

PUT YOUR BEST FOOT FORWARD

Clinical Practice Manual

An EMDR-related protocol for embodying confidence
using somatosensory and visual priming of resource
experiences



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Abstract

This manual is about the practice and theory of an EMDR-related protocol called “Put Your Best Foot Forward.” It aims to help clients locate within themselves a somatosensory anchor for confidence when dealing with a recurrent difficulty. The goal is not necessarily an action plan, but a sensed stance/attitude to help them be in the presence of their dilemmas without destabilizing. Implicit in the process is the assumption that clients already possess the seeds of healthy growth and change.

The protocol’s development was driven by clinical necessity—to help a subgroup of clients who could not get in touch with positive capacities through interview techniques. The therapist provides the structure of the eight-step protocol and adopts an active stance of support and mirroring. The client finds a promising body position, which then acts as an ambiguous priming condition for associative retrieval of congruent material. This is in the form of projective imagery, not logically connected to the presenting difficulty, but containing affective and somatosensory substrates that are invariably helpful. The imagery is processed in a three-step procedure and then enhanced and consolidated with some cognitive work. These resources are then used in a structured, titrated process to destabilize or counterbalance the physiological signature of the recurrent difficulty. The protocol uses short sets of dual attention stimulation and deep breathing. Ratings of emotional disturbance, body distress, and confidence are used to assess in-session change.

The process creates an atmosphere of interest and curiosity, and often leads to pleasant surprises, laughter, and tears. The protocol may spontaneously provide an opportunity for egostate work, or renegotiation of developmental arrests and persistent conflicts. The body leads the way throughout, signalling to the client what new perceptions and response modes are worthy of trust and integration. Post-session outcomes may include positive generalizations beyond the identified problem and sometimes in more than one functional domain. When this occurs, the outcome is an increase in resilience as a new level of functional adaptation transcends old schemas.

Put Your Best Foot Forward integrates principles from different clinical sources: resource development models in EMDR, Gendlin’s Focusing-oriented Psychotherapy, Winnicott’s writings on the use of an object, Rorschach’s views on the kinesthetic underpinnings of projection, and somatic applications of Gestalt Therapy. The protocol seems to tap into a level of body wisdom accessible through associative retrieval and implicit priming, yielding intrapsychic material that hitherto had a low probability of being accessed. The concurrent neurophysiological activation is endlessly intriguing and forms the bulk of the theoretical speculation in the manual. Damasio’s conceptualization of the neurophysiological basis for the making of consciousness is the main source of inspiration.

When first presented at EMDRIA 2002, questionnaire responses from the audience indicated that the protocol’s utility, in order of endorsement

frequency, was resource development, stabilization for trauma work, an adjunct in the treatment of depression, and worth trying in pain management. Its chief clinical strength was identified as client ownership of good things within, namely, empowerment.

The protocol was originally trialed in 44 applications with 27 clients having Global Assessment of Functioning scores at or above the range 41-50, with presenting problems typical of general clinical practice. Just under half had recent or previous trauma involvement. In trauma work, Put Your Best Foot Forward does not replace the standard EMDR protocol but provides useful sources of autonomic stabilization when done in the preparation phase. The observations and conclusions in the manual are not from controlled research but are an attempt at disciplined enquiry in solo private practice. The protocol's epistemological status is that of a clinical procedure with compelling results in the early stages of wider use by other therapists. Its clinical decision points continue to be clarified with ongoing analysis of its outcomes, limits, and validity.

Note for this updated revision

This edition of the manual contains an expanded database from recent work with the protocol. The tables of descriptive statistics now incorporate the first database into a new analysis of 67 applications of the protocol with 40 clients. The recent results and outcomes are not substantially different from the first 27 clients, although the percentages are slightly different here and there.

Since EMDRIA 2002, I have had the privilege of presenting this material at workshops in San Francisco and Boulder. Several EMDR therapists who subsequently used the protocol have been kind enough to send me case material with the permission of their clients. I am very grateful to Nancy Battilega, L.P.C., Molly Gierasch, Ph.D., Susan Hubbard, M.S.W., and Katherine Ives, M.S.W. for taking the time to do this. Their feedback to me about their clinical work with the protocol has been both heart-warming and instructive. Their results replicate the processes and outcomes from my own practice, and add further definition to this procedure. Chapter 11 contains eight cases from these skilled clinicians.

I would also like to thank Phil Manfield, Ph.D., EMDR Facilitator and Regional Coordinator in San Francisco, for his support of my efforts, for suggesting a rewording of the subtitle, and for pointing me towards the work of Akhter Ahsen, Ph.D. Ahsen's 1968 text on the projective use of eidetic imagery in psychotherapy predates some of the important concepts and outcomes described in this manual, and reading it has been like a case of déjà vu. Wherever there is a parallel, I have tried to include Ahsen's thoughts in this second edition of the manual.