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

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

The graph shows the comparison of vividness between pre-test and post-test conditions. The data is divided into two categories: eye movements and just retrieval. The red line indicates a decrease in vividness from pre-test to post-test for both categories, with a significant drop in vividness for just retrieval in the post-test compared to the pre-test.
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

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

UCS is paired with neutral stimulus. UCS produces UCR.

UCR
After conditioning

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

- Brief abreaction – asked to stop. Gently encouraged and explained she needs to work through 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 ½ → 1
- VOC: 4 → 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