IEMT PRACTITIONER TRAINING

LEVEL 1

THE ASSOCIATION FOR IEMT PRACTITIONERS

USA

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HTTPS://INTEGRALEYEMOVEMENTTHERAPY.COM

INTEGRAL EYE MOVEMENT TECHNIQUES - THE DEFINITIVE GUIDE BY SONJA RICHARDS

IEMT VS EMDR LINK BELOW

 https://integraleyemovementtherapy.com/differences-between-emdr-and-iemt/

INTRODUCTION TO IEMT

Integral Eye Movement Therapy/Technique (IEMT) is a brief change technique that can reduce the negative emotional states that are associated with past memories/events.

The mind encodes memories/emotions through visual, auditory, gustatory or kinesthetic experiences. Pleasant memories tend to be time stamped and have a nice feeling/emotion attached to the memory. Traumatic memories may not have a timestamp, where the memory tends to get stuck in a loop so that the memory feels like it's happening in real time. IEMT helps the client leave the past negative emotional states where they belong - in the past.
I like to say that we are solving for X… meaning that the memory and/or emotion just cannot find the appropriate answer to exit the problem state. It just keeps revisiting the emotional imprints until it finds the correct variable.

IEMT explores the question: "How did the person learn to feel this way?"

"How did they learn to be the way they are?"

Part of the experience is to watch and listen to the client and notice their behavioral responses. In essence, how do they experience the problem and what keeps it locked in its place? We are looking to identify and challenge the "Five Patterns of Chronicity." We also help our client explore their identities surrounding how they view themselves in the problem state. Using precise calibrations with eye movements we integrate their identity around the issue, their emotions and memories.

INTEGRAL EYE MOVEMENT THERAPY/TECHNIQUE (IEMT), developed by Andrew T. Austin, incorporates the theories and practices of Steve and Connie Ray Andrea's model of Eye Movement Integration and Francine Shapiro's Eye Movement Desensitization and Reprocessing (EMDR) Therapy. IEMT examines how eye movements have a neurological impact on negative emotional and episodic imprints. This technique also incorporates David Grove's ideas around identity and the use of pronouns

IEMT VS EMDR Pre-course information; please click link below and watch Andrew T Austin "explain" the difference. I encourage you to dive into more information around this so that you can explain this in a way that feels most comfortable.
https://integraleyemovementtherapy.com/differences-between-emdr-and-iemt/10th

NOTES

IEMT Contraindications: IF YOU HAVE TO ASK "CAN I"? THAN DON'T

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 (1) you are medically qualified and experienced in the disorder and/or (2) you have authorization from the client's doctor to do so. Typical disorders include: Meniere'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 diagnosed moderate to severe depression it is a requirement that the client's psychiatrist/psychologist 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 US/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.

CORE CONCEPTS OF IEMT

The 5 Patterns of Chronicity

Negative Emotional Imprinting

Physiological State Access Cues (PSACs)

Negative Identity Imprinting

The PTSD Lynchpin

Emotional Memory Imprinting

IEMT works on the memory imprints that activate emotions and feelings.
A negative emotional imprint occurs when a person has a new kinesthetic response to an experience or event that may be physically or emotionally intense.
This teaches the person's brain how to feel about/respond to future situations.
The amygdala fires off the flight, fight or freeze response. Our brains like to conserve energy and are wired to protect us. Hence, when we have a traumatic or negatively charged event an imprint is formed so that the brain can easily access and quickly identify any perceived threat.
This automatic response system can stack onto future events to trigger unwanted emotions, even if the circumstances are not exactly the same as the original imprinting experience.

For example: Your boss calls you into the office because he would "like a word." You immediately have an automatic response as though you were a kid in school being called in by the principal or teacher. This is an emotional imprint.

We ask the question:

"How did this person learn to feel this way about this thing?"

With IEMT we are able reduce or eliminate the impact of these imprinting experiences so that the emotional and physical effects happening now can be downgraded. The memories can become consolidated, and the associated emotions regulated, hence the effects are diminished in real time. Importantly, clients are usually aware right then and there of somatic changes as well as changes in the memory quality, making the component more difficult to recreate in a way that can cause emotional upset.

NOTES

Negative Identity Imprinting

Identity imprinting occurs during lifelong development and is constantly changing and evolving. Many events start to define "who we are" in the problem. When we use IEMT to lessen or resolve an old memory there may be some identity attached to that old way of being. Integrating these identities can bring the client into the present.

In life, the 'Who' we are being contributes vastly to the 'How' we are being. As a result, therapeutically, we need to be working on the level of identity as well as the unconscious long-term patterns that can prevent or even sabotage change. Many aspects of identity come from a neurological feedback loop from our environment.

Some identities are more foundational - think of basic family titles like mom, dad, brother, sister, etc. - notice how people have a shift in their lives when one of these titles change. Think of becoming a parent, grandparent, having a new sibling, experiencing divorce or even the loss of a family member.

Newer aspects of Identity are the array of pronouns that are ever evolving. This is an area that could really be explored with IEMT.

IEMT approaches identity issues in a unique way in order to resolve them. We identify problematic pronoun based information and problematic 'labels' that people operate from at an identity level, such as: "I am a procrastinator"; "I am PTSD survivor"; "Anxiety is part of me"; "I am afraid of dogs" "I don't trust myself" etc.

Let's say we resolve a person's negative response to dogs but the person still has an Identity of being "afraid of dogs." Their friends and family have also spent years accommodating this fear of dogs. The client may unintentionally revert back to that fear because it's "who they are" not how they actually feel anymore. They continue to play the part that they bring to interpersonal their relationships.

In IEMT we can help those struggling by actually changing the behavior that they associate with their identity. We can do this by discovering whereabout in time and space that person associated themselves with the issue(s) that lead to their sense of self feeling disrupted or even alien to them. We then use eye movements to update and integrate those aspects that are metaphorically

fragmenting people at an unconscious level and diminishing their ability to live better, more fulfilled lives.

Such deep changes at the identity level can occur in real-time and many report somatic changes in the body. They experience parts of themselves integrating and updating which restores their sense of balance, grounding and being present.

We ask the question:

"How did this person learn to be this way about this thing?"

In the IEMT model we also address how we see/feel about others.

NOTES
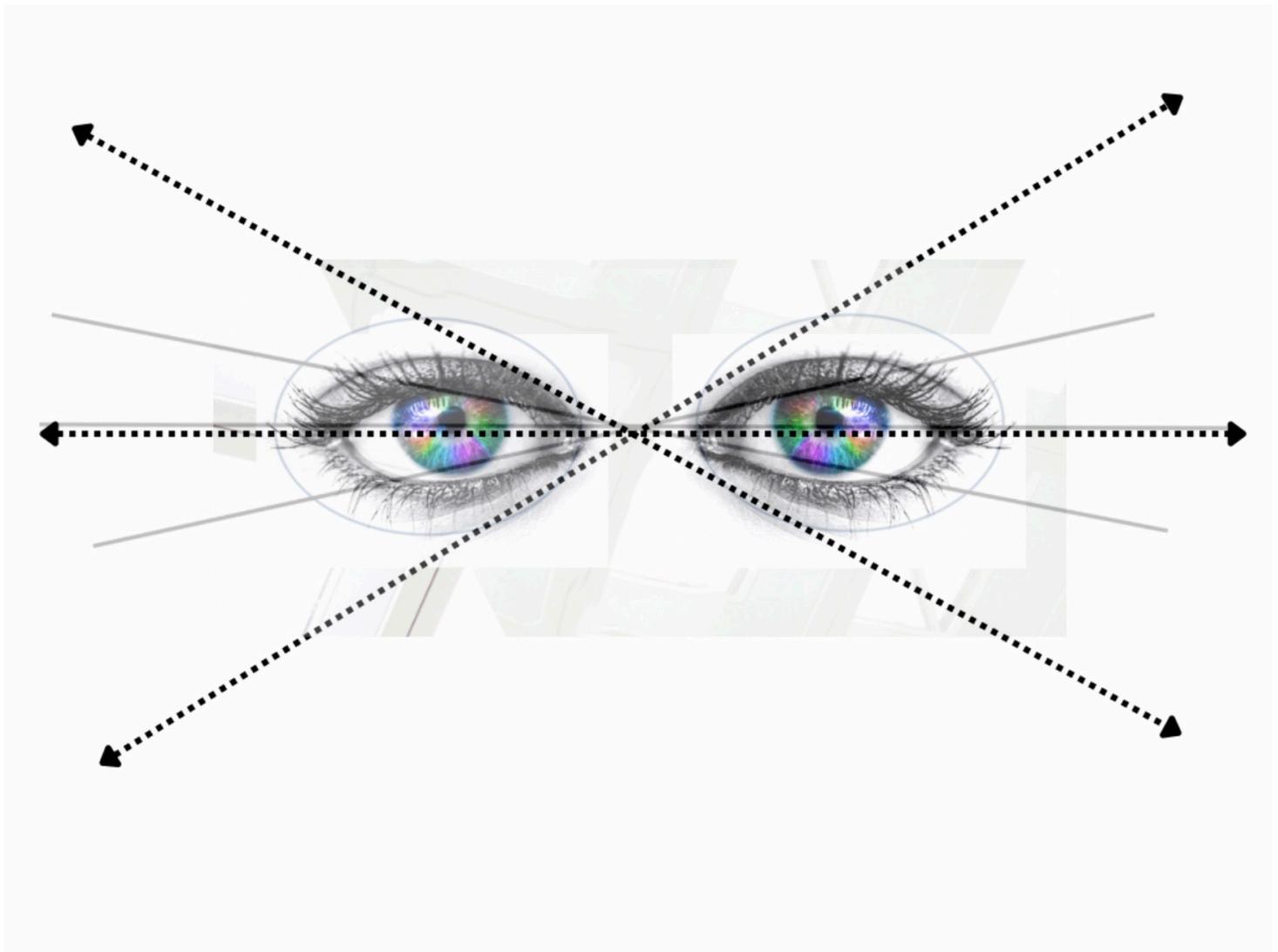
3D EYE ACCESSING CUES

This is a generalization of typical eye accessing cues to look for - some people may orient differently. Notice where people look when they are talking. They are searching their Brain for the information. Things are stored in the brain in certain areas. Pay attention to the direction that they look when they are accessing a memory or problem. If you have the client move their eyes away from their natural placement while holding the memory in their mind, it will cause a deviation in the memory. This deviation will alter their internal representation of the problem, thus altering the emotional and memory imprint.

We are looking and noticing how they look in distance and span.

NOTES

The Five Primary Patterns of Chronicity:

These patterns provide an innovative guideline for the understanding of long-term anxiety-based issues. We all run one or more of the patterns at various times in our lives, but for some, these patterns become deeply ingrained and can disrupt foundational ways if thinking and being. These patterns are basic defense mechanisms that keep us from solving a problem. These defense mechanisms can disrupt the therapeutic process where they may attempt to stop the therapist from diving deeper into the client's problem.

Bringing conscious awareness to these patterns and providing resources to deal with them is one of the most important services provided by IEMT Practitioners.

Clients will often display one or more of these patterns. These patterns allow the client to remain stuck in their problems. The IEMT model identifies the client's avoidant or defensive strategies and then facilitates eye movements at precise points to best eliminate these strategies.
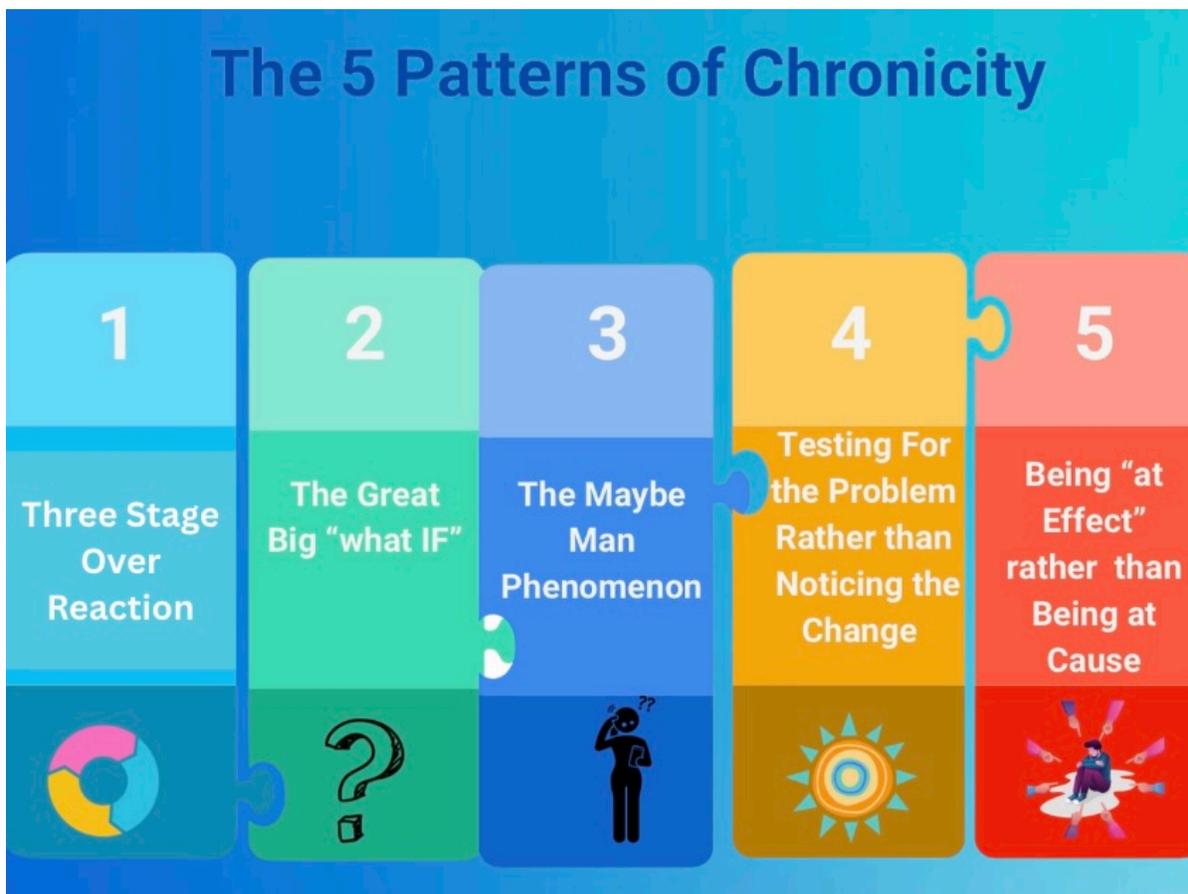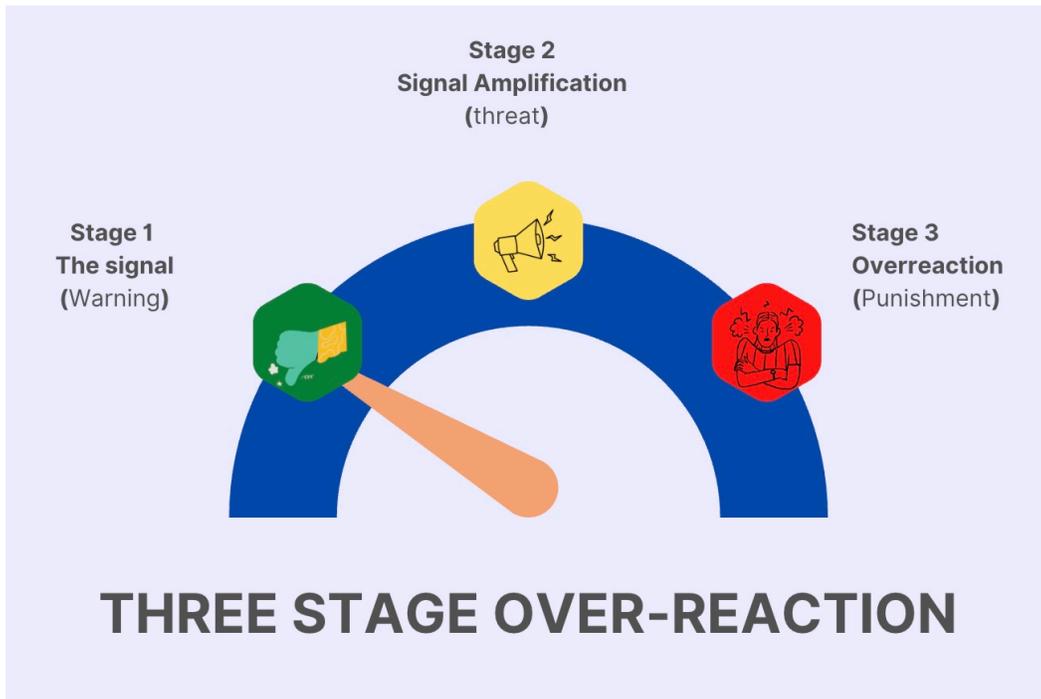
1. The Three Stage Over Reaction

Stage 1. Single/Trigger (implied Threat of Emotion) "I am getting a headache."
Stage 2. Increased Amplified of single (Direct Threat of Emotion) "My headache is getting worse."
Stage 3. Abreaction (Punishment) "Look what you have done. Now I have to go home."

Caption

How to identify this pattern.

A client who abreacts is often someone who complains about other peoples' behavior. They will use phrases like "I hate it when…does that," or "I get so angry because others are so annoying."

Look for the words hate, despise and angry, especially when its about people breaking the client's "rules."

When the issue is outside of them/their control, they are more likely to abreact to a situation. There is a trigger, amplification and then abreaction.

How to use this pattern with IEMT:

DO NOT let the client's emotions change what you do. For IEMT, use the second stage to work with that emotion - i.e. how strong is that emotion and how familiar is that emotion? When was the first time you can remember feeling this way?

Client: I hate when people cut me off in traffic.
Therapist: What is that like?
Client: I really hate it! (Amplified emotion).
Therapist: Between 1-10, 10 being the strongest, how strong is this hate? How familiar is it? Then go into the kinesthetic algorithm.

NOTES

2. The Great Big "What if" Question

Clients who suffer from anxiety often use "what if" questions. Being uncertain of an outcome creates a feeling of apprehension. Anticipatory Anxiety is seen in these clients.

These are clients that tend to be less productive as they are stuck in the unknowns. They never seem to move up in the world, whereas successful people seem to be more certain of future outcomes.

How to Identify this pattern:

Just pay attention to the words "what if"

For example:

"I want to start my own business, but what if it fails?"

"I want to start dating, but what if I don't find someone?"

"I want to become a therapist, but what if I can't help anyone?"

Client will say "yes, but what if" when you recommend they do/try something.

How to use IEMT for "what ifs"
Formula **What if (A), then (B), which means (C)**

Example1:
Client: I want to start my own business, but what if it fails?
Therapist: then?
Client: I wasted so much time and money
Therapist: which means?
Client: I am failure
Therapist: that's right
In this scenario, first take the identity of "I" and apply the Basic identity algorithm (pg. 36). Then, for failure, use the basic/basic Kinesthetic algorithm (pg. 21).
"When is the first time you can remember being this way?"
"When is the first time you can remember feeling like a failure?"

Example 2:
Client: I want to start dating, but what if I don't find someone?
Therapist: then?
Client: I will be alone lonely
Therapist: Which means?
Client: I feel like I'll always be alone
Therapist: that's right

In this scenario, dissect the feeling of being alone: *"How strong is this feeling? How familiar is this feeling? When is the first time you can remember feeling this way?"*

Then utilize the Basic and Integrative Kinesthetic algorithms

Language is important: make sure to use the phrase "that's right" in the "What if" pattern to get the client to deal with the problem and confront the issue. Having to face the problem will lead to reactions and emotions and these are what we work with. Watch for the identities, memories and emotions attached to the problem.

Emotions: Use the Basic Kinesthetic and Integrative Kinesthetic algorithms

Negative Memories: Use the Basic Kinesthetic algorithm

Identities of the person: Use the Basic Identity algorithm

Identities of other people: Use the Complex Identity algorithm

NOTES

3. The Maybe Man Phenomenon

The "Maybe Man" is uncertain of his own experience and this leaks out into his language. By remaining uncertain and vague he does not commit to his experience or to his identity.

The uncertainties manifest in low self-esteem and low confidence, where these clients tend to be anxious. They also tend to be of lower social status.

Getting the clients to commit can help them be more sure of their experiences and create a more self-assured way of being. It is important to get them to be precise so that you can accurately calibrate their experience.

How to spot the "Maybe Man"
When asking the question "out of 10, how strong is this feeling?" They will respond with a *"well it's like a 6 or 7."*

How to address this uncertainty:
You direct them to be more concise. *"So is it a 6 or a 7?"* They may still waffle back and forth. You could then tell them that you would like for them to be specific. They then will commit to a number. After a couple of times, they tend to self-correct.

If they get angry or other emotions shows up you can use the 3 Stage Abreaction pattern. Or, if they feel overwhelmed or any other emotion, use the Integrated Kinesthetic algorithm.

How strong is this feeling? How familiar is it? When is the first time you can remember feeling this way?

THE MAYBE MAN

UNCERTAIN OF HIS OWN EXPERIENCE
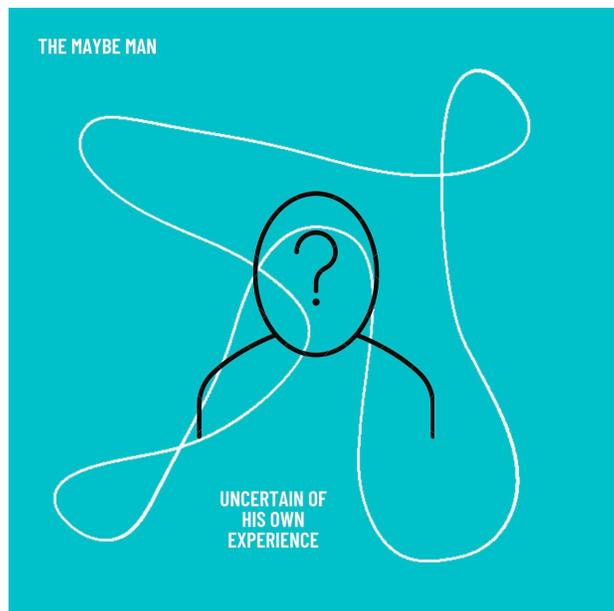
NOTES

4. Testing for Existence of the Problem Rather than Testing for Change

Even with 99% improvement, this person will locate the 1% of the problem that still exists and will represent it as 100% of the problem still remaining.
Using sub-modalities helps to measure and identify the changes.
Clients are used to therapy not really working, where they cannot identify change that has occurred. We teach them how to measure their therapeutic experience in order to help them identify the changes.

How to spot this in the client:

When you ask a client "what is that feeling or memory like now" they will say "it's the same" or "it's still there." This is a client that likely has had many therapists and will always say it hasn't worked. Point out the changes - note that the feeling was a 9 and now it is a 5, or that the memory is now more faded or even black and white. Then challenge them to "try" to put it back.

Sometimes they get upset at this as if you are challenging their beliefs. If this happens, address the emotion(s) that are coming up with the Integrated Kinesthetic algorithm (pg 25)

How strong is this feeling. How familiar is this feeling? When is the first time you can remember feeling this way?
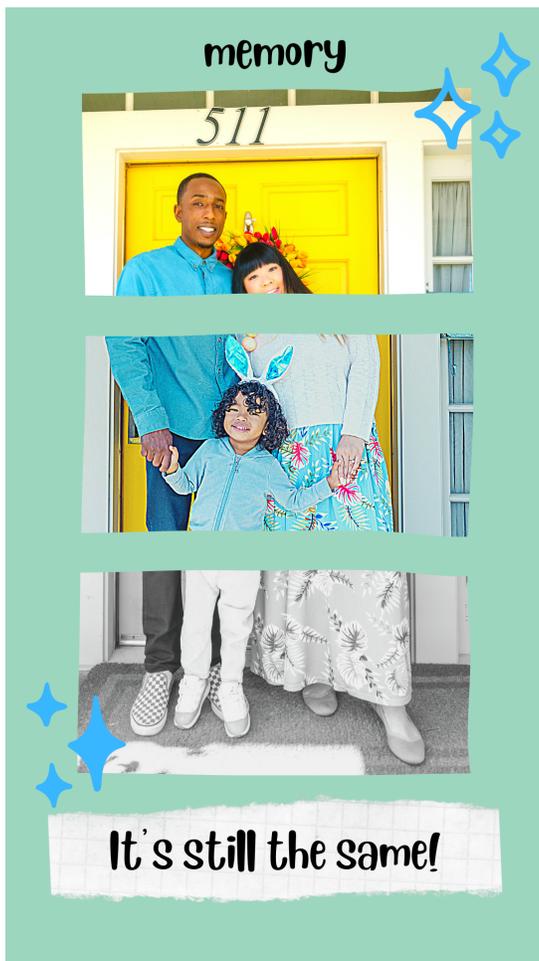
NOTES

5. Being "At Effect" Rather than "Being at Cause"

By being "at Effect" this person experiences emotional problems as happening TO them rather than something that happens because of them.
This is a client that usually seeks care and support, rather than change.

How to spot this: These people are the ones that want to tell you how bad things are and how everything always happens **to** them. They are of the victim mindset and want sympathy and understanding for their plight. They will blame everyone else for their problems and refuse to take the responsibility for their own lives.

This is a client that, when testing for change, will still go into more justification or explanation as to why the therapy is not working - i.e *"It was hard to concentrate when you were moving your finger."*
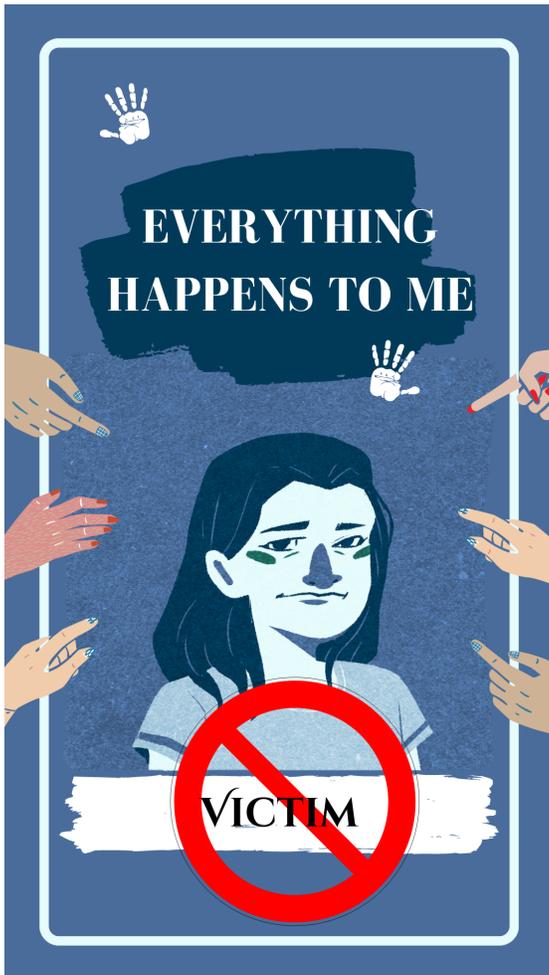
What to do:
The best thing to do here is stop them and say, "That is interesting... but we don't need all that information as it's not relevant" and go back to the question.

Clients are not used to a therapist being direct because some therapists do not want to upset their clients or appear rude.

As an IEMT Practitioner your duty is to not let the client direct the session.

In this area, you can use the PSACs to show them that they are able to change versus just allowing things to happen to them.

NOTES

INTRODUCTORY EXERCISE

The INTRO Exercise is the most important part of IEMT
BASIC PATTERN is used on specific traumatic memories. You are challenging the client to hold the imagery while you are moving their eyes along 3 axes. We move the client's eyes all the way to the periphery in a slow, rhythmic manner six times.

As soon as the client session starts, IEMT practitioners give them a demonstration of the process. We do not sit them down and ask them what is wrong or what is it you can do for them. If this happens, the typical (and currently undesired) client-therapist interaction will take place - i.e. the client will spend an hour telling you their story. They are probably well-practiced at doing this, especially if they have seen other therapists before you.

In IEMT we take the following steps: INTRO EXERCISES

1) Ask Before we get started..**"Do you have a negative memory that stands out for you?"** Nothing to do with the work we are doing today.
It could be when you did something embarrassing, if someone annoyed you
Just make sure that when you access the memory its vivid and there is emotion.

2) Apply the **Basic Pattern** 6 times on each axis. While moving their eyes, say, "Hold onto this memory, keep focusing on this memory. If your mind wanders, come back to this memory." **"JUST KEEP HOLDING THAT MEMORY"**

3) Calibrate. Ask them, **"What it is LIKE when you access that memory OR what do you NOTICE when you think of that memory now?"**
            (DO NOT ASK WHATS CHANGED)

4) If still vivid and/or emotional component remains, repeat the eye movements.
    REPEAT #3 QUESTION UP TO 3 TIMES

We are looking for 4 predictable outcomes:
THEY MAY REPORT THESE TO YOU LET THEM NOTICE.
1. Loss of focus (color or distortion in visual memory)
2. Change of perspective (from subjective to objective)
3. Increased distance (time and or space) Time progression
4. Age progression (seeing it from an adult perspective)

There should also be a significant drop in emotion. Often the emotion changes from one category to another. For instance, embarrassment can change to acceptance, fear can change to calmness and scared can change to amused.

All of these steps are required during the first demonstration. Upon further memories, you just need to get the client to locate the memory, move their eyes, recalibrate and repeat. If required, you may need to move to the Integrative pattern.

Clients will often report "it is still the same" when change has actually taken place. This is where you can show them how "things have changed".

NOTES

Intro/Basic Pattern Exercise
(Negative Memories)

Typically this exercise is a class practice only, for practitioners to gain insight an understanding into how things change.

However…. Sticky clients with the patterns of chronicity of Maybe Man and Testing for the problem rather than noticing the change. The below practice may be of great value.

Step 1: Elicit a negative memory
Step 2: Give the memory a label - Example: "car ride"
Step 3: Record sub-modalities:

* Is it a picture or a movie?
* Is it subjective or objective?
* Does it feel near or far?
* How vivid is this memory, color or black & white?
* Out of 10, 10 being the strongest, how strong is the emotion?

Step 4: Move the eyes 6 times on each axis while challenging them to hold onto the memory.

Step 5: Recalibrate "What is like when you think of the memory now?" "What do you notice?"
"And when what would you rate the memory now"

Step 6: Repeat the eye movements if required.
    (if memory remains or feeling is above 3 and somewhat vivid)

AGAIN We are looking for 4 predictable outcomes:
1. Loss of focus (color or distortion in visual memory)
2. Change of perspective (from subjective to objective)
3. Increased distance (time and or space) Time progression
4. Age progression (seeing it from an adult perspective)

Other things they might say
"It feels (in the body less tense)"
"Its just not important anymore"
"I can't hear it anymore"

There should also be a significant drop in emotion. Often the emotion changes from one category to another. For instance, embarrassment can change to acceptance, fear can change to calmness and scared can change to amused.

All of these steps are used during the first demonstration. Upon further memories, you just need to get the client to locate the memory, move their eyes, recalibrate and repeat. If required, you may need to move to the Integrative pattern.

Clients will often report "it is still the same" when change has actually taken place. This is where you can show them how "things have changed".

NOTES

Integrative (K) Kinesthetic Pattern
(K) PATTERN
(Looking for negative memories that create a negative emotional imprint)

The (K PATTERN) Integrative Kinesthetic algorithm looks very similar to the Basic one, however it differs in two main ways: The Integrative algorithm looks for eye deviations and works on kinesthetic (emotions/feelings) imprints.

This time we are using the emotion to locate the imprint.
IEMT does not work on emotion.
(Emotion is used to find the imprint memory.)

1) **Elicit the negative state**

   A) Negative state (feeling/emotion)

   Ask the client **"so what's the problem?" Do you have a feeling/ emotion that's an issue?"(you can only work on an issue that is there)** - for example,
   "I want more confidence" is not suitable). Refer to patterns of chronicity to sort out the problematic feeling/emotion.

   Popular emotions to work on are anger, fear, guilt, regret, remorse, sadness etc. Get the client to rate this emotion on a scale of 1-10. For this example, we will use **guilt** with a rating of 8/10.

   2) **Locate the imprint memory**

Ask *"how familiar is this feeling?" Then ask "and when is the first time you can remember feeling this way? It may not be the first time just first time you can remember now"*

Allow the client to access the first time that they can remember feeling this way. Give them a suitable amount of time…If they are unable to locate the memory,
ask **"or when is the first time you can remember someone else feeling this way?"** When they locate the imprint ask
" AND how vivid is this memory?"
We just want the client to say "vivid." (No details) or content we are just seeing where they are accessing the memory. (Start eye movements there)

3) Run the algorithm

Ask the client to focus on the memory and move their eyes away from the start point.
Say ***"hold onto the memory" you can add should anything else come up that's fine.. just notice while still instructing them to keep holding that memory***

Unlike before, NOW we are looking for deviations or blips. This indicates that the internal representation is changing. Once one axis is smooth, change to the next one. Keep doing this for about 20-40 seconds max, However, stop when you notice eyes are smooth.

4) Recalibrate and assess change

Test 1: Ask the client
 "When you think of that memory what do you notice?"
"And when you think of that feeling now what would you rate it?"

 If any emotion above 3 remains, run the pattern again.
5) Continue the process

Find the imprint for the new rating and then run the eye movements again.
a maximum of 4 imprints or until the emotion is 3 out of 10 or less.

If at any time the client reports that any specific negative memories arise, then switch to the **Basic Pattern**. Client's may also use identity statements. If so, Keep notes of identities that arise for calibration in the second session.

(K) PATTERN RECAP Example
Below is the structure for working on a feeling.

First question: *When you think of (feeling/emotion), on a scale 1-10 how strong is the emotion?*

Therapist: **"When you think of _____, how strong is this feeling?"**
Client: "8"
Therapist: **"And How familiar is this feeling?"**
Client: "Very"
Therapist: **"And when is the first time you can remember feeling this way now. Mind you it may not be the first time just the first thing you can think now now?"**
Client: "When I was in school"
Therapist: **"And How vivid is the memory"**
Client: "very" *(Notice where they look/ access the memory and start eye movements there)*

Eve movements Therapist: **"Hold the memory Keep holding on to that memory, should anything else come up just notice and keep holding that memory"** (move the eyes until they run smooth)

Test 1 *Therapist:* **"When you think of that school memory now what is it like?"**

✱ Answer 1: *Client:* "I can still see it and there is emotion" **In this instance you repeat the eye movements on the memory**
✱ Answer 2: *Client: "I can't access the memory" I*n this instance move to Test 2

Test 2 *Therapist:* **"When you think of the feeling/emotion now, how strong is that emotion now?"**

✳   Answer 1: *Client: "It feels like 6"* In this instance repeat the above steps on the new imprint.

✳   Answer 2: *Client: "It feels fine"* In this instance the process is complete.

If the emotion has more than one imprint, repeat the process for a maximum of 4 imprints or until the level of emotions is 3/10 or less for all of them.

(K) PATTERN Integrative Pattern Exercise 1 (Emotion)

Step 1: Elicit negative state and rate it out of 10

Step 2: Locate the first imprint

Step 3: Run the algorithm

Step 4: Test the Imprint. If anything remains, repeat eye movements. Test the emotion. If above 4/10, continue to step 5.

Step 5: With the new level of emotion, locate the next imprint.

Repeat steps 4 and 5 for a maximum of 4 imprints.

(K) PATTERN Integrative Pattern Exercise 2 (Anticipated event/trigger)

1) Anticipatory event

You can also use anticipated issues. Ask them to think about the event, then elicit the emotion. Ask them, **"when you think of the event, how strong is the emotion?"**
For this example we will use the event of "job interview" with a rating of 8/10.

2) Locate the imprint memory

Ask *"how familiar is this feeling?"*
Then ask **"And when is the first time you can remember feeling this way? It may not be the first time just first time you can remember now"**
When they locate the imprint ask
 "And how vivid is this memory?" Start eye movements where they access the memory

Test 2: Ask them to think of the anticipatory event. If the event triggers an emotion, or if any emotion remains, repeat the previous steps on the new imprint.
If the client reports that the issue is worse, treat this as the second stage of the abreaction process.
Always work on the issue that is being presented. I would work on the new emotion, then come back to the first one.

ANTICIPATORY EXAMPLE:

First question to ask is,
 "When you think of the interview, how strong is the emotion?" (Please note that the actual type of feeling is not important, just the strength)

Below is in written form for dealing with an anticipatory event

Therapist: *"When you think of the interview, how strong is this feeling?"*

Client: "8"

Therapist: *"And How familiar is this feeling?"*

Client: "Very"

Therapist: *"And when is the first time you can remember feeling this way now? Mind you it may not be the first time just the first time you can remember now?"*

Client: "When I was in school"

Therapist: *"And How vivid is the memory?"*

Client: "Very"

Start eye movements where they seem to access imprint/memory

Therapist: *"Hold the memory keep holding that memory, should anything else come up just notice and keep holding that memory"*

(move the eyes until they run smooth)

Test 1 Therapist: **"When you think of that school memory now what is it like?"**
* Answer 1: *Client: "I can still see it and there is emotion"* In this instance you repeat the eye movements on the memory
* Answer 2: *Client: "I can't access the memory"* In this instance move to Test 2

Test 2 Therapist: **"When you think of the interview now, how strong is that emotion?"**

✳ Answer 1: *Client: "It feels like 6"* In this instance repeat the above steps on the new imprint

✳ Answer 2: *Client: "It feels fine"* In this instance the process is complete

Recap

1)   **Elicit the Negative Anticipatory Event**

A) Anticipatory event
>   **"When you think of the event, how strong is the emotion?"**

2) Locate the imprint memory

>   Ask **"And How familiar is this feeling?"** Then ask **"And when is the first time that you can remember feeling this way now? Mind you it may not be the first time just the first time you can remember now?"**
>   **"And How vivid is this memory?"**

3) Run the algorithm

>   30-40 seconds, or until all the axes are clear.

4) Recalibrate and assess change

Test 1: Ask the client to think of the imprint memory. If any emotion remains, run the pattern again.

Test 2: Ask them to think of the anticipatory event, If the event triggers an emotion, or if any emotion remains above 3, repeat previous steps on the new imprint.

5) Continue the process

>   Locate and work on the next imprints for a maximum of 4 times, or until the level of emotion drops to 3/10 or bless.

NOTES

Identity Re-imprinting

Identity is discussed in many therapy forms, from the Id, ego states, parts therapy and even inner child. In IEMT we focus on a model that was born out of language.

We refer to ourselves most commonly in the pronouns of "I, Me, Self and You." Our I, Me, Self and You reference is different for every area of our lives. For example, the person you are at work differs from who you are at home, to who you are with family and to who you are with friends.
In IEMT we want to elicit the I, Me, Self and You reference from within the problem that the client has come to see you with.

Use story examples, emphasizing the identity shifts: *"I had a cancer patient recently, who said something interesting to me. She said, 'I didn't realize just how much cancer would affect me. I guess inside my-self, I knew I'd always be ok, but what really shocks me is just how much cancer changes you.'"*

Summary
I: Didn't realize the effect on me
Me: (i). Is affected. (ii). Is shocked.
Self: I is ok.
You: Changed.

Introduce concept of relationship between levels of identity.
"I hate my self" - (hating of self)
"I like my self" - (liking of self)
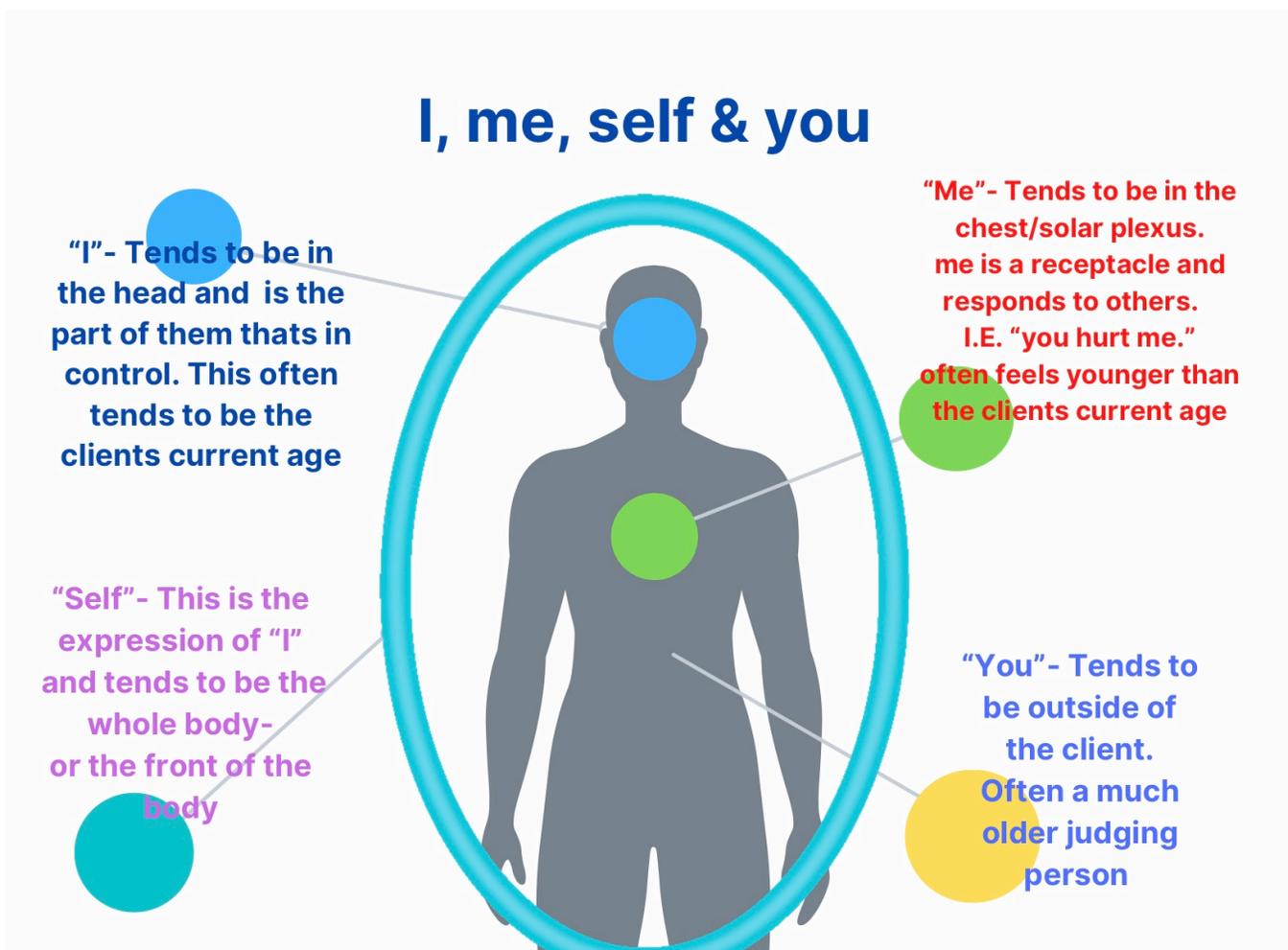"I tell my self to exercise more" - (talking to self)
"When I drink too much, it doesn't really bother me" - (me is unbothered by I's behavior)

"You just cannot feel safe in the cities anymore" (post-hypnotic suggestion/ belief)

I need to figure my self out (suggesting that the "I" does not have control over the self)

For each identity there is a physical location within (or outside) the body, an age and something happening around it. In IEMT we are looking for the identities that are unintegrated from the person's age and life today.

Today we have an ever-increasing set of identities, adjust the pronouns accordingly based on the client and how they reference their self's. (I.e. I, me, self, you, them, they, we."

I, me, self & you

"I"- Tends to be in the head and is the part of them thats in control. This often tends to be the clients current age

"Me"- Tends to be in the chest/solar plexus. me is a receptacle and responds to others. I.E. "you hurt me." often feels younger than the clients current age

"Self"- This is the expression of "I" and tends to be the whole body- or the front of the body

"You"- Tends to be outside of the client. Often a much older judging person

Simple Identity Algorithm - outline of the process:

Set up – Explain about identities to the client. Make sure they understand that we are different people in different circumstances and that we have different identities within us.

Step 1 – Elicit the I, Me, Self and You reference from within the problem the client has come to see you with or an area of their life that they want to change.

Step 2 – Apply the lazy 8 pattern to the identities who are unintegrated.

Step 3 – Recalibrate and apply the lazy 8 pattern again to identities that are still unintegrated.

NOTES

Step 1 Example

Female 53

Client states that she has an issue relating to her body. She says that she always looked older than she was and describes receiving uncomfortable attention from older men when she was young.

She feels that this problem has prevented her from being comfortable and successful in relationships.

The concept of identities is explained to the client.

The client is asked to think of the problem she is experiencing.

Therapist: "When you think of the identity of I, where is I located?"
Client: "It is in my chest"
Therapist: "And how old is I?"
Client: "4"
Therapist: "what's happening around I?"
Client: "sadness"

IDENTITY	LOCATION			AGE			AROUND		
I	Chest			4			Sadness		
ME	Face			2			It's mine		
SELF	Shoulders			20			Afraid		
YOU	Feet			53			Nothing		

This sequence is repeated for the other three identities. It often helps to track things in a table.

Three columns are put for each element as we apply two rounds of the eye movements if required.

Once the details are taken from the client, assess which identities you are going to integrate. What we are specifically looking for are the ages and what is happening around them. The location is less important.

From the information above, I would run the lazy 8 on "I" (because "I" is sad and is much younger than their current age), on "Me" (because me is much younger than their current age) and "self" (because self is much younger and afraid). I would not work on "you."

Step 2 Example

Having identified the identities we are working on, we need to re-illicit them and then get the client to go back to the first time they can "remember" being this way. This is different to "feeling" and it also may be more vague than a specific memory. It is often a period of their life.

Therapist: *"I want you to once again think of "I." This "I" in your chest, at age 4 and sad. I want you to go back to the first time you can remember being this way. When you can hold this, allow your eyes to open. When I move your eyes, allow anything to come to mind as you try to hold onto this way of being."*

When the client opens their eyes, move them in the figure 8 six times in both directions. Apply these eye movements to all of the required identities before recalibrating.

Step 3 example

Once you have applied the eye movements to the identities that you have determined need integrating, ask the three questions again. Record the new information in the table and compare what has happened.

I have put the new data in bold to make it more obvious.

IDENTITY	LOCATION			AGE			AROUND		
I	Chest	**Chest**		4	**53**		Sad	**Giddy filling up**	
ME	Face	**Heart**		2	**3**		It's mine	**Confused**	
SELF	Shoulders	**Shoulders**		20	**53**		Afraid	**Discovery**	
YOU	Feet			53			Nothing		

We integrated 3 identities with this client. Notice which identities are closer to the client's current age (I and Self), that the locations may merge together and that what were once distressing experiences around the identity are now more calm.

As you can see in this example the identity of "I" has stayed in the same location, the age has come to present, the experience around it has gone from sad to "giddy filling up." I would now consider this integrated.

With the identity of "Me," the location has changed from face to heart, the age has moved from 2 to 3 and the experience around has gone from "it's mine" to "confused." I would not yet consider this integrated and I would do a second set of eye movements on this.

The identity of "Self" has now moved from shoulders into the whole body, the age is now the client's current age and the experience around has shifted from afraid to discovery. I would consider this integrated.
At this calibration point I would once again do the eye movements on just the identity of me.

After a second set of eye movements are applied, the identity of "Me" has moved to the head, the age has come up to 53 and the experience around is now calm. I would now consider this integrated.

IDENTITY	LOCATION			AGE			AROUND		
I	Chest	Diaphragm		4	53		Sad	Breathing filling up	
ME	Face	Face	**Head**	2	3	**53**	It's mine	Confused	**Calm**
SELF	Shoulders	Whole body		20	53		Afraid	Discovery	
YOU	Feet			53			Nothing		

This process often brings up troublesome and repressed memories and emotions. In this instance, use the Basic Kinesthetic pattern on them which will result in more aligned and present identities. The ages and locations should hopefully come together.

Simple Identity Exercise

Step 1: Elicit the "I, Me, Self and You" reference from within the problem the client has come to see you with or an area of their life that they want to change.

Step 2 – Apply the lazy 8 pattern to the identities who are unintegrated.

Step 3 – Recalibrate and apply the lazy 8 pattern again to identities that are still unintegrated.

NOTES

Identity	Location			Age			Happening around		
Round	1	2	3	1	2	3	1	2	3
I									
ME									
SELF									
YOU									

Identity	Location			Age			Happening around		
Round	1	2	3	1	2	3	1	2	3
I									
ME									
SELF									
YOU									

Identity	Location			Age			Happening around		
Round	1	2	3	1	2	3	1	2	3
I									
ME									
SELF									
YOU									

NOTES

Complex Identity Algorithm

This algorithm works on other identity markers of the client, as well as how they feel about others in their life.

Other Personal Identity Markers
Having addressed "I", "me", "self", and "you" examine other identity representations around the person's name and titles.
For example, a man may be "Andrew" to his employer, "Drew" to his parents and family, "Andy" to his friends and so on. In other contexts, he may be "Sir", "Dr" or "Mr" or possess some other title that provides a basis for a separate identity.

1) Other pronouns
Him, his, he
Her, hers, she
They, them, their
We, us
Mr, Mrs, Ms, Miss

"IT"

For pronouns, you elicit the location, age and experience. Move the client's eyes in the lazy 8 pattern. This time we are looking for deviations. Stop after 40 seconds or when the eye movements are smooth.

Gender fluidity and other recent developments around gender will start to see more identity issues with pronouns.

Famously, Sam Smith has asked fans to use the pronouns "they/them," not "he/him," after coming out as non-binary.

2) Nicknames and labels

Often clients are given nicknames or labels by friends, family or society that, for them, serve as negative identities.

Explore what labels the client has negative associations towards. Some examples are:

Boyfriend, girlfriend, husband, wife, daughter, son, mother, mummy, mum, dad, father, daddy, uncle, aunt, divorced, incompetent, baby of the family etc.

Other labels can also be: *Fat, ugly, stupid, spinster, lazy, single, bossy etc.*

For nicknames and labels, simply direct the client to access the identity and then go back to the first time they remember **being** this way. Once the identity imprint is accessed, use the lazy 8 pattern until it runs smooth.

3) Belief Systems and identity statements

When working with a client we are trying to tease out identity statements and beliefs. These are different from "feeling."

A belief system might be:
I am ugly
I am stupid
I am unlovable

Similar to the process surrounding nicknames, simply direct the client to access the identity and then go back to the first time they remember being this way.
Once the identity imprint is accessed, use the lazy 8 patterns until it runs smooth.
If the client says *"I feel unlovable"* use the Complex Kinesthetic pattern on "unlovable" not on identity/"I."

Remember, there is a difference between **feeling** and **being**. This is easily identifiable as *"I feel x" or "I am x"*

4) Identities of other people

When working with a client, it is likely that they will have negative relationships with other people. This is common in the workplace and in relationships.

Elicit a visual representation of the person that they are having an issue with and ask what that representation means to the client. For example, if someone is going through a divorce, the label might be "ex-husband." Have the client close their eyes and focus on this identity. Allow them to notice imagery, feelings and even sounds.

Move the client's eyes in the lazy 8 pattern. This time we are looking for deviations. Stop after 40 seconds or when the eye movements are smooth.

For all complex patterns

Recalibrate and repeat if required. As usual, this may bring about negative memories and feelings. If so, use the appropriate eye movements.

Complex Identity Exercise 1

Explore and elicit any pronouns that are negative for the client.

Allow the client to access the identity and the first time they can remember being this way. Apply the lazy 8 pattern until the eyes run smooth. Recalibrate and repeat if required.

Complex Identity Exercise 2

Explore and elicit any labels or nicknames that are negative for the client.

Allow the client to access the identity and the first time they can remember "being" this way. Apply the lazy 8 pattern until the eyes run smooth. Recalibrate and repeat if required.

Complex Identity Exercise 3

Explore and elicit any negative/limiting belief systems of the client. Allow the client to access the identity and the first time they can remember "being" this way. Apply the lazy 8 pattern until the eyes run smooth. Recalibrate and repeat if required.

Complex Identity Exercise 4

Explore and elicit any negative identities of other people.
Direct the client to think of the identity of that person. Bring up their own internal representation that they have of them. Instruct the client to hold onto this representation as you move their eyes in the lazy 8 pattern. Recalibrate and repeat if required.

NOTES

The Three Pillars Model

Principle: Anxiety, panic and worry are not emotions, instead they over-arousals of the autonomic nervous system caused by underlying emotions.

When these underlying emotions are resolved, the over-arousal of the autonomic nervous system reduces and anxiety is greatly alleviated. In many, but not all, cases, these emotions will follow a common pattern. This pattern is as follows:

If a client does not know what their issue is, or is suffering from anxiety, then explain these three pillars to them. Then ask them if any of these feelings mean anything to them. Read out loud "guilt, shame, regret, remorse, temper, panic, anger and frustration." See what resonates and then work on that emotion.
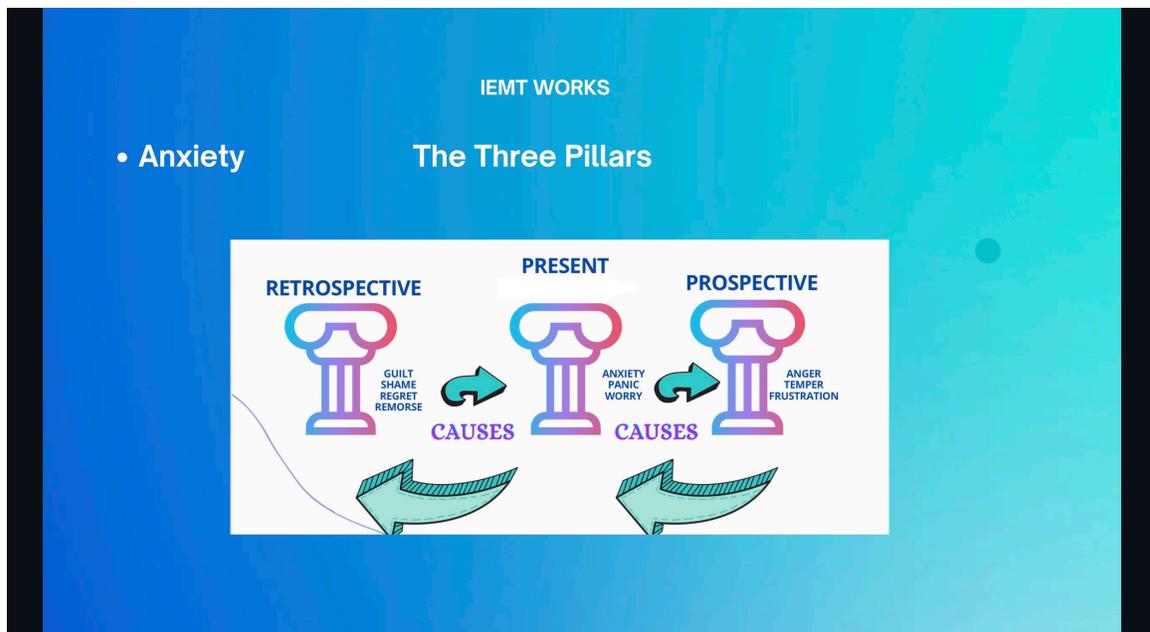
How to spot this: The client will report feeling anxious, depressed or stressed. Low self-esteem and lack of motivation are also commonly used. Some people just feel "lost" and they do not know what is wrong - they just know that something is wrong with them.

How to use this in IEMT: Go through the model above. Ask them if any of the past or future feelings stand out to them. Most clients at this point will identify with at least one emotion.

For example, let's say that the client identifies with guilt. You enter the Integrative Kinesthetic algorithm on this feeling.

How strong is this feeling of guilt? How familiar? When was the first time you can remember feeling this way?

NOTES

IEMT and PTSD
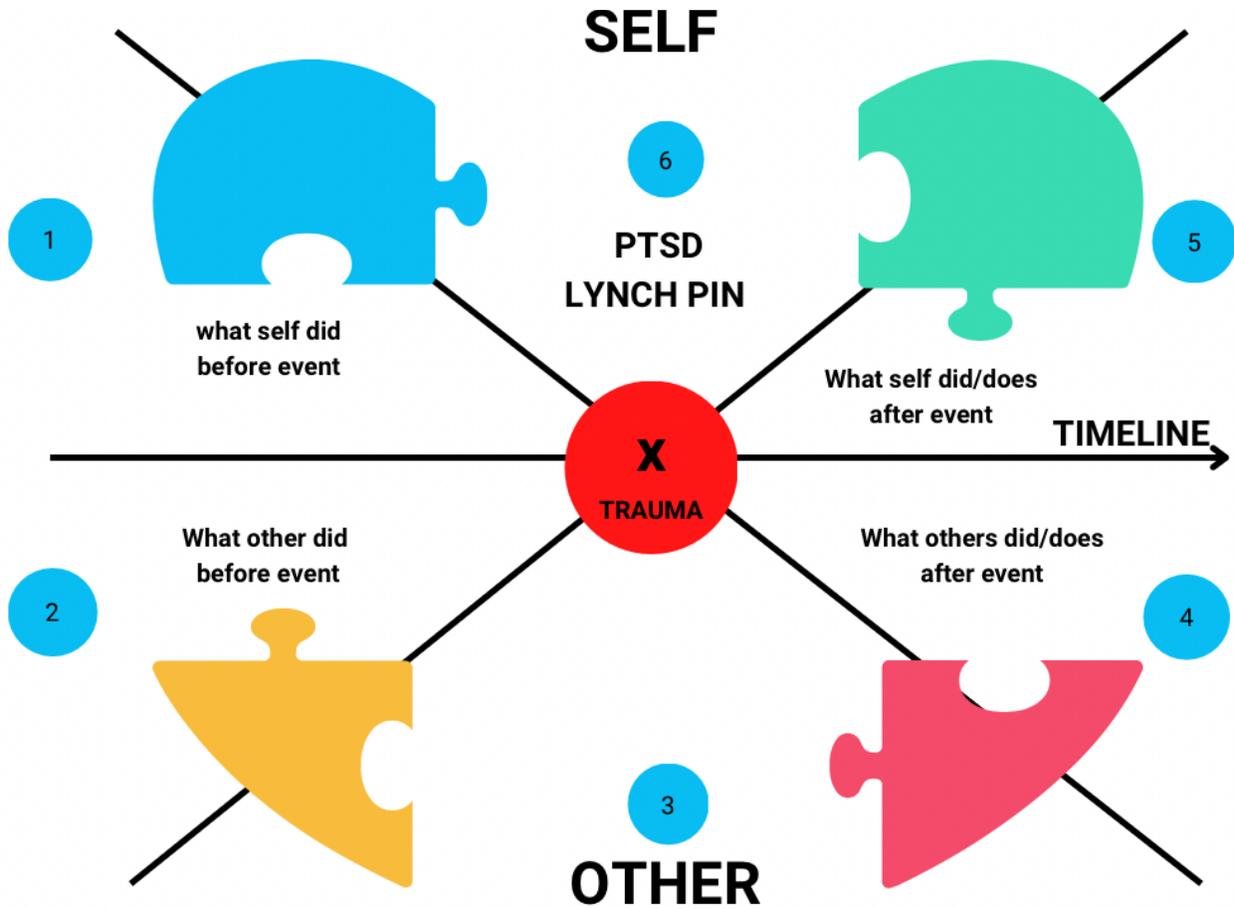
Caption

IEMT works especially well on PTSD. Most therapies deal with the symptoms of PTSD while IEMT works on the lynchpin. The lynchpin happens at the most significant part of the incident. It is an action that the client did or did not do. It can be described as an element of the client's personality that leaked out unintentionally when put under pressure.

The IEMT model for working with PTSD articulately maps out the whole experience for the client before any eye movements are applied.

Step 1
Draw out the IEMT PTSD diagram. Explain to the client that you are going to map out the experience of another person. Please be aware that this may take an entire session in itself.

Step 2
Work your way through each segment. Share the details of what happened Start with what they (other persons story) were doing before the incident. Then move your way through each section counterclockwise.

Step 3
When you reach the final segment - what the client did or did not do - no information is required from them. Instead, explain to them the relevance of the lynchpin and what everything hangs on. Tell them to think of that moment, then apply the Simple Kinesthetic algorithm.

It is likely that other negative memories, feelings and identities will emerge from this process. If so, use the relevant eye movements.
You may tell one or more stories.

Follow this process with the episodic memory for trauma.
Not only does this process work on the most significant part of the trauma, it also clearly demonstrates what happened and in what order. It educates the client and allows them to see what they are responsible for and in some cases how this can be avoided in the future.

PTSD Example

A woman contacted me to say that she had been burglarized and robbed while she was asleep at home. Since the incident, she has not been able to sleep. She has suffered from flashbacks and anxiety. She does not feel safe in her own home and has started to self-medicate with alcohol and drugs to deal with the issues.

1. What the client did before the incident/what were they like: She was at home watching TV. It was a warm summer's night so she opened the window in her living room which she forgot to close when she went to bed. She lives in a building which has access to the front of the house by an open corridor. She is a very confident and assertive woman. She has fought hard to get her own place and a job without any help from family.

2. What the perpetrator/other people did before the incident: He was out on his bike looking for open doors and windows to carry out a burglary.

3. What the perpetrator did during the incident: He climbed in through her window using his bike as a step-up. He walked into her room and climbed on top of her. He put a knife to her throat and said he wanted money.

4. What the perpetrator/other people did after the incident: After the man got her money, he left. The police arrived soon after. Neighborhood watch, neighbors and friends all came around in the following days.

5. What happened to the client after the incident: She suffered from anxiety, nightmares and flashbacks. She was unable to go back to work. The loss of income plus the money lost in the theft was causing her to go into a downward spiral of depression. It was shortly before Christmas and she had not bought any presents. She felt like a loser and that she had let everyone down.

6. What the client did/did not do during the incident: The lynchpin: it was the embarrassment of being made to stand up as she was naked. She caught a glance of herself in the mirror and saw how defenseless and weak she looked.

NOTES

Episodic Memory

When a person experiences trauma or a negative experience, the memory is encoded as a loop. The memory will always start in the same place, build up in intensity until a final point where they "pop out" of it. Inevitably the memory will go back to the start and this pattern will play over and over.

When something has happened to the client, such as a divorce, being made redundant, the loss of a loved one, then they can often spend time fanaticizing about what could have been. What if that thing didn't happen?

By introducing episodic memory, it allows an exit from this loop. By getting the brain to do something different, it changes the way the client enters and exits the memory. This is accomplished by adding on time increments to the end of the memory.

Often when a life changing incident has occurred, the client has not connected the issue to the present day. The client will often want to go back to their life before the incident. This is if course not possible. What we have to do is get the client to come through the issue by determining their actions and achievements to the present day.

This works especially well for clients demonstrating the effect and cause pattern of chronicity. It demonstrates to the client that life goes on and it shows them what they have achieved since the issue. Also by bringing the client up to present day, you can start to work on future goals.

Step 1 – Elicit the issue

Ask the client to recall the traumatic memory or issue.

A client was cheated on by her then husband and their nanny. The client kept replaying the moment she came home and found them. She filed for divorce and feels upset, useless and lonely.

Step 2 – Determine their actions

Ask the question "then what did you do?"

Get the client to move in small increments at first from the end of the memory and then make them larger. For example explore what they did later that day in short increments (30 minute blocks), then next day, the next week etc. Get the client to keep adding time onto the event until you reach the present day.

* After the incident she moved out the house
* She then updated her wardrobe and started seeing a personal trainer
* She applied for a promotion at work
* She bought a cat (he was allergic)
* She developed a new social life, focused on fitness
* She is dating a new guy

Step 3 – Feedback the information

Once you have all the information about what the client did after the issue, feed it back to them. Go over this several times, each time get faster.
You can start to edit out the information and reduce the steps to labels as you go. Look for changes in the client's body language.

Step 4 – Recalibrate

Ask the client to re-access and ask "what happens when you think about it now?" The client will often report back that the issue feels unimportant and less intense.

The aim of this technique is to demonstrate to the client that life goes on and that their life did not stop on that day.
If negative memories, emotions or identities arise, use the appropriate eye movements.

The client realized that it was a long time ago

That she has changed so much for the better

That cheating on her actually did her a favor

She doesn't feel so bitter anymore.

Episodic Memory Exercise

Step 1: Elicit the problem. A regret, a poor decision they have made, or a traumatic event that has changed their life in a negative way.

Step 2: Gather 6-10 things that the client has done since, in chronological order.

Step 3: Go over this 3-4 times getting faster and faster each time

Step 4: Recalibrate by having them access the problem

Deal with negative memories, emotions and identities if they arise. Using appropriate eye movements.

NOTES

Physiological State Accessing Cues (PSACs)

This technique explores the relationship between negative states and body language. When we "feel" bad, we often have a way of demonstrating this through our muscles.

The main problem with Physiological State Accessing Cues is that once we are in them, we don't know how to get out of them. We also often trigger these states by accident through our movements.

The following technique is going to demonstrate how we can elicit the Physiological State Accessing Cue and also create exit strategies that happen on an unconscious level. By making the state physically painful, the brain will seek ways in which to exit the problem. We are setting a new sequence of states.

Body language

scared   sad   nervous

shy   angry   happy

confused   disappointed   disgusted

Step 1 – Elicit the State Access Strategy

Use rapport and state elicitation to enable client to access recurrent negative/problem state.

Ask: *"Do you have a negative state/emotion that is a problem for you?"*
Ask: *"How do you know?"*

As client answers, interrupt them with, "Show me" indicating that they access it physiologically. Ask them to also think of the first time they can remember feeling this way to access the imprint.

Observe and calibrate the physiological shifts that the client uses for state access.

Have a space on the floor anchored out for the client to access this negative state. Have the client move into this space a number of times to access the posture and state.

Step 2 - Elicit resource state

The second stage of the process is to create a resource state, basically where the initial problem doesn't exist. Ask the client how they feel doing a certain activity they enjoy. Get them to show you through their muscles what this posture actually looks like. DO NOT make the resource state overly positive!

As before, anchor out a space stepping distance from the negative state. Have the client move into the resource state from a neutral position a number of times.

Step 3 – Incapacitating the unconscious physiological access to the negative state

Start to make minor adjustments in their posture and ask them if it feels the same. Do this a number of times. Please make sure you are respectful and have permission to touch the client.

Also mimic the client. Copy their body language and use humor.

Step 4 – Making the Negative State Uncomfortable Enough to Change Instruct the client to access negative state

Encourage the client to exaggerate these muscular movements and tensions.

Encourage the client to maintain holding this posture until it becomes too uncomfortable to maintain.

When the client is showing signs of physical stress and strain, direct them to the resource state you have set up in step 2.

Use the language "when you are ready to change, step forward"

Repeat several times until a new sequence has been established.

Step 5 - Future pace the problem

Once the client understands the process, it is time to put it into action with them thinking of a future time when the negative state would be an issue.

Get the client into the negative state and posture. Ask them to think of a future event when they would be in this state. Get them to hold this thought and then get them to move into the resource state, trying to maintain the issue.

Ask them what the experience was like. Repeat several times on several different upcoming events and times where this state is a problem.
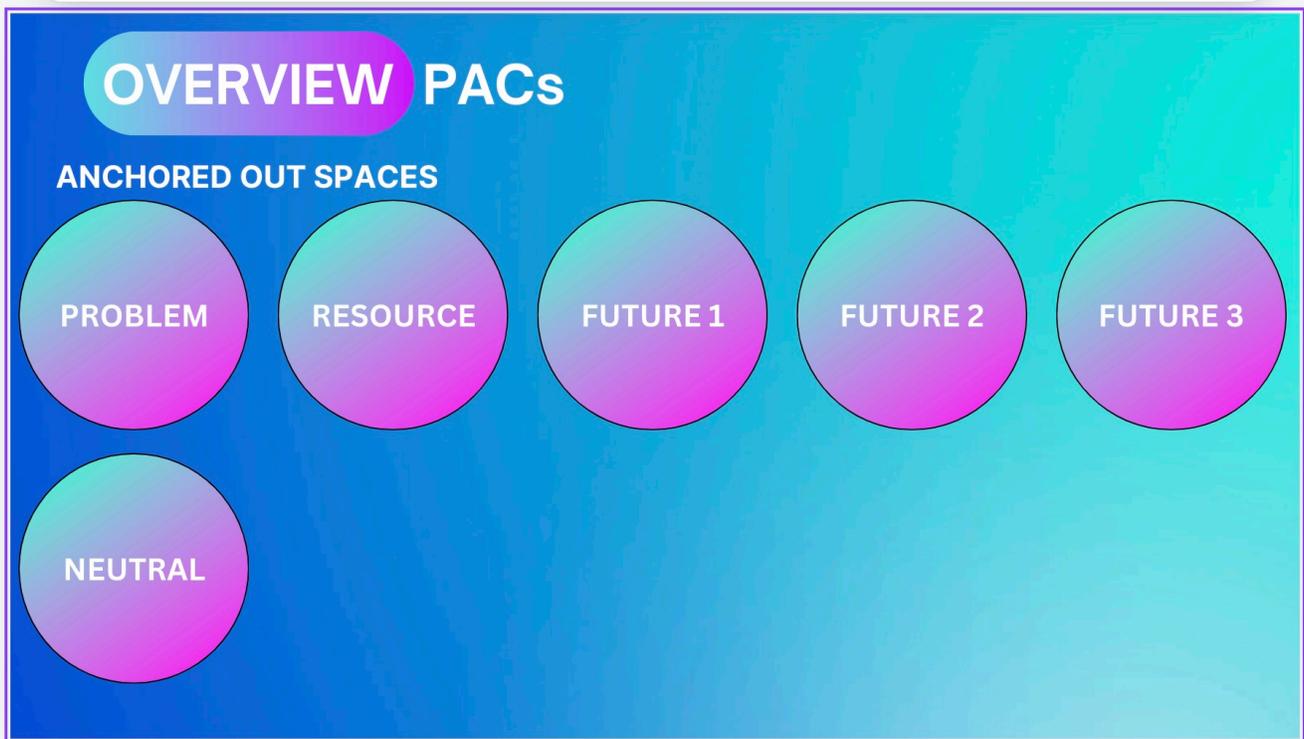
PSAC'S Exercise

Step 1: Elicit the problem state

Step 2: Elicit a resource state

Step 3: Incapacitate the unconscious negative state

Step 4: Making the negative state uncomfortable enough to change

Stage 5: Future pace the resource state into upcoming situations

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