

Practitioner Handbook



Introduction

“Integral eye movement therapy (IEMT) is a method for reducing the intensity of negative emotional experiences. Based on eye movement integration therapy (EMIT), this therapeutic approach utilizes a number of procedures in order to identify relevant key experiences in the client’s personal history. While concentrating on one of these key experiences, the therapist instructs the client to move his or her eyes and track the movement of the therapist’s pen or finger. Sessions may range from as little as 5 to 20 minutes to longer sessions if the problem is more involved, such as when the client is struggling with identity issues. IEMT is a treatment of choice when a client’s emotional problems arise from memories of external life events over which the client had little or no control.” **The SAGE Encyclopedia of Theory in Counseling and Psychotherapy** edited by Edward S. Neukrug

Integral Eye Movement Technique (IEMT) was developed following the observation of a number of neurological and psychological phenomena that occur during the eye movements performed in such methodologies such as EMDR and Eye Movement Integration. There soon followed the development of a specific set of applications of this phenomenon that enabled IEMT to be applied to the areas of neurological imprints – specifically, imprints of emotion and imprints of identity.

Emotional imprinting occurs when a person lays down a new kinaesthetic response to a stimulus and this teaches the person how to feel about certain things. For example, the man who is told by the boss that he'd "like a word" and immediately feels like a school child who is about to be told off. This is an emotional and identity imprint in action. Identity imprinting occurs during life long development and is constantly evolving and changing. Many aspects of identity are attributed from the environment and then occur neurologically as an environmental feedback response. An example of this is the production worker who yesterday was "one of the boys" and today, following promotion to lower management, is now officially an enemy to his former friends and colleagues.

Other deeper aspects of identity are more permanent and possess a "feed-forward" component into the environment. These are the aspects of identity that tend to occur in all contexts, with some being more resilient than others. Examples of this are our gender identity, identity as a father/mother, brother/sister and so forth.

Thus, IEMT also addresses the issue of, "how did this person learn to be the way that they are?"

In some cases, the person can adopt aspects of identity that can be problematic. For example, an emotional imprint might be, "I feel unhappy" whilst an identity imprint might be, "I am an unhappy person" or even, "I am a depressive."

By specifically addressing the identity imprint this enables the therapist to by-pass the beliefs that often support the undesired identity such as, "I cannot do that because I am a depressive" and so forth.

IEMT is a proposed brief therapy and is an evolving field that appears to enable a core state change in minimal time. The two-day practitioner training covers both the emotional and identity imprint models, the relevant neurological anatomy, physiology and the manifest neurological phenomena and the skills required to deliver the model effectively and elegantly.

It must be emphasised: *IEMT is not the grand unified theory of therapy and change work. It is still a developing model and currently lacks proper double blind scientific research and proof, but it appears to be a very useful adjunctive for the trained therapists and when used in the right hands can provide an excellent remedial tool for emotional change and a generative tool for identity change.* Therapeutic practitioners are reporting that IEMT enables excellent results where previously a good outcome might have appeared improbable.

IEMT Training Structure

The IEMT Practitioner training course is usually taught over 2-3 days and typically includes the following subjects. Some trainers will also include additional pieces and style the training towards an area of speciality, such as working with offending behaviour, weight issues and so forth.

Part 1. Emotional Engineering – Depotentiating Imprints of Emotion with IEMT

- Eye Movement and 3D Accessing Cues
- Introductory Exercise and Calibration of Representational Change
- The IEMT Basic Pattern and Imprint Tracking
- Post Traumatic Stress Disorder and Time Coding

Part 2. Identity Reimprinting – Updating Our Way of Being with IEMT

- Introduction to Structure of Identity
- Four Pronoun References – I, Me, Self, You
- The IEMT Identity Pattern
- Physiological State Accessing Cues
- Changing Unconscious State Accessing
- Changing the Negative Kino-Somatic Imprint

In addition to the live training, those participants who wish to go on to be approved IEMT Practitioners must complete case studies to a standard acceptable to the Association.

Our current requirement is: For trainees who are already trained and working as a therapist or coach, one case study. For all others, three cases studies are required.

Trainers can specify their own time frames for submission of the case studies, however, as a general guideline the Association advises that the first case study is submitted within 2 months of the completion of the training, and then 2 months per case study after that.

Failure to submit the case studies within the six month time frame may lead to failure in certification as an approved IEMT Practitioner.

There is an example of such a case study at the back of this manual and the video of the client session is available upon request.

The Association for IEMT Practitioners

The aim of the association is to promote the interests of certified Integral Eye Movement Therapy (IEMT) practitioners worldwide and to maintain and promote a standard for training and quality standards for practice.

The Association for IEMT Practitioners maintains a searchable database of approved member practitioners in good standing, outline a complaints procedure for both members and for the public and will give recommendations to ensure good practice.

Additional Aims of the Association:

- To ensure a collaborative approach for the business interests of Integral Eye Movement Therapy (IEMT) Practitioners and trainers.
- To promote research and development of the treatment protocols that are at the core of IEMT practice.
- To ensure the highest possible standards of practice and training.
- To raise awareness of Integral Eye Movement Therapy (IEMT) as a viable treatment alternative in environments where it would be most suited, such as the prison system, the armed services and environments where the highest discretion with regards to mental health problems and emotional concerns is paramount.
- To create a collaborative liaison with other fields and organisations for mutual benefit and development.
- To establish an advisory panel of orthodox and qualified health care professionals.

Membership of the Association

The Association for IEMT Practitioners offers two levels of membership.

1. Full membership is for trainees who have completed with assessment criteria and membership is required to receive the practitioner certificate and the approved practitioner status.
2. Associate membership gives any interested party access to the additional training materials but does not grant approved practitioner status. Upgrading from Associate Membership to Full Membership is free upon successful certification.

All members are expected to maintain the standards outlined in this handbook and failure to do so may result in revocation of membership.

The Association for IEMT Practitioners serves the right to decline membership to any individual that it deems to be suitable for membership.

Your Membership Profile

Membership profiles are available for full members only and must be completed accurately. It is a requirement that all profiles use correct grammar, spelling and punctuation, and failure to conform to this most basic requirement may result in the profile being removed without warning.

Use of IEMT Logos

Full members of the Association are permitted to use the IEMT logo set in their marketing materials.

Insurance

Practitioners are required to carry liability insurance. Existing insurance policies must be updated in order to include "Integral Eye Movement Therapy" for the insurance to be valid for this mode of practice. Evidence of appropriate insurance must be shown upon request.

Ethics

All practitioners must adhere to the highest medical standards of confidentiality and clinical ethics.

Record Keeping

When client records are kept then these must be stored according to the Data Protection Act.

Practitioners must maintain the highest legal standards and operate strictly within the criminal and civil laws of their country of practice.

Advertising and Social Media

All advertising and public claims for the therapeutic value and efficacy of IEMT work must remain within appropriate and realistic boundaries and adhere to the legal advertising standards. Practitioners must agree to amend their advertising if advised to do so by The Association for IEMT Practitioners and do so within 28 days of the request.

The utilisation of false and questionable qualifications such as mail-order PhD's is expressly forbidden for any member of the Association.

All practitioners are requested to avoid heated public disputes, "trolling" and insults on internet forums when posting as an IEMT practitioner. When using social media profiles and participating as an IEMT practitioner, members are requested to conduct themselves in an appropriate manner at all times and not bring IEMT into disrepute by posting indecent images as well as photos or references involving intoxicants or illegal substances of any sort.

When dealing with a persistent vocal critic and/or "troll" on the internet, practitioners should follow a "de-escalate and disengage" approach in order to avoid "feeding the trolls."

Pre-session Assessments

Pre-session assessments must be carried out in some form to ascertain for contraindications and suitability for IEMT treatment.

The premises from which a practitioner works must be suitable and fit for purpose with appropriate risk assessments carried out where needed.

Every practitioner must be aware of how, and to whom, they can make an emergency medical/psychiatric referral should a medical or psychiatric problem arise during or after an IEMT session.

All practitioners are expected to be qualified or suitably trained to how to respond in basic first aid situations and common major emergencies such as asthma, epilepsy, diabetes and chest pain.

Billing and Financials

Practitioners are advised, but not required, to develop a refund policy of their own choosing and display such on their advertising material.

Practitioners are expressly forbidden from using post-session "upsell" tactics on paying therapy clients. For example, no practitioner is to try and sell a DVD or any other product that exists in addition to the pre-agreed session fee. "Bait and switch" tactics are also expressly forbidden; for example, attempting to convert a potential client to attending a more expensive course or workshop. In some countries such practices may also result in criminal prosecution.

Representation

No practitioner or member of the association may represent themselves as speaking on behalf of the Association for IEMT Practitioners without express permission from the International Director or Chair Person.

Problem Clients

Should a session "go badly" and raise concerns about the client's welfare, all reasonable action must be taken to ensure the safety, confidentiality, dignity and welfare of the client. The client's welfare is the first priority but if a practitioner is concerned about a potential complaint arising, they are advised to speak to the Complaints Officer at the first opportunity.

IEMT Practitioners are of course entitled to decline to see any client on any grounds and without explanation. For those clients that the IEMT practitioner accept then the following Code of Conduct applies.

The Code of Conduct for IEMT Practitioners

Signing this Code of Conduct is a requirement for all members of The Association for IEMT Practitioners. Trainers are requested to supply a printed version of this Code for their trainees during their training.

Treat people as individuals

It is important to remember that whilst IEMT is often a procedural and sequential practice, all clients are individuals with different needs, values and outlooks in life.

- You must treat people as individuals and respect their dignity.
- Even when being therapeutically provocative, you must do so by treating people with kindness and consideration.
- Where appropriate and within reasonable limits, you should act as an advocate for those in your care, helping them to access relevant health and social care, information and support that may be required in addition to, or instead of, IEMT.

Respect people's confidentiality

- You must respect people's right to confidentiality.
- You must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practicing. If in doubt, please contact the Association directly for advice.
- You are requested to use discretion if approaching clients in order to ask for testimonials. We regard it to be best practice to avoid requesting testimonials from any clients who have suffered trauma and clients who are emotionally vulnerable. You must not use any form of coercion or reward when seeking testimonials.

Ensure you gain consent

- You must ensure that you gain consent before you begin any treatment or care.
- You must respect and support people's rights to accept or decline treatment and care.
- Any client may withdraw consent to treatment at any time without explanation.
- There are absolutely no circumstances where in the capacity of an IEMT practitioner you may use subterfuge, coercion or any other form of force or persuasion to administer IEMT or any other treatment process or technique upon any individual.
- You must uphold all your clients' rights to be fully involved in decisions about their care and treatment, *this includes young children who's right to refuse treatment exceeds that of their parents request that you give treatment to their child.*
- You must be able to demonstrate that you have acted in someone's best interests if you have provided care in a psychiatric emergency.

Maintain clear professional boundaries.

- You are *strongly advised* to refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment or favour.
- You must not ask for or accept loans from anyone in your care or anyone close to them.
- You must establish and actively maintain clear sexual and emotional boundaries at all times with people in your care, their families and carers.

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- It is strongly advised that you do not work with friends or family, or friends of friends as clients.

Share information with your colleagues

- You must work with colleagues to monitor the quality of your work and maintain a high standard of practice.

Working as part of an association

- You must work co-operatively and respect the skills, expertise and contributions of your colleagues.
- You must be willing to share your skills and experience for the benefit of your colleagues.
- You must consult and take advice from colleagues when appropriate.
- You must treat your colleagues fairly and without discrimination.
- You must make a referral to another practitioner when it is in the best interests of someone in your care.

Manage risk

- You must act without delay if you believe that a colleague may be putting a client or trainee at risk. In the first instance you must always contact the appropriate authorities where appropriate and also inform The Association for IEMT Practitioners.
- You must inform The Association for IEMT Practitioners if you experience problems that prevent you working within this Code.

Use the best available evidence

- You must deliver care based on the best available evidence or best practice.
- You must ensure that any advice you give is evidence based if you are suggesting healthcare products, remedies, dietary practices or services.
- Keep your skills and knowledge up to date.
- You must have the knowledge and skills for safe and effective practice when working without direct supervision.
- You must recognise and work within the limits of your competence.
- You must take part in appropriate learning and practice activities that maintain and develop your competence and performance.

Act with integrity

- You must practice within the laws of the country in which you are working.
- You must inform the Association *in the strictest confidence* if you have been cautioned, charged or found guilty of a criminal offence that is relevant to your IEMT practice.
- You must act immediately to put matters right if someone in your care has suffered harm for any reason.

Be impartial

- You must not abuse your privileged position for your own ends.
- You must ensure that your professional judgment is not influenced by any commercial considerations.
- Uphold the reputation of The Association for IEMT Practitioners and that of your fellow members.

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- You must co-operate with the media only when you can confidently protect the confidential information and dignity of those in your care.
 - Have appropriate arrangements in place for patients to seek compensation if they have suffered harm.
 - You must have in force an indemnity arrangement which provides appropriate cover for any practice you undertake as an IEMT practitioner and/or trainer.

Dealing with Medical and Psychiatric Emergencies

Introduction

If a practitioner sees a sufficient number of clients over time then it is a reasonable probability that eventually an emergency or crisis of a medical nature will arise.

So, it is important that every practitioner is aware of how to respond should such a problem arise.

Realistically, the most common medical emergencies that may arise will involve one of the following: diabetes, epilepsy, asthma or other chronic respiratory disorder, and chest pain.

Less likely, a psychiatric emergency may arise such as threats of suicide, abreaction involving violence or threats of violence, psychosis and/or catatonia.

At the time of writing there is no evidence or suggestion that IEMT itself will trigger any of these problems, but where an individual has a history or disposition towards these problems, a situation may arise during the time the client is present with the practitioner.

In order for ongoing data-collection, research and development, it is requested that the International Director is informed of any problem such as these cited arising during an IEMT session. There is a standardised form for incident reporting.

Client anonymity should be maintained when reporting any arising situation.

Medical Emergencies

It is expected that every practitioner will have received suitable training and experience in basic first aid response and an awareness of diabetes, epilepsy, asthma or other chronic respiratory disorder, and chest pain.

Every client must be asked in pre-assessment for relevant medical and surgical history and for a list of any medication prescribed and taken.

Where there is a risk of instability in the client's symptoms, it is advisable to tell the client to bring any medication - i.e. asthma inhalers, angina medication.

When working remotely (i.e. via Skype) or in a new setting, the practitioner *must* know of the full address of the client or office from which they are working in case medical help is to be summoned remotely.

It is up to each practitioner to decide on the policy of how they handle any potential emergency. Your legal and civil responsibilities are the same as any other citizen of your country, and in the first instance you ought to call for emergency help without delay if you are concerned for the client's welfare.

Exceptions may occur. For example, if your client is frequently epileptic, and you are experienced, trained and qualified in this area and have been advised accordingly by the client and the client's treating physician.

Without exception, all instances of chest pain must be treated as potentially life threatening.

The guiding principle for all practitioners is that if you are concerned that a medical problem will arise, such as epilepsy, then the client ought not to be accepted for treatment.

Psychiatric Emergencies

A history of psychotic illness is a specific exclusion criteria for IEMT treatment unless the practitioner has specific training and experience in this area or is operating under direct clinical supervision. However, psychiatric emergencies may arise such as psychosis, threats of suicide/self harm, and violence may arise during or after any interview or session.

In such instances, it is wise for every practitioner to have to hand a variety of responses and to know to whom to either make a referral and/or who to call for assistance.

Thus it is advised that every practitioner already know the contact telephone numbers of the community mental health and mental health crisis teams, the police and each client's GP practice where appropriate.

It is appropriate for the practitioner to seek advice immediately in such a situation and not to try and deal with it alone.

It should be standard practice for the therapist to have the office arranged so that they are sat in close proximity to the door, without the client positioned between them and the door, in case a hasty exit is required.

Risk or Threats of Violence

It is sensible to have a zero tolerance approach to violence and to threats of violence and to involve the police where appropriate. All instances of actual physical assault must be reported both to the police and to the association.

It is a value of the Association that an intentionally violent or threatening client loses the right for blanket confidentiality, with ready and full disclosures being permissible to the police and relevant legal and medical agencies only. However, disclosure to members of the general public is not permitted unless in exceptional circumstances. Any disclosure must be recorded and a copy of the disclosures ought to be given to the client at the first suitable opportunity including details of to whom, when, what specifically was disclosed and the rationale for doing so.

Suitable risk assessment must be carried out to include things such as medications kept on the premises (including "bathroom cabinet medicines"), working alone, layout of the treatment room for easy exit and removal of objects in the treatment that may be used offensively.

If you feel threatened and/or at risk, it is sensible to not try to control the situation or ask the client to leave. Where possible, in the first instance, the practitioner should quickly *quietly leave the situation and quickly create a safe distance and then call for appropriate help. (*i.e. don't announce that you are leaving, just leave).

Pre-Session Assessment

Objective for Pre-session Assessment

The objective for carrying out a pre-session assessment is to eliminate candidates who may be unsuitable for treatment or intervention via IEMT. It should be noted that suitability for treatment does not imply or suggest the actual efficacy of IEMT for any given client. Simply put, not finding any contra-indications does not necessarily mean that IEMT will be effective for the client.

IEMT practitioners may have suitable training and skills other than IEMT, so the exclusion of a client from the IEMT treatment protocols does not necessarily imply that the practitioner should not work with the client using other processes and therapeutic mediums.

Common Factors Affecting Suitability

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.

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.

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 advice 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 and 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 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.

When a Session Goes Badly

All practitioners must be prepared to be able to deal with difficult situations that can arise from the activity of working with other human beings in therapeutic settings.

Problems arise for one or two reasons: *issues brought into the session by the client and/or issues brought into the session by the practitioner.*

We must be realistic in understanding that there will always be those individuals for whom things are going to go bad regardless of our practice as that is their will, no matter who the therapist is or what the modality of treatment on offer. Anyone working with the public on a regular basis will be familiar with this. Thankfully however, this is the tiny minority of clients self-presenting for self-funded psychotherapy.

When faced with a situation of a "bad session" it is the practitioner's responsibility to deal with both the aftermath for the client and the aftermath for themselves. Such situations can be difficult to manage for oneself both psychologically and emotionally and a "thick skin" and advice from The Association for IEMT Practitioners may be appropriate.

Most sessions that fail simply do so because of the naivety and inexperience of the practitioner. It is important to understand that such a situation can arise at any time in a professional career when we can be faced with new or unexpected situations.

So, obviously it goes without saying that if you are worried about a particular client before you book them in for an appointment, you may wish to consider if you and/or the client would be better off not having the session at all.

Most problems arise owing to expectations not being met. It is important to check the clients expectations of the session prior to booking the appointment and this can be achieved simply by having a question on the assessment form that says, "What are your expectations of the session and of what will happen?" and/or "What is it that you expect me (the therapist) to do?"

Most people have an idea of what therapy should look and feel like, how they as a client should behave when in the company of a therapist and of what therapy can achieve. However, for many people these ideas have no basis in reality and may be drawn from movie and cultural representations.

It should be remembered that there are very many therapists of all disciplines marketing themselves in a manner that contributes to the problematic cultural expectations of therapy and therapists. Thus a client may arrive to you having been given a set of expectations directly or indirectly by another therapist.

It has been learned that no matter how much a person pays for a session, if you offer a free token (i.e. an audio recording, follow up email or whatever) and then don't deliver the free token, the client will feel cheated, no matter what the comparative or relative value of that token. The person won't complain about the cost of the session, but they will always complain when they don't get their free gift.

When a person refuses to pay for a session for whatever reason they may give, it is probably the easiest course of action to simply accept this at face value rather than try to argue for your fee. Insisting on your fee will likely trigger an escalation as the aggrieved client attempts to "save face" and justify their decision not to pay. The consideration to have is the comparative value of maintaining a good reputation (especially in the internet age of social media) versus your pride/dignity plus the fee.

Accept the fact that such situations are embarrassing, humiliating and awkward. Get used to it, it doesn't happen often and should be regarded as a rare occupational hazard.

However, that said, the Small Claims Court is very effective for collecting on unpaid invoices and in the Europe, this can be done in a few minutes online.

If you screw up, say something inappropriate that you wish you hadn't said, get something very wrong and so on, then it is better to admit to it as soon as you realise. Most of the time a client may not notice what you have actually done in terms of the specifics, but they may well notice that things aren't going so well. An open and honest attitude about being human is useful to have and is appreciated by most people. **Remember:** *humility will save you from humiliation.*

In the vast majority of instances clients are simply too polite to tell you that you have either screwed up or are simply not very good at what you do. Often it takes someone who doesn't actually like you, or appreciate you, to tell you the truth about your work, so it is important to listen to your disgruntled client. Don't take it too personally, in the long term you'll get over it and hopefully will improve with experience.

In reality, the vast majority of people who say, "I'm going to sue you" never do. The majority of those who then go and see a lawyer will discover that they have no legal case.

In the UK, a case against you generally needs the following for it to go to court:

1. You owed a duty of care to the plaintiff.
2. You breached that duty of care.
3. As a result of that breach in the duty of care, the plaintiff has suffered harm or loss.

If you are concerned that there is likely to be a case against you, then in the first instance you must talk to your insurance company for advice. It is advisable to contact the Association for IEMT Practitioners to inform them also.

Be aware, that your professional duties in terms of confidentiality and maintaining dignity of the client do not change just because that client is suing you. So all your

communication about the matter must demonstrate the highest standard of professionalism, no matter how badly or strongly you feel about the situation.

Do not give into the temptation to gossip about your client with anyone, or make attention seeking or passive-aggressive posts on social media about the subject.

If the client also writes things on social media and attempts to draw you into a public debate or argument, do not offer any response whatsoever. Take a screen shot of all that is posted and keep all correspondence, but do not post any reply or engage with any other participants in the public conversation.

Being sued by a client involves a very steep learning curve in maintaining public dignity, state control and getting a good night's sleep by turning off that incessant internal chatter about the matter. It's rarely a comfortable situation, but you *will* deal with it. After all, you don't have a choice about that when it happens.

Your insurance company are the best people to advise you on how to proceed.

If in doubt, contact The Association for further advice.

Dealing with Non-Payment

Occasionally problems will arise with a client who though apparently satisfied with the session/therapy will neglect to pay the bill. This is to outline the ways of reducing the incidence of non-payment and how to deal with such a situation.

Firstly, you have a right to be paid fairly for your work when this work has been delivered appropriately. As a practitioner you are entitled to set whatever fee structure you feel is appropriate without explanation to anyone.

It is highly advisable to have your fees publicly advertised. For some people the simple act of making contact to a therapist is difficult enough, it may be an action that marks a major event and turning point in their life. Or, it may be an action that makes all-to-real the fact that they need help, which is at variance with how they have always seen themselves up until that moment.

Thus a situation may arise where the client contacts the therapist and either fails to understand the fees, simply doesn't hear that portion of the conversation or is too embarrassed or awkward to decline the appointment on ground of cost.

Some clients will arrive via a referral, either from another therapist or via their GP. Often, it is assumed by the client that the person making the referral is sorting out the funding for the session. Such as the situation in the UK with the NHS, when one NHS doctor refers a patient to another doctor or specialist, the patient does not pay. This is likely to be an expectation when a client is "referred by GP" to you, so it is important to clarify before booking the appointment who exactly is funding the session.

Occasionally, at the end of the session, a seemingly happy client will tell you they have “forgotten their wallet” and will make haste to leave. It is safe to assume that this client is not intending to pay.

It is suggested that you have a process to follow:

1. Be sure that the prices/fees are clearly understood and obvious. Avoid using the “small print” method so common to poor marketing.
2. Have a clear and fair cancellation policy in the case of a non-attending client or last minute cancellation.
3. When collecting payment, be sure to offer a receipt. Keep a record of the payment to prevent misunderstandings later.
4. When the client pays by cheque, you must pay this into the bank promptly. It is unfair to the client to unreasonably delay clearing the cheque.
5. Many clients do not expect to pay the therapist directly and so may simply expect to receive an invoice later. Be sure to send the invoice promptly.
6. Invoices must be numbered, dated and “payment due” date given.
7. Invoices must be worded carefully so as not to breach any confidentiality or embarrass the client. Remember, not all invoices are paid directly by the client but may be paid by another family member, or a company department and so on.
8. If payment is not received by the payment date, then send a second invoice marked “PAYMENT DUE”. It is sensible to accompany this with a phone call and/or email. Give 7 days for payment.
9. If payment is not received by this cut-off date, send a final reminder giving 3 days for payment. Mark invoice, “NO FURTHER REMINDERS WILL BE SENT.”
10. If payment is still not received, it can be assumed no matter what excuses the client has given, they are not intending to pay. In which instance you have a choice to either write off the debt, or to proceed to the small claims court. In the UK, this can be done in less than 15 minutes using the “Money Claim Online” service, which costs £30, the cost of which is added to the claim against the non-payer.
11. The majority of clients will pay immediately rather than risk an escalation of costs through non-payment.

You responsibilities such as confidentiality do not cease just because the client misbehaves in this way and it would be considerate an inappropriate breach to talk about the nonpayment with any other party.

As such, if proceeding to the small claims court, you must omit any clinical details about the client from the forms, and only complete the process referring only to the terms of business, rather than using the client’s purpose for seeing you in the first place.

It would be considered grossly unprofessional to offer any form of threat or coercion to the client who fails to pay their bill. Do not consider attempting any leverage or clever language patterns to achieve payment, this will always work out badly in the long term.

Case Study Guidelines

Submission guidelines for IEMT Trainers

The purpose of a case study is to demonstrate a trainee's comprehension of the IEMT material and is not to demonstrate efficacy of IEMT application. Whilst IEMT has been demonstrated to be a highly effective model for therapeutic change work, a successful outcome is not necessary for a case study. The trainee is encouraged to consider which elements of the session were most useful for the client and which elements were least useful.

During the case study session we would like the trainee to demonstrate the application of the following aspects from IEMT:

- The core IEMT kinaesthetic algorithm in its simple and complex form.
- The Identity Pattern in its simple and complex form.
- Interaction with the Patterns of Chronicity if they should arise.
- Where anxiety is present, The Three Pillars.
- Awareness of Physiological State Accessing Cues

For convenience it may be tempting to use friends or family for a case study, but we advise against this owing to potential difficulties regarding objectivity. It is also worth noting that engaging in any form of therapeutic relationship with close friend or family can negatively alter the relationship between those parties.

We recommend that trainers give a specific time frame of six months in which the case studies are submitted. Failure to submit within that time frame would result in a failure in meeting the requirements for certification.

Case Study Rules

- No IEMT trainee is permitted to receive payment for a case study session.
- A pre-session assessment form must be completed and screened for contra-indications.
- The session must be conducted in a suitable setting. For example, an impromptu session in the pub or similarly casual setting would not be acceptable.
- Remote sessions such as via telephone and Skype are not acceptable for a case study.
- The client must know that they are volunteering for a case study and sign a consent form to that effect.
- Other than gender and approximate age, the case study that is submitted does not carry any personal identification data such as name, address etc.

Case Study Format

The requested format for the case study may vary between trainers and we encourage trainers to both develop their own specific guidelines for their trainees whilst accepting that some trainees may use a different format. For example, medical practitioners and psychologists may well have their own standard format with which they are more familiar and this ought to be considered acceptable.

Suggestions for what should be included in the case study:

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- a summary of the issues
 - how many times the client was seen
 - what techniques were used and what was reasoning for using these techniques
 - what was the outcome of the session. Ideally this is measured both at the conclusion of the session and 3-10 days later.
 - reflections of the session, what could have been improved, what worked well, what would be done differently next time.

We also recommend that the trainees are advised to keep the write up fairly short and concise, i.e. within 2-3 pages.

IEMT Case Study - Sample

Client no. A11
Age 37, female.
Single session, August 2009
Session length: 50 minutes.

Pre-session

The client volunteered to be filmed as part of an ongoing project in the development and practice of IEMT. She was unknown to myself prior to this session and had no prior experience or familiarity with IEMT or related therapeutic processes. The presenting problem was that of persistent low-level depression presenting as a quality of life issue without psychiatric or medical complication.

Presentation.

The client attended the session by herself and was of well-kept and smart appearance, polite and articulate. She was fully engaged with the session without defensiveness or evasiveness.

Session Summary Part #1

The session was opened with the presupposition that there was a feeling that was a problem which is partly what brought the client to the session. The client immediately agreed and the IEMT Basic Pattern implemented on the feeling. During this exchange, the client scored the feeling as “about a 7” and the “maybe man” element was ignored to be tackled later in the session and the feeling was reported as being “VERY familiar.”

As a result of the IEMT Basic pattern, both the memory was lost and the feeling reduced to “about a 3.” The IEMT Complex Pattern was then applied on this new feeling which was also reported as being very familiar. Following this the client was unable to access either the memory or the feeling.

Session Summary Part #2

The client was asked to pick another problematic feeling, “the worst one” which was reported as a “nine” on the SUD scale. On asking “And when was the first time...” the client’s demeanour changed and she became tearful, turning away slightly and withdrawing eye contact. A pattern interrupt was used and the IEMT Complex Pattern resumed with visible flooding of images during the eye movements which was confirmed verbally by the client during a pause in the eye movements.

At calibration the client reported a change and a reduction in the feeling to “about a seven” which was “quite familiar” and something she commonly suppressed. Another round of the

IEMT Complex Pattern was used on this feeling resulting in a deep sigh and visible flooding of images.

At calibration the client reported the feeling was “about a five” and at this point a challenge to the “Maybe Man” pattern was discretely introduced. The Complex Pattern applied to this new feeling with good effect. At calibration, “..about a two out of ten” was reported with another gentle challenge to the “Maybe Man” pattern. Subsequently the client self-corrected on “Maybe Man” behaviour.

Session Summary Part #4

At this point, circular eye movements were implemented on the “two out of ten” feeling as the client had suggested that the feeling was something that she had always had and was part of her with some effect.

Next, I introduced the pattern of “testing of evidence of the problem and ignoring the change” by explaining the pattern and giving a simple example of that pattern and then to illustrate the point, the client was asked again about the “two out of ten” feeling and the complex pattern was applied on this feeling.

Session Summary Part #5.

At the conclusion of the above pattern and at approximately 15 minutes into the session, I changed tonality and style and asked the client what the problem was that brought her to the session and spoke as though the session was now about to begin. The client reported her “underlying depression” and I asked her to think about it now and tell me what happens. The client had difficulty feeling it and was encouraged to try harder. She was unable to do so.

At this point, via a combination of confusion and presupposition, I introduced the identity elements from IEMT and explained the differentiation of the 4 key pronouns, I, me, self and you. The location, age and “what is happening around...” were elicited and noted down for the Identity Pattern. “Self” was noted to be most busy with a lot of activity, mostly negative, happening around it. I then fed back the information to the client for verification and to build additional rapport with these identity experiences.

I gave some stories and examples of identity experiences that were matching to her information and then applied the Identity Pattern “lazy 8” to the identity experiences with calibration each time. The client reported “feeling more mature” and more grounded in her experiences of herself.

Further explorations of identity were carried out over about 20 minutes with some emergent kinaesthetics, including anger which were ameliorated with the kinaesthetic patterns.

Conclusion

The client demonstrated good engagement with the session and evidently understood the processes and rationale for what we were doing. At the conclusion of the session the client reported that the feelings worked on were “deep seated” and that she now felt quite different, comfortable and relaxed. Follow up one week later indicated good response to the session with notable improvement and that the client would like further work and continued support.

In a future session I would like to explore physiological state accessing cues with this client. What is most noticeable is that the client is someone who likes to make a good impression and takes care of her appearance. Part of this involves masking her feelings, so that she is someone vulnerable to a “smiling depression” - happy on the outside, sad on the inside. I suspect that part of this is controlled by sitting very still and minimising her physiological movements, something that she did throughout the session. Using physiological state accessing cues I believe that she will be better able to connect with more positive states and partly substitute her current “away from” strategy of minimising her negative states.

Additionally, as depression is a key feature, an exploration of The Three Pillars is likely to be useful.