

**Support for the healing methods
proposed within the **HotIronKnowHow** range**

**with specific regard to
Guide 3: HotIronHealing**

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Guide 4: First-Aid for Emotional-Shock

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**On page 12, there are suggestions for how to find,
and work with, a good therapist.**

The following pages will, among other things, help a reader seeking a practitioner in some particular method or methods, to identify each of the formal names of the therapeutic techniques that are most akin to the ones in this guide. The list of therapists at the end of the entire section, will then help you locate such a practitioner.

Caveat: we should not forget that the Nobel-laureate Physicist, Richard Feynman, wrote that “Science is the belief in the ignorance of experts”. In respect of which, the following incorporates not only the beliefs of some of the world’s best respected therapy-practitioners, but also the results of some convincingly adequate research.

**Expert opinion on a self-help and Coaching-Partner approach to
emotional-healing**

Most of the world-leading traumatologists offer commercially available booklets or other materials intended for self-help.

They commend either the application of the single preferred method of their organisation; or the application of a variety of methods recommended by their organisation.

Dr Francine Shapiro (creator of EMDR) and Dr Laurel Parnell (one of EMDR's leading practitioner-trainers) have both independently written books in the past two years about how a well-informed friend or parent can help someone with Psychological Trauma.

There seems to be common agreement that self-help materials can help an individual, with or without the support of a friend or professional therapist; though working with a well-trained, experienced and committed therapist, is likely to be the most promising approach.

Of course, the self-helper has to tenaciously apply the ideas in those materials, not just read about them. There's an Irish saying : *no field was ever ploughed by turning it over in your mind.*

Expert opinion on combining a variety of therapeutic approaches

Some of the world's leading Psychological Trauma experts (the ones who practice independently of institutions that specialise in one particular therapeutic approach or another), are absolutely clear that the sufferer of emotional injury/psychological trauma, should explore a variety of approaches to treat the root-problem and its symptoms:

Dr. Bessel van der Kolk, MD, is past President of the International Society for Traumatic Stress Studies, Professor of Psychiatry at Boston University Medical School, and Founding-Medical Director of the Trauma Center at JRI in Brookline, Massachusetts.

He is widely regarded as one of the world's leading specialists in this field. Professor van der Kolk says in interview: "I *wouldn't* say emdr is a treatment of choice". He continues: "It's a wonderful technique but... there is no 'treatment of choice'. There is a body and mind that does well with some approaches, and does not do well with other approaches."

Professor Kolk is enthusiastic, for instance, towards trauma-focused CBT, and also the body-oriented psychotherapy of Dr Peter Levine, PhD. Of the latter approach, Professor van der Kolk says "*After years and years of working in this and grappling with this, the conclusion that many of us are coming to is that in order to help these animal, frozen, inappropriate, fight-flight-freeze responses to come to an end, you need to work with people's bodily responses. You need to help their body to feel like it's over.*"

The above advocacy for variety in therapeutic approaches is echoed in the recent publications and public statements on BBC Radio 4 (2011) by Psychiatry Professor Gordon Turnbull, MBE.

In addition to his 22 year distinguished career serving as a senior officer in The Royal Air Force as a leading Psychiatrist (serving in the Gulf War 1991), Professor Turnbull is now Consultant Psychiatrist in Trauma at Capio Nightingale Hospitals, London; Consultant Adviser in Psychiatry to the UK's Civil Aviation Authority (CAA); and Visiting Professor to the University of Chester.

In his excellent 450 page book 'Trauma', detailing his extraordinary life and learning as one of the world's leading traumatologists (published by Bantam Press, 2011), Professor Turnbull estimates that 30 per cent of individuals can't seem to adequately process their emotional injuries by

simply thinking about them. He suggests that such memories and symptoms might be held in a less thinking (less 'cognitive') part of their brain, i.e. the right-half of the human brain which he believes is more responsible for information to do with our five senses and our emotional matters. Turnbull suggests such sensory-emotional memories and symptoms need to be reached by methods other than the therapies that have the sufferer simply 're-thinking'. Professor Turnbull recounts how he has successfully used or prescribed a good range of well-proven approaches with his clients, including Clinical Hypnosis, EMDR and his own original therapeutic group-approach, as well as routinely prescribing nutritional supplements (i.e. omega oils and vitamins and minerals) so as to support the brain-body system in its healing. The professor also explicitly advocates the benefits of body-focused methods such as acupoint 'Tapping' (often known by their brand-names of EFT and TFT).

Expert opinion relevant to the approaches of the 3 Antidote-Activities advocated by the guide, including the 10 healing methods

Expert approaches, and robust academic research, are the inspiration for each antidote ingredient of the HotIronHealing formula.

Expert opinion relevant to the approaches of the 1st Antidote-Activity: *trigger your symptoms*

You have to be experiencing the unwanted symptoms at the exact same time as you apply your healing-strategies, if those strategies are to have adequately beneficial effects.

The leading EMDR practitioners...for instance, its creator, Professor Francine Shapiro, and a world-leading practitioner, Dr Laurel Parnell... are clear on this point; as is Professor Gordon Turnbull in his book, *Trauma* (2011).

**Expert opinion relevant to the approaches of the 2nd Antidote-Activity:
*work with your first and worst memories***

The world's leading trauma research bodies and institutes (as well as the National Institute of Clinical Excellence, the American Veterans Associations, the Oxford Cognitive Therapy Centre, The London University Institute of Psychiatry,) are absolutely clear in their agreement that you have to focus on your traumatic incident(s) if you are to reduce and eventually clear the root-cause and your problem symptoms (while at the very same time applying self-calming techniques and healthy responses to the situation). Avoiding doing so, will only render your therapy very considerably less effective.

For instance, the 1st and 2nd Antidote-Activities are together akin to 'Prolonged Exposure Therapy' which is a well-established therapeutic approach which involves actually being in the presence of increasingly challenging real-life triggers for your problem reactions, (or imagining being so); as well as talking-in-detail about the problem memory. PET is now recommended by the U.S. Veteran's Association Mental Health Services on account of its proven effectiveness for Psychological Trauma. PET was developed for use in PTSD by Boston University Psychologist Dr Terence M. Keane, and University of Pennsylvania psychologist Edna Foa, PhD, and Emory University psychologist Barbara O. Rothbaum, PhD.

Expert opinion relevant to the approaches of the 3rd Antidote-Activity: *an interwoven set of 10 Healing-Methods*

The following box appears prominently in HotIronHealing for the reader about to embark upon the ten healing methods, but it bears reiteration here because of its vital importance to the reader:

The 10 healing methods are...

- your introduction to the best respected healing approaches
- a dynamic way to start making improvements requiring your courage and effort and time (rather than your money)
- an opportunity for you to explore what works for a particular problem
- a practical stepping-stone towards working with a professional psychotherapist who is well-qualified in whatever you might personally come to regard as the most promising approaches and techniques for you.

They are an 'introduction' to the general ideas under-pinning the best respected healing methods; they are *not* a 'compressed summary' of those methods.

In other words, they are *not* promising 'Beginner to Blackbelt in 3 hours!' They are simply your 'Introductory Starter-Pack in 3 hours, offering sufficient practical guidance so you can make some satisfying progress.

Please don't mistake these 'stepping-stones' for being the whole story of what therapy has to offer you. If you want the full benefits of these sorts of approaches, you will be glad of working with a therapist well-trained in them.

General aspects of HotIronHealing:

Evidence relevant to the 10 healing methods

i.e. the numbered healing methods discussed below, refer to the 10 healing methods as presented in HotIronHealing.

- Envisaging a reassuring place which can serve as a calming technique during a healing session, is advocated by many of the leading approaches (e.g. EMDR) as a preliminary to beginning a session.
- The ‘three musketeer’ approach of bringing to mind fictional or real allies, strongly echoes the ‘resourcing’ advocated by the EMDR approach.
- The helpfulness of literally ‘standing up on your feet to work with the problem’ where it suits the client’s therapeutic needs to do so, is an approach particularly advocated by Dr Bessel van der Kolk and Dr Peter Levine and Dr Laurel Parnell.

Healing methods 1, 2 and 3 : Dr Peter A. Levine PhD is arguably the American traumatologist best associated with focusing upon dynamic physical activities so as to prevent yourself from zoning-out (the technical term is ‘dissociating’) from an uncomfortable challenge. Dr Levine calls his approach ‘Somatic Experiencing® : a body-awareness approach to healing trauma’. He was a stress consultant for NASA during the development of the Space Shuttle project.

He is Founder-Director of The Somatic Experiencing Trauma Institute, in Boulder Colorado.

Dr Levine is on record as saying that cognitive-behavioural approaches are sometimes insufficient on their own for some instances of trauma. Psychotherapists who are interested in including physical methods in their approach might describe themselves as somatic-psychotherapists or body-psychotherapists.

He is also the most prominent advocate for social re-engagement techniques through eye-contact and the like.

As for the ‘unwinding the memory’ method advocated as part of healing method 2, this sort of approach has been long-associated with Neuro-Linguistic Programming (NLP, which was co-founded by John Grinder and

Richard Bandler) and is known as the Rewind method, which has been well-refined by the pioneering psychotherapists Jo Griffin and Ivan Tyrrel, the founding-directors of the well-respected Human Givens Institute/European Therapy Studies Institute (based in the UK).

Healing method 4: The World Health Organisation commends *acupuncture (using needles to stimulate the acupressure points)* techniques for a range of ills including depression and pain; and finger-tip tapping acupressure points is one of the techniques commended by Psychiatry Professor Gordon Turnbull, MBE, often cited in this guide as one of the UK's leading specialists in 'Psychological Trauma'.

The best known of the western acupressure-point stimulation therapeutic approaches are Thought Field Therapy (TFT) created by Clinical Psychologist Dr Roger Callahan (an approach itself based on the work of the chiropractor, George Goodheart, and the psychiatrist John Diamond in the 1960s and 1970s). More recently, the Emotional Freedom Technique or EFT ('Tapping') was created by Gary Craig, which is sometimes described as a simplified and generalized derivative of the TFT.) It is this latter form which most inspires this eguide's approach.

Healing method 5 and 5b: This detailed recounting in the present tense (and then focusing on the 'hotspots' as CBT or EMDR refers to them) is an approach that would be highly recognisable to practitioners of a Trauma-Focused Cognitive Behavioural Therapy, such as the type practiced and taught to experienced therapists by the Oxford Cognitive Therapy Centre (in association with Oxford University).

The OCTC publishes its own 50 page self-help guide: 'Recovering from Post-Traumatic Stress Disorder' authored by Consultant Clinical Psychologist, Dr Martina Mueller (2007).

The OCTC readily acknowledges its debt to the pioneering work on the nature and treatment of PTSD by Professor David Clark (Head of Psychology at the King's College London Institute of Psychiatry), and his departmental colleague and collaborator, Experimental Psychology Professor Anke Ehlers.

It is noteworthy that the leading trauma-focused CBT practitioners most often suggest that 8 to 12 sessions of one hour are required, at least 3 of which might require 2 hours each for the so called 'reliving-in-detail' of the traumatic incident.

The 'trauma-focused CBT' approach is one of the therapies, along with EMDR (see Method-6 immediately below) which is advocated by the National Institute for Clinical Excellence (NICE), and the Veteran's Association in the USA.

Healing method 6: This fundamental approach of 'bilateral stimulation' (i.e. left-right/brain-body stimulation) is primarily inspired by EMDR, Eye Movement Desensitisation and Reprocessing, an approach invented by pioneering researcher-practitioner Clinical Psychologist, Dr Francine Shapiro. Dr Shapiro of the Mental Research Institute in Palo Alto, California, is Director of the EMDR Institute, and is Recipient of the American Psychological Association Award for Outstanding Contributions to Practice in Trauma Psychology.

In 2004 and again in 2010, The U.S. Department of Veteran Affairs and Department of Defense, in their clinical guidelines, 'strongly recommended EMDR for the treatment of trauma', and The Veteran's Association classify it as a Class-A therapy, i.e. their best category. Since 2004, the American Psychiatric Association has classified EMDR as 'an effective treatment for Trauma'; and the UK's National Institute for Clinical Excellence have commended it since 2007.

Only licensed psychotherapists are permitted to officially learn EMDR, let alone apply it.

It is noteworthy that Professor Francine Shapiro suggests 3 to 6 sessions may be sufficient; but more commonly 8. However, Professor Gordon Turnbull (see above) has written in his book *Trauma* that is not uncommon for 15 or so EMDR sessions to be necessary with particularly challenging problems.

In the nuanced form that bilateral stimulation is introduced in the guide, Method 6, it is most akin to the approach to EMDR as taught by Dr Laurel Parnell, PhD. Dr Parnell trained with Professor Shapiro in 1991, has taught other qualified therapists EMDR for 16 years, is an EMDRIA approved-trainer, and is respected as one of the world's most experienced and adept practitioners and innovators of 'bilateral stimulation' techniques.

Healing methods 7 and 8 are inspired by the therapeutic approaches advocated by both Professor Bessel van der Kolk and Dr Peter A. Levine. For instance, what this eguide calls 'super-slow-motion', Dr Levine might formally call 'titration'.

Healing method 9 : this sort of reflective and self-challenging life-review, is a key aspect of trauma-focused CBT. Singing, and particularly group-singing, is strongly advocated by Drs Kolk and Levine.

Healing method 10: EMDR expert, Dr Laurel Parnell PhD (CV above) is an ardent advocate of envisaging an attractive, viable and healthy future lifestyle and behaviour, while simultaneously deploying left and right 'bilateral' brain stimulation. Ericksonian Hypnosis would equally do so (of the sort advocated by the University College London practitioner's diploma in clinical & applied hypnosis).

Gently Closing the healing session : positive imagery and slow-motion deeper-breathing are some of the best approved approaches to self-calming, advocated by all of the professionals and organisations cited above. Focusing on three recent and cheering events is supported by Positive Psychology.

The advice given for progressing on from the first healing session, (e.g. developing the challenges; repeated and booster-sessions; seeking a professional therapist; exploring multiple methods; being physically and socially dynamic, engaged and gregarious) is consistent with the formal advice from most or all of the above leading practitioners and organisations in the field of Psychological Trauma.

Present approaches to emotional-health and to emotional-healing, are not nearly sufficient

Therapeutic methods used presently, and their means of distribution and take-up by individuals and communities, are quite insufficient.

CBT has been around for the best part of 50 years; NLP for 25 years, Prozac and its like for 25 years (i.e. powerful anti-depressive drugs); EMDR for 22 years.

Yet, the system of applying these particular remedies is self-evidently quite insufficient to cope with the pandemic of bio-social problems that increasingly beset our society.

- Obesity in many western society's (e.g. UK, USA, Australia, but far less so in France and Holland) has tripled in the past 25 years (so that now one in two adults is overweight and one in three is obese).
- Other addictive behaviours (the self-damaging use of alcohol, over the counter pain-killers, pornography, gambling, shopping, texting/emailing, computer gaming).
- Persistent physical illnesses : cancers, heart-disease, chronic pains, allergies and skin conditions and irritable bowel syndrome.
- Persistent emotional illness : clinical depression and hyper-anxiety.
- Violent crime (particularly among teenagers and young adults).

The personal, social and economic cost to our communities is enormous.
How would it be if children and adults knew far more about restoring, maintaining and developing their good Emotional-Health?

Finding yourself a really good therapist

The information below is specific to the UK. There is no single body in the UK that, under one umbrella organization, licenses-for-practice all the various types of psychotherapist. There exists a healthy variety of licensing organisations. A good starting-place would be psychotherapists who are formally registered by at least one of the following organisations.

- a EMDR UK and Ireland info@emdrassociation.org.uk
www.emdrassociation.org.uk/home/mapping.htm
- b British Association for Behavioural and Cognitive Psychotherapies (BABCP)
babcp@babcp.com tel: 0161 707 4304 www.cbregisteruk.com/Default.aspx
- c HGI: The Human Givens Institute hgi@humangivens.com tel: 01323 811662
www.hgi.org.uk/register/index.htm
- d The British Association for Counsellors and Psychotherapists (BACP) bacp@bacp.co.uk
tel: 01455 883300 www.itsgoodtotalk.org.uk/therapists
- e The British Psychological Society (BPS) who have a Charter of Clinical or Counselling Psychologists enquiries@bps.org.uk tel: 0116 254 9568 www.bps.org.uk/bpslegacy/dcp
- f The Health and Care Professions Council (HCPC) registration@hcpc-uk.org
tel: 0845 3006184 www.hpc-uk.org/check/
- g The Royal College of Psychiatrists (RCPsych) reception@rcpsych.ac.uk tel: 0207 235 2351
- h Counselling and Psychotherapy in Scotland (COSCA) info@cosca.org.uk
tel: 01786 475140 www.cosca.org.uk
- i UK Council for Psychotherapy (UKCP) info@ukcp.org.uk tel: 0207 014 9977
www.members.psychotherapy.org
- j YoungMinds : the voice of young people's mental health and well-being
www.YoungMinds.org.uk Parents helpline: tel : 0800 802 5544
- k Mind: for better mental health www.Mind.org.uk Tel : 0300 123 3393
- l The Compassionate Friends : for bereaved parents and their families helpline: 0845 123 2304
www.tcf.org.uk
- m Combat Stress (Ex-Services Mental Welfare Society) tel. 01372 587000 helpline: 0800 1381 619 email: contactus@combatstress.org.uk www.combatstress.com
- n Post Traumatic Stress Disorder : an organisation particularly helpful for ex-servicemen and women www.ptsd.org.uk
- o NICE (National Institute for Health and Clinical Excellence) www.nice.org.uk

In terms of professional titles, the word Counsellor or Psychotherapist or Clinical Psychologist, largely overlap in terms of how the therapist can help you. On the other hand, a Psychiatrist is medically trained, and so is licensed to use medications.

Do bear in mind that the above is by no means an exhaustive list of good-quality organisations who require high standards of qualification and experience and at least some on-going professional self-development from their active, current members.

In the UK at least, there are many highly committed, ethical and effective practitioners who choose not to be a member of any of those mainstream organisations listed (and are well within their legal rights not to be so). This is why word-of-mouth might be one way of finding such individuals: ask the receptionist at your General Medical Practitioner (GP) surgery for their list of recommendations. Medical Surgeries usually retain such a list of trusted psychotherapists because of the prevalent role of psychosomatic problems causing or exacerbating physical symptoms.

Once you think you've found someone with whom you might like to work:

- It would be wise to politely inquire of your would-be therapist, which organisation recognizes them as a full current member, approving them to practice exactly which approaches. You can follow-up their answers to your fair and necessary questions by searching the member-list on organisation websites and so forth. You can also ask the individual if they have recently worked with your particular sorts of problems, and with what success.

- It's important you feel a good rapport with your therapist. Does she/he understand your goals and are they committed to your best interests? This sense of enthusiastically teaming-up to get the job done well, is one of the most important ingredients to have in the therapist-client relationship.
- Persist and explore... not only with one individual therapist, but with others that you might discover. Consider how, when learning any other skill to a good level of competency, you probably had more than one excellent teacher or mentor. (For instance, when you learned to read, swim or drive.) Your experience of helpful psychotherapists need be no different: your level of wellbeing-skills is likely to benefit greatly from teaming-up with more than one therapist along the way. Enjoy the journey!

Wishing you well,

Nick Baylis + Erin Love + Richard Sullivan

HotIronKnowHow

**brings Mind-Body Well-Being
into Work, School and Home**