

External
Gentle Reprocessing™
Workshop

An Empowering and
Transformative Psychotherapy
Tool

Sponsored by
Gentle Reprocessing Resources, LLC

Presented and Developed by
Diane Spindler LMHC, LMFT

www.GentleReprocessing.com
508-340-6055

Welcome

Gentle Reprocessing™ is designed as a tool to help clinicians help their clients release the emotions and body sensations that keep clients trapped in their negative behaviors. External Gentle Reprocessing™ represents the external version of Gentle Reprocessing and incorporates drawing, positive cognitions, bilateral stimulation, and storytelling to accomplish this. Internal Gentle Reprocessing uses guided imagery, bilateral stimulate, positive cognitions and inner child work to clear clients traumas. This workshop will be about the External Gentle version. Further training is available at a to day Gentle Reprocessing workshop.

Clinicians are encouraged to be creative with this process. They are also encouraged to try it on each other before practicing it with clients, until they feel comfortable with it. Gentle Reprocessing is not supposed to be a complete therapy unto itself, but is designed to be used in conjunction with a clinician's present style of therapy.

I hope you find this workshop useful in helping your clients to heal. Please contact me if you have any questions at dspindler@GentleReprocessing.com

Diane Spindler LMHC, LMFT

Cancelation/Refund policy

Should this on line program malfunction while a participant is viewing it, he may ask for a full refund by contacting us at GentleReprocessing.com

Grievance Procedures

If a participant has a grievance, he should contact us at GentleReprocessing.com to explain said grievance. The grievance will be read within one week of receiving it and the participant contacted to discuss it. If a consensus cannot be reached, the participant will receive a refund minus administration costs.

Copyright © 2009 by Gentle Reprocessing Resources, LLC™. This document may not be reproduced without the written permission of the author. All rights reserved.

Gentle Reprocessing, Internal Gentle Reprocessing, Internal GR, External Gentle Reprocessing, External GR, Gentle EMDR, Gentle and the "GR" design are trademarks belonging to Gentle Reprocessing Resources, LLC.

External Gentle Reprocessing™

When young children are traumatized, they lose their sense of control over everyday life. Parents describe the change after the trauma in terms of negative behavior: uncontrolled anger, trouble in school, constant unhappiness, depression, anxiety, difficulty sleeping, nightmares, physically acting out, bedwetting, sadness, and/or inappropriate language. Over time, the child may re-establish control in his life in healthy ways, or continue to act in unhealthy ways, like getting in trouble in school or becoming invisible and withdrawn. Unchecked, the unhealthy behavior may result in teenagers and adults using alcohol or drugs, or exhibiting other negative behavior to try to regain this lost control. Addressing the trauma early gives control back to the child and prevents more traumas from compounding the negative behavior.

External Gentle Reprocessing was developed to help children regain the sense of control they had before the trauma. This technique uses drawing, storytelling, bilateral stimulation, and positive cognitions to accomplish this. The strengths in this approach are that it can be used with children as young as two and a half, that it is not necessary to know the specific trauma, and often that the bulk of the healing for simple trauma can be completed in one or two sessions. Clinicians have found it successfully relieves young clients of most negative behavior symptoms immediately. In addition, it builds ego strength. Once the treatment has been completed, clients have reported continuing to use parts of the process when they have faced difficult times in their lives.

One may also use External Gentle Reprocessing with older clients who are stuck in their therapy or tend to intellectualize. It can help get around teenagers' resistance to doing therapy. It has been found to be very successful in helping Dissociative Identity Disorder (DID) clients to access the various parts of their personalities without causing further trauma. With DIDs it is important to have a solid relationship with your client before introducing this technique. This is **not appropriate for ritually abused DIDs**. It is also appropriate for other fragile clients like war veterans or very energetically sensitive clients. External Gentle Reprocessing can be used to get clients ready for the more subtle Internal Gentle Reprocessing approach. Clinicians are encouraged to be creative with this process and use it with a variety of clients, both children and adults.

During this pandemic and lockdowns many children and adults have remained very fearful for an extended period of time causing them to go into depression and/or anxiety. External Gentle Reprocessing can help them let go of the fear, anxiety and depression and get back to being themselves. Because it is so easy to use, clinicians can teach it to parents to use with their children or suggest parents take the class. This technique has been helping people release trauma for over 20 years. It has been presented at two EMDRIA conferences and multiple workshops throughout the USA. All you need is a small box of crayons and blank pieces of paper to start this healing process.

Client Trauma History

Intake Interview Date/Time: _____

DOB: _____ Age: _____ Male: ___ Female: ___ Religion (growing up and presently): _____

Client's name: _____

Address: _____

Tel.No. Home: _____ Work: _____

Cell: _____

Occupation: _____

Referred By: _____ Other Agency Involvement: _____

Previous Treatment (When? For what? How helpful was this? Any alternative treatments? How helpful was this?):

Physical Health (births, accidents, operations, miscarriages, abortions, breaks, chronic pain, allergies, asthma, head injuries):

Sleeping(nightmares): _____

Appetite (wt gain or loss) : _____

Medications: _____

Addictions (alcohol, drugs, sex, shopping etc.): _____

Phobias: _____

Goals: (What would you like to see different in your life when our work together is done? For example, less depression, no more nightmares, more focused. Have the client score these 1 – 10, with 10 being most upsetting)

Family Genogram and Other Possible Targets

1. When gathering the basics – names, relationships and ages – closely consider marriage dates, divorce dates and why, miscarriages, abortions, deaths, mental illness, suicide, etc.
2. Next, ask, “Did anyone in your family, including yourself, have a problem with drugs or alcohol?” And, “How often do you drink alcohol or use drugs?”
3. “Was there any emotional abuse in your family by anyone toward anyone else? Who was abusive to whom? Was a parent emotionally distant, enmeshed, neglectful, critical? Were the household rules clear, or did they change? Were there odd punishments? Was there a lot of yelling and/or name calling?”
4. “Did any hitting take place in your family, and, if so, what kind and by whom? Did anyone outside your home hit you? Were there other physical punishments?”
5. “Was there any sexual abuse in your family that you know of? Were you ever sexually abused or molested by anyone in your family or outside of it? Was there pornography available to you growing up? Did anyone ever touch you in a way that felt uncomfortable? Did you ever play doctor with other children? Were you ever raped?”
6. As you do the intake, listen for any spontaneous stories that clients may offer you and note them down. For example, “I remember the time Dad started to hit Mom, and I tried to stop him.” Often these stories are very powerful targets, even if the story seems unimportant.
7. Finally, ask if the client remembers any traumatic events in their lives, which still bother them when they think about them.
8. If you cannot find any particular target that a client feels upsets him, you can use a strong emotion the client has talked about or a chronic body pain. For example, “Think of what makes you feel very angry,” or “Focus your attention on your lower back, and notice if the pain changes at all,” or “Does an emotion present itself to you when you concentrate on the pain?”

Examples of Some Types of Targets

Event Targets

Addictions, client's or others'
Mental health issues, client's or others'
Emotional abuse
Physical abuse
Sexual abuse
Illnesses, client's or others'
Accidents
Miscarriages, Abortions
Hospitalizations

Emotional Targets

Anger
Sadness
Hate
Shame
Guilt
Anxiety
Fear

Body Sensation Targets

Tension
Pain
Soreness
Emptiness
Numbness
Aches
Tightness
A place in the body, such as heart, stomach, left toe

Relationship Targets

Between client and both parents
Between client and each parent
Between client and siblings
Between client and significant people
in their lives (grandparents,
spouse, friends, foes)

Belief or Thought Targets

It feels heavy
I am no good
There is something wrong with me
No one likes me
People do not understand me

Autonomic Arousal

How People Protect Themselves After Trauma

Hyper-arousal – Impulsivity, risk-taking, poor judgment, racing thoughts, hyper-vigilance, post-traumatic paranoia, phobias and panic symptoms, overwhelming intrusive images, flashbacks and flooding, self-destructive acting out behavior, abreactions during therapy

Client's Comfort Zone

This is very narrow, making it difficult to tolerate and process client's trauma feelings.

Hypo-arousal – Flat affect, numb, feels dead or empty, “not there”, cognitive functioning slowed, “lazy”, preoccupied with shame, despair, self-loathing, victim identity, disabled defensive responses

Siegel, (1999) Ogden and Milton, (2000)

Treatment With Gentle Reprocessing

Hyper-arousal – Impulsivity, risk-taking, poor judgment, racing thoughts, hyper-vigilance, post-traumatic paranoia, phobias and panic symptoms, overwhelming intrusive images, flashbacks and flooding, self-destructive acting out behavior, abreactions during therapy

Client's Comfort Zone

Due to multiple shields, the Client's Comfort Zone readily expands so the client can tolerate his or her feelings more easily and process them.

Hypo-arousal – Flat affect, numb, feels dead or empty, “not there”, cognitive functioning slowed, “lazy”, preoccupied with shame, despair, self-loathing, victim identity, disabled defensive responses

Basic Protocol for External Gentle Reprocessing

The following directions are mainly written for use with children, but these can be readily adapted for adults as seen in the video.

1. History: If working with adults, take their thorough history. If working with children, take their history with their parent(s), preferably without the client present. At this time, collect the parent's concerns, such as nightmares, anger, tantrums, and any other symptoms or negative behaviors.
2. Meet with your young client. Explain to the client that you are there to help him get rid of those behaviors that are bothering him or getting him into trouble. Let him know that it may seem like he has a monster in his life that is causing these problems. The monster may be in his dreams or someone in his life. Most children know exactly what this monster is without any more explanation. If they do not understand what you are talking about, you could give several examples: "Someone who has hurt you, a bad part of your dreams, or feelings that get you into trouble." Ask your client how much the monster bothers him. Once you have established the monster, you are ready to move on. With adults, you may just refer to what upsets them or to a traumatic event. The operative word is refer. With Gentle Reprocessing, the clinician does not need to go into any detail as to what happened to the client. I sentence or two should suffice, thus protecting the client from getting retraumatized.
3. Let your client know that you are going to do an activity to help him get rid of the monster or bad feelings. Ask him if he is interested in trying to get rid of this monster. If he agrees, go to #4. If he disagrees or is not sure, you may need to let him get to know you better before moving forward, or you can describe in simple terms what he will be doing, and ask him to try it to see if it helps him. Tell him you have seen it help other children like him. Make sure you let him know that it may not work, but that would not be his fault. With adults, you can ask them to try this to help release their negative feelings and thus help them feel better.
4. On a blank piece of paper ask him to use crayons to draw a vertical line in the middle of the paper from the top to the bottom, draw his monster (feelings) on one side of the line, and draw himself when he thinks of what upsets him on the other side of the line. The client may use words, pictures, or symbols to describe his 'monster'.
5. Have your client cut the paper along the line. Place his self-portrait face down, saving it for a later comparison.

6. Tell your client that you want him to take a black crayon and start to 'erase' the monster from his life by scribbling back and forth over the monster. While he is doing this, ask him to repeat some words you are going to say to him, "I am a good boy/girl; it was not my fault; (if this is true) I am lovable; I am taking my power back." (See Examples of Clients' Positive Beliefs later in this manual for further suggestions.) Words should be chosen as appropriate for the case. Include the above words no matter what is being worked on. For adults instead of good boy or girl you can say, "I am good enough, I am better than good enough, I am great." In doing this, the clinician is building the client's ego strength.

7. When the monster is all blacked out, ask your client to cut or tear the paper into little pieces while continuing to repeat the positive affirmations. When the client has a pile of little pieces, help him throw them away.

8. Work with the client to make up an empowering story about him and the monster. Ask him who he would like to help him get rid of the monster. Ask the client what magic tools would help him get rid of the monster. Find out what magic tools he would like the helpers to have. If the child is unable to come up with any tools you could make suggestions, like a laser sword or magic wand. Adults' magic tools may be different.

9. Once the client has established the cast and props of his story, work with the child to make up a story in which he and his friends use the magic tools to defeat the monster. Keep the story simple. Use clues the client has given through his words or pictures to create a story just for him.

An Example of a Story

Once upon a time there were three friends (the client and two helpers) and each friend had a magic tool. (Name the tool and what it does.) Suddenly a monster showed up. (Describe whatever the client is working on.) But the friends were not scared because they had their magic tools. They each used their magic tools to get rid of the monster. (Describe what took place.) And they lived happily ever after. The End.

10. Introduce the child to bilateral stimulation: the slap technique, tap his hands or knees back-and-forth using a wand or pen, move a stuffed animal back-and-forth in front of his eyes, or use tappers. (There is more information on this at the end of the manual.)

11. Once he is able to do one of these things, challenge him to help you tell the story while doing one of these bilateral movements. The first time the story is told, the clinician may do most of the telling. Tell the story one or two more times and try to get the client to help with it by saying things like, “and then you took out your magic (sword) and the monster (ran away).” Let the child fill in the obvious blanks. The more the child can be part of the storytelling the better. If English is not the client’s first language, encourage him to tell the story in his native language.

12. Ask the child to redraw the monster and himself. This is diagnostic. If the monster is still there, erase, cut up, and discard the monster, as before, repeating the same set of positive affirmations. Compare the “before” and “after” self portraits.

13. Check in with the client to see how much the monster bothers him now. Ask your client how he feels now, whether in general or about his behaviors. He may not correlate the two. For example, if he was angry when he arrived, does he still feel angry?

Variation of External Gentle Reprocessing

External Gentle Reprocessing 4 Square

A student came up with this variation of External. She uses it with children, and I have found it works very well with teenagers and adults. Bi-lateral stimulation is used during this entire procedure. The story is built into the process.

1. Fold a piece of paper into four sections and number them left to right, 1-4, two on the top and two on the bottom.
2. Ask the client to think of what is bothering him. Expose only panel #1 and have the client draw what is troubling him on panel #1.
3. Ask the client to look at the picture until he feels differently about it, and then proceed to panel #2 and ask the client to draw how he now feels about what was bothering him.
4. When the feelings around the picture changes, the client can move on to panels #3 and #4, only seeing one at a time and repeat the process.

5. Once all four panels have been used, ask the client how he feels about the original target. If he feels neutral, the process is done. Repeat if there is still some negative emotions, but the emotions seem to be less than at the beginning of the process.
6. Usually, the client feels much better about the target by the end.

When this does not seem to work, here is
a slightly stronger 4 Square variation I developed off of 4Square:

1. Follow the preparation instructions for #1 and # 2 above.
2. With this stronger variation, ask the client to 'erase' each picture with a dark crayon or marker after it is drawn, while repeating the positive affirmations.
3. Once this is done, ask the client to draw how he now feels about the target on the second panel, and repeat the previous #2 procedure.
4. Once completed, proceed to panels #3 and #4, erasing each one in turn. Then ask the client how he feels about the original target. If he feels neutral, the process is done. Repeat if there is still some negative emotions, but they seem to be less than at the beginning of the process.

Examples of Clients' Negative Beliefs Clients May Hold

I'm a bad person.
No one wants me.
I am unlovable.
It was all my fault.
I'm not good enough.
I'm stupid.
I'm (ugly, fat, etc.)
I'm too (tall, short, bald, etc.)
I'm (dirty, disgusting, etc.)
I'm not safe.
I deserved it.
I did something wrong.
I'm unworthy.
No one likes me.
I'm invisible.
I'm helpless.
I'm hopeless.
I'm unimportant.
I'm selfish.
I'm a bad (mom, dad, child, etc.)
I can't ask for help.
There is something wrong with me.
I can't make mistakes.
I don't deserve good things in my life.
I can't do anything right.
I'll never have enough (friends, money, love, etc.)
I am afraid to let go.
If I let go something bad will happen.
I don't deserve to take care of myself.
I am responsible for other people's happiness.
I can't do it.
I'm a failure.
I can't fix it.
I don't fit in.

Examples of Clients' Positive Beliefs

I didn't do anything wrong. It was not my fault. (If this is true.)

I am lovable.

I am worthy.

I am good enough. I am better than good enough. I am great!

It happened a long time ago. I can let go and move on.

I am taking my power back.

I have taken my power back.

I am/feel powerful.

I was only little. No one should have done that to me.

I am wanted.

I am a good person.

I am intelligent.

I am beautiful.

I am perfect just the way I am.

I am safe.

No one deserves to be hurt and especially not children.

I made a mistake, and that's okay.

It is okay that everyone does not like me. I do not like everyone.

I am visible. It's OK to be visible. It's safe to be visible.

I am important to myself and others.

I am a good (mom, dad, child, etc.)

I try my best, and that's good enough.

I can ask for help. It's safe to ask for help.

I don't need to be perfect. I am okay the way I am.

I can make mistakes. I am only human.

I deserve good things in my life – love, material goods, health.

I do many things right.

I have enough now.

It's safe to let go.

I deserve to take good care of myself.

I am not responsible for anyone's happiness, but my own.

I can do it.

I don't need to fix anything. It's not my job.

I can find a place to fit in with people who appreciate me.

I have a voice. I can be heard.

I usually use the words in bold with all my clients. They help build ego strength.

Information on Tappers

There are two companies presently marketing tappers.

DNMS Institute, LLC
6421 Mondean St.
San Antonio, TX 78248
(210) 561-7881
www.theratapper.com

The TheraTapper is the original tapper. Any therapist can order it. It is battery-powered and lasts about three hundred hours. It is sturdy and you can replace the wires at Radio shack. (Wires tend to break down if you use them a lot.) It is less expensive than the next one. You can now control the intensity and speed of the pulse. This is important to many clients.

Neurotek Corp.
9660 Ralston Rd #1
Arvada, CO 80004
(303) 420-8680
www.neurotekcorp.com

The Tac/Audio Scan requires that you be trained in EMDR to order their tappers. You can have someone who is trained in EMDR place your order. It gives you a choice of battery-powered or you can plug it in. It is more expensive than the TheraTappers, and the replacement wires are more expensive. You can control the intensity of the pulse and the speed of the pulse. Head phones with beeping sounds are included, so a client can use audio bilateral stimulation if desired.

If you are not using tappers, you can touch the client back and forth with a pen, wand or other similar object, or use some kind of noise back and forth (like clicks or finger snaps). You can also bring a stuffed animal or other object back and forth in front of their eyes. I find it works better when the clinician is tapping rather than the client, but having the client do his own tapping is better than no tapping. You just need to remind him to keep tapping because when he gets into the process, he is apt to forget. And one other possible bilateral stimulation you might use is sound. David Grand at www.biolateral.com offers bilateral CDs that clients can listen to with head phones while processing. Paula Kramer reports getting excellent results using Gentle Reprocessing with David Grand's CDs.

Diane Spindler LMFT, LMHC Founder and Gentle Manager

Diane maintains a private practice in Central Massachusetts. She enjoys creating new and innovative ways to work with her clients, which led her to developing Gentle Reprocessing™. Diane has been teaching Gentle Reprocessing in workshops throughout New England, including Boston University, since 2001. She taught workshops in New Mexico and Texas. She presented Gentle Reprocessing at the European EMDR Conference in Paris in June 2007. She presented External Gentle Reprocessing (AKA Slaying the Monster) at the 2003 EMDRIA Conference in Denver and at the 2004 EMDRIA Conference in Montreal. She was published in the Special Children's Edition of the EMDRIA Newsletter in 1999.

References For Gentle Reprocessing

Alder-Tapia, R. (2012). *Child Psychotherapy: Integrating Developmental Theory into Clinical Practice*. Springer Publishing Company, LLC. New York, NY.

Combs, Gene and Jill Freeman. (1990). *Symbol, Story & Ceremony: Using Metaphor in Individual and Family Therapy*. W.W. Norton & Co. New York, NY.

Greenwald, Ricky. (1999). *Eye Movement Desensitization Reprocessing (EMDR) in Child and Adolescent Psychotherapy*. Jason Aronson Inc., Northvale, NJ.

Rosenthal, Michele. (2015). *Your Life After Trauma - Powerful Practices to Reclaim Your Identity*. W.W. Norton & Company, Inc., 500 Fifth Avenue, New York, NY.

Ross, Colin A. (2009). *Trauma Model Therapy: A Treatment Approach for Trauma Dissociation and Complex Comorbidity*. Manitou Communications, Inc. Richardson, TX.

Shapiro, Francine. (2012). *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy*. Rodale Inc. New York, NY.

Spindler, Diane. "Slaying the Monsters." EMDRIA Newsletter (Volume 4, Issue 4 1999):9-10.