



Safety Net Scenarios that are more Difficult

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With most group exercises and most Immanuel Approach sessions, if the recipient has had time to share her pain story, if she feels heard and understood by the facilitator, and if they have been rummaging around in traumatic memories without resolution, when they get to the end of the available time the recipient will be more than happy to cooperate with the facilitator in deploying the safety net – she will be more than happy to let the facilitator help her get back to her original positive memory and connection with Jesus.

I. Several situations that are more difficult: However, there are several situations in which deploying the safety net is more difficult:

1. Long pain story and/or triggers: Some people have long pain stories, and they will want to keep talking about their pain until they feel heard and understood. (If the recipient has never previously felt fully heard and understood regarding her pain, she will *especially* want to keep talking about the pain until she *does* feel fully heard and understood.) Another fairly common scenario is for the recipient to talk and talk and talk about the pain around an experience of being triggered. (No matter how long we talk about the details around an experience of being triggered, it never feels fully satisfying because the underlying traumatic memories are still buried and unaddressed. We therefore keep talking...and talking...and talking, trying to get to that feeling of full resolution that never comes.) So if a person is in a group training setting, she's participating in a twenty to thirty minute safety net or healing exercise, and she ends up telling a long pain story or talking about the pain around a trigger, she will often still be talking about her pain when the available time for the exercise expires.

In these scenarios, it will feel painfully mis-attuning when the facilitator directs the recipient to change gears to deploy the safety net – the recipient is in the middle of wanting someone to hear and understand the size of her pain, and the facilitator essentially says, "I'm sorry, we're out of time. Now you need to stop talking about your pain and think happy thoughts." The usual internal response to this kind of mis-attunement bump is something along the lines of: "Arghhh!"

The good news is that these people respond surprisingly well to an enhanced safety net, which includes an additional component of validation, attunement, and reassurance at the front end. When it is time to deploy the safety net and take the recipient back to her initial positive memory and connection with Jesus, you very deliberately validate her pain, attune to the discomfort of changing gears, and you reassure her that the Lord has a plan to address her pain in some other context.

For example, let's say that I am facilitating for a person who is still describing her painful memory as we approach the end of the available time. She has never before felt fully heard and understood regarding this experience, and it feels really good to her to perceive that I am really with her, that I am hearing her, and that I really seem to get it. And now I am faced with the difficult task of deploying the safety net. I definitely do *not* want to start with, "I'm sorry, we're out of time. Now you need to stop talking about your pain and think happy thoughts." My

version of the validation, attunement, and reassurance at the front end of the advanced safety net would be something like this:

“I’m so sorry, but we’re coming to the end of our time. This is going to be hard – this is going to feel really bad – but I’m asking you to do it anyway. We need to shift gears and go back to your initial positive memory and connection with Jesus, so that we can get the plane back on the ground.

I want to reassure you – I understand that this painful memory place is very important and needs to be cared for. We’re not trying to dismiss, ignore, invalidate, or minimize this memory or the pain in this memory, and we’re not trying to just stuff it back down so that we can forget about it. *I am 100% certain* that Jesus has a plan for healing this memory, and I *really* encourage you to find a facilitator who can help you do that after this conference is over. But for right now, in this group setting, we need to ‘switch gears’ and help you use the positive-memory safety net so that you can get back to a good place for the end of the exercise.”

Obviously the details at the end can be modified slightly to fit other settings, such as individual therapy sessions instead of group training exercises. For example: “But for right now, with our time coming to an end, we need to ‘switch gears’ and help you use the positive-memory safety net so that you can get back to a good place, so that you can go home and take care of your children.” Or, “. . . , so that you can get back to an okay place for the rest of the day.”

2. Deep into painful memories: Sometimes, as the recipient and facilitator approach the end of an Immanuel Approach session or the end of a group training exercise, the recipient will be deep into intense painful memories; and instead of wanting to take a break and go back to the initial positive memory and connection with Jesus, she will want the facilitator to stay with her in the painful memories until they are resolved. In these scenarios, the recipient will be very unhappy about deploying the safety net. The recipient will be especially reluctant to cooperate with the safety net if she is connected to a child part inside a traumatic memory.

Her response to your invitation to deploy the safety net will be something along the lines of, “I don’t want to go back to positive memories – I want you to stay here with me in this painful, traumatic place, and work with me until I get healing.”

The good news is that these people also respond surprisingly well to the enhanced safety net, with it’s additional component of validation, attunement, and reassurance.

Also, these people’s relational circuits will be deeply off-line when you first start to deploy the safety net, and because of the ways in which our relational circuits interact with our memories and emotions, they will have difficulty recalling and reconnecting with their positive memories – they will have a difficult time even finding their positive memories, and when they first start remembering and talking about their positive memories they will not initially *feel* any appreciation (or any other positive emotions associated with the memories).¹ In these situations

¹For additional discussion regarding these ways in which our relational circuits affect our memories and emotions, see the “Key Concepts” page of www.outsmartingyourself.org, Chapters 12, 15, 16, and 17 in *Outsmarting Yourself*, and Part II of the “Brain Science, Psychological Trauma, and The God Who is With Us” essay series. (This essay is available as a free download from

you will need to be very directive, persistent, and detailed in coaching the recipients to recall and describe their positive memories – you will need to be persistent in coaxing, encouraging, and (gently) pushing when they complain that it's not working; you will need to specifically coach them to close their eyes, and then imagine and describe each part of the positive memory in minute detail; and you will need to prompt them by reminding them of as many specific details as possible. (This is where the positive memory notes mentioned in Chapter 6 will come in handy.)

Furthermore, the facilitator may need to use multiple positive memories to build appreciation momentum (which is why I recommend building safety nets that include several positive memories if you are leading a group exercise or working with a recipient who is at risk for getting particularly stuck in particularly intense traumatic memories).²

In some situations it may take as long as fifteen to twenty minutes, but my experience is that if a person persists in recalling, re-entering, talking about, and appreciating positive memories, she will eventually calm down, return to feeling appreciation, regain access to her relational connection circuits, and be able to get back to the safe home-base of perceiving the Lord's presence and feeling connected to him. It may take some practice to learn to be adequately directive and persistent in these situations, but with appropriate coaching most facilitators can learn this fairly quickly.

These first two scenarios are currently the *second* biggest challenge for group training exercises and for lay-ministry sessions. In a group of two hundred, as the time for the safety net or trauma-work exercises come to a close there will be eight or ten recipients who will still be talking about their pain and wanting to be heard, or who will be deep into painful memories and wanting the facilitator to stay with them in that place. Without the enhanced safety net, the whole situation will be moderately bumpy and messy for these exercise groups, and everyone involved will have a moderately unpleasant experience. Again, the good news bottom line is that these recipients *will* respond to the enhanced safety net. With the special, strategic validation and attunement and reassurance (and sometimes a bit of additional coaxing and encouragement), they will eventually cooperate with the safety net and let the facilitator get the plane back on the ground.³

(Slide 10.0) 3. *Deep into painful memories and intensely blended with internal child part:*

Sometimes, as the recipient and facilitator approach the end of an Immanuel Approach session or the end of a group training exercise, the recipient will be deep into intensely painful memories *and also intensely blended with an internal child part who is more in the driver's seat than the usual adult ego state*. Instead of wanting to take a break and go back to the initial positive memory and connection with Jesus, the recipient in this situation will want the facilitator to stay with her in the painful memories until they are resolved.

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²Remembering from Chapter 6 (page 101), appreciation momentum builds as one works with several positive memories in succession.

³With respect to lay-ministry sessions: if you are working with many different people, my estimate is that you will encounter this kind of scenario with maybe one out of fifteen to one out of twenty of the recipients you work with.

In this third scenario, the recipient's response to your invitation to deploy the safety net will be something along the lines of, "I demand that you to stay here with me until I'm okay, and I refuse to cooperate with any plan that will just shut me down and leave me behind, while adult _____ just goes back to her happy place!"⁴

The good news is that maybe two-thirds of these third-scenario people will (eventually) respond to an extra-rigorous application of the enhanced safety net. In these situations I use the direct eye contact technique to establish connection and engage directly with the internal part; I sometimes have to repeat the validation, attunement, and reassurance piece several times before the person is able to receive it; and the person sometimes needs some additional coaxing and encouragement in order to (eventually) be able to allow me to take her back to her initial positive memory and connection with Jesus; but the good-news bottom line is that the enhanced safety net *does* eventually work, the recipient does eventually become willing to cooperate, and the session does end with the plane safely back on the ground.⁵

The bad news is that maybe a third of these third-scenario people need additional advanced interventions/resources beyond the enhanced safety net.

Finally, the last round of good news is that (so far), all of these people that have required additional advanced interventions/resources have eventually responded to some combination of: 1) shalom-for-my- body exercises to decrease the intensity of the negative emotions (more details below); 2) offering attunement in the context of the underlying traumatic memory (more details below); and 3) using the direct-eye-contact technique to connect with the internal part, working directly with the internal part to help her find a way to connect with Jesus, and then helping the internal part to work directly with Jesus in finding a plan that includes cooperating with the safety net as a *temporary* coping resource in a larger plan for healing the traumatic memories.

This third scenario presents the *number one* difficulty for group training exercises and for lay-ministry sessions. In a group of three hundred, as the time for the safety net or trauma-work exercises come to a close there will be one or two recipients who will be stuck in a painful memory, and blended with an internal part that is in the driver's seat and that (at least initially) refuses to cooperate with the safety net. As just described, many of these recipients will (eventually) respond to an extra rigorous application of the enhanced safety net, but some of them will require interventions and resources even beyond the enhanced safety net. Without the enhanced safety net and these additional advanced interventions/resources, the whole situation will be intensely bumpy and messy for these exercise groups, and everyone involved will have

⁴The internal part may also communicate this message indirectly. For example, she will just ignore your attempts to deploy the safety net, and keep going deeper into the details of the traumatic memory. In one such scenario that I was involved in, when I tried to coach the recipient to describe and connect with her initial positive memory, she responded with "I just see red, and I just keep hearing the word, 'Blood.'" In these situations, it is a tremendously helpful first step towards a good outcome for the facilitator to recognize that the recipient is intensely blended with a dissociated part inside a traumatic memory, and that the part is (at least initially) refusing to cooperate with the safety net.

⁵Just as with the second scenario described above, these people's relational circuits will be strongly off when you first begin deploying the safety net, so coaching will need to be especially directive, persistent, and detailed, and multiple memories may be needed to build appreciation momentum.

an intensely unpleasant experience.⁶

With respect to this third scenario, the challenge for the Immanuel Approach community is to find ways to care for these deeply traumatized people; and at the same time, not allow concerns about this scenario to shut down the Immanuel Approach for the vast majority of recipients who *are* able to participate in lay-ministry sessions and/or group exercises without these problems coming into the picture.

Summary thoughts regarding the three more-difficult scenarios: These concerns and insights regarding the three more-difficult safety-net scenarios have just recently become much more clear to me, as I have been preparing and beta-testing material for the new wave of conferences. At present, I am caring for these concerns by implementing the following policies:

*I am including this teaching material regarding intermediate-advanced safety net issues in all Immanuel Approach training that includes working with trauma – even basic training that includes working with trauma. This material is a bit intimidating for beginners, but I think it’s better than having people inoculated against the Immanuel Approach by having bad experiences when they encounter the three scenarios just describe, but without the benefit of this teaching, the enhanced safety net, or the additional advanced interventions/resources.

*In any situation that includes trauma-work group exercises, for every hundred participants I make sure that there are one or two ministry people/teams that can provide the advanced interventions/resources described above for working with severe trauma and internal parts.

I strongly encourage anyone providing Immanuel Approach training to make sure these same measures are in place.

II. Shalom for my body:

When deploying the enhanced safety net, decreasing the intensity of the negative emotions will always be helpful. To this purpose, the shalom-my-body exercises developed by Dr. E. James Wilder and Pastor Ed Khouri are a strange, but amazingly simple, safe, and effective resource.⁷

As you go through the instructions (below), you will probably notice that components focusing on the physical body are prominent. This has been done very deliberately. The physical body interventions have been designed to be as simple and concrete as possible, so that we can apply them even when we are intensely upset and our brains are significantly impaired by being in non-relational mode. Furthermore, interventions focusing on the physical body can produce surprisingly dramatic benefits for the whole body-mind-spirit system. Our bodies, minds, and spirits are so intimately connected that calming one will usually also produce powerful calming

⁶With respect to lay-ministry sessions: if you are working with many different people, my estimate is that you will encounter this scenario in maybe two out of a hundred of the recipients you work with.

⁷Dr. Wilder and Pastor Khouri named these interventions “shalom my body” because applying them brings peace (shalom) to one’s body. Note that I have slightly modified the name of these calming exercises, from “shalom my body” to “shalom for my body.”

effects for the others.

The physical components of these techniques may seem a little odd, but this is because they have been designed to produce very specific patterns of stimulation to the sympathetic and parasympathetic nervous systems.⁸ The end result is to produce a physiological “relaxation response” that helps to calm intense emotions by calming the physical reactions associated with the emotions.⁹

One advantage of the shalom-for-my-body techniques is that they can usually be used effectively in two to three minutes, whereas most other calming interventions often require ten to twenty minutes. And there are some crisis situations in which an intervention that can be applied in a couple minutes will actually get used, whereas a calming technique that requires ten to twenty minutes will not be realistically feasible. A second advantage of the shalom-for-my-body techniques is that they are usually effective even without initial practice sessions. In contrast, most people find that they need to invest in a number of practice sessions before other calming interventions (such as meditative prayer, deep breathing, and progressive muscle relaxation) become effective. The shalom-for-my-body techniques, however, become effective as soon as you do them correctly, and most people can learn them in a matter of minutes. The only need for practice is to repeat them a few times when you first learn them, so that you will remember how to do them when you need them.

As I have observed myself and others using the shalom-for-my-body exercises, I have noticed that this intervention is especially effective for rapidly reducing the fight-or-flight fear and/or anger associated with traumatic memories; and reducing the intensity of this fight-or-flight fear and/or anger makes it much easier for recipients to both cooperate with and benefit from the enhanced safety net.¹⁰

Instructions for the Shalom-for-My-Body Exercises:¹¹

⁸The *sympathetic* nervous system is responsible for *activating* the many aspects of physical arousal associated with intense emotions. For example, when we encounter danger, the sympathetic nervous system activates the physiological changes associated with the fear and anger of the fight-or-flight response—the increased alertness, the increased muscle tension, the increased blood flow, and a variety of other physical reactions that prepare our bodies to either fight or flee. As the direct counterpart of the sympathetic nervous system, the *parasympathetic* nervous system is responsible for *calming* the many aspects of physical arousal associated with intense emotions.

⁹The “relaxation response” is essentially the opposite of the sympathetic stimulation associated with the fight-or-flight response. Measurable physiologic changes associated with the relaxation response include decreased blood pressure, decreased heart rate, decreased respiration rate, decreased lactate levels in the blood, and EEG changes indicative of a calming effect with respect to brain activity. For a very understandable discussion of Dr. Benson and colleagues’ extensive work with the relaxation response, see H. Benson, and M. Z. Klipper, *The Relaxation Response*, updated and expanded edition (New York: Harper Collins, 2000).

¹⁰See appendix E in *Outsmarting Yourself* for additional discussion of the theory behind the shalom-for-my-body exercises, and also for information regarding additional resources by Wilder and Khouri.

¹¹Adapted from material received in personal e-mails (August 2010) from Dr. E. James Wilder and Pastor Ed Khouri. Used with permission.

Note: Your learning experience will be greatly enhanced if you study these written instructions in combination with viewing the video clips of Dr. Wilder and me demonstrating the exercises. These clips can be accessed from either the *Outsmarting Yourself* website, www.outsmartingyourself.com, or from the *Outsmarting Yourself* companion DVD.

1. Make sure that you have enough space around you so you can extend your arms and lean back in your chair without hitting anybody or anything.
2. The first part of this exercise has two variations, one for anger and one for fear. If you are feeling angry, begin the Part One: Hands Up exercises with your nostrils flared, an angry expression on your face, and inhaling through your nose. If you are feeling fearful, begin the Part One: Hands Up exercises with your eyes wide open, a frightened expression on your face, and inhaling through your mouth.

Part One: Hands Up

3. Choose the expression you will use for this part (angry, with nostrils flared; or fearful, with eyes wide open), and then do the following three things simultaneously:
 - a) Inhale sharply.
 - b) Throw your head back.
 - c) Throw your arms up and to the sides, as if in response to someone saying “Stick ’em up!”
4. Now do the following four things simultaneously:
 - a) Slowly bring your head forward (return to normal position).
 - b) Breathe out slowly.
 - c) Say out loud, “Whenever I am afraid, I will trust in you, oh Lord.” (For anger, use “Whenever I am angry, I will turn to you, oh Lord.”)
 - d) Slowly lower your hands to your lap.
5. Repeat the *Part One: Hands Up* exercises four to six times.

Part Two: Yawn Left and Right

6. Turn your head to the left.
7. Yawn and inhale slowly (sometimes wiggling your jaw as you yawn triggers a real yawn).
8. Slowly bring your head back to facing forward, and as you turn your head forward say, “Whenever I am afraid, I will trust in you, oh Lord.” (For anger, use “Whenever I am angry, I will turn to you, oh Lord.”)
9. Turn your head to the right.
10. Yawn and inhale slowly (again, wiggling your jaw may trigger a real yawn).
11. Slowly bring your head back to facing forward, and as you turn your head forward say, “Whenever I am afraid, I will trust in you, oh Lord.” (For anger, use, “Whenever I am angry, I will turn to you, oh Lord.”)
12. Repeat the *Part Two: Yawn Left and Right* exercises three or four times.

Part Three: Chest Tap and Rub

13. Rest your fingertips near the top of your chest, with your fingers slightly curved and each hand about two inches out from the center of your chest.
14. Start tapping alternating hands on your chest at about the speed of your heartbeat (you can get a feel for the speed of your heartbeat by placing the fingers of one hand on the large artery in your neck, immediately below your jaw and to the side of your windpipe).
15. As you inhale, do the following two things simultaneously:
 - a) Breathe in deeply, smoothly, and a bit faster than normal.
 - b) Steadily increase the speed you are tapping.
16. As you exhale, do the following three things simultaneously:
 - a) Breathe out slowly and smoothly.
 - b) Use your fingertips to gently massage the place on your chest where you were tapping.
 - c) Say out loud, “Whenever I am afraid, I will trust in you, oh Lord.” (For anger, use, “Whenever I am angry, I will turn to you, oh Lord.”)
17. Repeat the *Part Three: Chest Tap and Rub* exercises three or four times.

III. Offer Attunement In the Context of the Underlying Trauma

If you know about attunement and are skilled in providing it, then offering attunement can be very helpful in working with an internal part that is refusing to cooperate with the safety net. Often, just offering attunement for five to ten minutes will enable the recipient to calm down enough to cooperate with the safety net. And in situations in which the internal part was initially very resistant to any plan that included connecting with Jesus, offering attunement has been the bridge. That is, offering attunement enabled me to establish enough connection and trust that the part was then willing to let me help her connect with Jesus.¹²

IV. No more Group-Exercise Trauma Work for People with the Third Scenario:

Once the recipient has calmed down, reconnected with positive memories, and re-established her connection with Jesus, she may continue to participate in group exercises but should not attempt any more work with her own trauma in the context of group exercises. She can observe, she can intercede, she can facilitate, and she can even practice positive memory recall, appreciation, and connection with Jesus; but she should not try to work on her own traumatic memories in the context of group exercises. If the combination of trauma severity, capacity, and coping skills is such that there is one occurrence of connecting with a traumatic memory and blending with a child part to the extent that she initially refuses to cooperate with the safety net, then there is a high probability that this same scenario will recur periodically as she continues her healing journey.

I am *absolutely, 100% confident* that Jesus can handle these traumatic memories, and that he has a plan for healing for these recipients; but it is best to deal with these especially intense,

¹²Note that the attunement I am referring to here is not just the enhanced-safety-net attunement regarding the discomfort of changing gears from working on the trauma to deploying the safety net; but rather being with the person, and attuning to her, *in the context of the underlying traumatic memory*.

complicated scenarios in settings where more advanced, one-on-one troubleshooting can be available as it is needed.