

# Advanced IEMT Training

Overall, the theme of the training should be to teach “Zero Sum Game Theory”, either explicitly, or via hints and created experience. “Non-Zero Sum Game Theory” should structure the attitude of the IEMT practitioner, but it should be accepted that the majority of trainees will be unlikely to understand how to implement this into their workstyle.

## Module 1. "That's Great!" Reframing Exercise

**Theme:** *ethics, creative approaches, reframing, state chaining*

### Part 1.

Exercise in pairs.

**Therapist asks,** “So, what's the problem?” - client states problem/s. No matter what the client says, the therapist replies, “That's great!”

Feedback from group. Invariably objections are raised with the most common one being, “But what if the client is suicidal?” The abreactor of the group will raise ethical objections and concerns and these are often shared by many others in the group. This permits for an interactive conversation about ethics which includes: consent and implied consent, boundaries on therapeutic practice, going further than the client is requesting or paying for.

Before moving on to part 2 of the exercise the group are asked to pay attention to the tone of voice used when saying, “that's great!” For example, how many people felt it important to use an upbeat jokey tonality? (Hint: most of them will have done so.) This allows for the conversation about repeating expectations from a training exercise with a client rather than paying attention to the client. For example, if the client *had* said, “I'm suicidal” why did they proceed to say “that's great!” ? The theme to explore is how many coaches/therapists/practitioners are merely repeating what they learned in training exercises rather than doing what is needed for the client.

### Part 2.

Therapist explains, “That's great!” and then provides a detailed *contextual* reframe explaining how the problem is actually a resource. The group will need explanations and examples of the difference between *content* reframes and *contextual* reframes.

- **Content Reframe:** “Anxiety is just excitement by a different name” - the meaning is reframed.
- **Context Reframe:** “A mute person would make for a great monk or nun” - the context of the problem is reframed

Ask for an example from the group to be contextually reframed, do a round-robin with the group on the kind of answers people can give, try to steer them away from one-word answers, or one-liners, puns and quips. People find this difficult at first, they don't find it easy to do this conversationally and instead default to one-line point scoring, especially the Society of NLP types.

Get feedback from the group about the kind of experience they had.

### Part 3.

Repeat the above with an additional component:

**Therapist asks**, “So, what's the problem?” - client states problems.

**Therapist explains**, “That’s great!” and then provides a contextual reframe explaining how the problem is actually a resource.

The therapist creates linkage, by saying, “and because...” or something similar, before giving a rambling story or anecdote that in no way has anything to do with the client’s situation or the previous reframe. They are to practice telling this irrelevant story in a meaningful way as though it carries great importance.

They conclude the story and the therapist fixes a stare with raised eyebrows at the client and asks, “So, what's the problem?”

Take feedback from the group by asking for any examples of what took place. State chaining is explained as a concept in as much as the following sequence:

Client accesses the problem state - therapist reframes problem state to be acceptable - therapist rambles to allow time for the state to change - Therapist prompts for the problem again And repeat.

This is repeatedly building an exit from the problem state as well as offering desensitization to the access of the problem.

## Module 2. The Three Pillars

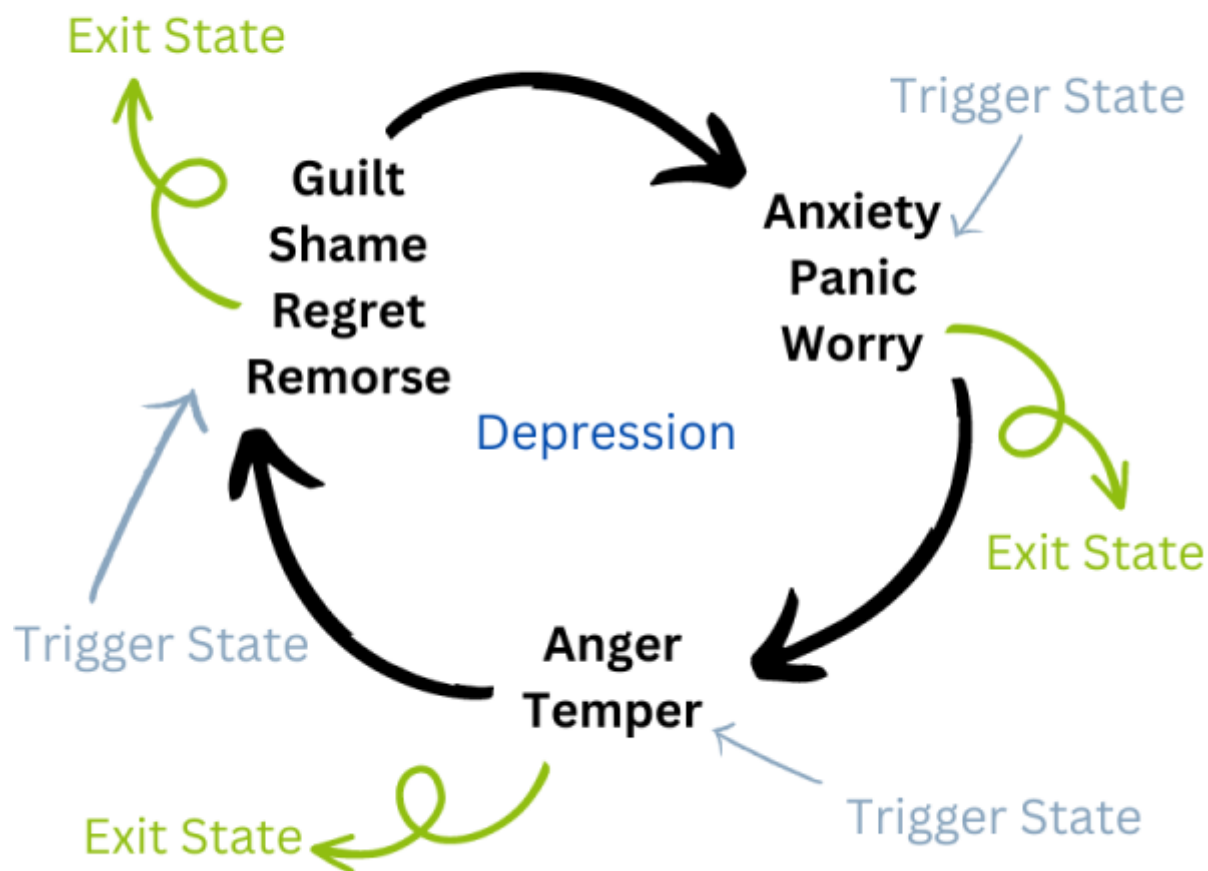
**Themes:** *three pillars model, state chaining, state access & state exit*

Review The Three Pillars model, emphasizing the time orientation of each of the emotions on the chart.

Additionally, explain that all emotions have:

1. a time orientation (past, present, future)
2. a duration
3. a stable intensity
4. speed of access (compare rapid access of anxiety versus the slow and insidious development of depression)
5. speed of exit (some emotions end quickly, whilst others subside over comparatively long periods of time)

# Rethinking The Three Pillars



Next, review how some of the emotions on the chart may appear as a presenting problem, but in fact are the client's solution to the problem. Emphasise how common this is: bulimia, getting drunk or deliberate self-harm are not the person's primary problem, but in fact, are their way of *coping* with the problem, as such they are *maladaptive coping behaviours*.

## Module 2.5. Modelled States

**Themes:** *innate emotions versus learned emotions, empathic learning of problematic states and emotions*

In some instances, the K-pattern is less successful than might otherwise be anticipated, and this is most common in situations where the emotional state is matched against familial behaviour, for example, angry parents often raise angry children. Similarly, depressed parents often raise depressed children. The reasons for this occurrence are complex but one important aspect that is easily overlooked is the modelling of the parental state by the child.

In this exercise, participants are asked to think about emotions and states they learned from their parent's emotions and states. The K-Pattern is used with a pivot that asks, "...and when it is the first

time you can remember *someone else* feeling this feeling? Now, it may not be the first time *they* ever felt it, but it is the first time you can remember *them* feeling that feeling now” in place of the usual question.

Note: This can also be used on anthropomorphised states, such as, “The depression makes me angry” so that it would become:

- And how strong is this feeling of angry? - And how familiar is this feeling of angry? - And when is the first time you can remember THE DEPRESSION feeling this feeling of angry... etc?

This can be referred to as an additional exercise when exploring Module 7: “The Influence of Lucas Derks' work.”

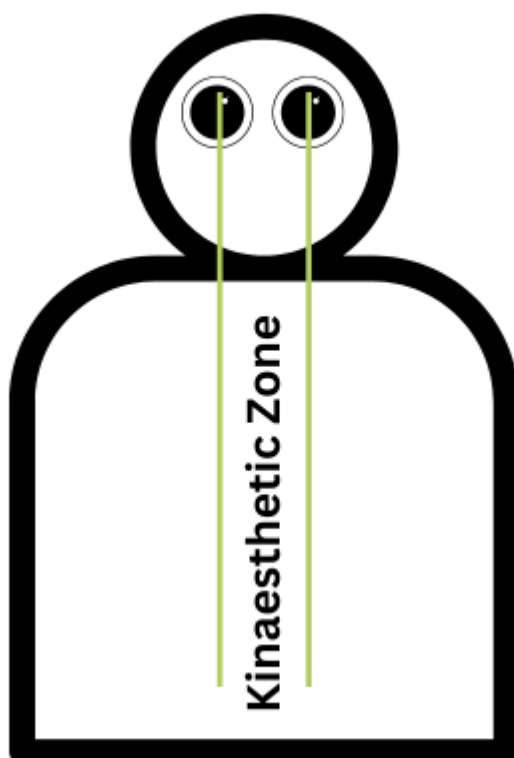
## Module 3. Visual Fields

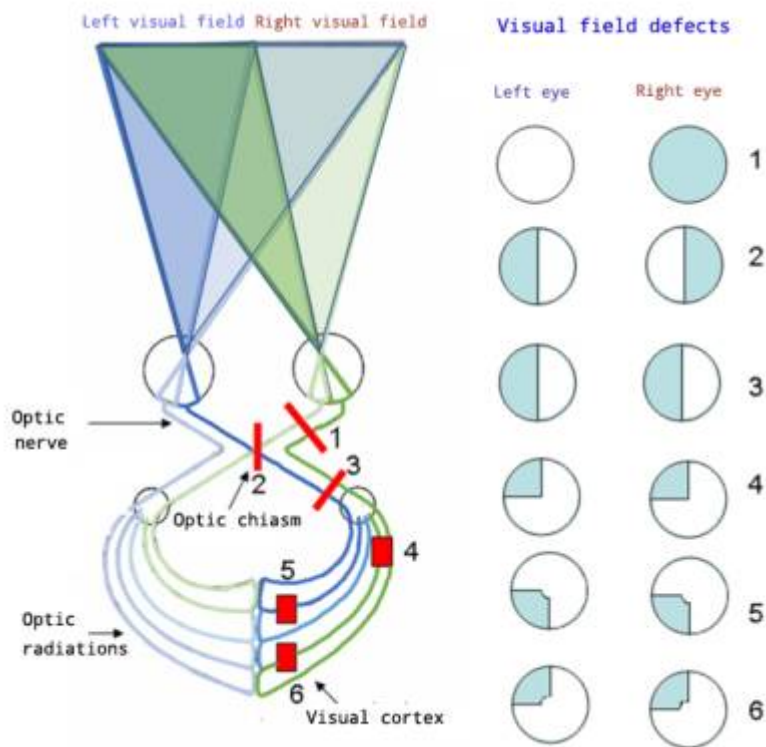
**Themes:** *Occipital lobes and the visual cortex, visual fields, optic chiasma.*

Give an explanation of the visual cortex, V1-V7 processing areas. Give a brief overview of the optic nerve and optic chiasma and left/right visual fields to the left/right occipital lobes. Reference that emotions are in the midline of the body, between the lines of the middle of the eyes where visual fields overlap. Explain “The Ocrants” - the spatial division of the visual fields.

**Exercise:** in pairs or small groups participants identify in which ocrant/s an experience or memory is located. Their attention is then directed to different octants either by clicking fingers in that spatial location or using some other stimuli.

Optionally, depending on the experience level of the group, the group can be introduced to: [Biased Competition Theory](#)





## Module 3.5. The Great Big What If Pattern

**Themes:** *negative core states, chronicity*

**Part 1.** Review the What If? Patern of Chronicity.

**Part 2** The “what if” exercise and structure of belief\* (If A, then B, which *means* C)

\*This looks like this:

- take 3-5 anxieties or concerns that manifest as “what if” questions, even if they are just spoken internally.

i.e. “What if this goes wrong”, “what if I don’t remember what to do”, “What if no one likes me”

For each “what if”, they are asked, “then what” - “If I don’t remember what to do THEN I will get embarrassed.

Then they are asked, “....and what does that mean about you?”

i.e., “So, if this goes wrong, and you get embarrassed then what does that MEAN?” (people’s default is to go into cause and effect - i.e. if this, then that. Caution against this, suggest this is more to do with something at an identity level.

For this exercise we are looking at meaning, i.e. “if this goes wrong, and then I get embarrassed, then that means I am not very good”, “If no one likes me, then I feel lonely and left out that means I’m not worthy of other people” and so on.

Group discussion and feedback. The three most common C-Values are:

- **Lack of value:** "I'm not worthy."
- **Lack of authenticity:** "I'm a fraud," "I'm fake."
- **Lack of ability:** "I'm no good."

Group discussion and feedback asking everyone and ask them for their C values. They will mostly be quite similar to each other. They then go and pair up to do the basic pattern on these C values.

## Module 4. PTSD: The 15 Trauma Kinaesthetic Positions

**Themes:** *PTSD, perceptual positions*

After an explanation of the 15 positions, the group examines a past negative experience from the first 8-10 positions to gain familiarity with them. In the discussion and feedback afterwards, explore with the group the languaging differences for the first 4 positions and how these may be communicated by the client in their description of their experience and suffering to the therapist.

Several things to note here:

- this exercise tends to produce a lot of tears and upset as it enables participants to explore emotional areas that they don't normally think about or have licence to discuss with others. Therefore, it is probably best not to do this towards the end of the day unless you want people leaving on a downer.
- people will occupy themselves with the presupposed challenge of having to try and remember these questions later on rather than trying to explore them and understand them. I like to emphasise that an understanding of these things is far superior than an ability to simply commit them to memory.
- when in the role of "therapist" the practitioner quickly forgets themselves, losing focus and starts fidgeting, picking their ear wax or whatever. I use this as an opportunity to go about the room periodically reminding people to present themselves in a better fashion (I tend to sneak up behind, and quietly whisper in their ear rather than interrupt)
- I encourage people to remember to "overwhelm the client with eye contact" as much as possible but acknowledge that this isn't always so easy in an exercise when they still need to refer to their notes.

**Further Study** It is recommended that trainees are directed to learn more by studying Connirae Andreas' development on NLP's perceptual positions with her work, "Aligning Perceptual Positions" which is often taught alongside the Core Transformation mode.

## Optional Module: Game Theory

The Three Stage Abreaction follows the theme of zero-sum game reasoning. "*I can only feel better when you feel worse*" or "*I can only change this way, when you change that way*" - i.e. there is a transaction of emotion and predictability, my emotional losses are your gain, your emotional gains are my losses.

It is true to say that the effect of a well-constructed IEMT therapy session will move a person from

“zero-sum” to non-zero-sum” reasoning.

There may not be a specific exercise to teach this principle, but overall the conveyance of this principle should be central to the aim of advanced practitioner training.

## Module 5. The Lawley-Tompkins Coin Exercise

**Themes:** *family dynamics, family constellations theory of [Alfred Adler](#)*

The coins exercise as developed by James Lawley and Penny Tompkins. For some of the more difficult family interactions revealed by the exercise, these emotional responses can be addressed with the standard K-Pattern protocol.

There are lots of permutations on the coin exercise, for example,

- client arrange the coins to represent your family - client explains why those coins, why those locations

The practitioner then moves coins in a respectful manner to test for an emotional reaction. Consider using the K-pattern for negative emotions that may arise. Caution the group to be sensible, for example, if the practitioner removes a coin that is the deceased mother, the client cries, the practitioner then says, “no problem, we can remove that emotion!” - this won't end well!

Leaving the original coin display intact, the practitioner gives a second collection of coins to the client, who then arranges the coins to how they would like them to be (which may or may not be different).

- client then explains why that configuration etc.
- practitioner then moves this second coin display bit by bit into the original configuration, measuring for negative emotions as they do so, offers remedial IEMT patterns as emotions arise.

Trainees are to be cautioned against accidentally disrespecting another's family by flippancy in attitude or inappropriate adjustments, citing the real example of one trainee removing a coin that represented a young child from the table altogether and asking, “...and how does that make you feel?” before proceeding to suggest that the emotional reaction and be addressed by the K-Pattern. The coin configurations of other participants are to be treated with a degree of reverence.

## Module 6. Identity Wants and Needs Analysis

**Part 1. Primary Pronouns of I, Me, Self, You.** In addition to the standard three elicitation questions, the practitioner asks,

- “And what does X lack?”
- “And what does X want?”
- “And what does X need?”

**Note:** No eye movements need to be performed for this exercise.

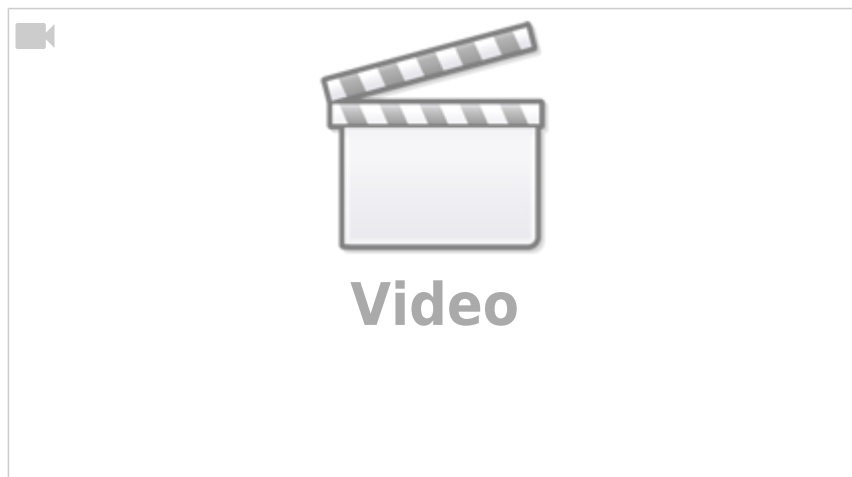
**Part 2. Secondary Identity Markers** (optional) The same additional questions can be asked for

she, him, they, etc., and later on, also for personifications and objectifications.

## Module 7: The Influence of Lucas Derks' Work

**Themes:** *personification, objectification & anthropomorphication of experience and state.*

Teach the anthropomorphication of symptoms and diagnosis, "The DEPRESSION makes me unhappy", "The ANOREXIA is ruining my relationships", "The ANXIETY is ruining my life." Treat them as a pronoun and use the same elicitation questions as before. See the "Manufacturing Demons" video below:



The same can be done for objectification (nominalisation) of symptoms and behaviour such as, "I have low self-esteem", "I have depression", "I have anorexia."

Summary: anthropomorphication has a life of its own, objectification needs a wheelbarrow.

You might want to familiarise yourself with Lucas Derks' work on social panorama ([www.identitypanorama.com](http://www.identitypanorama.com)) - you can do a simple elicitation of a family constellation (Where's father, where's mother, etc) and then apply the same identity questions to each of them.

- "And where is Mother? (ma, mum, mummy or whatever - there may of course be multiple aspects of the same person, i.e. there may be a "Father", "Dad" and "Daddy")
- "And how old is Mother?"
- "And what is happening around Mother?"

Expect LOTS of tears and emotion from some people.

For a complete panorama, you also include the deceased, important pets, family ghosts, non-animate family members, and dependent mystical concepts such as Santa Claus/Jesus/virgin mary or whatever is an important feature in their family constellation. For some people "Thatcher" may have been a prominent inclusion feature of their family life, and so on.

For example, *if I [Andrew T. Austin] were to do a constellation I'd have to include "The Navy" (both parents were in the Navy), "The Stork" and the "mulberry bush" (the story about my existence), "Torro" (a dog from when I was 0-4 and against whom every subsequent dog was compared by everyone else, or at least that is how it appeared to me [accept subjective personal biases as true in this exercise] and "Diggles" (a guy I never met, do not know anything about, but was a seemingly*



*ever-present force in my childhood).*

Depending on the group, you may also consider exploring religious or political panoramas. For example, there are multiple versions of God - "The Lord", "The Holy Spirit", "God made flesh" there is the vengeful God, the forgiving God, God the creator, and so on. For Jesus, there is the baby Jesus, the dead Jesus, the dying Jesus, the resurrected Jesus, and so on.

**Optional:** depending on the ability of the group, this module can be expanded with the exercise referred to in Module 2.5 where a pivot in the K-Pattern is used, for example: *"And how strong is this feeling of angry? - And how familiar is this feeling of angry? - And when is the first time you can remember THE DEPRESSION feeling this feeling of angry... etc?"*

## Module 8. Miscellaneous

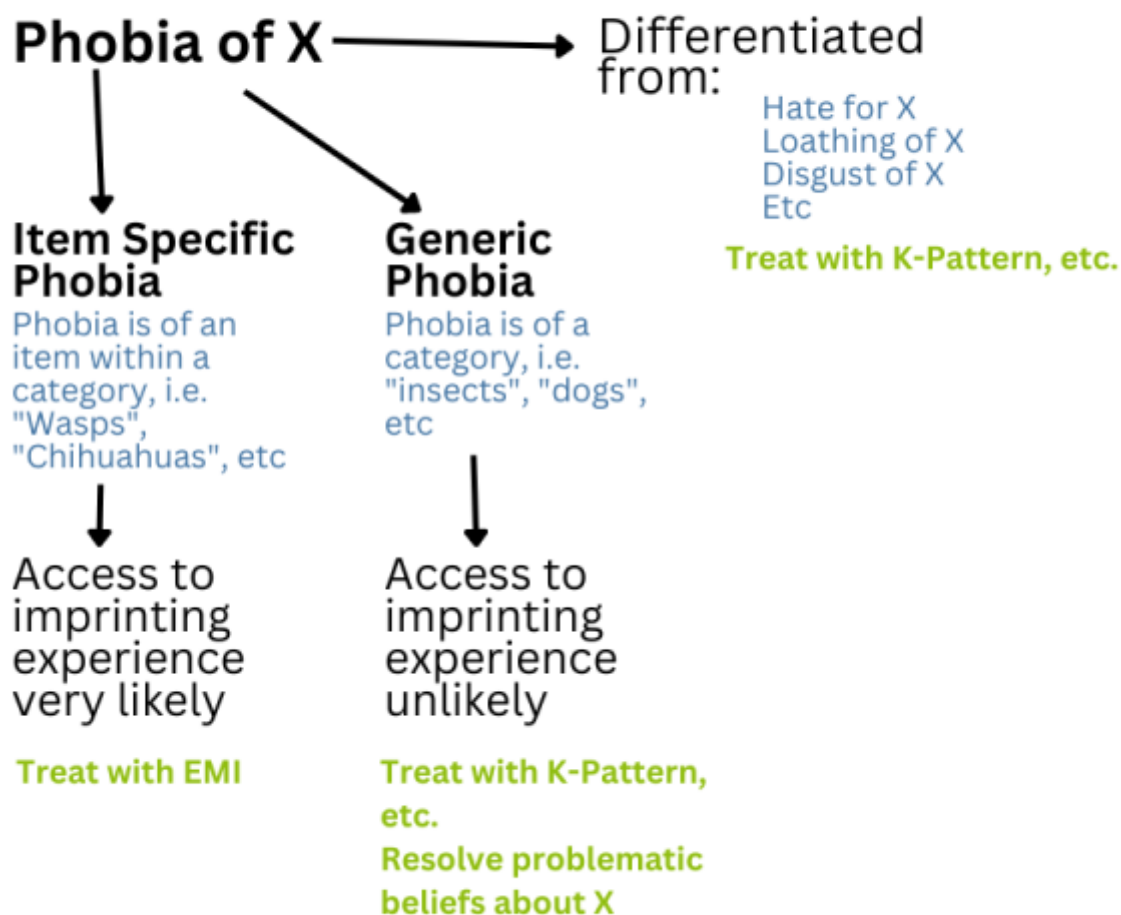
These exercises/subjects are optional, and can be taught in a separate module, or used individually through the training as a mood breaker following any lengthy lecture-style presentation or following the personifications and PTSD modules.

- For larger groups and longer courses, for levity, the "African Cups Game" is a great mood changer and rapport builder and I usually hold it in reserve in case it's needed.
- "How to Eject a Client" exercise (it's a quickie, people enjoy this one and it often opens up for discussion about difficult clients and the traditional suicidal client question)

This is a review of how to end a session where the client needs to be removed for any reason, and the trainees practice the gentle removal of someone from a session. You may want to review how to handle the problems that will arise afterward, i.e. whether to refund or not refund, handling potential complaints, etc.

- Boxes games (can fill an afternoon with this easily)
- Introduction of 2 *sub-patterns* of chronicity: reactivity and passivity (in place of proactivity) and the either/or question trap (where the answer is neither - this is where the practitioner just says "yes"). These are not true "Patterns of Chronicity" since they do not appear to be universal, but they are indeed very common.
- Dream work - take aspects or features within a dream as identities, and do the identity pattern on them, can also work on dream emotions using the kinaesthetic basic pattern, including the post-dream emotional hangover that can happen, especially in depression states.
- Pain, tinnitus, physical illness - both as emotional experiences and as identities.
- Phobias. See the graphic below.

# IEMT for Phobia



*\*Where X is the stimuli*

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