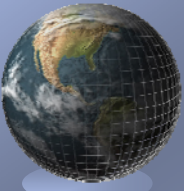


Anxiety Desensitization



Treatments Not Derived
from Cognitive Behavioral
Therapy

Interventions Known to Be Effective


- Cognitive Behavioral (stress inoculation therapy)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Hypnosis
- Neurolinguistic Programming (NLP)



EMDR

• The EMDR Process

- EMDR is a multistep process. Except for addition of eye movements during exercises, it is an duplicate of cognitive work:
 - cognitive assumes a person takes control of disputations, while EMDR assumes a singular problem and so specifically focuses on its resolution.
- The number of sessions devoted to each phase varies on an individual basis.



Assumptions

- EMDR based in behavioral learning
- Caveat: that learning must take place in certain areas of the brain to process successfully
- Traumatic events enter through the amegdella which short circuits successful processing



Phases of EMDR Therapy

- 1) The therapist takes a complete client history.
- 2) Relaxation and self-calming techniques taught.



- Visual imagery of trauma and associated negative feelings and negative thoughts.
- Client explores disputing positive thought.
- Client compares two thoughts on 1-7 scale: 1=completely false, 7=completely true.
- Client revisualizes trauma and thought imagery and sets Subjective Unit of Distress Scale (SUDS).
- While visualizing negative imagery, client's eyes follow therapist's hand movements, blinking light, or responds to tapping or other auditory tones.
- After exercise client relaxes and clears mind. Repeat several times per session.



- 4) Repeat visualization of negative thoughts and feelings and body sensations while eyes follow therapist hand movements.

Client relaxes and discusses feelings and any changes that may have occurred in response to stressors. Continued until distress decreases when thinking of traumatic events.

- 5) Client develops positive self thoughts. Institute them while thinking about traumatic stimuli and following therapist hand movement sets.



- 6) Focus on traumatic image and positive thought and attend to body sensations while visually following different therapist hand movements.

- 7) Therapist determines if memory is reprocessed. If not revisit step 2. Client keeps journal of dreams, thoughts, memories, emotions.

- 8) Review progress and determine if adequate progress or need to revisit steps.



Hypnotherapy

- Hypnosis can help anxiety disorders in more than one way.
 - By inducing a state of relaxation.
 - To help the patient focus more clearly on issues that might be causing the anxiety.
- Use of metaphors to give the patient a new way of looking at his or her problems.
 - Story telling is more permissive than direct suggestions.
 - It gives the patient a chance to accept or reject the suggestion without feeling that he is being "non-compliant."



- **Interruption of strong emotional state:** Individuals in crisis are often more susceptible to suggestion.. Susceptible individuals may actually dissociate spontaneously during a trauma or crisis. This tendency may be used therapeutically in emergency situations.

- **Relaxation:** Almost by definition, hypnosis induces a state of relaxation. This can be short term, as when used to interrupt panic. When used with self-hypnosis, a motivated individual can often achieve longer-term results.



Assumptions

- Theoretic assumption is that indirect and metaphoric process builds ego strength in client, enabling the individual to abstract resolutions into other parts of life.
- Hypnotic events assume the counsellor is a facilitator of a naturally occurring event.



Important Assumptions

- Induction or somnambulation are unnecessary
 - Indirect methods allow for suggestion
- The client's ability to self induce
- "Resistance" only requires adjustment of approach – empowering client (resistance is usable, not negative)
- Internal absorption of conscious mind is the key to induction



- Patience, confidence, calmness are necessary
- Allowing the client to make choices of how he/she induces and depth increases effectiveness
- You don't have to know everything that is going on in the client



Phases of Inductive Work

- Rapport building
- Testing (optional for deep trance)
- Discover issues of import
- Discuss hypnosis with the client
- Begin process of diversion of attention
- Choose language that allows you to fade away and begin talking with subconscious mind



- Use metaphoric language
- Assume the subconscious mind has power and range and allow it to explore problem sources and solutions
- Post hypnotic suggestions, clear and direct
 - Include directive to report back “discoveries” (implanted suggestions)



Neurolinguistic Programming

- Nontrance hypnotic techniques
- Based on the assumption that people need not be in trance to accept suggestions
- Based on totally internal work on the part of the client
- Assumes that the client needs not report back that internal process



- Requires significant time and energy to learn
- Requires exquisite use of metaphoric but also indirect language
- Requires ability to “read” the client
- Requires ability to mimic subtly



Procedures

- Building client rapport
 - Differs from other therapeutic interfaces. Client must trust but at a different level
 - NLP's roots are not only in hypnosis but in advertising (McDonald's uses it consistently), so it can also resemble a “shell game”
 - Counselor's job initially is to become as congruent with the client as possible, both emotionally/linguistically and physically



Congruence

- Not only does the counselor meet the client's phenomenology
- But the counselor uses client's language processing
- The counselor also subtly begins to mirror or mimic the client physically.
- The goal is to mirror so well that when the counselor stops mirroring the client begins to mirror the counselor



Collecting Case History

- Like in other counselling venues, the counsellor gathers problem related information, but this includes significant memory probing
- While gathering information, the counselor also monitors eye movements to determine memory access cues.



Access Cues

- People's eyes move to specific places in response to the way they access memory
 - Looking up=Visual memory
 - Looking laterally, either forward or sideways=Auditory memory
 - Looking down=Sensory memory (emotional as well as other sensory experiences)



Knowing the truth

- One side (right or left) equates to actual memories
- The other side equates to constructed memories including stories told to a person by others, lies, and unsure of information
- People turn their eyes consistently one way or the other while remembering
- Direction varies by person so the counselor must learn the client's patterns



Learning Patterns

- Before exploring problem related memory, NLP specialists ask simple, mutually known questions to determine patterns of truth and lie
- The counselor asks the client specifically to give true answers, then to make things up.
- Once patterns are determined, memory probing of problems begins



Emprinting

- As client explores problems, counselor listens to self messages, then uses distracting language to divert client to "confusing" questions
- While client considers diversions, counselor offers posthypnotic suggestions
- Other diversions may be used linguistically (ads that suggest what isn't true is)



Examples of untrue truths

- “Have it your way” (when you can’t: you can only have it their way)
- “Chrysler comes to the rescue at the pump” with a \$2.99 per gallon guarantee (gas is around \$4.00 per gallon in the U.S.)



Metaphors

- The counselor may also use parallel metaphors to allow the client to consider other possibilities or perspectives
- Conflicting messaging may be included in the metaphoric process (similar to paradoxical intention but without assignment)



Purpose?

- Since NLP is linguistically based, it is important to use memory access modes congruent with the client
- People tend to use one memory mode more consistently than others
 - Visual
 - Auditor
 - Sensory/emotional