

## Client & Practitioner safety tips

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While EFT is one of the more gentle and non-intrusive therapeutic tools, many EFT practitioners will have encountered times when a client gets overwhelmed with intense emotion, especially in cases of trauma, or where feelings have been suppressed for a long time and are now suddenly gushing to the surface when a few



superficial layers have been “peeled off”. With severely traumatised people there is also a possibility of dissociation in the session, which is likely to make the treatment more challenging. Even for experienced practitioners, it can be quite unnerving to see a client shaking or crying uncontrollably during abreactions, or “slipping away”, “not being there” during a dissociative episode. The client could be frightened by their experience in the session and if they find it too intense they may refuse further treatment and perhaps avoid EFT altogether.

In this article I would like to share some ideas and tips for keeping both yourself and your client safe during sessions that could involve working on trauma.

### **Before meeting the client for the first time**

I normally send out a brief initial intake questionnaire before we meet, which helps to gather the basic information and save valuable time during the first session, and also gives opportunity to highlight any health issues or potential difficulties that may be encountered during treatment. For example, it is useful to be aware if a client has had any psychiatric diagnoses, if they have epilepsy (as relaxation may trigger epileptic seizures) or any condition where changes in breathing or intensity of emotion could worsen the symptoms (such as asthma). Depending on the information the client provides, I may discuss with them how they would like to be helped if, say, they had an epileptic seizure during the session (the client will know what they need, they are the expert!).

I also want to know if my client is taking any medication – whilst I would not refuse treatment to someone who is prescribed psychotropic drugs, it is useful to be aware if someone is taking them, especially benzodiazepines (such as diazepam)– the tranquilizing effect of which could make the EFT treatment more challenging as the emotions are numbed. If the client is prescribed anti-psychotic medication and are under psychiatrist’s care, I would want to discuss their symptoms in some detail, to make sure that my level of training and competence is appropriate to support this person. I am also interested in whether my client drinks alcohol or takes any other mind-altering substances.

## **Preparation & Pre-framing**

Preparation involves discussing with your clients what might happen during the session, so that they have some idea of what to expect – for example, I always mention that one of the possible side-effects of EFT is an increase in emotional intensity, and if this occurs during or after the session, the best course of action is to continue tapping until the strong emotion subsides – after all, EFT works best when emotion is present, so we don't want to miss out any potential opportunities for healing!

I also inform my clients some other side-effects that may occur, such as fatigue, yawning, tingling, sometimes light-headedness. Some people get anxious about feeling a little “spaced out” (with endorphin production being promoted by EFT some people literally get “high” from tapping), or any other unusual physical sensations - such the feeling of energy moving through body, or the pain shifting to a different location, which is so common with EFT. I may discuss this with clients in advance and, as we go along, remind them that what they are feeling is a normal reaction and means that EFT is beginning to work. This is especially important for people who experience panic attacks as they tend to be very sensitive to the changes in bodily sensations and may interpret the mild EFT side-effects as a sign of “something going wrong” in their body.

## **Eliciting resources**

Before commencing therapy, find out what client's resources are – what are their strengths, what is positive in their life at the moment, what support they have, what strategies do they use that they find helpful? If the client appears to have very few resources, you may need to spend some time (a number of sessions in some cases) helping the client to develop resources and coping strategies that would allow them to deal with the emotional intensity and any other side-effects both within and outside of the session, before moving onto the trauma work. Of course EFT in itself is a tremendous resource, with many clients saying “This is the first time I feel that I can do something to help myself!” and with practice will develop into an invaluable life skill, but for some of the more vulnerable people, it may be that other resources also need to be in place before they can help themselves effectively without being overwhelmed by a tsunami of emotions. Some of the possible additional resources and coping strategies, such as grounding and “safe place” are described below.

## **Grounding**

If you are aware that your client has been traumatised or suffers with severe anxiety, it is very useful to teach them how to stay grounded during the session so that they could feel safe if the emotion intensifies. It is even more important for the therapist to be grounded as they are facilitating an EFT session! The basic grounding approaches include paying attention to the weight of your feet on the floor (make sure that you have both feet firmly on the floor, rather than sit cross-legged – and advise the same to your client), and the feel of their body's weight in the chair. Some therapists may enhance the grounding process through visualisation, such as that of “roots growing from the soles of your feet, deep into the earth,

firmly anchoring you to the ground.” Solid grounding is one of the most useful tools to help us prevent dissociation in the session.

## **Pendulation**

The so-called pendulation is used in such trauma healing approaches as Somatic Experiencing and EMDR (Eye Movement Desensitisation & Reprocessing) – this involves alternating the focus of attention between the uncomfortable bodily sensations (e.g. those associated with intense emotion) and the area of the body that is relatively comfortable. For example, one of my clients had a very intense emotional reaction when recalling a difficult memory, and she felt her chest tighten and had difficulty breathing, at which point she wanted to stop tapping – I asked her “Is there any part of your body that feels comfortable now?” She replied “No”, I then checked with her “And how are the toes of your right foot feeling now?” “My toes are OK actually, they feel alright”. Then we moved the attention back to the uncomfortable feeling in the chest, which was now easing, and then back to the toes, and repeated the shifting of attention a few times until she felt more relaxed overall and her breathing normalized. Of course it is also possible to tap on such intense feelings or sensations, but in my experience pendulation is a useful extra tool which can be used in addition to EFT, especially in those moments when tapping is not practical or is uncomfortable for the client for whatever reason.

## **Safe place**

A “safe place” visualisation is routinely used in hypnotherapy and EMDR, to elicit a feeling of safety and peace. In EMDR guidelines it is considered that, if a client is unable to visualise such a place it may not be safe for them to begin to process traumatic memory, and it would be necessary to build up their resilience and self-management skills before addressing a trauma directly (which in our case can, of course, include using EFT for self-care). Many people, however, will easily construct such a safe place in their mind – which could be a real place or imaginary – whether it is a beautiful garden, a beach, riverbank, desert island or a woodland. It is best if the safe place is somewhere in the nature rather than in the client’s own home, and it is also important that they are able to feel safe there on their own, without having to visualise another person with them (though animals are OK if the client chooses to have one with them in the visualisation). The specific place needs to be chosen by the client rather than the practitioner, as what the therapist may consider a peaceful haven may be unsuitable for the client (e.g. a meadow for a hayfever sufferer, or a sea shore for someone fearful of water – of course this may well change with EFT but to start with, the safe place needs to be completely comfortable for the client). Get the clients to rehearse and practise their safe place visualisation when they feel OK – both during the session and at home, so that they can bring it to mind quickly if they need to. It can be helpful to use the safe place towards the end of the session, especially if you have not had time to process all the significant aspects of a painful memory, and the level of intensity is still relatively high – you can guide the client through the visualisation with or without tapping, remembering to incorporate all the senses – sights, sounds, physical sensations, also smells and tastes if appropriate.

## Distancing

When we use the Movie Technique, we would normally tap on the title of the movie first before getting closer to the details of the “scene” containing the emotional peak, which is a safety mechanism to take the edge off the emotional intensity. Many experienced EFT practitioners who are trained in NLP have the additional skills of neurolinguistic programming up their sleeve, to enhance the efficacy of their EFT work, as well as the sense of safety for the client. Some of the basics of NLP can be used by all of us with good effect to ensure protective distancing from an image or scene from the “movie” that is too upsetting for the client, by manipulating the qualities (so called sub-modalities) of the picture. I invite my clients to imagine that they are holding a remote control for the screen on which we are “watching the movie”, with all kinds of buttons which the client can use to make the screen smaller, further away, change the image to black and white, freeze the movement and mute the sound. All these modifications can help make a highly distressing image from a past memory more bearable – whilst these changes frequently happen spontaneously with tapping anyway, if the client is very upset at the beginning of our work with the movie, we can “manually” introduce sub-modality changes to reduce the level of distress and enable the process of the Movie Technique to run smoother. An additional approach for a highly intense movie is not to watch it directly but to use the so-called “double dissociation” – a well-known version from NLP is to see yourself sitting in the auditorium of an old-fashioned cinema, and to observe that “other you” from the safety of the cinema’s projection booth, seeing “that person” in the auditorium watching the movie. When the client is able to watch themselves watching the movie with relative comfort and ease, they could be invited to move into the auditorium to view the movie directly – and then the traditional Movie Technique can be safely implemented.

Another extremely useful type of distancing technique involves the use of “container” or “box” metaphor (a variation of Gwyneth Moss’s “blue box” approach) – this is especially helpful if the session is coming to an end but the emotional intensity is still high, and there is not enough time to achieve full relief. We can then invite the client to imagine a container of some sort, which could be a box, a chest, a jar, a bag, or any other receptacle. I would ask the client to describe what the container looks like, what colour it is, how large it is, what material it is made of, whether it has a lock, etc. and invite the client to place the remaining problem into the container for safekeeping. For very intense emotions, it may be necessary to have two or more boxes or other containers nesting inside one another, possibly all with locks and bolts to keep the problem safely within. We then tap using the client’s description of the container, e.g. “Even though I have this huge, grey metal chest with a heavy lock...” I also suggest to the client to choose a location where the container may be kept – this could be anywhere, including their back yard, in a cupboard, in a warehouse, on the bottom of the sea, on top of a mountain, or on the moon – and we tap some more: “Even though I have this large metal chest on the bottom of the sea...” By this time the client has normally calmed down and is able to leave the session in a fairly balanced state. During the following session, with the client’s agreement, we can retrieve the “large metal chest”, open it and continue working on the problem – which may have already changed further in the meantime.

## Eyes and eye movement

Encouraging the client to keep eyes open when working on a difficult event from the past will help keep the intensity of emotion at a manageable level, as closing the eyes tends to take us deeper into trauma. If the client's eyes become fixed in one place when processing a difficult memory, invite them to move their eyes side to side – you may need to encourage them by moving your fingers in front of their face, or advise them to move their eyes from one corner of the room to the other. This helps prevent the client from “falling into trauma” and keeps them here and now whilst working on the upsetting memory.

Also, if the client is getting distressed or disconnected from the present, it can be very helpful to encourage the so-called “orienting response” (used extensively in Somatic Experiencing trauma treatment approach) and ask the client to have a look around the room and perhaps name a few objects which attract their attention – this should help to restore the sense of safety and being in the present, and can be done alongside tapping or on its own.

## Using language

If the client is becoming very distressed when working on a specific memory, it could help to use your language in such a way as to gently remind them that the event is in the past. You could do this by incorporating phrases such as “that was then, and this is now”, “that was [say how many] years ago and I am here and now”. Also, when using the Movie Technique or the Story Technique, if the level of distress is high, you can encourage the client to describe the events in the past tense, moving back to the present tense when the emotion subsides to a manageable level. An additional distancing approach to manage high intensity is to use pronouns “he”, “she”, instead of “I”, as the client is describing the scene in the Movie or is telling the Story – “he, out there”. Again, as the intensity reduces, it is useful to help the client return to “own shoes” and say “I”, to ensure that there is enough connection to the emotion for it to be processed with tapping.

There are hundreds of excellent examples of using language to enhance the sense of safety and empowerment for the client on this website, so I will not go into further detail but will encourage you to explore the wealth of information here. In particular, the structure and wording of the Set-up phrase are exceptionally important, and I would recommend to develop your own set of variations on the theme of “I accept myself”, as we all come across clients for whom it is not possible to say the words of self-acceptance. For example, see the recent article on how one of my students, a psychiatrist, supported a suicidal woman over the phone as she was considering jumping off a balcony

[http://www.eftuniverse.com/index.php?option=com\\_content&view=article&id=4410](http://www.eftuniverse.com/index.php?option=com_content&view=article&id=4410)

## Tapping on or with the client

Many experienced EFT practitioners prefer to tap on their clients' acupressure points, others tap with their clients, guiding the person in the EFT process without using touch. I am a psychotherapist, as well as an EFT practitioner, and when people come to see me, they typically do not expect to be touched, and as a general rule I will be tapping *with* my clients

rather than *on* them. (The exceptions may be when the client actually asks me to tap on them, or if the client is so distressed that they are unable to continue tapping themselves – in which case I will ask for the client’s permission to hold his or her hand and will gently tap on the fingers and the Karate chop points.) If you are known as an osteopath, massage therapist or another type of body practitioner, when clients come to you they will expect to be touched, so in these cases it is probably easier to include tapping on client’s acupressure points by the therapist as a routine part of treatment.

I would like to mention some potential difficulties with tapping on the client which are rarely discussed – the main one for me is that even if the client verbally agrees to be touched, it does not always mean that it is safe for him or her. People whose boundaries have been severely violated through physical or sexual abuse or another type of trauma, may feel extremely unsafe with physical contact and are likely to dissociate if a practitioner taps on them. Some clients may be very compliant, want to please their therapist and may agree with the practitioner’s suggestion, regardless of whether they feel OK with the touch. Also, for some vulnerable people, being tapped on can potentially reinforce the sense of being helpless and powerless, of having “things done to them”, with the therapist being seen as the person who has power and authority. In cases where a client had been abused in childhood by a parent or another caregiver, the feelings of fear and pain could get very confused and mixed with the feelings of love and affection, as the child was hurt by the person who was also caring for them and whom they relied upon for survival. As the child grows up, any caregiver (including an EFT practitioner) can potentially be associated with the abuser in the client’s subconscious mind – which is why extra caution has to be taken when we are aware that our client had been abused by a family member or another person close to them.

Yet another reason for why I tend to tap with my clients, rather than on them, is that for me it is extremely important to give the client a practical self-help tool which they can use straight away. If they practise the technique in the session with me, they are likely to be more confident in applying it at home between the sessions – and if for any reason they are not able to attend more than one or two sessions, they can at least take away the special gift of EFT which can be with them for life.

On the other hand, it is important to note that some clients benefit tremendously from practitioner’s touch and, providing that client’s safety has been carefully considered and a discussion has taken place in which the client expresses their preference for being tapped on, the results could be excellent. However, to me it is important that the client is fully aware of the options available and that they make an informed choice about the way they want EFT to be applied.

### **Dealing with dissociation**

Dissociation is a mind-body’s natural response to shock and trauma, enabling us to “bear the unbearable”. Everyone has experienced some of the milder forms of dissociation, for example daydreaming, being “in the world of your own”, not noticing what’s happening around you, reading a page of a book and realising that you have no idea what you’ve just read in the last few minutes. At the extreme end, we have Dissociative Identity Disorder (the

so-called split or multiple personality) where parts of personality literally “split off” and exist almost independently. Amnesia, drug and alcohol addictions, eating disorders, episodes of self-harm, flashbacks to traumatic events are examples of dissociative states, where a part of us “has gone somewhere else”. The difficulty is that it is usually that part of us that needs most healing, the most vulnerable and hurting part of us, that becomes “absent” or “goes away” during an episode of dissociation – so any treatment, conventional, alternative or otherwise, administered during this time (including EFT), may be ineffective. People who are severely traumatised may also be dangerous to themselves or others during dissociative episodes – this could include aggression and/or self-injury.

The use of some safety techniques (e.g. grounding, eye movements) can help to decrease the likelihood of dissociation during the session. However, if the client appears to “drift away”, or their gaze becomes fixed and “absent”, try calling them by their name to check that they can hear you. If there is no response, you may need to raise your voice, move or even stand up. Saying “You are here with me, in [name the clinic/office or another venue where the session takes place], you are safe”. If the client is able to follow your instructions, ask them to move their eyes side-to-side gently – you may need to use your fingers to start them off. Ask them to name today’s date, or the name of the venue you are working in. If the client seems to have gone “far away” and is not responding to your words, you could try putting something into their hands to hold – their bag, a tapping bear, or any other safe unbreakable object - the tactile stimulation can help them come back to here and now. Or, hold a strongly scented teabag (such as peppermint or ginger) or a cinnamon stick under their nose to help break dissociation.

Some clients may be frightened by their dissociative experiences – explain to them that these are normal and are a common coping strategy to deal with difficult feelings and sensations. Teach your clients to ground themselves and give them tips on how to come back if they notice themselves “going away”. Explain that staying in the present is really helpful for the EFT process to work effectively, but do not label dissociation as bad or harmful.

### **Contact with other health professionals**

If my client is undergoing any treatment, taking medication, seeing a doctor or psychiatrist, or has any psychiatric or medical diagnosis, I would then ask their permission to write to their physician/psychiatrist, to inform them of the EFT work I am undertaking with their patient. If they have any concerns about it, or want any further information, I invite them to contact me. (I have a template letter to a doctor which I am happy to share with other EFT Practitioners.) Willingness to communicate with the medics who are also supporting your client will demonstrate your professionalism and awareness of the bigger picture, and will help ensure that the client can have all the resources mobilised around them - as well as indirectly help promote your EFT Practice to medical professionals!

## **Suicidal clients**

If your client is depressed, has a tendency for mood swings or has a drug or alcohol problem, they may be at higher risk of suicide. Many people get thoughts about “not wanting to be here” when feeling low, and of course only a few act upon these, but if your client expresses such thoughts, it is important to ask specific questions on whether they actually intend or plan to kill themselves. There is a popular misconception that asking a client if they are thinking of suicide will make them think about it more and increase the likelihood of it happening - this is actually a myth; it appears that most people who are experiencing suicidal thoughts feel relieved if somebody actually asks them about it directly. One way to ask could be, “Sometimes when people feel really low, they have thoughts of killing themselves – do these ever come to mind?” Ask the client “What would stop you?” and “What could make it more likely?” to establish the protective factors in their life, and the risk factors that could make them feel worse. The risk of suicide is increased if: (a) client has a detailed plan of how they would do it; (b) client feels hopeless and says that they have nothing to look forward to in the future; (c) there are no protective factors (e.g. client does not feel that the family or other people would miss him/her, and thinks that “they’ll be better off without me”), (d) client abuses alcohol or drugs. Bear in mind that if the unimaginable happens and you client commits suicide, you may be required to give evidence in the coroner’s court where your session notes could be examined and scrutinised.

## **Do not go where you don’t belong**

Gary Craig’s wisdom still stands! Unless you have experience and/or specialised training in the following areas, use extreme caution when supporting clients who have survived multiple severe trauma, have been diagnosed with psychosis, schizophrenia, or bi-polar disorder, people with severe alcohol and drug addictions or serious self-harming behaviours. The overwhelming intensity of emotion and dissociation during and between the sessions are more than likely for these clients, and unless they have good additional coping skills, as well as solid, well-structured support around them (apart from you as an EFT practitioner), bringing up any traumatic experiences could be potentially unsafe. If you are supporting an individual with these types of difficulties, steer clear from using the Movie or Story Technique or addressing traumatic issues directly and, instead, work indirectly to help relieve any superficial symptoms (such as surface-level anxiety, tension, pains and aches, sleep problems).

## **Mentoring and Supervision**

Mentoring and supervision are unfortunately still viewed by many practitioners as a bit of a luxury, an “extra”. Both the new EFT Universe certification guidelines and those of AAMET (Association for the Advancement of Meridian Energy Techniques) require practitioners to undertake regular mentoring. Especially when working with traumatised and complex clients, it is essential to receive good quality support from a more experienced colleague and/or a peer group, not only for the client’s safety, but also to support your own development and wellbeing as an EFT therapist. Read Gwyneth Moss’s excellent article on the importance of support for EFT practitioners here:



[http://eftuniverse.com/index.php?option=com\\_content&view=article&id=3451:gwyneth-moss-discusses-support-for-therapists&catid=42:tutorial&Itemid=3051](http://eftuniverse.com/index.php?option=com_content&view=article&id=3451:gwyneth-moss-discusses-support-for-therapists&catid=42:tutorial&Itemid=3051)

## Looking after practitioner's safety and wellbeing

Having discussed in some detail the safety of your clients, here is a list of suggestions to safeguard your own safety and wellbeing as an EFT Practitioner:

- Get basic information about the client before seeing them for the first time (e.g. via the intake questionnaire or a prior telephone conversation)
- Continue using the Personal Peace Procedure as a lifetime tool
- Make sure you are well-grounded and in a good emotional and physical state before the session – if necessary, tap, meditate, use visualisation and grounding techniques
- Keep grounded during the session – be aware of your posture, ensure you don't hold your breath, keep both feet on the floor, notice any "buttons" that client's material is triggering for you (and make sure you work through this later)
- After a difficult session, tap for yourself and use grounding/centering techniques.
- Drink water before, during and/or after session as needed
- Only touch client with their informed consent
- Consider referring client to another practitioner if their issue and its complexity is challenging your level of confidence or competence; if their problem appears identical to your own unresolved issues; if you feel intense emotions towards the client which are inappropriate for a professional helping relationship (e.g. sexual attraction, strong dislike); if the client's values clash with yours in such a way that you find yourself judging him or her.
- When working with children, get written consent from their parent/carer
- Make sure you have adequate professional indemnity and public liability insurance
- Become a member of a relevant professional association and utilise the support and information it offers
- Value the EFT services you provide and don't undersell yourself
- Do not use any client information, including case studies and testimonials, in any publication (printed or online), without client's explicit consent
- Do not make any promises of healing, cure, or guaranteed results – but let your client know that you will do the very best you can to support them with the skills and knowledge that you have
- If difficult personal material surfaces for you during or between client sessions, make sure you work through this on your own and/or with the help of another therapist.
- If helping a friend or family member with EFT, first tap for yourself to help moderate any emotional involvement you may have in their problem – where appropriate, use a metaphor or a "code word" during your EFT work instead of detailed description of the problem, to avoid being caught up in the emotional content
- Continue with your personal and professional development, attending relevant workshops and seminars to support your knowledge and skills
- Get regular mentoring or supervision from an experienced EFT colleague and/or a peer group.