, Macklin, & Pitman, 1995). One study that looked at overgeneralization in memory retrieval focused on a sample that included Vietnam war veterans (McNally, Lasko, Macklin, Pitman, 1995). The study included only males and the groups included 19 male veterans who had recently received a PTSD diagnosis from a doctoral level clinical psychologist and 13 male veterans who had not received a diagnosis of PTSD and were considered the control group. One study that looked at overgeneralization in memory retrieval focused on a sample that included Vietnam war veterans (McNally, Lasko, Macklin, Pitman, 1995). The study included only males and the groups included 19 male veterans who had recently received a PTSD diagnosis from a doctoral level clinical psychologist and 13 male veterans who had not received a diagnosis of PTSD and were considered the control group. One study that included 42 assault survivors investigated the differences between individuals who had experienced assault of some form and individuals who had experienced assault, in addition to developing PTSD symptomology at a clinically significant level (Schonfeld et al., 2007). This study included all female participants who had experienced either physical or sexual assault. The results from this study found that the PTSD group overall had a trend to produce more general memories than the non-PTSD group; F (1, 40) = 3.22, p = .08. The results were significant with the group trend when memories related to their specific traumatic event were excluded from the

analysis; F (1, 40) = 7.81, p = .049 (Schonfeld et al., 2007). In addition, these results also continued to be found when the PTSD severity was broken into different subscales and was also significant with individuals who rated high on cognitive thought avoidance.

There have been a few studies that have included different forms of MEST treatment, but none of these manuals could be located and therefore this manual was created for the ease of conducting MEST in the future. Results from past studies using different forms of MEST treatment have found positive results for use with samples of individuals who were diagnosed with depression or have experienced traumatic events that could be have included individuals suffering from PTSD symptomology. One study found that memory specificity significantly increased after treatment occurred $F(1, 9) = 25.85$, $p < 0.001$ and both rumination and hopelessness decreased significantly post-treatment (Raes et al., 2009). There have been two studies that have directly looked at the ability of MEST in reducing depressive symptomology. One studied involved a sample of 53 patients, all of which had been diagnosed with schizophrenia, in addition to suffering from depression at the Regional Mental Health Service of Castillo-La Mancha (Ricarte, Hernandez-Viadel, Latorre, & Ros, 2012). This study found that symptoms of depression were significantly reduced for the MEST group as compared to the control group (Ricarte et al., 2012). Another study that included adolescent participants who were currently refugees and had recently moved to Qhom, Iran from Afghanistan after their fathers had been killed. 70 adolescents were chosen to participate in the initial selection process and their parental guardians completed the Mood and Feeling Questionnaire Parent Version (pMFQ) (Taher Neshat-Doost, Dalgleish, Yule, Kalantari, Ahmadi, Dyregrov, & Jobson, 2012). Although these participants were not assessed for PTSD, each participant was noted to have experienced a traumatic event. When participants were tested for depression at post-training, there were not significant differences between groups, but when tested at a 2-month-follow up, participants involved in the MEST training had significantly fewer symptoms of depression than the participants in the control group, $t(10) = 2.42$, $p = .03$, d = 0.47 (Taher Neshat-Doost et al., 2012).

Who is appropriate for MEST?

MEST has thus far been created and used for individuals who are currently suffering from depression and have a history of experiencing trauma. This manual was created for use with individuals who have experienced trauma and are suffering from a moderate to high level of PTSD symptomology. Based on the number of different adjectives that will be used to discuss different kinds of moods related to specific memories (i.e. happy, sad, terrifying, etc) it is advised to use MEST with individuals who have at least a 6th grade reading level. In addition, dictionary definitions of all words used to have group members practice retrieving specific memories should be provided prior to beginning the activity. This manual was created for use with individuals who may be suffering from moderate to high levels of PTSD and have met the diagnosis of PTSD based on the criteria used by the The Clinician-Administered PTSD Scale (CAPS; Blake, Weathers, Nagy, Kaloupek, Klauminzer, Charney, & Keane, 1990). Exclusionary criteria may include individuals who are currently suffering from psychotic symptoms. In addition, if someone is a danger to self or others, treatment of PTSD is not the most immediate treatment goal and MEST should not be used. Likewise, if someone is in imminent danger, such as those who are being stalked or are in an actively abusive relationship, then a safety plan

should be the first thing addressed. Furthermore, if an individual is currently using illicit drugs at a high rate and/or are drug dependent, MEST should not be used.

PART II:

Week 1: Session 1 (6 session model), Session 1/2 (12 session model):

The goals of Week 1 are:
1. To build rapport with the patient.
2. To educate the patient about symptoms of PTSD and depression.
3. To provide a rationale for treatment
4. To lay out the course of treatment.
5. To elicit treatment compliance.

It is necessary to address treatment compliance early in the course of therapy because avoidance behavior (half the symptoms of PTSD) can interfere with successful outcomes. We are concerned with two forms of compliance: attendance and completion of out-of-session practice assignments. It is strongly recommended that patients attend all sessions and complete all assignments in order to benefit fully from therapy. We set the expectation that therapy benefit is dependent on the amount of effort patients invest through practice assignment compliance and practice with new skills. It may be helpful to remind the patient that what he has been doing has not been working and that it will be important to tackle issues head-on rather than continue to avoid. Avoidance of affective experience and expression should also be addressed.

In this session, patients are also given the opportunity to ask any questions they may have about the therapy. And finally, as with all therapies, rapport building is crucial for effective therapy. The patient needs to feel understood and listened to, otherwise she may not return. Patients sometimes arrive with a pressing need to speak about their trauma. However, the therapist should prevent the patient from engaging in an extended exposure session at the first session. Intense affect and graphic details of an event, disclosed before any type of rapport or trust has been established, may well lead to premature termination from therapy.

Other patients will be very reluctant to discuss the traumatic event and will be quite relieved that they do not have to describe it in detail during the first session. In these cases, the therapist may have to draw out even a brief description of the event. Dissociation when attempting to think about or talk about the event is common. An initial assessment session grants the patient and therapist the opportunity to get acquainted before the therapy begins and allows the therapist to provide the patient with a description of what the therapy will entail.

Therapist Explanations to Patient

1. PTSD Symptoms

—In going over the results of your testing, we found that you are suffering from posttraumatic stress disorder. The symptoms of PTSD fall into three clusters. The first cluster is the reexperiencing of the event in some way. This includes nightmares about the event or other scary dreams; flashbacks, when you act or feel as if the incident is recurring; intrusive memories that suddenly pop into your mind. You might have the intrusive memories when there is something in the environment to remind you of the event (including anniversaries of the event) or even when there is nothing there to remind you of it. Common times to have these memories are when you are falling asleep, when you relax, or when you are bored. These symptoms are all normal following such a traumatic event. You are not going crazy. Can you give me examples of these experiences in your own life since the event? —A second set of symptoms concern arousal.8 As might be expected, when reminded of the event, you are likely to experience very strong emotions. Along with these feelings are physical reactions. Indicators of arousal symptoms include problems falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, startle reactions like jumping at noises or if someone walks up behind you, always feeling on guard or looking over your shoulder even when there is no reason to. Which of these do you experience?

—The third cluster of symptoms is avoidance of reminders of the event. A natural reaction to intrusive memories and strong emotional reactions is the urge to push these thoughts and feelings away. You might avoid places or people who remind you of the event. Some people avoid watching certain television programs or turn off the TV. Some people avoid reading the newspaper or watching the news. You might avoid thinking about the event and letting yourself feel your feelings about the event. There might be certain sights, sounds, or smells that you find yourself avoiding or escaping from because they remind you of the event. Sometimes people have trouble remembering all or part of the event. Sometimes people feel numb and cut-off from the world around them. This feeling of detachmentor numbness is another form of avoidance. Sometimes it is described as feeling as though you are watching life from behind glass. Which things or thoughts do you avoid or run away from? Have you felt numb or shut off from your emotions? Have you found yourself feeling disconnected from other people?

2. Trauma Recovery and Fight-Flight-Freeze Response

—Many people are exposed to traumatic events. In the time immediately following a trauma, most people will have the symptoms of PTSD that we just talked about. However, over time, for many people, those symptoms naturally decrease, and they are not diagnosed with PTSD. In other words, they naturally recover from the traumatic event. There are some people who do not recover and are later diagnosed with PTSD. Based on that, it is helpful to think of PTSD as a problem in recovery. Something got in the way of you having that natural process of recovery, and our work together is to determine what got in the way. There are some different reasons why you may be having trouble recovering. First, there is an automatic component during the event that you should consider as you evaluate how you responded during the time. When people face serious, possibly life-threatening events, they are likely to experience a very strong physical reaction called the ***fight-flight reaction****. More recently we have learned that there is a third possibility, the* ***freeze response****. In the fight-flight reaction, your body is trying to get you ready to fight or flee danger. The goal here is to get all the blood and oxygen out to your hands, feet, and big muscle groups like your thighs and forearms so that you can run or fight. In order to do*

that quickly, the blood leaves your stomach or your head. You might feel like you have been kicked in the gut or are going to faint. Your body stops fighting off diseases and digesting food. You are not thinking about your philosophy of life and may have trouble thinking at all. The same thing happens with the freeze response, but in this case your body is trying to reduce both physical and emotional pain. You may have stopped feeling pain or had the sense that the event was happening to someone else as if it were a movie. You might have been completely shut down emotionally or even had shifts in perception like you are out of your body or that time has slowed down ange it so that you can recover from what happened. We will be working to get you _unstuck.' —If you have been thinking now of other things that you could have done then, you might need to consider what your state of mind was during the event. Did you have all possible options available to you? Did you know then what you know now? Do you have different skills now than you did then?

—Second, the fight-flight response that you were experiencing during the traumatic event can get quickly paired with cues, or things in the environment, that didn't have any particular meaning before. Then later, when you encounter those cues, you are likely to have another fight-flight reaction. Your nervous system senses the cue, which could be a sight, a sound, smell, or even a time, and then your body reacts as though you are in danger again. These reactions will fade over time if you don't avoid those cues. However, if you avoid reminder cues, your body won't learn that these are not, in fact, good danger cues. They don't tell you very accurately whether you are actually in danger so you may have false alarms going off frequently. After a while you won't trust your own senses or judgment about what is and isn't dangerous, and too many situations seem dangerous that are not.

—You may start to have thoughts about the dangerousness of the world, particular places, or situations that are based on your reactions rather than the actual realistic danger of those situations. This leads us to examine how your thoughts may affect your reactions. Besides thoughts about dangerousness, many different types of beliefs about ourselves and the world can be affected by traumatic events.

3. Overgeneralization vs. Specificity in memory.

When individuals experience a traumatic event they begin to think of their memories in a more general way. They may believe that negative things will happen at higher frequency and even look back at things that have happened in their past in a more general way (i.e. My entire childhood was scary rather than certain specific times were scary). When individuals begin to think of memories in an overgeneral way, it becomes difficult to differentiate memories from one another on an everyday basis and then you may begin to forget that positive events do occur. In addition when individuals begin to overgeneralize they increase the likelihood of expanding a negative memory such as having a bad experience on a holiday to having a bad experience the entire month of December. This can cause misjudgments in the memory retrieval process that have been connected to an increase in PTSD symptoms. The function of overgeneralizing for an individual who has experienced a traumatic event may be to distance the self from the negative affective experience that comes from dealing with the emotions tied to that incident. Also, it has been found that children who have experienced traumatic events in their childhood begin to overgeneralize with the retrieval of the traumatic event itself, but eventually this process spreads

to include not only memories related to the traumatic event, but other kinds of memories (i.e. negative memories unrelated to the event, as well as positive memories and even memories that have neutral affect); thus, creating an overgeneralized memory system rather than just an overgeneralized memory for the traumatic event itself. Therefore, in order to decrease the symptoms of PTSD, it is necessary to decrease the use of overgeneral memory retrieval and practice how to retrieve specific memories. It has been found that reduced specificity does not tend to improve when people recover from PTSD, and that it represents a latent vulnerability factor for PTSD.

Examples of specific vs. overgeneral memories are provided from the trainer. The following is explained to provide the difference between the two types of memories and a few examples are provided. Other examples should be given, but the trainer can choose which ones to provide to the group.

Overgeneral memories are also sometimes referred to as categorical memories, in which the person categorizing a memory on the basis of an overarching experience that occurs many times in one's life such as "going to a restaurant". Another way individuals tend to overgeneralize is when they produce memories that occur over an extended period of time rather than an event that occurs in one day (i.e. when I spent summers at my lake house vs. when I went scuba diving in Aruba on my honeymoon last year). A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television).

Participants are then asked to recall a specific memory for two neutral words ('bike') and ('swings') and write these down in their personal workbook. They are prompted to recall as much details as possible (to further promote specificity). Participants' responses are then discussed in group. At the end of the session, homework exercises for the next week are explained. For 10 cues (neutral) participants need to generate a specific memory. They are also instructed to write down a 'specific memory of the day' every evening of the coming week.

Week 2: Session 2 (6 session model), Session 3/4 (12 session model):

Session starts with a brief summary of week 1. Next, the homework exercises are discussed in group. Positive cue words are introduced and discussed with the group. For the remaining of this session or sessions, participants recall two specific memories for each of four cues (two positive and two neutral). Again, participants are motivated to recall as much details as possible. By asking participants to recall two different specific memories for the same cue, we aim to further promote the reduction of overgeneralization. Furthermore, participants are prompted to recall two memories that are quite different from one another, and they are asked to focus on, and pay close attention to those memory aspects or elements that made each memory specific and unique (as compared to the other memory for the same cue). Other group members are encouraged to discuss their feelings and emotions from hearing the memories discussed out loud and asking participant further questions to help specify memories. At the end of the session or sessions for

week 2, the homework exercises for the coming week are explained. For 10 cues (positive and neutral ones) participants need to generate two different specific memories. They are also instructed to write down two different 'specific memories of the day' every evening of the coming week.

Week 3: Session 3 (6 session model), Sessions 5/6 (12 session model):

Homework from the previous week will be reviewed and discussed.These sessions are very similar to Week 2 sessions in terms of the sort of exercises that participants need to do (i.e. two different and unique specific memories for one and the same cue). Participants continue to practice with just positive cue words. Other group members are encouraged to discuss their feelings and emotions from hearing the memories discussed out loud and asking participant further questions to help specify memories. The homework assignment is similar to the homework exercises following week 2 sessions, with the exception that all cue words are positive.

Week 4: Session 4 (6 session model), Sessions 7/8 (12 session model):

These sessions are very similar to Week 3 sessions in terms of reviewing homework assignments and positive cues associated with positive memories. However, participants also need to work with more negative cues. As such, they are instructed to recall two specific memories for negative cues (clumsy, stressed, and sad). Following each negative cue, they are requested to do the same for the positive 'counterpart' cues (skillful, relaxed, and happy). Besides promoting specificity of memory retrieval, by using positive and negative cues of a similar theme (clumsy and skillful, stressed and relaxed, sad and happy), we aim to reduce participants' tendency to overgeneralize (e.g. "I'm a clumsy person", "I'm always stressed", and "I cannot relax", etc.). Other group members are encouraged to discuss their feelings and emotions from hearing the memories discussed out loud and asking participant further questions to help specify memories. The homework assignment is similar to the homework exercises following Week 3 sessions, with the exception that now negative and positive cues are provided.

Week 5: Session 5 (6 session model), Sessions 9/10 (12 session model):

The past weeks homework assignment is discussed and reviewed with the group. Participants are provided with more negative and counterparted positive cue words to practice within session. Other group members are encouraged to discuss their feelings and emotions from hearing the memories discussed out loud and asking participant further questions to help specify memories. For homework, participants are offered some further exercises using negative and ('counterpart') positive cues.

Week 6: Session 6 (6 session model), Sessions 11/12 (12 session model):

Further practice within session is done with positive, negative, and neutral cue words. Any difficulties members are having are discussed. Other group members are encouraged to discuss their feelings and emotions from hearing the memories discussed out loud and asking participant further questions to help specify memories. It is also explained that overgeneral thinking can be brought ‘on line’ by a single experience (e.g., “Last Wednesday when my family came over, I ruined dinner”, “Whenever I cook, things go wrong”, “Whatever I do, things go wrong”, “I’m a complete failure”). Several of such examples are discussed in order to promote participants’ metacognitive awareness to know and notice when they are starting to shift to more general retrieval or unspecific thinking. Finally, a brief summary of the whole program is offered, and participants are invited to evaluate the course and to share their personal experiences with the training with the other group members and the trainer.

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APPENDIX:

WORKSHEETS AND FIDELITY CHECKLISTS

MEST SESSION 1 WORKSHEET

A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television). Write a specific memory for each of the following cue words:

1. Bike:

   1._____

   _____

   _____

   _____

2. Swing:

   1._____

   _____

   _____

   _____

FOR HOMEWORK

3. Grass:

   1._____

   _____

   _____

   _____

4. Baseball:

   1._____

   _____

   _____

   _____

5. Hammer:
    1._____
    _____
    _____
    _____

6. Stairs:
    1._____
    _____
    _____
    _____

7. Library:
    1._____
    _____
    _____
    _____

8. Kitchen:
    1._____
    _____
    _____
    _____

9. Sign:
    1._____
    _____
    _____
    _____

10. Cracker:
    1._____
    _____
    _____
    _____
11. Zoo:
    1._____
    _____
    _____
    _____

12. Ear:
    1._____
    _____
    _____
    _____

Specific memories of the day:

13. Tuesday:
    1._____
    _____
    _____
    _____

    2._____
    _____
    _____
    _____

14. Wednesday:
    1. _____
    _____
    _____
    _____
    2. _____
    _____
    _____
    _____
15. Thursday:
    1. _____
    _____
    _____
    _____
    2. _____
    _____
    _____
    _____
16. Friday:
    1. _____
    _____
    _____
    _____
    2. _____
    _____
    _____
    _____

17. Saturday:
    1. _____
    _____
    _____
    _____

    2. _____
    _____
    _____
    _____
18. Sunday:
    1. _____
    _____
    _____
    _____

    2. _____
    _____
    _____
    _____
19. Monday:
    1. _____
    _____
    _____
    _____

    2. _____
    _____
    _____
    _____

MEST SESSION 2 WORKSHEET

A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television). Write a specific memory for each of the following cue words:

20. Park:

    1._____

    _____

    _____

    _____

    2._____

    _____

    _____

    _____

21. Computer:

    1._____

    _____

    _____

    _____

    2._____

    _____

    _____

    _____

22. Generous:

    1._____

    _____

    _____

    _____

2._____

_____

_____

_____

23. Pleasant:

1._____

_____

_____

_____

2._____

_____

_____

_____

24. Clock:

1._____

_____

_____

_____

2._____

_____

_____

_____

25. Tree:

1._____

_____

_____

_____

2._____

_____

_____

_____

26. Gym:

1._____

_____

_____

_____

2._____

_____

_____

_____

27. Store:

1._____

_____

_____

_____

2._____

_____

_____

_____

28. Sink:

1._____

_____

_____

_____

2._____

_____

_____

_____

29. Celebration:

1._____

_____

_____

_____

2._____

_____

_____

_____

30. Wonderful:

1._____

_____

_____

_____

2._____

_____

_____

_____

31. Fortunate:

1._____

_____

_____

_____

2._____

_____

_____

_____

32. Laugh:

1._____

_____

_____

_____

2._____

_____

_____

_____

33. Reassured:

1._____

_____

_____

_____

2._____

_____

_____

_____

Specific memories of the day:

34. Tuesday:

    1._____

    _____

    _____

    _____

    2._____

    _____

    _____

    _____

35. Wednesday:

    1._____

    _____

    _____

    _____

    2._____

    _____

    _____

    _____

36. Thursday:

    1._____

    _____

    _____

    _____

    2._____

    _____

    _____

    _____

37. Friday:

1._____

_____

_____

_____

2._____

_____

_____

_____

38. Saturday:

1._____

_____

_____

_____

2._____

_____

_____

_____

39. Sunday:

1._____

_____

_____

_____

2._____

_____

_____

_____

40. Monday:

1._____

_____

_____

_____

2._____

_____

_____

_____

MEST SESSION 3 WORKSHEET

A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television). Write a specific memory for each of the following cue words:

1. Growing:
   1._____
   _____
   _____
   _____

   2._____
   _____
   _____
   _____
2. Mastering:
   1._____
   _____
   _____
   _____

   2._____
   _____
   _____
   _____
3. Protected:
   1._____
   _____
   _____
   _____

2._____

_____

_____

_____

4. Special:

1._____

_____

_____

_____

2._____

_____

_____

_____

5. Fabulous:

1._____

_____

_____

_____

2._____

_____

_____

_____

6. Clean:

1._____

_____

_____

_____

2._____

_____

_____

_____

7. Optimistic:

1._____

_____

_____

_____

2._____

_____

_____

_____

8. Stunning:

1._____

_____

_____

_____

2._____

_____

_____

_____

9. Trusting:

1._____

_____

_____

_____

2._____

_____

_____

_____

10. Familiar:

1._____

_____

_____

_____

2._____

_____

_____

_____

11. Engaged:

1._____

_____

_____

_____

2._____

_____

_____

_____

12. Healing:

1._____

_____

_____

_____

2._____

_____

_____

_____

13. Meaningful:

1._____

_____

_____

_____

2._____

_____

_____

_____

14. Respected:

1._____

_____

_____

_____

2._____

_____

_____

_____

Specific memories of the day (positive in tone):

15. Tuesday:
    1. _____
    _____
    _____
    _____

    2. _____
    _____
    _____
    _____
16. Wednesday:
    1. _____
    _____
    _____
    _____

    2. _____
    _____
    _____
    _____
17. Thursday:
    1. _____
    _____
    _____
    _____

    2. _____
    _____
    _____
    _____

18. Friday:
    1. _____
    _____
    _____
    _____

    2. _____
    _____
    _____
    _____

19. Saturday:
    1. _____
    _____
    _____
    _____

    2. _____
    _____
    _____
    _____

20. Sunday:
    1. _____
    _____
    _____
    _____

    2. _____
    _____
    _____
    _____

21. Monday:

1._____

_____

_____

_____

2._____

_____

_____

_____

MEST SESSION 4 WORKSHEET

A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television). Write a specific memory for each of the following cue words:

1. Clumsy:
   1._____
   _____
   _____
   _____

   2._____
   _____
   _____
   _____
2. Skillful:
   1._____
   _____
   _____
   _____

   2._____
   _____
   _____
   _____
3. Stressed:
   1._____
   _____
   _____
   _____

2._____

_____

_____

_____

4. Relaxed:

1._____

_____

_____

_____

2._____

_____

_____

_____

5. Sad:

1._____

_____

_____

_____

2._____

_____

_____

_____

6. Happy:

1._____

_____

_____

_____

2._____

_____

_____

_____

MEST SESSION 4 HW

A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television). Write a specific memory for each of the following cue words:

1. Bored:

   1._____

   _____

   _____

   _____

   2._____

   _____

   _____

   _____

2. Excited:

   1._____

   _____

   _____

   _____

   2._____

   _____

   _____

   _____

3. Abused:

   1._____

   _____

   _____

   _____

2._____

_____

_____

_____

4. Loved:

1._____

_____

_____

_____

2._____

_____

_____

_____

5. Destructive:

1._____

_____

_____

_____

2._____

_____

_____

_____

6. Creative:

1._____

_____

_____

_____

2._____

_____

_____

_____

7. Isolated:

1._____

_____

_____

_____

2._____

_____

_____

_____

8. Supported:

1._____

_____

_____

_____

2._____

_____

_____

_____

9. Violent:

1._____

_____

_____

_____

2._____

_____

_____

_____

10. Safe:

1._____

_____

_____

_____

2._____

_____

_____

_____

Specific memories of the day (one positive and one negative in tone):

11. Tuesday:

1._____

_____

_____

_____

2._____

_____

_____

_____

12. Wednesday:

1._____

_____

_____

_____

2._____

_____

_____

_____

13. Thursday:

1._____

_____

_____

_____

2._____

_____

_____

_____

14. Friday:

1._____

_____

_____

_____

2._____

_____

_____

_____

15. Saturday:

1._____

_____

_____

_____

2._____

_____

_____

_____

16. Sunday:

1._____

_____

_____

_____

2._____

_____

_____

_____

17. Monday:

1._____

_____

_____

_____

2._____

_____

_____

_____

MEST SESSION 5 WORKSHEET

A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television). Write a specific memory for each of the following cue words:

1. Procrastinate:
   1._____
   _____
   _____
   _____

   2._____
   _____
   _____
   _____
2. Dependable:
   1._____
   _____
   _____
   _____

   2._____
   _____
   _____
   _____
3. Rejected:
   1._____
   _____
   _____
   _____

2._____

_____

_____

_____

4. Included:

   1._____

   _____

   _____

   _____

   2._____

   _____

   _____

   _____

5. Lazy:

   1._____

   _____

   _____

   _____

   2._____

   _____

   _____

   _____

6. Energized:

   1._____

   _____

   _____

   _____

2._____

_____

_____

_____

MEST SESSION 5 HW

A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television). Write a specific memory for each of the following cue words:

1. Hurt:
   1._____
   _____
   _____
   _____

   2._____
   _____
   _____
   _____
2. Soothed:
   1._____
   _____
   _____
   _____

   2._____
   _____
   _____
   _____
3. Helpless:
   1._____
   _____
   _____
   _____

2._____

_____

_____

_____

4. Powerful:

1._____

_____

_____

_____

2._____

_____

_____

_____

5. Disconnected:

1._____

_____

_____

_____

2._____

_____

_____

_____

6. Connected:

1._____

_____

_____

_____

2._____

_____

_____

_____

7. Judged:

1._____

_____

_____

_____

2._____

_____

_____

_____

8. Accepted:

1._____

_____

_____

_____

2._____

_____

_____

_____

9. Panicked:

1._____

_____

_____

_____

2._____

_____

_____

_____

10. Calm:

1._____

_____

_____

_____

2._____

_____

_____

_____

Specific memories of the day (one positive and one negative in tone):

11. Tuesday:

1._____

_____

_____

_____

2._____

_____

_____

_____

12. Wednesday:

1._____

_____

_____

_____

2._____

_____

_____

_____

13. Thursday:

1._____

_____

_____

_____

2._____

_____

_____

_____

14. Friday:

1._____

_____

_____

_____

2._____

_____

_____

_____

15. Saturday:

1._____

_____

_____

_____

2._____

_____

_____

_____

16. Sunday:

1._____

_____

_____

_____

2._____

_____

_____

_____

17. Monday:

1._____

_____

_____

_____

2._____

_____

_____

_____

MEST SESSION 6 HW

A specific event is described as an event that occurs within one succinct period of time and involves specific people, places, etc. (i.e. when I had an argument with my husband last Tuesday about buying a television). Write a specific memory for each of the following cue words:

1. Food:

   1._____

   _____

   _____

   _____

2. Discouraged:

   1._____

   _____

   _____

   _____

3. Encouraged:

   1._____

   _____

   _____

   _____

MEST Fidelity Checklist Session 1

The items listed on this checklist are considered necessary elements for MEST practice. It is expected that all sessions will meet the Fidelity Checklist criteria. If any of the criteria are not met, please explain why in the box at the bottom of this page. Please include a Fidelity Checklist for each session.

For the MEST elements below, please initial on the line next to each one that the clinician delivered each element to the group as evidence of that the necessary components of MEST were provided.

1. _____ Set the agenda of the session itself (i.e. what they will be doing together)
2. _____ Discussed PTSD symptom clusters (3) and fight/flight/freeze response to trauma.
3. _____ Discussed overgeneral vs. specific memory and relation to trauma and provided BRIEF overview of the treatment itself. Provided two examples of each OG and SP.
4. _____ Provided **Session 1 Worksheet** to clients and had clients write down specific memories for cue words "Bike" and "Swings." Each clients examples were discussed out loud with group.
5. _____ Assigned the rest of session 1 worksheet as HW (10 neutral cue words).
6. _____ Assigned group to write down 1 additional "specific memory of the day" each day (neutral in tone).
7. _____ Reviewed groups thoughts on first session.

MEST Fidelity Checklist Session 2

The items listed on this checklist are considered necessary elements for MEST practice. It is expected that all sessions will meet the Fidelity Checklist criteria. If any of the criteria are not met, please explain why in the box at the bottom of this page. Please include a Fidelity Checklist for each session.

For the MEST elements below, please initial on the line next to each one that the clinician delivered each element to the group as evidence of that the necessary components of MEST were provided.

1. _____ Brief summary of session 1 and set agenda (i.e. what they will be doing together)

2. _____ Discussed and reviewed neutral cue words HW assignment. Have each client provide one example, have client add one more detail if they can and have group correct if it is an OG vs. SP memory.

3. _____ Provided clients with **Session 2 Worksheet**. Introduced positive cue words. Had clients provide two DIFFERENT specific memories for the first four words on the worksheet (two neutral and two positive cues). Had clients (3-4) discuss differences between two of their memories.

4. _____ Assigned the rest of session 2 worksheet as HW (5 neutral cue words and 5 positive cue words, but TWO DIFFERENT specific memories for each).

5. _____ Assigned group to write down 2 additional "specific memory of the day" each day (neutral or positive in tone).

6. _____ Reviewed groups thoughts on second session.

7. _____ Administered and collected the BDI-II and MPSS-SR to each client, told them NOT to think about past two weeks, but rather ONLY past week. (Reminded to NOT put name on it and only put 4 digit ID code aka last 4 social security numbers).

MEST Fidelity Checklist Session 3

The items listed on this checklist are considered necessary elements for MEST practice. It is expected that all sessions will meet the Fidelity Checklist criteria. If any of the criteria are not met, please explain why in the box at the bottom of this page. Please include a Fidelity Checklist for each session.

For the MEST elements below, please initial on the line next to each one that the clinician delivered each element to the group as evidence of that the necessary components of MEST were provided.

1. _____ Brief summary of session 2 and set agenda (i.e. what they will be doing together)

2. _____ Discussed and reviewed positive/neutral cue words HW assignment. Have each client provide one example, have client add one more detail if they can and have group correct if it is an OG vs. SP memory.

3. _____ Provided clients with **Session 3 Worksheet**. Re-discussed positive cue words. Had clients provide two DIFFERENT specific memories for the first four words on the worksheet (four positive cues). Had clients (3-4) discuss differences between two of their memories.

4. _____ Assigned the rest of session 3 worksheet as HW (10 positive cue words, but TWO DIFFERENT specific memories for each).

5. _____ Assigned group to write down 2 additional "specific memory of the day" each day (positive in tone).

6. _____ Reviewed groups thoughts on third session.

7. _____ Administered and collected the BDI-II and MPSS-SR to each client, told them NOT to think about past two weeks, but rather ONLY past week. (Reminded to NOT put name on it and only put 4 digit ID code aka last 4 social security numbers).

MEST Fidelity Checklist Session 4

The items listed on this checklist are considered necessary elements for MEST practice. It is expected that all sessions will meet the Fidelity Checklist criteria. If any of the criteria are not met, please explain why in the box at the bottom of this page. Please include a Fidelity Checklist for each session.

For the MEST elements below, please initial on the line next to each one that the clinician delivered each element to the group as evidence of that the necessary components of MEST were provided.

1. _____ Brief summary of session 3 and set agenda (i.e. what they will be doing together)

2. _____ Discussed and reviewed positive cue words HW assignment. Have each client provide one example, have client add one more detail if they can and have group correct if it is an OG vs. SP memory.

3. _____ Provided clients with **Session 4 Worksheet**. Discussed negative cue words and need for flexibility in thinking of one-self (i.e. I'm NOT always clumsy). Had clients provide two DIFFERENT specific memories for the six cue words that are opposite in nature on the worksheet (three negative and three positive cue words). Had clients (3-4) discuss differences between two of their memories.

4. _____ Assigned and provided **session 4 HW sheet** (5 positive cue words and 5 negative cue words, but TWO DIFFERENT specific memories for each). Emphasis on using memories related to traumatic events is discussed.

5. _____ Assigned group to write down 2 additional "specific memory of the day" each day (one positive and one negative in tone).

6. _____ Reviewed groups thoughts on fourth session.

7. _____ Administered and collected the BDI-II and MPSS-SR to each client, told them NOT to think about past two weeks, but rather ONLY past week. (Reminded to NOT put name on it and only put 4 digit ID code aka last 4 social security numbers).

MEST Fidelity Checklist Session 5

The items listed on this checklist are considered necessary elements for MEST practice. It is expected that all sessions will meet the Fidelity Checklist criteria. If any of the criteria are not met, please explain why in the box at the bottom of this page. Please include a Fidelity Checklist for each session.

For the MEST elements below, please initial on the line next to each one that the clinician delivered each element to the group as evidence of that the necessary components of MEST were provided.

1. _____ Brief summary of session 4 and set agenda (i.e. what they will be doing together)

2. _____ Discussed and reviewed HW 4 assignment. Have each client provide one counter balanced example, have client add one more detail if they can and have group correct if it is an OG vs. SP memory. Discuss feelings related to expressing these examples.

3. _____ Provided clients with **Session 4 Worksheet**. Discussed negative cue words and need for flexibility in thinking of one-self (i.e. I'm NOT always clumsy). Had clients provide two DIFFERENT specific memories for the six cue words that are opposite in nature on the worksheet (three negative and three positive cue words). Had clients (3-4) discuss differences between two of their memories.

4. _____ Assigned and provided **session 4 HW sheet** (5 positive cue words and 5 negative cue words, but TWO DIFFERENT specific memories for each). Emphasis on using memories related to traumatic events is discussed.

5. _____ Assigned group to write down 2 additional "specific memory of the day" each day (one positive and one negative in tone).

6. _____ Reviewed groups thoughts on fifth session.

7. _____ Administered and collected the BDI-II and MPSS-SR to each client, told them NOT to think about past two weeks, but rather ONLY past week. (Reminded to NOT put name on it and only put 4 digit ID code aka last 4 social security numbers).

MEST Fidelity Checklist Session 6

The items listed on this checklist are considered necessary elements for MEST practice. It is expected that all sessions will meet the Fidelity Checklist criteria. If any of the criteria are not met, please explain why in the box at the bottom of this page. Please include a Fidelity Checklist for each session.

For the MEST elements below, please initial on the line next to each one that the clinician delivered each element to the group as evidence of that the necessary components of MEST were provided.

1. _____ Brief summary of session 5 and set agenda (i.e. what they will be doing together)

2. _____ Discussed and reviewed HW 5 assignment. Have each client provide one counter balanced example, have client add one more detail if they can and have group correct if it is an OG vs. SP memory. Discuss feelings related to expressing these examples.

3. _____ Provided clients with **Session 6 Worksheet**. Had clients provide two DIFFERENT specific memories for the three cue words (one negative and one positive, and one neutral cue word). Had clients (3-4) discuss differences between the three of their memories.

4. _____ Discussed how overgeneral memories can be "brought online" by an event. Provided two examples of this occurring (i.e. cooking dinner and one related to trauma such as driving a car).

5. _____ Reviewed overall concept of treatment and reviewed groups thoughts on treatment experience.

Administer and collect the BDI-II and MPSS-SR to each client, tell them NOT to think about past two weeks, but rather ONLY past week. (Reminded to NOT put name on it and only put 4 digit ID code aka last 4 social security numbers). REMEMBER TO KEEP CLIENTS FOR FINAL ADMINISTRATION OF STROOP, EMOTIONAL STROOP, HAYLINGS, and AMT.