Integral Eye Movement Therapy Practitioner Course

Course Work and Practice Guidelines For IEMT Certification

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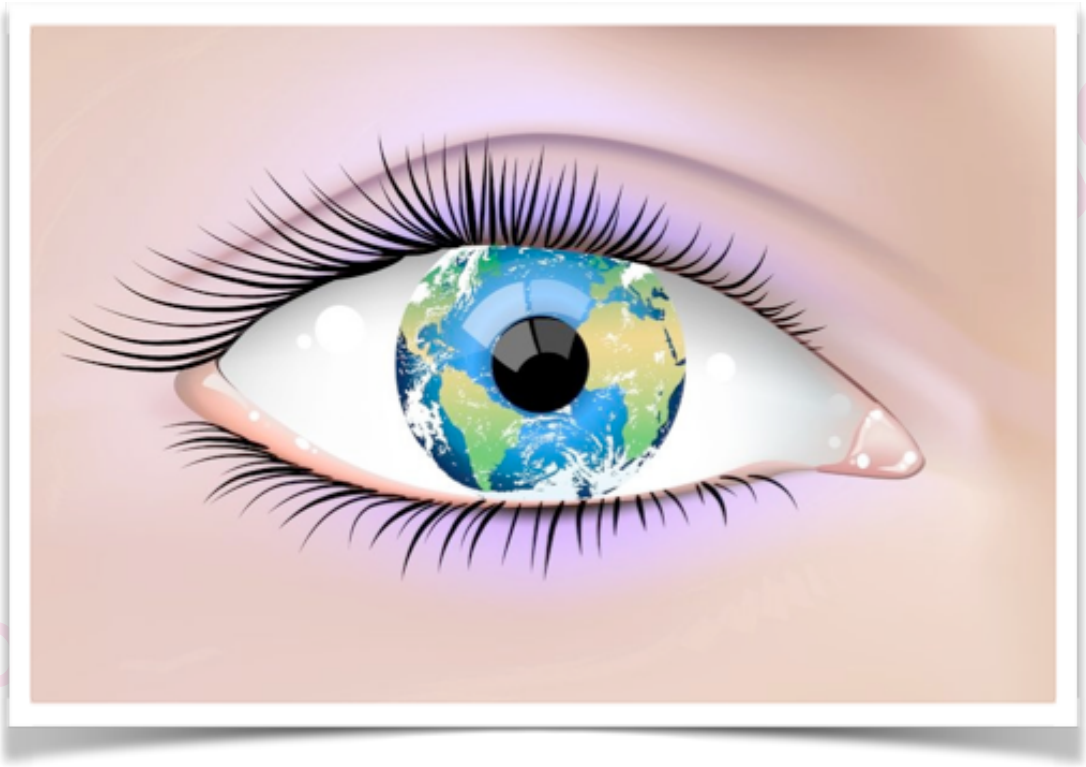

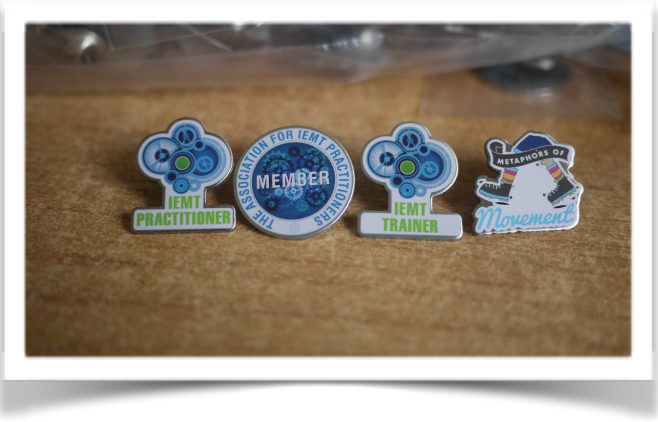

"Creating Change in the Blink of an Eye"

Information on IEMT and The Association for IEMT Practitioners

PLEASE READ THE CASE STUDY & WRITTEN WORK REQUIREMENTS THOROUGHLY. IT IS YOUR RESPONSIBILITY TO SUBMIT ALL REQUIRED WORK ON TIME.

Please ensure you are adhering to current Covid 19 regulations if working with clients in person i.e. checking on symptoms including your own, alcohol gel, wipes, hand washing facilities, adequate ventilation, PPE, Screens, Track & Trace Logging etc.

We are Evolving...

The Association for IEMT Practitioners has introduced a new format for Certification and Practitioner status from 1st June 2015.

This is to ensure that we have Practitioners of the highest standard for clients seeking help via Integral Eye Movement Therapy.

Certification will now be awarded by the Association after successful completion of the case studies and course work. Once a Certification has been awarded, in order to become a Practitioner of IEMT you will need to apply for membership of the Association for IEMT Practitioners of whom the President is Andrew T. Austin the developer of IEMT. This will then enable you to be known as a Practitioner of IEMT and use the logos for your website and marketing materials.

Existing Practitioners are now invited to join the Association and please note use that the of the title IEMT Practitioner is now reliant on Association Membership.

Entry Criteria:

Course is open to all regardless of previous therapeutic experience. Certification is awarded on the completion of case

studies and an in person or Skype mediated Assessment if deemed necessary.

Pre-course Module not mandatory for:

Hypnotherapists, NLP Pracs, Counsellors, Psychologists, Psychiatrists, Talking Therapists.

Pre-Course Module Mandatory for non-qualified Therapists or non talking Therapists such as:

HypnoBirthing Pracs, Complementary Therapists, Medical Practitioners, Dentists, Nurses, Midwives, Life Coaches, Chiropractics, Nutritionists, Teachers, Human Resources Officers,EFT/EMO Pracs

Case Studies - to be performed by all Practitioner level trainees. The number will depend on your therapeutic experience.

Self Reflective Examples - required from all delegates prior to certification.

Course Work - required from all delegates.

Title of IEMT Practitioner - Conferred by the Association for IEMT Practitioners. Membership of the Association is required if you wish to use the title IEMT Practitioner.

Insurance Category - Stand Alone Modality. Insured via Holistic Insurance, Towergate, Balens, for others please check with them directly.

Membership to The Association for IEMT Practitioners - Annual membership fee £50.00

IEMT - " Creating Change in the Blink of an Eye"

Requirements for Certified IEMT Practitioners

There has been a misconception that in order to be a competent Integral Eye Movement Technique/Therapy Practitioner a person only needs a certificate and to use the Basic Kinaesthetic IEMT Pattern.

Along with mandatory membership of the Association for IEMT Practitioners, here are the guidelines as to what is needed to be professional and competent IEMT Practitioner:

1. Understanding and use of all of the aspects of IEMT and how to apply them.

2. Knowing when IEMT is advisable to use and when it is not (contraindications).

3. Conduct a pre-session questionnaire on all clients and obtain a signed consent form.

4. How to identify axial deviations and work with them for both kinaesthetic and Identity patterns.

5. How to identify Patterns of Chronicity on questionnaires and when talking to clients and what to suggest in terms of dealing with them.

6. To identify situations when the 3 Pillars are suitable for demonstration and discussion.

7. To know how to recognise identity issues, pronoun mismatches and third party identity issues and how to work with them.

8. Be completely familiar and practised in using the PTSD model and when it can be used for other traumatic events that may include a “Lynch Pin”.

9. To know when updating episodic memory is appropriate and how to use this.

10. To look for negative Physiological State Accessing Cues, how to teach clients to become aware of them and how to break them.

11. To know when to ask Members of the Association Board for guidance and when to refer on to other more experienced Practitioners or appropriate professionals such as Medical or Psychiatric Practitioners.

12. Keep up your skills and integrate IEMT into your personal skill set for self use i.e. use it or lose it.

IEMT Practitioner Certification
Case Studies Information

All delegates are now required to complete case studies prior to Certification. New guidelines for practice have been issued by International Director of the Association for IEMT Practitioner, Andrew T. Austin

Case studies are as follows:

1. Completion of at least one case study for qualified talking therapists, self reflection exercise plus a piece of course work.

2. The successful completion of 3 or more case studies will be required for delegates who do not posses any of the following qualifications but have other therapeutic or medical qualifications:

CBT, Counselling, EMDR, Hypnotherapy, NLP Prac, Psychology, Psychotherapy, Psychiatry. However all participants regardless of prior qualifications may be required to complete case studies for Certification.

Who is eligible as a case study?

It is advised that you look for people with whom you don't have a close or personal relationship in order to keep the session on a professional level. ***However due to the Corona Virus situation these has been relaxed and friends/family are now able to participate. Also we are permitting on-line session of course at this time***. If doing three case studies and you are struggling to find suitable candidates, again family and friends can be considered, however please note the therapist/client relationship can be difficult to maintain if you have a close personal relationship and can cause friction after the session when certain memories and emotions are worked on.

What scenarios can I help with Case Studies?

Anger, anxiety, belief change, confidence, envy issues, fears, general identity issues i.e. lack of 'self' confidence, 'self esteem' etc (not DIC or schizophrenia), guilt, habits, insomnia, motivation, performance issues, phobia, procrastination, psoriasis, regret, remorse, sadness, smoking cessation, stress, unhappiness.

Can I work with PTSD & Addictions?

IEMT can be very effective, however the issues are often very complex. Unless you are a very experienced qualified talking therapist who can show evidence of working with PTSD and Addictions please do not include these as Case Studies. Even if you are experienced you may need to attend an IEMT Master Class to feel fully equipped to deal with this using IEMT.

If you can show evidence of previous experience, I am happy for you to work with these issues however you would be advised to seek the consent of the clients GP, Consultant and any other therapist that they may have seen such as a Psychologist.

What about Depression?

Depression is something that can take many forms and can be mild, moderate and severe. Reactive depression e.g. as a result of a relationship break-up may be something that you may consider as long as the depression is classed as mild.

Any Moderate or Severe cases especially where people may have contemplated suicide, must not be dealt with as a case study. In all cases of diagnosed depression you, must gain the consent of the client's GP or Consultant. If undiagnosed please ensure that your client is advised to speak to their G.P.

Eating Disorders

Unless you already have a lot of experience in this area or are a qualified psychiatric medical practitioner do not include eating disorders for case study work. Also ongoing after certification, I highly recommend that you do further study if you wish to work with these issues as these are a multifaceted and can be very complex issues. You will also most likely need to liaise with mental health care teams, GP's and or Consultants.

Sexual Offenders

Do not work with any convicted sexual offenders or anyone you suspect may be a sexual offender. Your insurance is unlikely to cover you for this and there may be a need to report a person whom you suspect is putting others in harms way, to the police.

IEMT Certification Training

Contraindications to IEMT

Always check with your client for the following that may contraindicate IEMT

- **Eye disease, injury or surgery including laser eye surgery - If client is 12 months post healing this should be ok but you must check with a Consultant/GP.**
- **Epilepsy if not medically controlled.**
- **Epilepsy if medically controlled - Permission from Neurological care team may be required.**
- **Head Injury/Trauma or Surgery (length of recovery dependent and checks as above).**
- **Hyperemesis (if current).**
- **Psychiatric Disorders/Psychosis - unless you are medically qualified to work with such disorders.**
- **Moderate to Severe Depression unless liaising with a Medical Practitioner.**
- **Stroke - especially if there is muscle and nerve damage to the eye(s) and client is pre 12 months recovery. Check with Consultant.**
- **Vertigo/Ménière's disease/Labrynthitis, if current - check with GP/Consultant.**

Also you may consider getting GP/Doctors consent for:

- **DVT, Embolism, Heart Disease depending how recent and on severity**

THE CASE STUDY & WRITTEN WORK PROCESS

1. **Always conduct a Client Information Questionnaire**, this will provide you with valuable information as to the issue that needs addressing and the language associated with identity issues. Copies of the forms are now on-line in the post course resources.

2. Please also ask clients to complete a Medical History questionnaire as some current or previous conditions may contraindicate IEMT:

DVT, Embolism, Epilepsy, Heart Disease, Head Injury Trauma or Surgery, Hyperemesis, Psychiatric Disorders/Psychosis, Stroke, Vertigo, Ménière's disease (see your course notes for contraindications).

If in doubt always contact their GP/Consultant for advice.

3. Always ask if they are taking any medication and to list it all.

4. Ensure that you or they are not under the influence of alcohol or narcotics when you see them.

5. Give the client an identifiable code or number for the purposes of your write-up, I do not need their contact details, however gender, age and occupation would be useful.

6. **IMPORTANT: You may need to see your clients more than once to cover all of the following or you may have to choose an extra case study.**

- **IEMT Basic & Integral Form**
- **IEMT Identity Basic & Integral Form**
- **Physiological State Accessing Cues**
- **The Patterns of Chronicity explained and demonstrated with a client exhibiting any of these patterns**

If the issues require them I would also like to see you demonstrate the following:

- **The Three Pillars algorithm - Where Anxiety is present and emotions such as Anger or Guilt, Dealing with Guilt (if applicable)**
- **PTSD Model only if applicable. ** I prefer you not to work on PTSD as a Case Study unless you are a very experienced therapist and have good background knowledge in PTSD and have worked with such issues before.**

- **Those of you doing just one case study please ensure that you are looking for the patterns of chronicity and identity issues that may be present:**

7. Always explain to your client that they are a case study and that you are completing your certification.

8. No payment must be taken and financial gain must be made from a case study.

9. Ensure that your client signs a Consent form at each session.

10. Ensure you keep their personal details in compliance with the Data Protection Act 1998 & GDPR Guidelines 2018.

11. **Please video your case studies for review.** I am not assessing the client or their issue(s) merely your interpretation of the issues, use and understanding of the modality. If I feel important information has been missed by the trainee Practitioner this will be put this into the assessment feedback and occasionally more work may be required.

12. What was the outcome of the session? Please ask your clients for a brief write-up of their experience (a few paragraphs maximum) and Code this before sending it to me. *** Ideally this should be measured at the end of the session and between 3-10 days after the session.**

13. Once you have completed the case studies please write up as follows:

a) A summary of the issues.

b) How many times you saw them.

c) The techniques used and how you chose this/these as the appropriate technique(s)?

d) The observations/outcomes of the session(s)

e) Some reflective learning points that you gained from this case study:
i.e. what you observed when using the techniques; how easy or hard was it to elicit the required information; what were the changes that your client noticed such as memory; fade or reduced emotional arousal; any abreactions; anything that you may have done differently; how easy was it to observe the patterns of chronicity and did you challenge them; your overall assessment of the experience.

Also have you applied any IEMT to yourself since the training in particular identifying and dealing with patterns of chronicity or emotional cycling etc.

f) *** IMPORTANT** - I require an anonymised copy of the client assessment form to read along with the case study.

g) Please ensure the write-up is as concise as possible for each client and keep it to a maximum of 3-5 pages if possible. **I prefer to see each write-up individually rather than all together if doing more than one, that way you can be given feedback early into the process.**

SUBMISSION PROCEDURE:

1. **Single Case Study to be video's via Zoom on gallery view and send via We Transfer. More may be required if further understanding and use of the modality is required to be demonstrated.**

2. **Course Work:**

- **Write-up as per the above instructions. Please send via the format on p11 as a PDF.**
- **Self Use and Reflection.**
- **PTSD Story example to fit into the model please write and draw onto the model and identity the LYNCH /PIN in the story.**
- **Identifying Patterns of Chronicity & Identity Based Statements Exercise. See Exercise 2 on the Day/Weekend 2 exercises. Please tell me what Patterns of Chronicity the person is running plus highlight the identity statements that could be problematic and will require further investigation. Any other interesting observations that you make regards a golden age or other observations/issues.**

All the work is to be completed and returned within **three months** of the course that you attend unless there are special circumstances.

3. The **Multiple Case Studies plus all of the above including Self use and Self Reflection** are to be completed and returned within **10 months** of the course that you attend unless there are special circumstances.

4. With Multiple Case Studies **please submit one at a time as soon as they are complete,** so that feedback and learning points can be given on going.

5. **ADVISORY - COMPLETE CASE STUDIES ASAP SO THAT YOU DO NOT FORGET THE SKILLS LEARNED AT THE TRAINING.**

FOLLOW-UP AND FEEDBACK:

After assessment of your case studies, I will send feed back to you and if requested or required, conduct a Skype/Zoom/Face Time meeting.

If you find that you are struggling with any of the concepts please let me know as early into your case studies as possible as an on-line Mentoring session may be required.

I look forward to then sending you your confirmation of successful completion and the Certificate will arrive via either myself or the Association for IEMT Practitioners.

The Association for IEMT Practitioners Example

IEMT Case Study - Sample -
Please write-up Cases Studies following this example (use whatever number of session summary # segments required and send as a PDF

Client no. A11

Age 37, female.
Single session, August 2009

Session length: 50 minutes.

Pre-session

The client volunteered to be filmed as part of a ongoing project in the development and practice of IEMT. She was unknown to myself prior to this session and had no prior experience or familiarity with IEMT or related therapeutic processes.

The presenting problem was that of persistent low-level depression presenting as a quality of life issue without psychiatric or medical complication.

Presentation.

The client attended the session by herself and was of well kept and smart appearance, polite and articulate. She was fully engaged with the session without defensiveness or evasiveness.

Session Summary Part #1

The session was opened with the presupposition that there was a feeling that was a problem which is partly what brought the client to the session. The client immediately agreed and the IEMT Basic Pattern implemented on the feeling. During this exchange, the client scored the feeling as “about a 7” and the “maybe man” element was ignored to be tackled later in the session and the feeling was reported as being “VERY familiar.”

As a result of the IEMT Basic pattern, both the memory was lost and the feeling reduced to “about a 3.” The IEMT Complex Pattern was then applied on this new feeling which was also reported as being very familiar. Following this the client was unable to access either the memory or the feeling.

Session Summary Part #2

The client was asked to pick another problematic feeling, “the worst one” which was reported as a “nine” on the SUD scale. On asking “And when was the first time…” the client’s demeanour changed and she became tearful, turning away slightly and withdrawing eye contact. A pattern interrupt was used and the IEMT Complex Pattern resumed with visible flooding of images during the eye movements which was confirmed verbally by the client during a pause in the eye movements.

At calibration the client reported a change and a reduction in the feeling to “about a seven” which was “quite familiar” and something she commonly suppressed. Another round of the IEMT Complex Pattern was used on this feeling resulting in a deep sigh and visible flooding of images.

At calibration the client reported the feeling was “about a five” and at this point a challenge to the “Maybe Man” pattern was discretely introduced. The Complex Pattern applied to this new feeling with good effect. At calibration, “..about a two out of ten” was reported with another gentle challenge to the “Maybe Man” pattern. Subsequently the client self-corrected on “Maybe Man” behaviour.

Session Summary Part #3

At this point, circular eye movements were implemented on the “two out of ten” feeling as the client had suggested that the feeling was something that she had always had and was part of her with some effect.

Next, I introduced the pattern of “testing of evidence of the problem and ignoring the change” by explaining the pattern and giving a simple example of that pattern and then to illustrate the point, the client was asked again about the “two out of ten” feeling and the complex pattern was applied on this feeling.

Session Summary Part #4 .

At the conclusion of the above pattern and at approximately 15 minutes into the session, I changed tonality and style and asked the client what the problem was that brought her to the session and spoke as though the session was now about to begin. The client reported her “underlying depression” and I asked her to think about it now and tell me what happens. The client had difficulty feeling it and was encouraged to try harder. She was unable to do so.

At this point, via a combination of confusion and presupposition, I introduced the identity elements from IEMT and explained the differentiation of the 4 key pronouns, I, me, self and you. The location, age and “what is happening around…” were elicited and and noted down for the Identity Pattern. “Self” was noted to be most busy with a lot of activity, mostly negative, happening around it. I then fed back the information to the client for verification and to build additional rapport with these identity experiences.

I gave some stories and examples of identity experiences that were matching to her information and then applied the Identity Pattern “lazy 8” to the identity experiences with calibration each time. The client reported “feeling more mature” and more grounded in her experiences of her self.

Further explorations of identity were carried out over about 20 minutes with some emergent kinaesthetics, including anger which were ameliorated with the kinaesthetic patterns.

Overall summary.

The client demonstrated good engagement with the session and evidently understood the processes and rationale for what we were doing. At the conclusion of the session the client reported that the feelings were “deep seated” and that she now felt quite different, comfortable and relaxed. Follow up one week later indicated good response to the session with notable improvement and that the client would like further work and continued support.

In a future session I would like to explore physiological state accessing cues with this client. What is most noticeable is that the client is someone who likes to make a good impression and takes care of her appearance. Part of this involves masking her feelings, so that she is someone vulnerable to a “smiling depression” - happy on the outside, sad on the inside. I suspect that part of this is controlled by sitting very still and minimising her physiological movements, something that she did throughout the session. Using physiological state accessing cues I believe that she will be better able to connect with more positive states and partly substitute her current “away from” strategy of minimising her negative states.

The Association for IEMT Practitioners Pre-Session Assessment Guidelines

Objective for Pre-session Assessment

The objective for carrying out a pre-session assessment is to eliminate candidates who may be unsuitable for treatment or intervention via IEMT. It should be noted that suitability for treatment does not imply or suggest the actual efficacy of IEMT for any given client. Simply put, not finding any contra-indications does not necessarily mean that IEMT will be effective for the client.

IEMT practitioners may have suitable training and skills other than IEMT, so the exclusion of a client from the IEMT treatment protocols does not necessarily imply that the practitioner should not work with the client using other processes and therapeutic mediums.

Common Factors Affecting Suitability

Ocular Disease: Until there is sufficient medical evidence to suggest otherwise, eye movement work should not be used with any individual who has any active or current ocular disease process. There are no exceptions to this. Such conditions include conjunctivitis, glaucoma, history of detached retina and recent trauma such as "a black eye." Problems such as a "lazy eye" and poor focal vision are not necessarily a contra-indication unless there is an active and concurrent disease process underlying it.

Neurological: All neurological disorders are to be considered a contraindication unless (i) you are medically qualified and experienced in the disorder and/or (ii) you have authorisation from the client's doctor to do so. Typical disorders include: Ménière's disease (and related disorders of balance), multiple sclerosis, epilepsy (including psychogenic and factitious seizures), "stroke", history of head injury and Parkinson's Disease.

Psychiatric: A client may be unsuitable on grounds of mental health. Specifically, unless the practitioner is experienced and qualified to work with psychotic illnesses, or is operating with suitable direct supervision, then history of psychotic illness must be considered a specific criteria for exclusion for IEMT work. When working in moderate to severe depression it is a requirement that the client's GP is consulted prior to IEMT treatment.

Legal: If the client is a victim or witness of crime and is likely to be giving evidence in any legal process, then without exception, suitable and relevant legal advise must be sought prior to any IEMT treatment. IEMT is a process that directly affects memory recall and memory coding, and thus IEMT treatment may potentially be raised to question the validity of an IEMT recipient's testimony.

Avoidance and Appointment Substitution: Occasionally a client may seek out IEMT treatment in substitution for their regular medical or psychiatric intervention, treatment and/or support. In all instances, the practitioners should request to liaise with the client's existing treatment services prior to treatment.

Method of Assessment

All practitioners are expected to show good sense and judgement in pre-session assessment and are free to develop their own processes for assessment. Most commonly practitioners will use a written assessment form, often sent to the client prior to booking a session, or pre-assessment interview. It is up to each practitioner to decide whether this pre-assessment interview is without charge or not.

If retained, all assessment records must be stored according to international legal data protection criteria.

"Referring On"

There is no requirement for any practitioner to accept a client or to "refer on" any client that they decline to see. However, it shows good practice to have a suitable network of health care professionals to whom to refer some clients who may need support and advise for suitable treatment.

Questionnaire example and Consent form below to use as a pro-formas, these are also available on the website post course resources.

PUT YOUR CONTACT DETAILS IN THE HEADER OF THE FORM

Client Questionnaire

This questionnaire will help me to develop an effective therapy session for you when we have our first appointment. Please answer the questions as accurately as you can and email or post as above. If you are typing this form to return by email from a shared computer, please remember you may wish to delete it from the "Sent Items" folder and temporary files folder once you have sent it and I have acknowledged receipt. All information is totally confidential and is protected by the Data Protection Act 1998.

Personal Details

Name:

D.O.B:

Address:

Email:

Telephone:

Mobile:

Preferred method of communication?:

GP Details:

Occupation:

Married/Single/Divorced/In a Relationship:

Does anybody else live with you?

Any other relevant information?

Medical History: (Y/N)

Allergies:

Epilepsy:

Respiratory disorders:

High Blood Pressure:

Digestive problems:

Low Blood Pressure:

Skeletal disorders:

Post natal depression:

Muscular problems:

Hormonal disorders:

Heart problems:

Thrombosis:

Aneurysm:

Embolism:

Migraines:

Cancer:

Psychological illness:

Eye Surgery/Trauma:

Are you pregnant?:

Ever suffered a head injury that resulted in loss of consciousness or brain trauma?

Have you received in-patient psychiatric treatment?, If so: what, where and for how long?

Any current medication?(please list):

Do you smoke/how many per day?:

Do you drink alcohol/how many units per week approx?: Do you take recreational drugs?

Caffeine intake (approx how many cups of tea/coffee per day)?

Details on any of the above or any other medical issue you feel is relevant:

Details of Present Issue

1. What do you want to change? Outline of issue and how much do you want to change: 0 = not at all 10 = absolutely:

2. What makes it worse?

3. If you didn't have this problem how would your life be different?

4. How will you know when you have achieved your desired change?

5. What stops you from changing?

6. Have you ever experienced any change work or therapy before? If so what? What were the outcomes?

7. **What will you gain and/or lose when you achieve your desired change?**

8. **How will this change affect your family/friends?**

9. **What is your expectation of the session?**

10. **What is your best accomplishment to date?**

11. **What is your favourite pastime/hobby?**

12. **Is there anything else about your situation that would be helpful for me to know?**

PUT YOUR CONTACT DETAILS IN THE HEADER OF THE FORM

Case Study Client Consent Form

No payment is made for participation as a case study. Written feedback is required by the Client to the Student Practitioner to be assessed by their Appointed IEMT Trainer however this will be anonymised.

Name:

Contact Details:

The above person is consenting to be a case study for the following therapy:

Integral Eye Movement Therapy

With:

I hereby state that I have disclosed all relevant medical history before undertaking this session and have sought the permission from my Medical Practitioner should I need to do so. I understand that it is my responsibility to fully inform the Student Practitioner of anything that may contra-indicate IEMT. I understand we are working with memory and certain uncomfortable memories may need to be dealt with during the IEMT process. I also agree to provide my personal contact details for the purposes of this case study and that due to UK Government restrictions for Therapists, data may have to be archived for up to 8 years. Data will be confidently held in accordance to GDPR regulations.

Client Signature:

Appointment Date:

Therapist Signature:

Explanation and Description of IEMT for Participants.

Integral Eye Movement Therapy (IEMT) is a brief therapy that utilises simple eye movements and questioning techniques to change a particular thought pattern that may be problematic for the recipient.

IEMT techniques help to create change by rapidly reducing unwanted feelings to help you to resolve some emotional issues. Moving our eyes in certain ways appears to connect to the part of the brain that stores our memories and emotions. For reasons that are not fully understood this can lead to a rapid release of emotions bringing about long term relief.

IEMT can also show you why you may repeat unwanted behaviour and how to deal with this without the need for digging into the past with lengthy psychological analysis.

Unlike many psychological therapeutic processes, IEMT does not require the client to disclose lots of details about their experience or give details about troublesome events. Disclosure is not required and the recipient's issues don't not require an "archaeological" dig into the past.

An IEMT session involves the practitioner asking some specific directive questions. The client is asked to concentrate on the answers whilst the practitioner instructs the client to move their eyes by pointing and moving their finger or a pen in the directions required.

IEMT is not the grand unified theory of therapy and change work and is still a developing model, but has proven to be a very useful adjunctive for the trained therapists and when used in the right hands can provide an excellent remedial tool for emotional change and a generative tool for identity change. Practitioners are reporting that IEMT enables excellent results, where prevlously a good outcome might have appeared unlikely.

IEMT Practitioner CPD Certification

The IEMT Practitioner training is now certified by the CPD Certification Service.

At present CPD only covers the European territories.

IEMT Success Story (Permission given by the client).

Written by Sonia Richards, Association Chair & IEMT Approved Trainer

A person contacted me to for help with anxiety related issues which were related to forms of transport. It began with car travel but as with many anxiety issues it had spread out to all forms of transport and also when in certain social situations. I noticed in the pre-session questionnaire some identity statements that exhibited lack of self confidence, some what-iffing and maybe man-like statements. Also as with may clients they were at effect and I got a sense they were also a perfectionist type of person.

They were a college lecturer and very confident in the class room, but college socials and other socials events even with good friends had become a problem. As is often the case this person had developed IBS, which as we know is a mind-body connection issue. Divergence of blood away from the area during fight-flight-freeze type of experiences is partly responsible for the symptoms. (https://www.verywellmind.com/irritable-bowel-syndrome-and-panic-disorder-2584207)

The person was going on holiday in a few weeks and really wanted to be able to be calm and relaxed on the journey.

I did the IEMT test protocol with them to check if this modality would be useful and to give them confidence that change can occur quickly. It worked a treat so I then went on to tackle “The Effect” by dealing with “Cause”. It is always important to understand that issues such as anxiety and IBS are effects/behaviours resulting from the thought processes that a person is creating. I find that a little bit of education on the mind-body connection, FFF, how the limbic system functions as well as the primitive brain is a great way of starting off the process of change for people, especially those who are quite ‘left brained’ and highly educated as this tends to be a great way of getting them invested in their own change.

I then chose with this client to draw out the 3 Pillars model on my white board. They were a lecturer and I knew they would respond to this educational approach to the work we were doing. This person had an “Aha” moment and realised that they were indeed cycling around a set of feelings, one of which included Guilt, so this is where we began with Eye Movements. When a maybe probably statement occurred I challenged this and asked for more specificity.

We managed to elicit that this particular issue began to manifest on a recent significant birthday and so we had a memory to work with, however as is of then the case earlier memories came into play and they realised that actually this anxiety related to guilt had been there for most of their life. The eye movements

worked really well starting off at probably a 7 or 8 so I challenged again and after 3 sets, one basic, 2 integral, the memory seemed hazy and distant and the feelings of guilt and then sadness had significantly faded.

In the “Present” category there was ‘Frustration’ and so this was worked on next to really good effect. So coming back to the ‘Anxiety’ we explored this as an anticipatory event. The client was finding it difficult to create the actual level of anxiety that they had come in with.

And then ‘Bingo’ the perfect line “But what if this doesn’t work when I leave here?”

We explored their ‘Great Big What if’ as well as a few others and I also talked about them language that was littered with self doubt and maybe’s. Explaining about Patterns of Chronicity this work had a huge impact. I gave them my hand out to take home as a reminder after the session. I often tell clients to stick it up on a mirror or fridge door or somewhere they will see it often as a reminder and of listening out for those patterns to challenge their own behaviour ongoing, to get back in control of their own thoughts and thus actions.

I finished the session here knowing that in session 2 we would definitely work on their identity statements.

I sent my customary follow-up email a few days later and after a week asked them to let me know what they had noticed and experienced.

They had successfully attended a friends birthday celebrations and had not had any bowel issues before as they normally would and were not fazed at all by being there. They had driven several times and again felt no apprehension and the need to make more than one toilet stop along the way.

Session 2 we worked in identity and this person really struggled with my introductory “Who am I” exercise. This person is a perfectionist so was overthinking the question at first. After telling them there is no right or wrong answer unlike the maths that they teach, they relaxed and were able to find some insights.

As suspected this person had issues in the area of “I” “Self” and Me, they did not do a lot of referring to themselves as “You”. This client had lost themselves somewhat after marriage and becoming a parent even though they were happily married. They also were struggling coming to terms with that fact that they were now 50 and were a bit stuck in the past age wise. The identity model was extremely powerful for them enabling them to update and progress emotionally in age, to have no anxiety about this and actually embrace who they now are.

I taught the client some calm breathing and a bit of visualisation as well as how to use eye movements for themselves should they need it on their flight and holiday. I also tell clients that in life looking for perfection and to feel ecstatically happy 24/7 is not sustainable and that feeling 'OK" about themselves and life in general is a good place to be.

A few weeks after the holiday I received this:

"My list trip went really well - so much calmer and no anxiety during both journeys, which was put to the test when I arrived at the gate and discovered that we had booked my ticket as my shortened first name and not the full name, so my boarding card was different to my passport. Not even a stomach churn! After some phone calls and discussion, I was allowed to fly, fortunately."

"I have maintained a positive approach and am keeping a good balance the vast majority of the time, using the techniques you showed me on a couple of occasions when I have felt a little anxious, which proved helpful. I have seen a definite improvement, I'm not perfect, but who is? I'm still determined to maintain a better equilibrium and recognise the need to keep that calmness and positivity as a focal point. I'm in a much happier place and it remains for me to thank you so much for your help in guiding me to my 'happy, calm place'."

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