

Dr Robin Logie

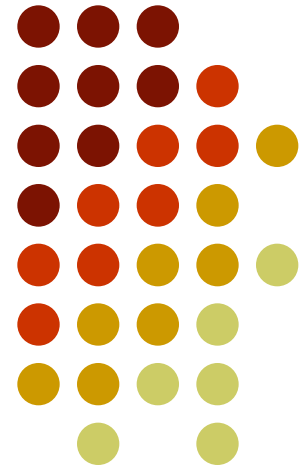
Clinical Psychologist

EMDR Europe Consultant

President, EMDR Association UK & Ireland

Flashforwards

Future Template or
something different?



Future Template



- 'Future Template' describes 2 processes:
 - Processing of disturbance arising from future anticipated events
 - Resource Installation for future events

Shapiro (2001) 'Positive Template' ('Future Template' in Index)



- “The clinician should ask her to imagine a given situation and then help her to reprocess the resulting disturbance. Next, she is asked to visualize the images again while feeling positively.” (p. 213).

Maralyn Luber (2009)

Scripted Protocols



- 2 basic future templates:
 - **Anticipatory Anxiety** Anticipatory anxiety needs to be addressed with a full assessment (Phase 3) of the future situation
 - **Skills Building and Imaginal Rehearsal** These do not need a full assessment of target and can begin directly with “running a movie.” (Luber, 2009, p. 638)

Future Template

Preparation to cope with future predictable feared event



Flashforwards

Targeting future feared catastrophe which is unlikely to actually occur.

Origins of term 'Flashforwards'



- Engelhard et al
 - ...fear of future danger is common after a threatening event, and may take the form of future-oriented mental images. These may appear like 'Flashforwards', echoing 'flashbacks' in posttraumatic stress disorder (PTSD) and possess sensory qualities, being vivid, compelling, and detailed. (Engelhard et al., 2011, p. 599).



Contents lists available at ScienceDirect

Behaviour Research and Therapy

journal homepage: www.elsevier.com/locate/brat



Shorter communication

Eye movements reduce vividness and emotionality of “flashforwards”

Iris M. Engelhard*, Marcel A. van den Hout, Wilco C. Janssen, Jorinde van der Beek

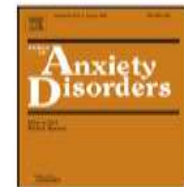
Clinical and Health Psychology, Utrecht University, PO Box 80140, 3508 TC Utrecht, The Netherlands

Two studies examined whether eye movements affect recurrent, intrusive images about potential future catastrophes (‘flashforwards’) in undergraduates suffering from intrusions



Contents lists available at ScienceDirect

Journal of Anxiety Disorders

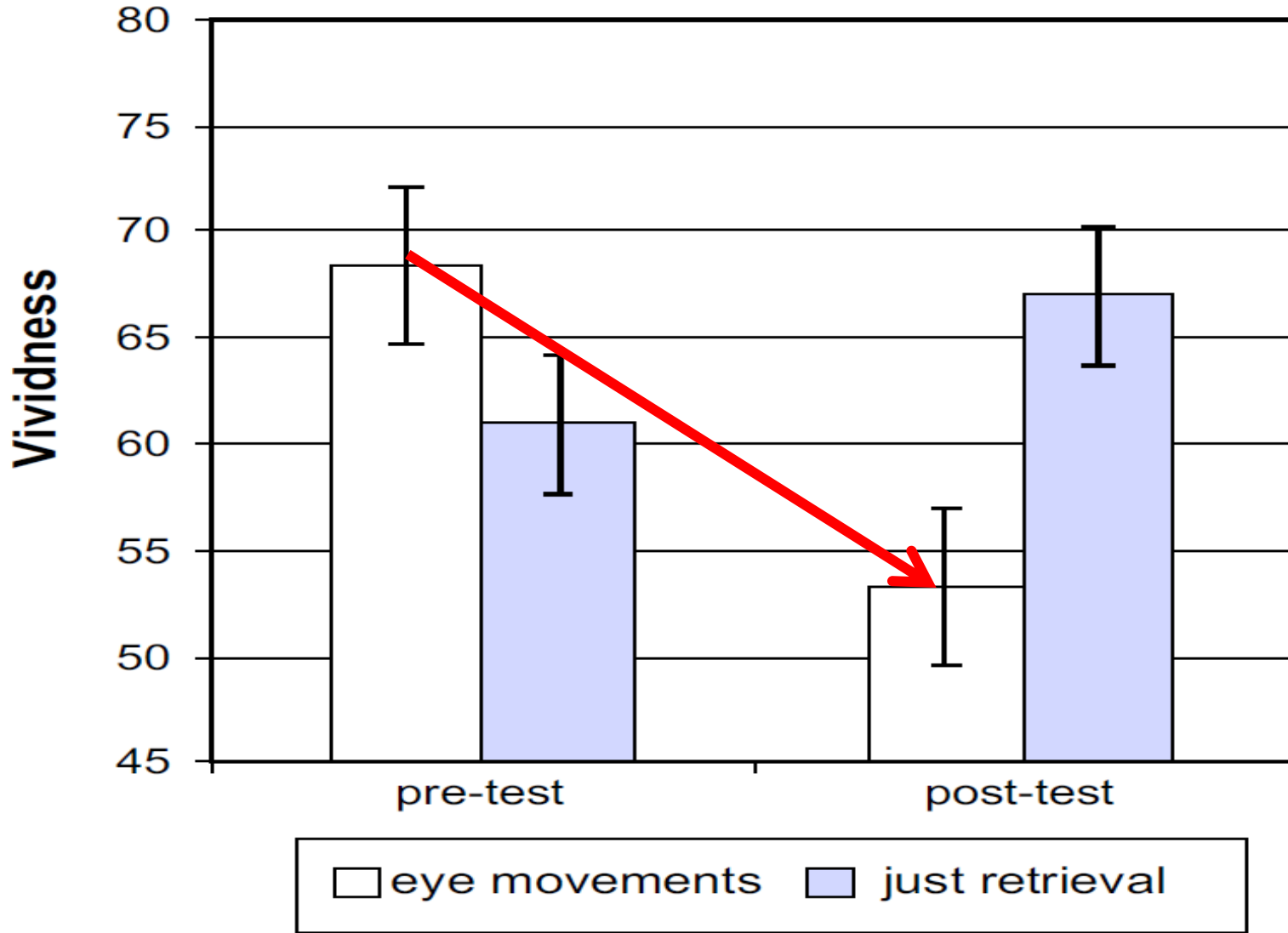


Reducing vividness and emotional intensity of recurrent “flashforwards” by taxing working memory: An analogue study

Iris M. Engelhard*, Marcel A. van den Hout, Eliane C.P. Dek, Catharina L. Giele, Jan-Willem van der Wielen, Marthe J. Reijnen, Birgit van Roij

Clinical and Health Psychology, Utrecht University, PO Box 80140, 3508 TC Utrecht, The Netherlands

Vividness



Emotionality



Why use Flashforwards?



- AIP model is about unprocessed traumatic events. If these have been adequately processed through EMDR, why the need for FF?

Classical Conditioning



- Pavlov (1904) -
physiologist





Unconditioned stimulus (UCS) →
unconditioned response (UCR)

- Conditioned stimulus (CS) →
conditioned response (CR)

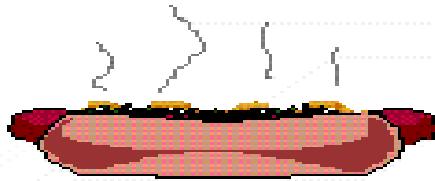
Before conditioning



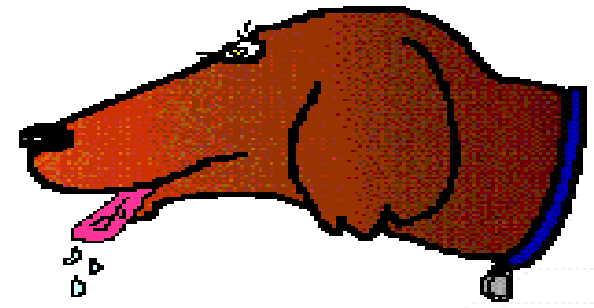
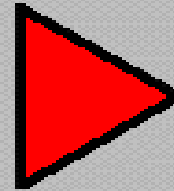
- Food (UCS)
- → Salivation (UCR)
- Before conditioning, bell does not cause salivation

Classical Conditioning

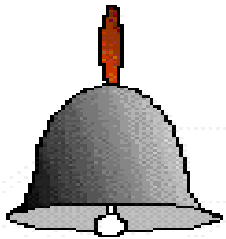
Before Conditioning



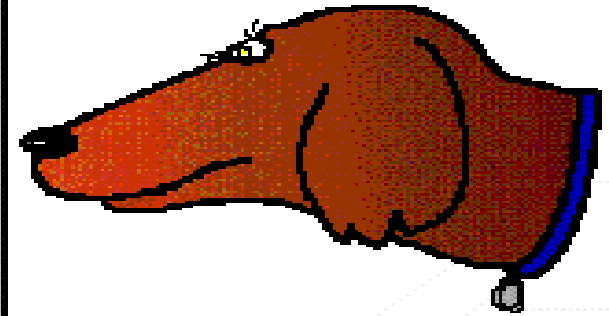
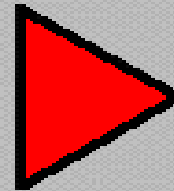
UCS



UCR



**Neutral
Stimulus**

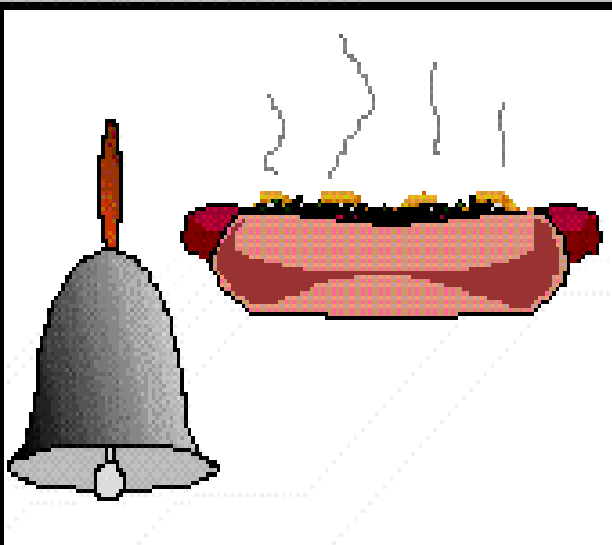


**Orientation but
no salivation**

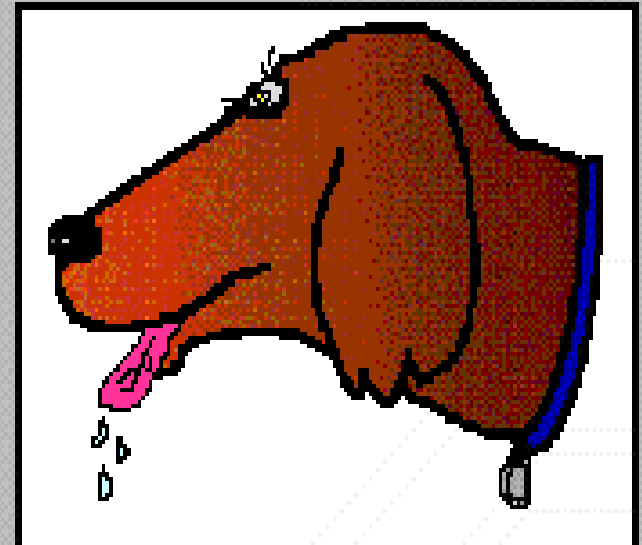
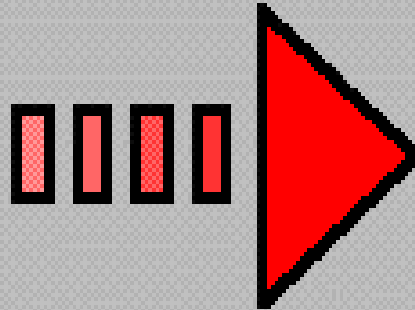
**UCS automatically produces UCR.
Neutral stimulus does not produce
salivation.**

Classical Conditioning

During Conditioning



**UCS Paired
with neutral
stimulus**



UCR

**UCS is paired with neutral stimulus.
UCS produces UCR.**

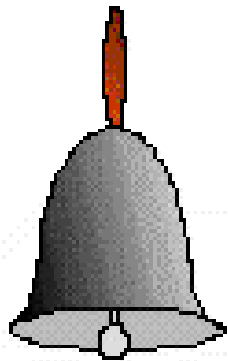
After conditioning



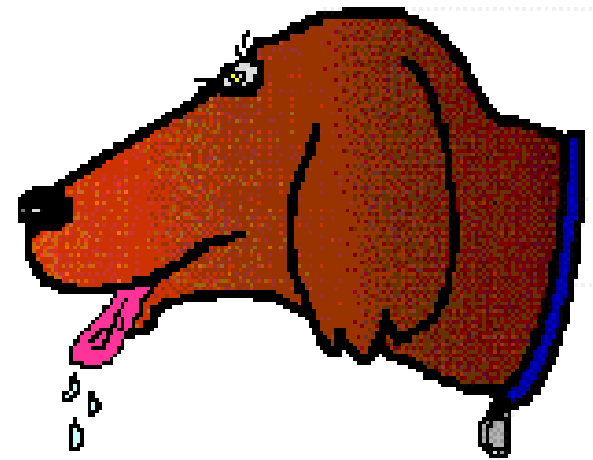
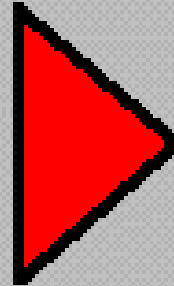
- When food and bell have been paired,
- Bell (CS)
- → Salivation (CR)

Classical Conditioning

After Conditioning



CS



CR

Neutral stimulus is now the conditioned stimulus. It produces CR, salivation, which is similar to the UCR produced by the Hot Dog.

Conditioned fear stimulus:



- Electric shock (UCS) → Inc heart rate (UCR)
- Before conditioning, red light does not cause inc heart rate
- When Electric shock and red light have been paired,
- Red light (CS) → inc heart rate (CR)

Conditioned fear stimulus in real life



- Crash (UCS) → fear symptoms (UCR)
- Before conditioning, cycling past side road does not cause fear symptoms
- After crash occurs whilst passing side road:
 - cycling past side road (CS) → fear symptoms

Why target catastrophe (UCS) rather than predictable feared event (CS)?



- Fear of catastrophe is more fundamental and is feeding the predictable feared event.
- You can target the predictable feared event (as in Future Template) but results may be less thorough.

Cyclist



- Cycling to work
- Going onto roundabout hit by car and thrown off bike
- Anxious & hypervigilant in car
- Not cycling



Cyclist: therapy



- 5 sessions of EMDR processing regarding accident
- Spontaneously decided to start cycling again
- Went out a few times, got easier until she encountered stationary car in side road – not cycled since
- Targeted that event
- Targeted car approaching at speed from side road

Cyclist: therapy (continued)



- Next session – worse ‘getting in a state’ re cycling
- Flashforwards
 - Worst scenario: killed on bike
 - Why bad? Losing family
 - Processed
- Next session – much better, more confident, back on her bike

Cyclist: therapy (continued)



- What happened?
- Discuss!





Flashforwards Protocol

- ‘What’s the worst thing that could happen?’
- Image/moment which represents that
- Negative Cognition (NC)
- Positive Cognition (PC)
- VOC
- Emotion
- SUDS
- Where in the body?
- Process as normal

Flashforwards Protocol (cont.)



- Go with whatever comes up
 - May bring up more fundamental issues
 - May bring up unresolved past stuff
- Interweave as appropriate
 - Eg Validity of Catastrophe (VOCat)
 - How probable is it (on a scale of 1 to 10) that this catastrophe will happen to you?
- Back to target:
 - SUDS: “What does that ‘3’ mean?” “Go with that.”

When to use Flashforwards



- Only when all past stuff is fully processed and resolved
- If you can't find any old stuff or $SUDS=0$ for old stuff
- But: old stuff may emerge in FF processing. If it does, process it!
- It's not an alternative to standard protocol, it's an adjunct



... for which disorders?

- PTSD
- Phobias
 - eg Dental phobias (Ad De Jongh)
- OCD
- Depression
 - eg 'I will end up alone and unloved.'
- Any disorder where fear of future catastrophe is involved





Tripping accident

- Trauma: SUD=0 - Therefore nothing to work on
- Worst scenario: breaking both arms
- NC: 'I'm not in control' (relates to fear of dependency on others)
- PC: 'I can do what I want' (ie 'I am in control of things.')
- VOC= 4
- SUD= 8½





Tripping accident (cont.)

- Processing:
 - Brief abreaction – asked to stop. Gently encouraged and explained she needs to work though upset feelings
 - Positive determination
 - Feeling better
 - ‘I’ll just deal with it if it happens’
 - ‘I’ve only broken my arm once in 63 years. I’ll be doing alright if it’s another 63! [laugh]



Tripping accident (cont.)

- SUD: $8 \frac{1}{2} \rightarrow 1$
- VOC: $4 \rightarrow 6$
- Feedback: 'I don't usually share my feelings. It's helped me to do so.'



Thank you....



- **Dr Robin Logie**
- info@robinlogie.com
- www.robinlogie.com