

# **7** elements for optimal outcomes in psychotherapy – Fieldwork results

**Tips, processes and sequences to  
make change more efficient and  
long-lasting**

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## FEATURE

**A**ny passionate and dutiful professional wants to ensure that their interventions are increasingly useful and effective. To achieve this, they study and constantly integrate new techniques. Moved by the same intent and drive, along with the *Integrative Sciences* and *Real Way of Life* research teams, we have tried to accurately respond to this need by defining which elements – among many – can help guarantee better efficiency and outcomes. We have evaluated the synergies between different disciplines, schools of thought and techniques, sequences of action and timings of different interventions. We analysed particularly ample and transversal factors (such as diagnosis and therapeutic interrelations) to then drill down to very specific details (such as the inclination of an arm during a psycho-physical exercise). The results were very interesting and even provided some unexpected results.

### The research

To study these elements in a structured way and over a sufficiently significant period of time, we involved 134 psychotherapists from different schools of thought (CBT, EMDR, EFT, Hypnosis etc.) from among out HUB members (the Integrative Sciences online training community). Around a quarter have taken the Applied Integrative Sciences Masters course. The research took place over a year and covered an ample number of patients and issues. The objective was to analyse the elements able to significantly:

- Favour change (in relation to specific objectives but also to overall flexibility)
- Favour well-being (both as a reduction in symptoms and an increase in overall quality of life)
- Create more ample and relevant outcomes
- Shorten time to effectiveness or reduce overall session numbers
- Create longer lasting outcomes.

### Methodology

Each therapist that took part in the research divided their patients into two groups for a year: one group was treated exclusively with a chosen traditional approach; the other with an integration of methods and techniques from the Applied Integrative Sciences learned via HUB courses and sessions – and in some cases during the Masters course. The professionals kept a journal that precisely documented which tools were employed and with which objectives. All patients were monitored on multiple levels: subjective perceptions (theirs and the therapist's); explicit feedback on different phases and therapeutic tools; scales for specific symptoms; scales and questionnaires on quality of life.

Where possible, a smaller group of patients was also evaluated periodically via the analysis of some transversal bio-markers relating to different issues such as cortisol, vagal tone, HRV, and EEG.

### THE 7 KEY ELEMENTS

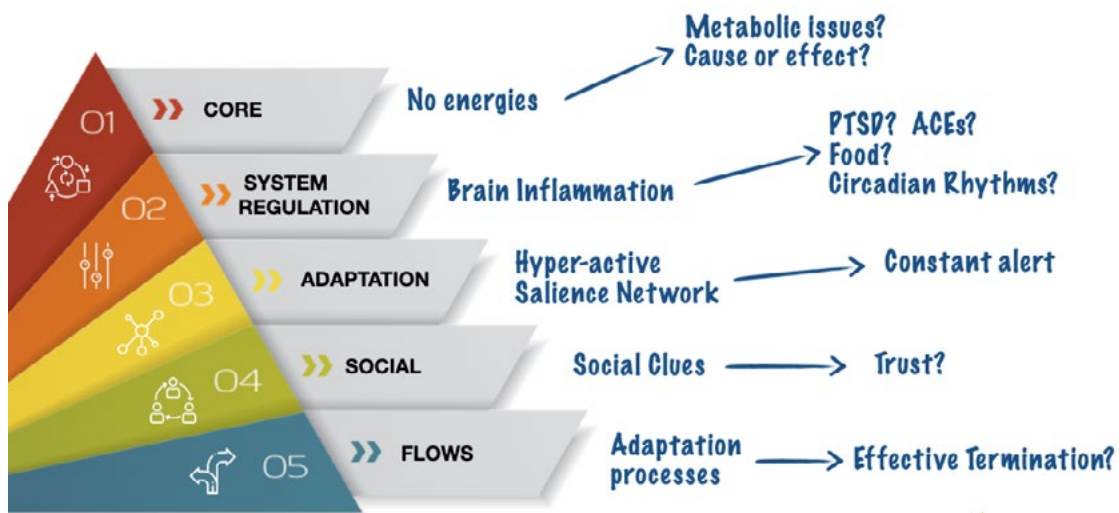
The following elements are not presented in order of importance or efficiency as there are too many variables to make a clear distinction. They are simply 7 key elements that were most likely to provide ample or significant outcomes against all other parameters. They are all very different from each other: use of video in therapy; non-conscious visual stimuli; muscle work as the basis for interoception and self-regulation; visual-graphical and interactive support to favour the co-construction of new mental spaces; freedom from psychosomatic blocking; the influence of food and lifestyles and many more.

### 1. No-label diagnoses

The first transversal element relates to the functional analysis of the case presented. We do not try to define the problem, rather we define it via elements that seem to be out of physiological state, or via processes that are more or less effective in relation to different contexts, objectives and roles. This immediately directs us to identifying “specific processes that can be fixed”, reducing more broad feelings of inadequacy or of being judged. This type of approach provides understanding and acceptance, in addition to significantly favouring a working alliance.

The patient themselves is often, more or less consciously, trying to confirm a self-diagnosis, or one that they have received from another specialist. Telling them “this is clearly a case of anxiety” can calm them, but it is also a double-edged sword. This information is without scope so is often felt to be a validation *not* to change.

**Marcus M. 5/1/2020**




Let us take a practical and concise example of an anxious patient that is focused on their way of reacting: First we explain they have a hyperactive Salience Network, that struggles to end stress and adaptation responses; or that they struggle to correctly identify interpersonal clues that would trigger trust and so forth. To make this type of evaluation the therapist used the *Change Switches* model that helps manage all these different processes and their connections. Initially this was used during the analysis and data collection phase, but then later as a reminder to select intervention techniques and focused activities.

## 2. Real-life evaluations and an interactive approach

A key driver for therapy efficiency is finding the correct balance between contemplativeness and pragmatism, abstraction and concreteness. To do this, it is particularly effective to take a practical and interactive approach right from the initial phases of introduction and data

collection. This can be carried out by **sharing schemes and tables** during the *anamnesis* (recollection) phase and while we provide the first explanations of how we work. (see the table for different Flows- creative, communicative, somatic, interpersonal etc.- used by our research team). The therapist thus has a guide to support their exploration without the risk of missing anything out. On the other hand, the patient is also able to understand and notice the initial connections between the different elements at play more easily. When notes are taken on these sheets, the patient can then take them home and use them as an evocative reminder of what has been explored and reflect between sessions, or practice exercises and activities.

Another completely different way to introduce real-life into the session is the use of **video** to observe emotional responses and interpersonal dynamics. You can use videos that the patient makes available or ones developed specifically at the therapist's request. In all instances, the important thing is that they feature real-life instances so that the therapist

	Control and Safety	Achievement and Recognition	Loving and Feeling loved	Creating and Producing	Freedom and Mastery	Feeling Pleasure
Mindset (way of thinking and mental models) Creative Narrative (impassioned, obsessed, afraid of) Content Narrative (macro and emerging themes)	Reactive and Adaptive  Risks  Procedures, complex systems	Engagement and Strategy  Compare & Confront  Ideas, projects & resources (compared to other people's)	Care and Development  Relational void, Loneliness  Feelings / Moods	Passion and Self-realisation  Inactivity  Ideas, projects (mainly personal ones)	Curiosity and Experimentation  Constraints  Ideas, projects, challenges (with a constructive hint of omnipotence)	Learning and Recovery  Sensorial emptiness: addiction  Feelings and perceptions
Form Narrative (recurrent schemes)	Can't exclude anything (and, and...) can't accept imperfections or incompleteness (yes, but...); Talk a lot and very quickly, are difficult to interrupt	Amplifies him/her-self; criticises others to stand out above them; always talking about his/her epic achievements; doesn't let the others finish their sentences	Amplifies the other people's virtues; never criticises, always praising and confirming	Enthusiasm; constructive criticism (focused on the end product, not on improving the other person)	Exaggeration; out-of-the-box and/or visionary thinking; multi-level hypothetical thinking	Following different ideas driven by enthusiasm
Interpersonal Narrative (trust, delegation, seduction, reciprocity, etc.)	Interrupts others because he/she can't wait; finds it hard to delegate responsibilities to others	Interrupts the other to impose himself or to limit the other person's power; seductive or conflicting; never reciprocal; delegates to let the other grow; reactive to provocations.	Panders to others (on ideas, decision, etc.); passively follows or seeks consent	Brings innovation, is a game changer and leads others in this direction; creates productive and added value connections	Delegates to gain personal freedom; he/she likes to be alone and seeks occasions to be on his/her own	Positive attitude: reciprocity, conviviality, tension release Negative attitude: greed and solipsism
Social Regulation (power, aggression, rank, roles etc.)	To survive (literally or metaphorically) -mors tua vita mea-	For self-affirmation and to protect what is key	To protect the other (eventually to the extent of sacrificing yourself); developing autonomy and not dependency	Anger towards creative and expressive limits; being able to promote different resources in the others	Anger caused by not daring to experiment; tendency to cut binding relationships	Anger caused by frustration (development Vs resentment); modulation from individual to social dimension
Somatic Narrative (activation, enactment, expression, action etc.)	Defensive, Blocked, Solid, Constructive, Flexible, etc.	Power, Challenge, Submission, Cooperation, etc.	Give/carer or taker? is there monotony or flexibility (in style, giving, receiving)?	Free and coherent flow; ability to move smoothly from useful schemes to recovery or to physiological state	"Feline exploration" (like a jaguar stalking in its territory); free running; self-feeding energy	Enjoyment; alternation between climax and release; specific focus or multi-sensory engagement

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can compare the way the patient relates these instances with how they appear, showing the patient possible inconsistencies and analysing the reasons for these distortions in perception, memory or representation. In addition to this, it is possible to develop full-blown meta-cognitive skills so the patient is able to self-evaluate using the observation patterns developed specifically with this in mind

### 3. Intervening at non-conscious level

In care and change processes the importance of intervening both at a logical and verbal level, as well as on a subconscious and non-conscious level is well known. Although the words subconscious and non-conscious are linguistically similar, they carry an important semantic cultural difference that is worth analysing. The word subconscious calls to mind Freudian theory and other psychodynamic approaches, while the term non-conscious simply refers to a process or mechanism that takes place without the person knowing. The techniques and

methods we analysed in our research focus on awareness or lack of awareness of a phenomenon so we will use the term non-conscious to avoid misinterpretation.

There are various ways to intervene on this level. We will look at two very different ones:

A **visual stimulus** is presented, but so quickly that is impossible to recognise at conscious level (a word or an image), but long enough to activate implicit responses – fear, anxiety and related stress responses. When the non-conscious response is activated it is possible to work in a targeted way without the interference of cognitive defences and the therapist can intervene on emotional and somatic foundations. This system is so effective that various research based on very rigorous methods uses it to offer concrete results that are replicable over time. We analysed these models and tools and refined them for rapid and effective use in professional practice for those working on change daily. The result is a simple App available to anyone wanting to integrate this type of tool and the



Photo by JC Gellidon on Unsplash

methods it is based on in their professional practice.

Another interesting way to work at non-conscious level is to favour correct **sensory perception** and physiological functioning of the early phases of evaluation of a situation that requires adaptation that can trigger reactions such as stress, learning, behaviour or decision making. The core idea is to use the neurological processes and systems that are at the core of these evaluations to favour them. Starting from the perception process at the beginning of any adaptation (stress, emotion, social and power dynamics etc) and development (learning, evolutionary relationships etc.) process, it is useful to understand the way the different sensory organs behave, their integrative processes with our other systems and how to use this to our advantage.

These features allow us to give salient signals or, in other words, ones that are strong enough to be felt and therefore to activate the process of detection that could otherwise be by-passed or altered by states of hyper-activation or by the superimposition of beliefs and predictions. One way to provide this signal is to offer unnatural and incoherent signals that our system doesn't recognise which creates an implicit drive to verify any subsequent signals very carefully. Another way is that of amplifying or limiting the sensory spectrum. Our "Reboot Techniques" include a series of hacks and strategies that were used by research participants.

#### **4. Thinking the unthinkable...flexibly**

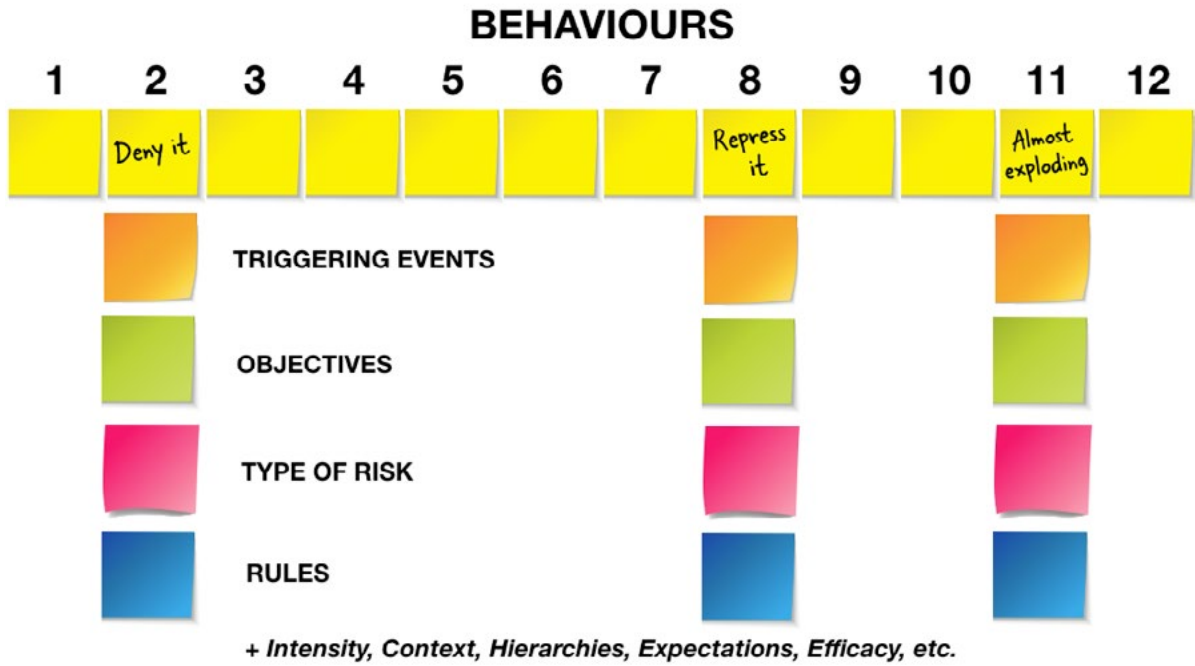
Any person struggling with emotional and

interpersonal regulation – and our research has strongly confirmed this thesis – needs to reorder their emotional and behavioural responses so that they are adequate to the context, audience, observers, explicit and implicit social rules, official and actual dominance hierarchies, forecast of audience reaction and expectations, different levels of personal and group objectives and so on.

All behaviour and emotional responses can make sense and be effective if all these elements are coherent. Even an extreme action such as killing someone, although it may seem inconceivable, may make sense if it is the only way to save your own life.

As we learn to sort our reactions on the basis of these criteria, it is key to not exclude any behaviour but to broaden the repertoire as much as possible to include extreme behaviours. Despite this, understanding and accepting these extremes makes them less frightening, making it easier to use the other levels of intense emotional or behavioural reactions because things make more sense and the fear of the unknown has disappeared. This helps us rid ourselves of deep emotional blocks that often sustain resistance in self-affirmation and free expression of our needs typically formulated along the lines of thoughts like: "I'd like to...but I can't..".

A practical way to intervene on these elements is *Emotion & Behavioral Modulation*, an interactive technique that is carried out using colourful *post-its* where the patient works to reorder and expand their emotional and behavioural repertoire. The image below illustrates an example of how to start the analysis and expansion of behavioural repertoire with the *Emotion & Behavioral Modulation* Technique.



**5. The body in therapy: lessons from a Samurai**

Psycho-physical techniques and bottom-up approaches are increasingly popular and regularly used with excellent results. In our research, we were not necessarily looking to prove the effectiveness of these kinds of exercises, but to highlight criteria to make them more effective.

Correct grip (that involves the arm and the shoulder coherently) can, for example, significantly improve feelings of efficiency and self-confidence. This process clearly has an evolutionary root. It is a primary source of assurance that is found in a new-born's grasping reflexes and in the voluntary hold of baby monkeys to their mothers as they move, right through to adult monkeys that use their arms to steer them round the trees and feed themselves. Physical biomechanics and comparative ethology also confirm the importance of these

movements and the employment of the connected muscular chains for our safety and development.

In scientific literature there are various studies that confirm the force shown during the *handgrip test* is a good indicator of social and psychological health. Samurais had understood a long time ago that the body needs to be exercised in harmony to achieve power and precision both in the legs and the arms. They used to exercise climbing, fighting and keeping balance in different positions with the same dedication used to learn calligraphy and care of bonsai trees, where small muscle groups are used very precisely. Personally, I often use this example with my patients and encourage them to find similar activities that are suited to them that move in this direction. Alternatively, or in addition to this, I suggest the Resource Balance activities that we have developed specifically (in addition to focusing on integration between

brain hemispheres as well as emotional and cognitive processes).

## 6. Saving psychosomatic energy

In the same sphere as the activities just analysed is the ability to release states of activation and to enter recovery and regeneration states. It is a problem that all stress axis issues have in common, as well as all states that span from anxiety to trauma i.e. the defence response remains hyperactive even when it is no longer required.

In these instances, it is key to learn **vagal release** processes and to break **dysfunctional synergies**. The core concept is that we use more muscles than necessary to maintain postures that are no longer required or to make daily movements. Every person, however much they feel at ease, can relax or loosen certain muscles a little more, especially those around the head, neck and paravertebral muscles as well as other areas of the body. We only need to move slightly to notice that we are out of a relaxed physiological state. As soon as these muscles relax, we realise that they were pointlessly contracted and that they can be more relaxed and natural.

This is a critical element on various levels. The first is immediate well-being, the second concerns the ability to avoid pain and tiredness at the end of the day. The sum of these contractions and compensations throughout the day can, in fact, cause what is sometimes referred to as “psychosomatic cost”. Another key advantage is that of ending negative biofeedback. Raised shoulders and a contracted neck or other muscles, maintain a state of defensive activation that does not allow stress responses to

end. A less evident level is that it is also possible to achieve an advantage in terms of achieving greater fluidity, freedom and spontaneity in situations and relationships. In fact, a relaxed body that is not wasting energy to maintain defensive positions and processes means less pain and irritation interfering with thoughts and relationships as well as the avoidance of continual states of emotional alertness (that are based on interoceptive stimuli).

To intervene on this level researchers used the *Crossed Cycles Breathing* and *Psychosomatic Stretching* techniques.

## 7. Inflammation

Chronic inflammation is a recurrent factor in most diseases that have become epidemics today: chronic pain, obesity, anxiety, diabetes, heart disease, depression, migraine, attention deficit disorder, ADHD, gastritis, dermatitis, and a long list of other diseases.

Most inflammatory diseases start in the gut when cortisol (known as the “stress hormone”) is elevated due to the stress caused by an argument or by trauma, or when we introduce an excessive amount of inflammatory foods such as sugar and trans fats where the intestine walls becomes immediately more permeable triggering an inflammatory response. Bad posture, caused by feeling tense and being in a hurry, as well as thoughts that are constantly negative, also favour lengthy inflammatory states.

When the intestine walls are repeatedly damaged (by stress and constant conflict, inadequate nutrition, irregular emotions etc.), cells in the gut microbiota become unable to carry out their job correctly, use nutrients or produce



the key substances required for adequate digestion. This is a key process in the development of psychosomatic symptoms. It is critical to inform patients that to overcome an inflammatory process and recover a healthy physiological state it is not enough to just increase some foods over others, but to target potentially inflammatory foods.

It is useful to reduce or eliminate the following for a set period of time: carbohydrates, such as pasta, bread or pizza; foods that contain fructose (soft drinks, fruit juices etc); all vegetable oils that contain high levels of omega-6; foods containing trans fats; foods rich in glutamate; and aspartame. We should increase the intake of foods rich in omega-3, quality fats, and fibre-rich vegetables that contribute to the well-being of the gut microbiota.

Dietary changes can be made more effective by introducing regular moderate aerobic activity (i.e. initially just walking for 30 minutes three times a week with an ideal goal of 40 minutes running). It is even more effective using exercises that help manage states of hyperactivation and hyperstimulation, acting synergistically and systematically. One example is the *Crossed Cycles Breathing Technique*. Carrying out this technique before meals enables a slow-down of rhythms and relaxes the mind and muscles in the top part of the body. It will thus be possible to eat calmly, enjoy food and nourish ourselves and our physiological state both mentally and physically, creating ideal conditions to digest and absorb food.

#### OTHER IMPORTANT ELEMENTS

We have analysed and provided examples for the first 7 elements revealed by our research. These are multifaceted issues that require more

than an article to be addressed properly, but we hope to have provided a clear overview of the processes at play.

There are other elements that did not make it into the top 7 that are also very important and that can provide a significant contribution to therapy. Many are complementary and work in synergy with the previous elements.

Here are some examples:

- There is a culture trends to inhibit aggressive behaviour because it is seen as dangerous. In reality, in all evolved mammals, **aggression can also be constructive**. It helps the young discover limits, experiment with resources and learn to defend what is important. It is critical to find a healthy way to give this dimension its *appropriate* space.
- Other important issue is the managing the feelings of **time passing**, with all the connected issues of managing having to wait, frustration tolerance and emptiness. Even the therapist's **time and timings** are interesting both in relation to therapy and in relation to techniques that can make **reconsolidation** and **transformative experiences** developed for the patient more effective.
- It is useful to devote time to creating a new **meta-structure for thought** by developing thought processes that are composed of flexible modules, building cognitive systems that are open to new developments and to change. In addition to this, it is also very effective to learn to develop management of the quantity of our thought *flows* (speed, rhythm, num-

ber of ideas etc.), not just focusing on their content.

- Improving the quality of “**non-verbal communication**” and returning value to a primitive communication tool that is powerful in social dynamics such as power, trust and inclusion.
- Working on **biofeedback** with a clear understanding of muscle chains connected to the different brain networks of anxiety, stress, fear, anger, surprise etc. is another key element.

### Putting everything into practice

We have analysed some very different elements: evaluation, mental representation strategies, somatic-emotional integration and deactivation processes, the use of videos, non-conscious stimuli and many others. I hope you are feeling enthusiastic about these elements that can increase efficiency and that you desire to know more and introduce them in your own practice. I expect you may still have some questions about how to unite them all both at a knowledge level and in practice.

Many of the professionals that took part – around half – had only just begun approaching Applied Integrative Sciences and yet still managed to achieve excellent results. How did they manage? By applying the criteria we have just analysed. For example, they used thought processes structured in flexible modules, first analysing the elements that they had mastered better or that were closer to their core training, returning later to the other elements. To manage everything, they used visual prompts and notes shared with the patient on worksheets.

This approach reassures both the patient and the therapist, releasing mental energy that favoured productivity during the session.

Another key element for practical application clearly emerged when we analysed the video footage of some of the research sessions. When the therapist engages in a 360° approach, showing a genuine interest in understanding functional and dysfunctional processes, the patient immediately connects and enters into a therapeutic alliance. When daily life elements such as nutrition and hand energy are connected to emotional, cognitive or well-being decisions, patients become curious and identify practical elements to work on themselves.

The overarching concepts that embrace all this work are *naturalness and spontaneity*. A body that is stimulated to work harmoniously, to learn to release tension and achieve termination in stress responses, also affects the quality of the therapeutic relationship. One fieldwork participant summed this up particularly well during a practical HUB meeting: “Since putting some of these states in practice myself, I realise that in therapy I draw on knowledge and integrate it with intuition and experience in the same way an experienced musician who doesn’t necessarily have to remember a piece by heart, but they always knows what to play by being in harmony and synergy with the other players.”

Learn more about Fabio Sinibaldi at [www.realwayoflife.com](http://www.realwayoflife.com)

### Reference:

Sinibaldi, F., & Achilli, S. (2019). *The Switch - The Science of Change: The complete guide for driving effective change*. Rome, Italy: Real Way of Life