

NOTE: The following information has been directly sourced from "Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition: Basic Principles, Protocols, and Procedures" by Francine Shapiro – to preserve the integrity of the EMDR practice and principles.

Please also refer to The EMDR Institute for further information.

*Small adjustments have been made for gender neutrality and educational purposes.
Additional sources have been referenced where appropriate.*

EMDR

EDUCATIONAL RESOURCE

Dr Jodie Housman
HOUSMAN PSYCHOLOGY
Watkins Medical Centre, Spring Hill Q.

TABLE OF CONTENTS

EYE MOVEMENT DESENSITIZATION REPROCESSING THERAPY	- 2 -
TOUCHSTONE MEMORY & ASSOCIATED MEMORIES	- 2 -
TREATMENT.....	- 3 -
PROCESS	- 6 -
STAGES OF EMDR.....	- 11 -
CHOOSING A TARGET	- 19 -
CHANGES/SHIFTS AS A RESULT OF EMDR	- 20 -
EMDR PREPARATION	- 22 -
APPENDIX 1	- 25 -
MY SAFE PLACE – MY CALM PLACE – MY SECURE PLACE.....	- 26 -
MY CONTAINER	- 27 -
THE WINDOW OF TOLERANCE.....	- 28 -
POLY VAGAL THEORY	- 29 -
APPENDIX 2	- 30 -
WHEEL OF AWARENESS	- 31 -
DESIGNING MINDFULNESS INTERVENTIONS.....	- 32 -
MINDFULNESS OF BREATH, BODY, SOUND AND THOUGHT	- 33 -
ACCEPTANCE OF THOUGHTS AND FEELINGS EXERCISE.....	- 36 -
MOUNTAIN MEDITATION	- 39 -
MINDFUL S.T.O.P.	- 41 -
PROGRESSIVE MUSCLE RELAXATION	- 43 -

EYE MOVEMENT DESENSITIZATION REPROCESSING THERAPY

EMDR is as an integrative memory-based approach to psychotherapy that focuses on reprocessing of experience.

***Three prong approach
PAST – PRESENT – FUTURE***

Guided by the Adaptive Information Processing (AIP) Model.

8 Phases of Treatment

TOUCHSTONE MEMORY & ASSOCIATED MEMORIES

E.G. IMAGINE A SMALL CHILD – REACHES FOR THEIR PARENT’S HAND (SOMEONE THEY NORMALLY TRUST) TO CROSS THE ROAD AND ... AT THAT MOMENT THE PARENT SWINGS THEIR ARM BACK AND ACCIDENTALLY HITS THE CHILD IN THE BACK OF THE HEAD – THE CHILD EXPERIENCES INTENSE AFFECT.

LOOKING AT THIS EVENT ACCORDING TO THE AIP MODEL AND MEMORY STORAGE...

The young child’s intense affect may be verbalised as ..

1. I can’t get what I want
2. There is something wrong with me
3. What have I done?
4. Am I in trouble?
5. I need to be better



The child may start to engage in self-blame – children typically blame themselves for their parents’ mistakes, and flaws.

Also – we have an evolutionary process of submission to authority being necessary for survival.

The affect, intense feelings of worthlessness, powerlessness and the images, sounds, the pain of the blow become stored in the child’s memory. This is a primary self-defining event.

According to the AIP Model memories are stored associatively. Thus, the next event that represents similar rejection becomes stored with this memory.

Subsequent experiences of rejection by any other parent, siblings, friends, and others may all link up with this memory – even before language is adequately developed.

The different childhood experiences containing similar feelings of despair, powerlessness, inadequacy is physiologically stored in a neural memory network that will be pivotal to the child's definition of their self-worth.

When language comes, then the child can formulate a self-concept such as "I can't get what I want and there is something wrong with me".

Thus, the verbalisation links to the affective physiologically stored neural network – then it generalises to subsequent experiences stored as information in the memory network. This continues into adolescence, for e.g., if there is rejection by a friend, a teacher, a partner, all subsequent related events may link to the same memory point and take on the attributions of the initial experience.

Over time, the accumulated related events produce a self-fulfilling prophecy; thus, any hint or chance of rejection can trigger the neural network with its dominant cognition of "there is something wrong with me." This person's consequent behaviour and attributions in the present are dysfunctional because what motivates and fuels them is the intense affect, fear, pain, and powerlessness of that first experience, now compounded by all of the subsequent experiences. Thus, the pain of childhood continues to be triggered in the present, and because of the associational nature of memory and behaviour, the person's current responses and assessments of themselves and the world will be dysfunctional.

Therefore, a childhood humiliation can be stored in a dysfunctional way that inhibit the adult's sense of self and optimal behaviour.

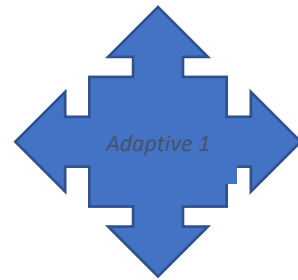
Positive experiences are not assimilated into the network as the memory is defined by the negative affect.

TREATMENT

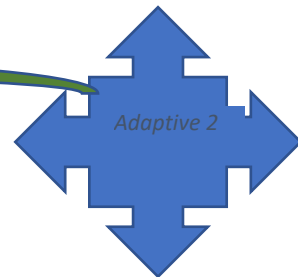
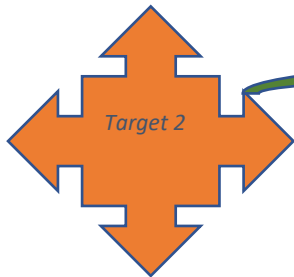
Adaptive information Processing (AIP) Model

When a trauma occurs, it appears to get locked in the brain in an isolated memory network with the original picture, sounds, thoughts, feelings, and so on. Since the experience is locked there, it continues to be triggered whenever a reminder comes up and is responsible for the frequent feelings of helplessness, hopelessness, fear, and so forth that we can't seem to control. This prevents learning from taking place. The old material just keeps getting triggered over and over again. In another part of your brain,

in a separate network, is most of the information you need to resolve it. It's just prevented from linking up to the old stuff.



Once we start processing with EMDR, by asking a client to bring a picture of the original event to consciousness it stimulates the physiologically stored information, the two networks can link up. New information can come to mind and resolve the old problems.



The eye movements or alternative bilateral stimulation such as auditory and tactile stimuli we use in EMDR seem to unlock the system and allow your brain to process the experience.

As a client moves through the sets of BLS - the information moves; the changing picture corresponds to shifts of affect and self-assessment, which become a part of the way the experience is now stored.

It is just like a train travelling along its route.



Information starts off in a dysfunctional form. When information processing is stimulated, it moves like a train down the tracks.



Each set of BLS is like the train stopping along the line where some dysfunctional information drops off and some adaptive (or less problematic) information is added, just as some passengers disembark and others get on a train at each stop.



PLEASE NOTE: When *the disturbing material is unlocked and allowed to process, the reservoir of negative emotions is drained along with it. - thus, persistence*

and courage are important. REGARDLESS of how disturbing the emotions might be NOTHING NEGATIVE IS BEING PUT IN. INSTEAD, IT IS BEING LET OUT.

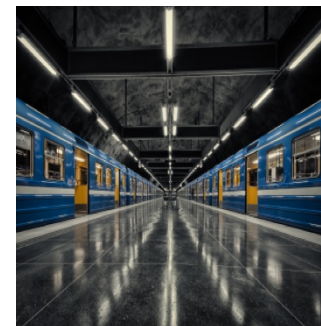
Unlike talk therapy – when a client makes statements between sets, therapists do not challenge or restructure thinking – this is a mistake as it is like inviting the client to get off the train at an intermediate (and upsetting) stop.

Because of EMDR therapy's emphasis on self-healing, any premature attempt by the therapist to intervene may slow or stop the client's information processing.

The therapist needs to stay off the tracks.



At the end of EMDR treatment, the target information is fully processed, and the client reaches an adaptive resolution. Metaphorically speaking, the train has arrived at the end of the line.



Thus, the old information evolves toward a therapeutic and healthful resolution with successive sets, the client may spontaneously state something like, **"I am okay just the way I am"**. Now whenever the neural network is activated by either internal or external stimuli, the client automatically behaves differently since the underlying belief is "I am okay just the way I am" rather than "There is something wrong with me."

EMDR treatments can target:

- 1. Early childhood memories**
- 2. Later traumas, or**
- 3. Current situations**

For positive therapeutic effect as the neural network has associative links to all similar events.

Since the information is linked associatively, many similar memories can be affected during the treatment session, and it is possible for the new positive affect and positive cognitions to generalise to all events clustered in the memory network.

Alternatively, if clients have painful memories in their histories, the therapist can cluster a client's memories into groups that have parallel cues and stimuli, such as memories of loss or memories of abusive acts by a person. The EMDR treatment then actively targets one event that represents the entire cluster, which often allows for a generalisation effect throughout all the associated experiences.

Based on clinical observation, it appears that any manifestation of the stored information can be used as a target for EMDR processing. Thus, a dream, a

memory, and current behaviour are all useful as they all stimulate the specific neural network containing the disturbing information.

In addition, there are several indications of obstructed memory networks that may be targeted, including memory lapses, dissociations, and the fact that access is restricted to negative material.

Access Restricted to Negative Material

One indicator of an obstructed memory network is when the client is able to retrieve only negative memories even when other, positive, events have been experienced, for example when a person has passed, and they can only remember the last year involving the passing and no real positive events. When the disturbing events have been processed, they resolve adaptively into a more neutral form, with cognitions that verbalise a more appropriate affect.

Memory Lapses

Victims of childhood sexual abuse often report being unable to retrieve many memories of the years during which the molestations occurred. It seems that the highly charged information about the abuse is blocking access to the rest of the childhood memory network. Once the trauma is processed, the client is able to remember many positive events, such as experiences with friends that occurred during that time.

Dissociation

Clients may present themselves as highly symptomatic but with no memory of a traumatic event that may have led to this condition. In these cases, the presenting symptoms appear to be a manifestation of dysfunctionally stored information. There is no presumption, however, as to the nature or factual accuracy of the touchstone event.

PROCESS

The most useful framework for treatment is having...

- the picture
- the negative and positive cognitions
- the emotions and their level of disturbance
- the physical sensations

Aspects of the TARGET and need to be clearly defined...

The Picture/ Image



Think of the event then to focus on one image that represents either the entire incident or the most upsetting part of it. It is quite common to have only a blurred image or fragmented view of the event. The goal is simply to establish a link between consciousness and where the information is stored in the brain.

The Negative Cognition



Next...identify a statement that expresses the underlying negative belief or maladaptive self-assessment that goes with the image. This statement is called the "negative cognition". While the term "cognition" has often been used to define all of the conscious representations of experience, in EMDR therapy it is used to signify a belief or assessment. The "negative cognition" is defined as the negative self-assessment that clients make in the present.

Thus when the image is activated and affect is felt – what "I-statement," indicates how the client currently feels about themselves when they recall the trauma/event.

Negative cognitions include statements such as "I am bad/worthless/unable to succeed."

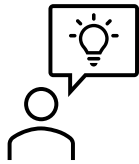
Thus ..When the client brings up the memory of a trauma that may have occurred many years ago, what level of disturbance is presently experienced. The client may continue to think inappropriately about themselves in relation to the event (with feelings of self-blame, incapacity, powerlessness, or self-denigration), demonstrating that the memory has not been resolved.

EMDR therapy does not lead the client to falsify history. Thus, a negative cognition that is actually true will not be changed; that is, ***clinical observation consistently indicates that EMDR processing cannot be used to remove a true negative cognition or to instil a false one.*** A negative cognition is interpretive ("There is something wrong with me") rather than descriptive ("Mother did not love me"). An abusive parent cannot be turned into a nurturing parent. However, the resulting negative self-attribution ("There is something wrong with me") can be addressed and appropriately reprocessed to help shift the client's pathology.

As a rule of thumb, most negative cognitions seem to fall into three categories:

- (1) Responsibility/defective ("I did or there is something wrong with me")
- (2) Lack of safety
- (3) Lack of control

The Positive Cognition



Once the client and therapist have identified the negative cognition associated with the target, the next step in the EMDR session is for the client to identify the desired positive cognition and rate it on the 7-point Validity of Cognition scale (VOC) (Shapiro, 1989a), where 1 is "completely false" and 7 is "completely true." The VOC rating should be based on how true and how believable the positive cognition feels to the client, not on how true it is objectively.

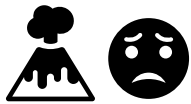
The purpose of identifying a desired positive cognition is to set a direction for treatment, to stimulate the appropriate alternative neural networks, and to offer the therapist and client a baseline (the VOC rating) from which to assess progress. Identifying a positive cognition before beginning the reprocessing also provides a statement that can be used for rapid installation (the installation phase immediately follows desensitisation and will be described shortly) if a better one fails to emerge during treatment.

When developing a positive cognition, try whenever possible to make an "I-statement" that incorporates an internal locus of control. Clients often offer initial statements that are beyond their control, such as "He will love me" or "They will give me what I want." Give clients appropriate examples to redirect them away from such statements and point out the impossibility of ensuring the truth of statements like "My children will never get hurt." Appropriate positive cognitions—such as "I can handle the situation," "I can trust myself," or "I can act responsibly"—offer the client a redefinition of their own capacities. Clearly, there is more power to the statement "I am lovable" than to "He will love me."

The client has no real control over other people's thoughts and actions. The goal should be that the client will be able to maintain a sense of self-worth and equilibrium regardless of external forces, instead of resorting to rationalisations or false hopes for the future. Sometimes the only positive cognitions that can be reasonably presented are embodied in statements such as "It's over," "I did the best I could," or "I now have choices." This is particularly true in the case of perpetrator guilt, where sometimes all that can reasonably be said is "It's in the past" or "I can learn from it."

After the dysfunctional older material has been processed, the positive cognition is intentionally linked or associated with the previously upsetting information during the next phase of treatment, known as "installation." In other words, we are incorporating the positive cognition into the memory network that holds the target material. In so doing, it becomes possible for this cognition to generalise through the network into all of the associated experiences.

The Emotions and Their Level of Disturbance



The client is asked to hold in mind the picture of the memory and the negative cognition, to name the emotion felt, and to give a rating based on the Subjective Units of Disturbance (SUD) scale (Wolpe, 1958) (0 = “no disturbance” to 10 = “highest possible disturbance”) for how it feels now.

The therapist should make sure the client is not reporting the level of distress they felt at the time of the event.

The target for EMDR processing is dysfunctional information.

While many things can happen that are originally upsetting, not all remain actively distressing.

Some are spontaneously dealt with through natural information processing and are adaptively resolved.

Only when a past event is still unresolved should it be targeted for treatment. In most cases, unresolved material is indicated by a significant level of current emotional disturbance.

When making a treatment plan for a client, the therapist isolates the dominant negative belief, such as the cognition “I will be abandoned,” and ask the client to scan earlier memories for any related events that rate 5 or higher on the SUD scale. These become excellent initial targets for processing.

EMDR therapy is used to process any emotional disturbance associated with the event, whether fear, anxiety, shame, guilt, anger, or sadness. However, it is useful to identify the client’s starting point. Clients who become confused and report positive emotions on the SUD scale should be reminded that the scale is used to evaluate only disturbing emotions. Also, a variety of emotions can arise during processing, making it important to have the client name each emotion they are rating.

Furthermore, a client using the SUD scale may report no change in the intensity of disturbance when, in fact, the emotion has changed qualitatively. For example, ***anger may have changed to grief***, but the client may give the same SUD scale rating as before. The therapist needs to know which emotion is being rated in order to give the appropriate responses and support and to ensure that processing is occurring.

The Physical Sensations



Clinical experience indicates that the physical sensations generated when clients concentrate on a traumatic memory are useful focal points for treatment. These sensations may be associated with emotional tension, such as tight neck muscles or increased heart rate. Other physical sensations may be part of the sensory experience of the target trauma itself.

BILATERAL STIMULATION (BLS)

During this testing phase, many therapists ask the client to report any preferences regarding speed, distance, height, and so forth, before concentrating on emotionally disturbing material.

Stages of EMDR

	Stage	Name	Overview
1.	History	Case Conceptualisation	<p>Trauma Case Conceptualisation</p> <p>Identify what to target in EMDR and to ensure the appropriateness of EMDR</p> <p>Administration of Measures</p> <p>Adverse Childhood Experiences Scale (ACE; 10 items)</p> <p>Depression Anxiety Stress Scale (DASS; 21 items)</p> <p>Dissociative Experiences Scale - II (DES-II; 28 items)</p> <p>Post-Traumatic Stress Disorders Scale (20 items PCL-5)</p> <p>Target Sequence Planning and Memory Worksheet</p>
2.	Preparation	Stabilisation	<p>Resourcing - Stabilisation and Preparation</p> <p>Focus on creating safety and preparing for phases 3-6 by establishing stabilisation and resourcing.</p> <p>Increase access to positive affects, and body awareness.</p> <ol style="list-style-type: none"> 1. Calm/Safe Place/State 2. Guided visualisation 3. My Container 4. Window of Tolerance 5. Polyvagal Safety Response 6. Wheel of Awareness 7. Mindfulness 8. Relaxation <p>(See APPENDIX 1 & 2)</p> <ul style="list-style-type: none"> ▪ Includes somatic techniques (bottom-up techniques) and top-down techniques - cognitive resourcing skills. ▪ The effective use of affect-regulating techniques can give clients the confidence to deal with the high levels of disturbing material that may emerge during the session, whereas an inability to handle the disturbing feelings can increase the client's level of fear and make processing even more difficult.

			<p><i>The goal is for clients to be proficient in these relaxation techniques and capable of using the recordings with confidence</i>, so that they can deal with any between-session disturbance that may occur.</p> <ul style="list-style-type: none"> ▪ Explaining the EMDR process and its effects. ▪ Addressing the client's concerns and initiating relaxation and safety procedures. ▪ Inform the client of the possibility for emotional disturbance during and after EMDR processing sessions. ▪ Informed consent for client to make appropriate choices, but it also allows them to prepare their work and social schedules to accommodate any emotional upheaval. ▪ Explain the theory of EMDR therapy and the procedures involved, offering some helpful metaphors to encourage successful processing, and telling the client what they can realistically expect in terms of treatment effects. ▪ During the preparation phase, the therapy should also explore with the client the possibility of <i>secondary gain issues</i>. <ul style="list-style-type: none"> ○ What does the client have to give up or confront if they get better? ○ If the secondary gains are fed by feelings of low self-esteem or irrational fears, they should become the first target of processing. Until these fears are resolved, no other significant therapeutic effects can be expected or maintained.
3.	Assessment	Target Memory Assessment	<p>Jointly identify the target memory.</p> <p>Finding the wound(s).</p> <p>Then activate the client's trauma network in the brain before immediately moving into Phase 4.</p> <p>The client aims to visualise an image of the worst part of the trauma, combined with the Negative Cognition (NC).</p> <p>- Positive cognition (PC) is confirmed.</p>

			<p>Activate the trauma network</p> <p><i>We look at ...</i></p> <p>Image</p> <p>Negative Cognition</p> <p>Positive Cognition</p> <p>Validity of Cognition (VOC)</p> <p>Emotions and Feelings</p> <p>Subjective Units of Distress (SUDS)</p> <p>Location of Body Sensations</p> <p>In more detail..</p> <ul style="list-style-type: none"> ▪ Identifying the components of the target establishes a baseline response before processing begins. ▪ Once the memory has been identified, the client is asked to select the image that best represents that memory. Then they choose a negative cognition that expresses their maladaptive self-assessment related to their participation in the event. These negative beliefs are verbalisations of the disturbing affect and include statements such as "I am useless/worthless/unlovable/dirty/bad." ▪ The client then specifies a positive cognition that will later be used to replace the negative cognition during the installation phase (Phase Five). When possible, this statement should incorporate an internal locus of control (e.g., "I am worthwhile/loveable/a good person/in control" or "I can succeed"). ▪ The client assesses the validity of the positive cognition using the 7-point VOC scale.
--	--	--	---

			<ul style="list-style-type: none"> ▪ At this point the image and negative cognition are combined to identify the emotion and the level of disturbance, the latter being measured by the 10-point SUD scale, described previously. The client is asked to pick a number that indicates the intensity of their emotions when the memory is currently accessed. ▪ As reprocessing commences, both the emotions and their intensity will probably change, with the disturbance potentially becoming temporarily worse. ▪ Next, the client identifies the location of the physical sensations that are stimulated when they concentrate on the event. ▪ Thus, the assessment stage offers a baseline response with respect to the target memory and the specific components necessary to complete processing.
4.	Desensitisation	Reprocessing and Reconsolidation	<p>The therapist conducts bilateral stimulation (BLS), including eye movements, tactile or auditory stimulation. The client is asked to attend to both the target image and to the BLS simultaneously.</p> <p style="text-align: center;">Healing the wound(s) and rewiring the past.</p> <p>The objective is to help the client desensitise to the distressing “target” identified in Phase 1 and activated in Phase 3.</p> <p>Habituation - this helps the client to process through the traumatic memory.</p> <p>GOAL - Memory - move from a traumatic network - scary and isolated to an adaptive memory - this is how we know that desensitisation has worked</p>

5.	Installation	Cognitive Enhancement	<p>- The therapist attempts to increase the strength/validity of Positive Cognition (PC) with the intention of replacing the Negative Cognition (NC) during Bilateral Stimulation (BLS). We want to measure the Validity of the Cognition (VOC) on a scale of 1-7.</p> <p><i>1 = feels completely false</i></p> <p><i>7 = feels completely true</i></p> <p><i>How does it resonate with the client ...? When they think of the PC..</i></p> <p>This is when integrate adaptive information ... and now we are going to have a healthier brain and a more adaptive brain</p>
6.	Body Scan	Somatic Assessment	<p>Concentration on and processing of any residual physical sensations</p> <p>Bilateral Stimulation (BLS) is undertaken if discomfort is reported. Sets of BLS are completed until discomfort subsides</p> <p>If positive or comfortable emotions are present (BLS) conducted to strengthen the positive feeling</p>
7.	Closure	Re-stabilisation	<p>The therapist helps the client end the session by debriefing, reviewing gains made, setting expectations, reviewing coping techniques and planning for the next session.</p>

This phase is always conducted, regardless of whether the client has fully desensitised to the “target” and regardless of whether subsequent phases were completed.

Look at...

Practice resourcing / stabilisation as needed and review session.

Prepare client re what to expect after session.

Permission for client to check in if desired.

Brief overview of plan for next session.

In addition, please note -**disturbing images, thoughts, or emotions that may arise between sessions – this is evidence of additional processing, which is a positive sign.** The client is instructed to keep a log or journal of the negative thoughts, situations, dreams, and memories that may occur.

LOG EXAMPLE...

Date	Trigger	Image	Cognition	Emotion	Sensation/SUD

The first column designates the date. The rest of the columns ask for a few words regarding the experience:

- (1) the triggering event
- (2) the image that arose
- (3) the cognition/belief that emerged
- (4) the emotion
- (5) the sensations and SUD score / disturbance level.

			Placing the description in this order is a duplication of what is needed to target the event in a subsequent session.
8.	Re-evaluation	Assessment of processing effects and treatment directions	<p>Phase 8 is conducted at the beginning of the session following an EMDR session.</p> <p>Explore what has emerged since last session.</p> <p>Access memory from last session.</p> <p>In this phase, gains made during the last session are reviewed, and the therapist may re-conduct earlier phases to ensure that the gains have been maintained since the last session.</p> <p>The purpose of this phase is to ensure the evaluation of treatment effects and to ensure comprehensive processing over time.</p>
It is essential to recognise that EMDR therapy is all 8 phases, not just the eye movements (Phases 4 - 6).			

CHOOSING A TARGET

Choosing a target is straightforward when treating a single-event trauma. However, when treating a multiple trauma, the traumatic incidents can be clustered into groups of similar events, then a representative target is chosen for each group.

Reprocessing the representative incident usually results in a generalisation, allowing the positive treatment effects to spread to all the associated incidents.

Asking clients to designate their 10 - 20 most disturbing memories of childhood and life allows them to sort through and consolidate their past experience into manageable targets.

By assessing the SUD level of every event and arranging them in order of increasing disturbance, the therapist and client can jointly decide which memory should be the initial target for the EMDR treatment.

In attempting to resolve a trauma, the therapist can target all of the following elements:

- (1) the memory of the actual event;***
- (2) any flashbacks, since they might be different from the actual traumatic incident;***
- (3) any nightmare images; and***
- (4) any triggers, such as certain loud noises, that bring back feelings of fear and confusion associated with the earlier trauma.***

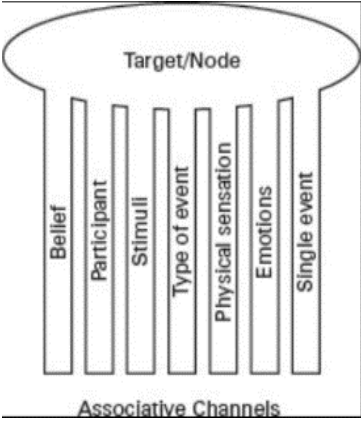
"Triggers" are any stimuli that elicit the dysfunctional images, cognitions, emotions, or sensations, either as full flashbacks or as partial arousal of the dysfunctional material.

The AIP model proposes that REM dream state is a period when unconscious material arises to be processed. Nightmare images appear to be correlated with the client's level of affect and cognitive assessment. When disturbance is high, the REM state itself is disrupted, and disquieting material remains unassimilated. When the nightmare image is targeted during an EMDR processing session, it is treated as a direct link to the network in which the underlying traumatic material is stored. It is this link that makes the material available for therapeutic resolution.

As the eye movements begin and the information starts processing through the channel, new memories can rise to consciousness.

These new memories may appear to the client in flashes (as though the event were suddenly caught in a spotlight), they may appear as a collage of many events all at once, or they may come to consciousness as body sensations. No matter how the information subjectively emerges, as long as processing has

continued, for the next set the client should simply be directed with the global statement, "Notice it."

Emerging memories may be linked to	
	The Major Participant/Perpetrator
	The Pronounced Stimuli – sounds (it can be difficult to separate emotion and cognition)
	The Specific Event – events of similar circumstances may emerge
	The Dominant Physical Sensations – pressure around hands, tightening in chest etc..
	The Dominate Emotion – despair, guilt, shame, embarrassment, fear

CHANGES/SHIFTS AS A RESULT OF EMDR

1. Changes in Image

The image of the target can change to an image of a different event but an associated event, or it can shift to a different aspect of the same event. The image can also change its content or appearance – e.g. a face of a person may change, a weapon may disappear or appear. An image can shift in perspective, expand and may include more detail. The picture may become larger, smaller or blurred, it may turn gray or move closer or farther away or it can disappear completely.

The exact nature is not known. Any change is natural as long as the processing continues and that if the client loses the pictures they should just think of the incident, regard less of what comes to mind. The target event will not be forgotten and the good memories or emotions are never lost in EMDR treatment – DYSFUNCTIONAL INFORMATION IS JUST BEING DIGESTED ☺ and converted to a more useful form and the ☹ picture and emotions will no longer dominate.

Changes in image is a sign of information processing. There is no need for the therapist to question the changes as this can interfere and undermine the processing effects.

If a client has to give testimony and a detailed account of the incident to the police or in a court – please be warned that after treatment a picture of the event may not be retrievable.

2. Changes in Sounds

The client may report that the voices of people in the target memory are becoming quieter or have completely disappeared. New voices or words may appear, the client may report shifts in assertive language while the MAJOR PARTICIPANT is becoming less assertive. ***The client may want to repeat these assertive comments to themselves internally or out aloud until they are confidently and strongly felt – this has often resulted in major breakthroughs for clients who have been frozen in child-like roles / submissive roles to authority figures.***

Clients may revert back to their dominate / previously spoken language.

3. Changes in Cognitions

The client's level of insight often changes from one set of bilateral stimulation to another, however, until the information is completely processed the information will not be fully appropriate. Thus, the train has not reached the station.

4. Changes in Emotions

As memories are processed, the associated emotions may lessen in intensity. However, the emotional level may also increase dramatically before the memory reaches adaptive resolution.

A SUD scale can be used when the emotion is the dominate element, but it may not be sufficient if the emotions change, and new emotions arise e.g., guilt to anger to sorrow and despair. Some clients release repressed emotions (abreact) with high emotional intensity, other process with little overt display.

5. Changes in Physical Sensations

When a memory is being processed, most clients will experience some somatic change. The body sensations may be connected to emotions experience during processing (e.g. a high pulse rate and tight stomach associated with fear). Alternatively, the body sensations maybe those that were experience during the original event. Finally, the body sensations maybe non-specific physical effects of the dysfunctional cognition.

Remember, the physical sensations felt by a client are viewed in EMDR as a manifestation of the information being processed (conceptually, since the physical sensations present during the trauma are locked in the brain). The stimulation of the information can be experienced by the client in the part of the body where the sensations were originally felt. This stimulation as with any other painful stimulation may seem to be in part of the body that hurts, but the pain centre is of course in the brain.

PLEASE NOTE – Although explained conceptually here in terms of sensation stored in a neural network, the actual reexperiencing of the memory, can be frightening for both clients and therapists in the absence of preparation. A client who experiences distress through the re-stimulation of pain of physical assault/trauma NEEDS to know that

they are NOT IN PRESENT DANGER and should be comforted and reminded of this during the set.

The client is in control of the healing process, and it is important that they tell the therapist the truth about what they are experiencing and provide accurate feedback about what is happening to them so the therapist can make the proper choices.

If eye pain is reported – alternative BLS is recommended.

Body sensations can also move throughout the body – thus the client can just think of the new location without ascribing meaning to it.

EMDR PREPARATION

EMDR processing does not generate full flashbacks since the client is coached to have dual focus by maintaining awareness of the disturbance of the PAST EVENT while staying in the SAFETY OF THE PRESENT. This is aided by the dual task of concentrating on the TARGET and following the bilateral stimulation (EYE MOVEMENTS, TACTILE, AUDITORY).

Check list for EMDR - When engaging in EMDR

General Requirements

- Clients should be able to feel comfortable with the possibility of experiencing a high level of vulnerability, a lack of control and physical sensations from the event that may be associated with the target memory. A strong therapeutic alliance is important – it takes time to develop this level of safety and trust.
- Clients must be able to self-soothe and use techniques due to the potential for high levels of emotional disturbance that may arise during EMDR. (Including relaxation and visualisation).
- Environmental stability is paramount – family, social crises, financial or career problems need to be at a minimum if possible.
- Clients must have life supports, including friends and/or family members who can nurture them through any between-sessions disturbance.
- Clients should be healthy enough to withstand the physical rigours of memory reprocessing. The potential effects of aroused emotion on women who are pregnant should also be considered. While, to date, there have been no reports of serious physical side effects, it is always better to use caution. When any physical problem, including a respiratory or cardiac conditions, are present, a specialist physician should be consulted regarding the possible negative effects of high-level emotional response.
- Memories should be assessed to distinguish between those that may be targeted at the office and those that may require medical intervention or consultation, including the possibility of inpatient hospital support. If there is

any question of clients becoming a danger to themselves or others, inpatient work should be strongly considered.

- No contraindications for the use of EMDR have been reported with clients suffering from attention-deficit/hyperactivity disorder.

Epilepsy and Neurological Impairment

- While EMDR processing has been used successfully with clients manifesting a range of neurological complaints, caution should be observed when attempting treatment of this population; that is, there may be some form of brain damage that would cause either no response or extreme discomfort during EMDR processing sessions.
- While several clients with epilepsy have been successfully treated with EMDR therapy, caution should be observed as a matter of course, as with any client who is neurologically impaired. ***It is suggested that therapist-directed tactile or audio stimulation be used.***

Eye Problems – CONTACTS and GLASSES

- Under *no circumstances should EMDR processing be continued if the client reports eye pain*. If this occurs, the therapist should use alternative forms of stimulation.
- The *same is true* for clients who are unable to maintain continued eye movement sets because of *eye muscle weakness*.
- Clients who wear contact lenses should bring their lens cases to treatment sessions so that the lenses can be removed if any sign of dryness or irritation occurs. With many clients, it may be preferable to avoid using eye movements when they are wearing contacts.

Drug and Alcohol

- Clients with a substance abuse history should have appropriate supports in place.

Legal Issues & Testimony

- If a crime victim, witness, or police officer is being treated for a critical incident, it is essential to establish whether a legal deposition or any specific kind of trial testimony is, or may be, required of the individual.
- During EMDR processing, *the image of the event may fade, blur, or completely disappear. Although the client does not forget what happened and will still be able to tell what occurred, they might not be able to provide a vivid, detailed description of the event.*
- Conversely, *the client may be able to give a more detailed description and may actually see the picture more clearly after EMDR treatment.* However, there is no way of knowing beforehand how a client will process a particular event.
- Consequently, informed consent should be used with all pertinent parties when legal proceedings are under way (or might be contemplated).
- Thus, after EMDR processing,
 - the client may be unable to access a vivid picture of the event, and

- the client may no longer recount the incident with extreme emotion (which may be a problem if a very emotional witness is needed on the stand).

Secondary Gains

What will you need to give up or confront if EMDR is successful?

- Loss of all you have known
- Changes in identity
- Fear of loss of an identification with a peer group
- Afraid of healing because as pain eases no longer feel an affiliation with survivors
- If been in a treatment group, may have established identity and social structure around this group – what would this look like if it is different after EMDR

Timing

- 50-90 minutes
- Maintaining the traditional 50-minute hour also generally more than doubles the number of sessions needed for full remediation of clients' presenting difficulties. Since some disorientation may occur immediately after treatment.

Medication

- At times, a client may already be stabilised on prescribed medication or may be assessed as needing such medication to maintain emotional stability between sessions.
- If stop medication – may need to reassess client situation.

APPENDIX 1

MY SAFE PLACE – MY CALM PLACE – MY SECURE PLACE

Preparation...

- Take some deep cleansing breaths
- Feel feet on the floor

Now ready to prepare for connecting with a Secure Place

Step 1:

Choose the Secure Place: It is recommended the secure place be a real place you've been, if possible.

Step 2:

Describe the Secure Place: Connect with what you see, feel, smell, and hear around you when imagining you are there. Focus on anything you need to enhance that experience. Write down the information about your secure place.

Step 3:

Ask if there is a word that describes your secure place – one that will activate thoughts of this place. What would that word be?

My SECURE PLACE WORD IS...

Source: Wisemind.com

MY CONTAINER

Rule 1:

Imagine outside of your body there is a container.

Rule 2:

The container is strong, safe and something only you can open or close, something detached from you.

Rule 3:

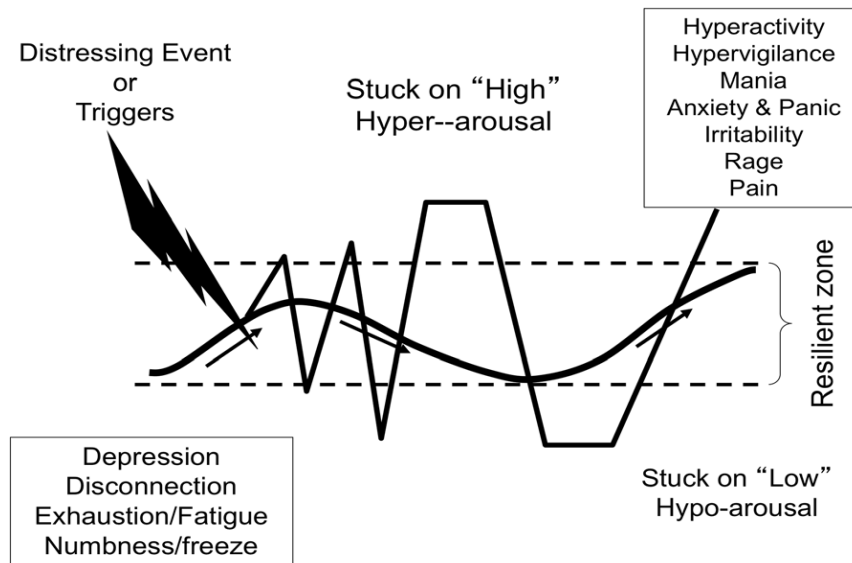
Imagine putting the issue and all associated thoughts, feelings, and body sensations inside the container.

Rule 4:

Close the container until the next time so the issue can continue to heal.

Source: Wisemind.com

THE WINDOW OF TOLERANCE



Source: Leitch Health and Justice (2017) 5:5

(Table Source: EMDR Institute Training)

Client is too much in memory	Memory	Hyper-aroused
Normal processing	Memory and Present – ideal	Dual awareness
Client is not in the memory enough – distant from the memory	Present	Hypo-aroused

POLY VAGAL THEORY

Safety	Danger	Life Threat
Ventral Vagal	SNS	Dorsal vagal
Social Engagement	Flight Fight	Shut Down
Social Bonding	Freeze	Collapse
Immobilisation without fear	Immobilisation with fear	Feigned Death
<i>(Source: EMDR Institute Training)</i>		Dissociation

Intro to Polyvagal Theory and the Triune ANS

John Chitty



APPENDIX 2

Wheel of Awareness

inspire to rewire®

Dr. Dan Siegel

We are happy to share our Wheel of Awareness with you and hope that you will find it useful. The regular practice of the Wheel of Awareness strengthens your mind by integrating your consciousness and empowering you to live a full and vital life. **Mindsight** is defined as a skill of the mind that promotes insight, empathy and integration. This is a mindsight-building practice.



If you have any questions, please contact us at info@drdansiegel.com. We appreciate having you in our Mindsight community!

Designing Mindfulness Interventions

1. To design a mindfulness intervention is simple. There are three basic steps:
 - a. pause for a moment.
 - b. fix attention on breath, body posture, or some other “anchor”
 - c. observe- with openness, curiosity, flexibility - whatever is present: thoughts, feelings, other private experiences, what you see, hear, touch, taste, smell etc.
2. Most impulsive, self-defeating, or self-destructive behaviours are attempts to escape, avoid, or get rid of unwanted thoughts and feelings. Mindfulness exercises can be designed to enhance client self-awareness of what they are trying to avoid. E.g., notice thoughts and feelings before they actually start doing the problem behaviour - such as drinking, binge-eating, self-harming, gambling etc. E.g., “Next time you’re about to start (doing the problem behaviour), stop for a moment, take ten deep breaths, and notice your thoughts/ feelings/ sensations. See if you can identify the thoughts or feelings you’re trying to push away/ escape from/ get rid of.
3. Mindfulness exercises can also disrupt problematic behaviours. Mindfully observe the way they do the problematic behaviour, to notice every aspect of it in detail, and in particular, to notice what thoughts and feelings are present while they are doing so. Often, simply bringing full awareness to the behaviour disrupts it.
4. If you are prone to worry and rumination, you may need a narrower focus: engage in some valued activity and focus attention primarily on that activity. Let thoughts come and go in peripheral awareness, whilst repeatedly bringing your attention back to the activity itself.
5. In contrast, if the problem is chronic pain, you may want a broader focus. Whilst pain is acknowledged and accepted, awareness is broadened to encompass the five senses, the surrounding environment, and the current activity. Thus, pain becomes only one aspect of a much broader experience.

Mindfulness of Breath, Body, Sound and Thought

(Adapted from Segal et al., 2002, p.196-7)

1. Settling into a comfortable sitting position....
2. Bringing your awareness to the level of physical sensation by focusing your attention on the sensations of touch and pressure where your body makes contact with the chair. Spending a minute or two focusing on these sensations.
3. Now bringing awareness to the changing pattern of physical sensations in the lower abdomen as the breath moves in and out of your body.
4. Noticing the sensations of slight stretching as the abdominal wall rises with each in-breath, and of gentle deflation as it falls with each out-breath. As best you can, following with your awareness the changing physical sensations in the lower abdomen all the way through as the breath enters your body on the in-breath and all the way through as the breath leaves your body on the out-breath. Perhaps noticing the slight pauses between one in-breath and the following out-breath, and between one out-breath and the next in-breath.
5. There is no need to control breathing in any way – simply let the breath breathe itself. As best you can simply allowing your experience to be your experience without trying to change it.
6. Sooner or later, your mind will wander away from the focus on the breath in the lower abdomen to thoughts, planning, daydreaming, whatever. This is ok. It is simply what minds do. It is not a mistake or failure. When you notice your awareness is no longer on the breath, gently acknowledge where it has gone, and gently escort your awareness back to the changing pattern of physical sensations in the lower abdomen.
7. Now shifting your awareness to the sensations of the breath coming in and out of the body at the back of the throat. Bringing your awareness to the back of the throat and as best you can paying attention to the changing physical sensations when the breath enters the body on the in-breath and leaves the body on the out-breath.
8. Now shifting your awareness to the nostrils. Paying attention to the breath as it comes in through the nostrils and as it leaves the nostrils.
9. However often you notice your mind has wandered, as best you can, gently acknowledge where the mind has gone, and bring your attention back to the breath.

10. Now allowing your awareness to expand around the breath to include, as well, as sense of physical sensations throughout the whole body. While still aware of the movements of the breath, changing your primary focus so that you become aware of a sense of the body as a whole and of the changing pattern of sensations throughout the body. You may get a sense as though the whole body were breathing.
11. Along with the breath and the sense of the body as a whole, include awareness of the physical sensations in the parts of the body that are making contact with the chair, feet with the floor. As best you can, hold all of these sensations together with the sense of the breath and with the sense of the body as a whole.
12. The mind will wander repeatedly, this is expected, natural. Whenever you notice this, congratulate yourself for noticing, gently note where the mind has gone and refocus your attention to your breathing and the sense of the body as a whole.
13. As you sit, some sensations may be particularly intense, such as pain in the back or knees or shoulders and you may find that awareness is repeatedly drawn to these sensations, and away from the breath and body as a whole. You may want to use these times to experiment with intentionally bringing the focus of awareness into the region of intensity, and as best you can, explore with gentle and wise attention the detailed pattern of sensations there. What do the sensations feel like? Where exactly are they? Do they vary over time? Not so much thinking about it but feeling it. You may want to breathe into these regions of intensity.
14. Now leaving behind the sensations in the body and bringing your awareness to hearing. Bringing your attention to the ears and then allowing the awareness to open and expand, so that there is a receptiveness to sounds as they arise, wherever they arise.
15. There is no need to go searching for sounds or listening for particular sounds. Instead, as best you can, simply open your mind so that it is receptive to awareness of sounds from all directions as they arise – sounds that are close, sounds that are far away, inside the room, outside the room, outside the building, behind, to the side, in front.
16. As best you can, be aware of sounds as simply sensations. When you find that you are thinking about sounds, reconnect, as best you can, with direct awareness of their sensory qualities, patterns of pitch, loudness, the duration, rather than meaning.
17. Whenever you notice you are no longer paying attention to sound, gently acknowledge where the mind has gone and as best you can, bringing your awareness back to the sensations of sound.

18. Whenever you are ready, letting go of awareness of sound and paying attention to thoughts as events in the mind. Just as with sound, you focused your awareness on whatever sounds arose, noticing them arise, develop, and pass away, now, as best you can, bringing awareness to thoughts that arise in the mind in the same way – noticing when thoughts arise, focusing awareness on them as they pass through the space of the mind and eventually disappear. There is no need to make thoughts come or go. Just let them arise naturally, in the same way you related to sounds arising and passing away.
19. It may be helpful to picture your thoughts as written on leaves that are passing down a stream. Imagine you are sitting next to a slow-moving stream where water flows over rocks and leaves that have fallen from trees float down the stream. As a thought comes to mind, imagine the thought written on a leaf. Don't try to make the stream go faster or slower, and don't try to change what shows up on the leaves. Just let the thought appear on the leaf and naturally float down the stream. And, as you are doing this, if your mind wanders or if the stream stops flowing, notice this happened and return to the stream, watch a thought come to mind, appear on a leaf, and float down the stream.

Acceptance of Thoughts and Feelings Exercise

Adapted from Eifert and Forsyth, 2005, p.140-143

1. So, getting in a comfortable position in your chair. Sit upright with your feet flat on the floor, your arms and legs uncrossed, and your hands resting in your lap (palms up or down, whichever is more comfortable). Allow your eyes to close gently [pause 10 seconds].
2. Take a few moments to get in touch with the movement of your breath and the sensations in the body [pause 10 seconds]. Bring your awareness to the physical sensations in your body, especially to the sensations of touch or pressure, where your body makes contact with the chair or floor [pause 10 seconds].
3. Now, slowly bring your attention to the gentle rising and falling of your breath in your chest and belly. Like ocean waves coming in and out, your breath is always there. Notice its rhythm in your body [pause 10 seconds]. Notice each breath. Focus on each inhale ... and exhale [pause 10 seconds]. Notice the changing patterns of sensations in your belly as you breathe in, and as you breathe out [pause 10 seconds]. Take a few moments to feel the physical sensations as you breathe in and as you breathe out [pause 10 seconds].
4. There is no need to try to control your breathing in any way—simply let the breath breathe itself [pause 10 seconds]. As best you can, also bring this attitude of generous allowing and gentle acceptance to the rest of your experience. There is nothing to be fixed, no particular state to be achieved. As best as you can, simply allow your experience to be your experience, without needing it to be other than what it is [pause 15 seconds].
5. Sooner or later, your mind will wander away from the breath to other concerns, thoughts, worries, images, bodily sensations, planning, or daydreams, or it may just drift along. This is what minds do much of the time. When you notice that your mind has wandered, gently congratulate yourself—you have come back and are once more aware of your experience! You may want to acknowledge briefly where your mind has been (Ah, there's thinking or there's feeling). Then, gently escort your attention back to the sensation of the breath coming in and going out [pause 10 seconds]. As best you can, bring a quality of kindness and compassion to your awareness, perhaps seeing the repeated wanderings of your mind as opportunities to bring patience and gentle curiosity to your experience [pause 15 seconds].
6. When you become aware of bodily sensations and feelings, tension, or other intense sensations in a particular part of your body, just notice them,

acknowledge their presence, and see if you can make space for them [pause 10 seconds]. Do not try to hold on to them or make them go away [pause 10 seconds]. See if you can open your heart and make some room for the discomfort, for the tension, for the anxiety, just allowing them be there [pause 10 seconds]. Is there enough space in you to welcome in all of your experience? [pause 15 seconds]

7. Watch the sensations change from moment to moment. Sometimes they grow stronger [pause 10 seconds], sometimes they stay the same [pause 10 seconds], and sometimes they grow weaker—it does not matter [pause 10 seconds]. Breathe calmly in to and out from the sensations of discomfort, imagining the breath moving in to and out from that region of the body [pause 10 seconds]. Remember, your intention is not to make you feel better but to get better at feeling [pause 15 seconds].
8. If you ever notice that you are unable to focus on your breathing because of intense physical sensations of discomfort in your body, let go of your focus on the breath and shift your focus to the place of discomfort. Gently direct your attention on and into the discomfort and stay with it, no matter how bad it seems [pause 10 seconds]. Take a look at it. What does it really feel like? [pause 10 seconds] Again, see if you can make room for the discomfort and allow it to be there [pause 10 seconds]. Are you willing to be with whatever you have [pause 15 seconds].
9. Along with physical sensations in your body, you may also notice thoughts about the sensations and thoughts about the thoughts [pause 10 seconds]. You may notice your mind coming up with evaluative labels such as “dangerous” or “getting worse.” If that happens, you can thank your mind for the label [pause] and return to the present experience as it is, not as your mind says it is, noticing thoughts as thoughts, physical sensations as physical sensations, feelings as feelings—nothing more, nothing less [pause 15 seconds].
10. To help you experience the difference between yourself and your thoughts and feelings, you can name thoughts and feelings as you notice them. For instance, if you notice you are worrying, silently say to yourself, “Worry ... there is worry” just observing worry and not judging yourself for having these thoughts and feelings [pause 10 seconds]. If you find yourself judging, just notice that and call it “Judging ... there is judging” and observe that with a quality of kindness and compassion [pause 10 seconds]. You can do the same with other thoughts and feelings and just name them as planning, reminiscing, longing, or whatever you experience. Label the thought or emotion and move on [pause 10 seconds]. Thoughts and feelings come and go in your mind and body. You are not what those thoughts and feelings say, no matter how persistent or intense they may be [pause 15 seconds].

11. As this time for formal practice comes to an end, gradually widen your attention to take in the sounds around you ... notice your surroundings [pause] and slowly open your eyes with the intention to bring this awareness to the present moment and into the upcoming moments of the day.

Mountain Meditation

Adapted from Jon Kabat-Zinn, *Guided Mindfulness Meditation, Series 2, Stress Reduction CDs and Tapes*, Lexington, MA., and Kabat-Zinn, 1994, p.135-140.

1. So getting into a comfortable position in your chair. Sitting upright with feet flat on the floor, arms and legs uncrossed, and hands resting in the lap (palms up or down, whichever is more comfortable). Allowing the eyes to close gently [pause 10 seconds].
2. Now taking a few moments to get in touch with the physical sensations in the body, especially the sensations of touch or pressure where the body makes contact with the chair or floor. Noticing the gentle rising and falling of the breath in the chest and belly. No need to control the breathing in any way—simply letting the breath breathe itself [pause 10 seconds]. As best you can, also bringing this attitude of allowing and gentle acceptance to the rest of your experience.
3. Now, picturing in your mind's eye, as best you can, the most beautiful mountain that you know, or have seen, or can imagine, just holding the image and the feeling of this mountain in your mind's eye, letting it gradually come into greater focus, observing its overall shape, its lofty peak, the large base, rooted in the rock of the earth's crust, its steep or gently sloping sides.
4. Noticing how massive it is, how solid, how unmoving. Perhaps your mountain has snow at the top and trees on the lower slopes. However, it appears, just sitting and breathing with the image of this mountain, observing it, noting its qualities. And when you feel ready, seeing if you can bring the mountain into your own body, so that your body sitting here, and the mountain of the mind's eye become one.
5. Sitting here you share in the massiveness, and the stillness of the mountain, you become the mountain, rooted in the sitting posture. Your head becomes the lofty peak, supported by the rest of the body, your shoulders and arms become the sides of the mountain. Your buttocks and legs become the solid base rooted to your chair. And with each breath as you continue sitting, becoming a little more a breathing mountain, unwavering in your stillness, completely what you are- beyond words and thought, a centred, rooted, unmoving presence.
6. Now as you sit here, becoming aware of the fact that as the sun travels across the sky, and day becomes night, and night is followed again by day, the mountain just sits, experiencing the changing of light in each moment, constantly changing, yet always just being itself. And it remains still as the seasons flow into one another, as the leaves turn colour in the fall, and snow and ice blanket the mountain in the winter.

7. Spring comes, the birds sing in the trees once again and the streams overflow with the waters of melting snow. Through it all, the mountain continues to sit, unmoved by the weather, by what happens on the surface, by the world of appearances.
8. People may come to see the mountain and comment on how beautiful it is, or how it's not a good day to see the mountain, that it's too cloudy, or rainy, or foggy, or dark. None of this matters to the mountain which remains at all times its essential self.
9. Clouds may come, and clouds may go. Tourists may like it or not, but the mountain's magnificence and beauty are not changed one bit by whether people see it or not, or by the weather.
10. Perhaps in the face of everything that changes in our own lives over seconds, over hours, over years, we can become the mountain, embodying the same unwavering stillness and rootedness.
11. We all experience our own periods of light and darkness, storms of varying intensity in the outer world and in our own minds and bodies. We endure periods of darkness and pain and savour moments of joy and uplift. Even our appearance changes constantly, experiencing a weather of its own.
12. By becoming the mountain, we can link up with its strength and stability, and adopt them for our own. We can use its energies to support our willingness to encounter each moment with mindfulness, and equanimity, and clarity. It may help us to see that our thoughts and feelings and sensations are very much like the weather on the mountain.
13. The weather of our own lives is not to be ignored or denied. It is to be encountered, felt, known for what it is, and held in awareness. And in holding it in this way, we come to know a deeper silence and stillness and wisdom. Mountains have this to teach us, and much more, if we can come to listen. And so, in the time that remains, continuing to sustain the mountain meditation on your own, in silence, moment by moment.

Mindful S.T.O.P.

A useful, ultra-brief, and very simple mindfulness practice, that you can easily incorporate into your busy daily routine, no matter how pressed for time you are is called the:

MINDFUL S.T.O.P.

Here's how it goes:

- S** - **Slow down** (slow down your breathing; or slowly press your feet into the floor; or slowly stretch your arms; or slowly press your fingertips together)
- T** - **Take note** (with a sense of curiosity, notice your thoughts & feelings; notice what you can see and hear and touch and taste and smell; notice where you are and what you are doing)
- O** - **Open up** (open up and make room for your thoughts & feelings, and allow them to freely flow through you; use any defusion or expansion skill you like)
- P** - **Pursue values** (reconnect with your values, and let them guide whatever you do next)

When we **Slow down** this immediately "anchors" us in the present moment. This may involve slow breathing, slow stretching, or pushing your feet down firmly into the floor.

Then to increase that contact with the present moment, we then **Take note**: that is, to notice, with curiosity, what is happening both inside your skin - your thoughts, feelings, sensations - and outside your skin - what you can see, hear, touch, taste and smell. This is basically doing "expansive awareness" which is the first step in both defusion and acceptance.

Next, we **Open up**. This can involve any defusion or acceptance technique (or combination thereof) that helps you to open up and make room for your thoughts and feelings; to give them plenty of space and allow them to freely flow through you.

And finally **Pursue values**: to get in touch with 2 or 3 core values and use them to set a goal or decide on an action that is likely to be life-enhancing.

The lovely thing about a mindful **STOP** is you can make it as short or as long as you like. You can zip through this in under thirty seconds - e.g., while you're waiting at a red traffic light, or stuck in a supermarket queue - or you can stretch it out into a thirty-minute formal meditation practice.

I encourage you to try it out for yourself - not just once, but over and over and over again:

Slow down; Take note; Open up; and Pursue your values.

A regular mindful **STOP** works wonders.

Progressive Muscle Relaxation

The following exercise script for progressive muscle relaxation (with tension) can be adapted to suit your individual needs. It is recommended that you record the script and then you can play it back for use as a relaxation tape. When recording, you should speak slowly, in a fairly monotone voice and inject pauses where appropriate.

Progressive Muscle Relaxation (With Tension)

Get comfortable and close your eyes. Keep them closed throughout the rest of the exercise. Now take a minute to finish whatever you have on your mind. Then concentrate on getting as relaxed as you possibly can. Don't worry about getting perfectly relaxed. Just get as relaxed as you can.

Now, as you relax like that, clench your right fist. Clench it tighter and notice the tension as you do so. Right-hand tense, forearm tense. Now relax your right hand. Let the tension dissolve as your fingers loosen up. Feel that relaxation. Now get yourself comfortable and let yourself relax more all over. Look for the tension... study it. Now let go. Relax. Let all the muscles in your right arm go loose and heavy.....

Now clench your left fist tighter and tighter keep the rest of your body relaxed as you isolate the tension in your left hand and forearm. Now relax once again. Relax more and more deeply. Let the relaxation proceed on its own as you do nothing more than release the tension you had produced. Once again, clench your left fist hold it observe the feeling in your left hand and forearm. Now relax.....

Now clench both fists. Both fists tense and relax. Let all the muscles in your arms become loose. Let gravity take over. Clench both fists again tighter and tighter. Now relax both hands. Notice the contrast in your feelings between when you tense up and when you relax.....

Now bend your elbows and tense your biceps. Both arms up now relax your arms let them gently fall back into a comfortable and relaxed position, and become more relaxed all over Once more, tense your biceps.... study the tension and relax.... just feel that relaxation. Now straighten your arms and tense your triceps... tense them harder and relax... let the relaxation proceed on its own. Once again, tense your triceps tighter and tighter, notice the tension and relax. Let your arms relax completely. Let go more and more. Even when your arms feel totally relaxed let them relax even further.

Let your whole body relax more and more deeply. As you relax, you might feel a tingling sensation, you might feel a warm sensation, your arms may feel heavy, or you may feel so light that it almost seems like you are floating. Whatever you feel, notice it and go with it, relaxing deeper and deeper and even deeper.

Now direct your attention to your facial muscles. Raise your eyebrows and wrinkle up your forehead... wrinkle it tighter. Now relax your forehead, feel a

gentle wave of relaxation flowing over your forehead and scalp, smoothing it out. Now frown and crease your brows... relax once more and notice the difference. Now close your eyes tighter and tighter, study the feelings and relax your eyes. Keep your eyes closed gently, comfortably and relax. Now crinkle up your nose, observe the tension...relax, and note the difference.

Now bite your teeth together and feel the tension in your jaw. Relax your jaw, letting your lips part slightly... as you do... just feel that relaxation. Now push your tongue up against the roof of your mouth and relax... appreciate the relief. Now press your lips together tighter and tighter and relax. Let yourself relax to the best of your ability. Notice how the relaxation progresses more and more deeply as you do nothing but let go of the tension. Just let yourself relax...

Now shrug your shoulders up and feel the tension in your shoulders, neck and upper back... relax your shoulders. Now bring your shoulders forward and feel the tension that way, and relax your shoulders again, relaxing more and more deeply. Feel the relaxation in your shoulders, neck and upper back.

Relax your eyes feel the deepening relaxation in your nose... cheeks... jaw...lips... tongue... and even down into your throat. Let yourself relax.....

Now breathe in deeply and hold your breath... study the tension... now let the air out slowly, automatically, and relax. Continue to breathe normally and relax. Continue to breathe normally, gently, freely and relax. Notice how each time you breathe out, you relax deeper and deeper. Go with it. With each exhalation relax more and more deeply... Now take a deep breath. Then let the air out. Continue pushing it out, until your lungs are empty, and then stop. Don't breathe, feel the tension and uneasiness from stopping your breathing. Don't breathe. Now breathe in. Breathe normally, gently, freely, and appreciate the relief. Once again, notice how each time you exhale the relaxation progresses more and more deeply.....

Now, as you relax like that, press and tighten your stomach as if you are preparing to get hit in the stomach... hold it, observe the tension and relax. Notice the sense of calm that fills you as you relax your stomach more and more. Now push your stomach out as far as it can go and relax your stomach. This time, pull your stomach in, look for the tension, now relax. Relax your stomach fully, feel the waves of relaxation spread throughout your stomach, chest and upper back.....

Now tense your buttocks and thighs by pressing your heels down on the ground as hard as you can. Study the tension. Now relax your hips and thighs and note the difference. Once again, tense your thighs...and relax. Experience the vast contrast in feeling in your legs, as your muscles switch off, relaxing more and more. Now flex your calves by pointing your toes and relax your calves. This time bring your toes up toward your face so that you feel tension along your shins. Now relax again... keep relaxing like that... notice the heaviness of your lower body as you let all your muscles go loose and you let gravity take over.....

Let yourself relax further all over... feel the relaxation in your toes and feet... spread the relaxation up your legs, over your ankles, calves and shins, knees, thighs, buttocks, and hips. Let yourself relax more and more. Feel the relaxation spread into your stomach, waist and lower back and let the waves of relaxation travel down through your chest and upper back into your shoulders and arms, down to the tips of your fingers, relaxing you further and further and deeper and deeper. Feel the relaxation in your neck, throat and mouth.... Feel the relaxation, deepening in all the muscles of your face.

Let yourself relax more and more... deeply in your jaw and nose. Eyes, brow, forehead and scalp. Feel relaxed from head to toe. Now in just a moment, I will count backwards from five to one. When I get to one, you will feel relaxed and refreshed but alert and wide-awake 5.... 4.... 3.... 2....1....