

**EFFECTS OF RIM- REGENERATING
IMAGES IN MEMORY -ON ADULT
CHILDREN OF ALCOHOLICS**

PRESENTED BY:

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INTRODUCTION

As a therapist for over 25 years, I am trained in many different modalities for treating PTSD and trauma. I'm certified in EMDR, done EFT, learned different somatic techniques as well as extensive training in post-induction therapy developed by Pia Mellody (Mellody, 1989) and used at the Meadows. Several coaching methods also have enriched my practice.

Further, I have been in recovery for over 30 years, and as frequently happens many of my clientele are also in recovery. We have long known that trauma plays an integral part in addiction and I usually explain to them that 12 step programs are for their addiction and therapy is for the trauma that usually underlies addiction. I am continuously on the lookout for ways to help my clients heal faster, more effectively and more holistically.

In February 2015, something urged me to go to Jack Canfield's training "Breakthrough to Success." I am not sure what. When I heard Dr. Deb Sandella explain the RIM technique from the stage, I was intrigued. I came early one day to watch a RIM demo and despite my years of trauma therapy training, experience and education, could not figure out exactly what she had done and had to admit that the technique she used went very deep very quickly and seemed to have a profound impact on the subject of the demo.

When I got home from BTS, I reached out to Dr. Deb for a session, thinking I would pick up on what she had done and incorporate some of what I had learned in my practice. The joke was on me: I couldn't figure it

out! This fact spurred me to take the Basic RIM Facilitator training and two years later, I am still on my RIM journey.

WHAT IS RIM?

RIM (Regenerating Images in Memory) is a body-centered, transformational technique.

The RIM process allows one to re-generate the neurologically grounded sense of self in a profound way. Neuroscience findings support the efficacy of RIM by explaining that the brain and nervous system is “plastic” or changeable. (Sandella, 2016) It is believed that during the RIM process, a new body-centered feeling that automatically stimulates health in mind, body and spirit is generated from old historical memories. It is also postulated that during RIM, emotional memory can be altered in a profound and even permanent way. Research shows that emotional memory can be unlocked through the remembering process and since the brain registers an imagined experience similar to a real experience, we can re-generate emotional memory to create neuro-pathways for new endings to old stories. All the while, factual memory remains stable. Finally, during the RIM process, clients integrate a new felt body-experience that translates to automatic or reflexive behavioral, physical, and psychological changes.

HYPOTHESIS

Understanding that RIM allows clients to regenerate emotional memory and alter it for the better, I was curious as to how it would influence my clients. I was especially interested in my clients who attend 12 step recovery groups for Adult Children of Dysfunctional Families (ACA).

The hypothesis of this master's project is to explore if RIM process reduces PTSD symptoms in ACAs.

ADULT CHILDREN OF ALCOHOLICS

The definition of ACA is an adult child who identifies him or herself with the symptoms of complex posttraumatic stress resulting from any number of family types such as families where there is sexual, physical, emotional abuse, a militaristic/perfectionistic family, or one where there is mental or severe chronic physical illness of a parent.

The specific qualities of children of alcoholics have been studied extensively since the early 1970's.

The name is often ascribed to Janet G. Woititz (c. 1939 – June 7, 1994), an American psychologist and researcher best known for her writings and lectures about the adult children of alcoholic parents. (Woititz, 1989)

ACA RECOVERY

ACA (Adult Children of Alcoholics) is a self-help twelve-step support group for people who meet for the purpose of addressing the stress that generally arises in families of alcoholics, especially with alcoholic parents. The recovery goal of the group members is described as "emotional sobriety". Since ACA's describe their common problem as PTSD as a result of living with alcoholic/dysfunctional families, emotional sobriety is defined as: a connectedness to ourselves and to others. Emotional sobriety is characterized by expressed feelings, trust, mutual respect and an acknowledgment in a higher power. (Adult Children of Alcoholics, 2006)

RESEARCH DESIGN

This research project randomly selected 3 volunteers with an ACA history by placing an ad in the ACA newsletter. The first 3 people to respond received 3 free RIM sessions. They agreed to complete written surveys and have pre and post sessions.

The three volunteers were each administered five instruments: 1) the ACE – Adverse Childhood Experiences Quiz; 2) The PTSD checklist (PCL-C); 3) The Modified Mini-Screen (MMS); 4) Social Interaction Anxiety Scale (SIAS); and 5) The Simple Screening Instrument for Alcohol and Other Drugs (SSISA).

A description of each instrument follows:

1) ADVERSE CHILDHOOD EXPERIENCES (ACE) QUIZ

The highly touted Adverse Childhood Experiences Quiz was born out of study done by Kaiser Permanente. It was the largest of its kind and included 17000 participants. In it, participants' ACE scores were correlated to health issues and co-occurring problem behaviors.

There are ten adverse childhood experiences measured in the ACE study. They are:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce and
- Incarcerated household member

Scoring the ACE

What researchers found was that the higher the ACE score, the more likely the person was to have serious consequences later in life.

In fact, with a score of 4 out of 10 possible, the risk of certain illnesses significantly grow:

- There is an increased risk of developing hepatitis (12 times higher than normal population)
- The chance of developing chronic obstructive pulmonary lung disease (COPD) is 18 times higher in ACA's than the normal population.
- The chance of developing depression increases 60% especially in women and the risk of suicide increases dramatically
(<http://acestoohigh.com/about>)

Much of the research finds that repeated exposure to adverse childhood experiences can change the body, brain and nervous system for life.

Living with these stressors over a long time has a big impact on the body as well as the psyche. Stress chemicals such as cortisol overload the immune and digestive system functions. They also affect the body's inflammatory environment and may contribute to a range of psychosomatic symptoms. Latent illnesses can be triggered by this kind of chronic stress resulting from trauma. A feeling of ever-present threat frequently continues throughout one's adult life, even though the person's environment is safe.

This constant emotional feeling of trauma can stimulate maladaptive coping mechanisms to dull the pain – e.g. drugs, alcohol, overspending, sex addiction,

overworking. Others may find themselves repeatedly drawn to recreate life situations similar to their childhood trauma.

If these experiences are repeated often, the person develops Complex PTSD, a term coined to define repeated and chronic abuse and trauma, in childhood (as well as adulthood). If the trauma occurs before the child's brain, cognitive abilities and sense of self are properly formed, the stress can cause the child's brain to continuously be geared for response to perceived threat and danger at every turn. (For more info on the ACE test, see www.acestoohigh.com)

C-PTSD vs. PTSD

Post-traumatic stress disorder (PTSD) is a psychological condition that occurs in people who have experienced a traumatic event. PTSD is caused by events that last for a limited amount of time. However, there are some people who can be exposed to traumatic experiences for months or years. In these instances, PTSD does not account for the full extent of the psychological harm that is experienced by these individuals or the extra considerations that need to be taken into account when deciding about treatment.

Complex PTSD (C-PTSD) occurs in people who have repeatedly been exposed to traumatic events that they have little control over and are difficult to escape. For example, a child who witnesses a parent's murder is likely to display symptoms related to PTSD, whereas a child who repeatedly witnesses his father abuse his mother over several years is more likely to display symptoms of C-PTSD.

People with C-PTSD report many of the same symptoms of PTSD, including re-experiencing the trauma through flashbacks and bad dreams related to traumatic events. Avoidance is another symptom of both PTSD and C-PTSD. This often includes dissociation, emotional

numbing, and staying away from locations, people, and events that remind a person of trauma. Hyper-vigilance includes being easily startled, having intense outbursts of anger, and having difficulty sleeping.

In addition to the common PTSD symptoms, people with C-PTSD might also experience difficulty regulating their emotions. For example, they may experience extreme sadness or have feelings of intense anger. They might have trouble maintaining boundaries, communicating needs and wants, and remembering traumatic events. Feelings of shame, guilt, despair, and helplessness are common in people with C-PTSD. They might also feel like there is something wrong with them or that they are somehow different from everyone else. People with C-PTSD may isolate themselves and find it difficult to trust others. They might also have a flawed perception of their abuser and an intense need for revenge (all symptoms exhibited by ACA's).

It is important to note that the severity of C-PTSD is not determined by how long or how much trauma a person has experienced. This happens because each one of us has a different threshold for the amount of trauma we can handle. While one person may be able to leave an abusive home with very few emotional scars, another might require years of treatment to work through that same situation.

Although the members of ACA support groups identify themselves as having PTSD, in reality, it is C-PTSD from which they suffer. Therefore the PCL-C was selected as an instrument for this project.

2. PTSD CHECKLIST (PCL-C) for civilians

The PTSD checklist (PCL-C) is a 17 item self-report measure which has a variety of clinical and research purposes, including screening individuals for PTSD,

aiding in diagnostic assessment of PTSD, and monitoring change in PTSD symptoms. I chose to administer the PTSD checklist to participants because I could not find a validated instrument to measure C-PTSD.

The PLC-C is scored in several ways:

- (1) A total symptom severity score (range = 17-85) can be obtained by summing the scores from each of the 17 items that have response options ranging from 1 "Not at all" to 5 "Extremely"
- (2) A total score of 33 or higher appears to be a reasonable value for a PTSD presumptive diagnosis

The PCL-C can also be scored to provide a presumptive diagnosis for anything over a 2 = moderately or higher in the following:

- (1) determine whether an individual meets DSM symptom criteria as defined by at least 1 B item (questions 1-5),
- (2) 3 C items (questions 6-12),
- (3) And at least 2 D items (questions 13-17). (US Dept. of Veterans Affairs, National Center for PTSD)

Or both methods can be combined to ensure validity.

It is suggested that a score of 30 or more indicates the presence of PTSD among general population civilians.

Measuring Change

According to the National Center for PTSD, "Evidence suggests that a 5-10 point change is reliable (i.e., not due to chance) and a 10-20 point change is clinically meaningful (Monson et al.,

2008). Therefore, we recommend using 5 points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful.”

In this study, this checklist was applied with three volunteers from the ACA community to measure their self-reported PTSD symptoms before and after 3 RIM sessions.

Modified Mini Screen (MMS)

The Modified Mini Screen (MMS) is a 22 item scale that can be administered in about 15 minutes. It is designed to identify persons in need of an assessment in the domains of Mood Disorders, Anxiety Disorders and Psychotic Disorders. Adult Children of Alcoholics are more prone to suffering from these disorders. The questions are based on gateway questions that are used as signs of distress that may be attributed to a diagnosable psychiatric disorder. A high screen score indicates the need for a more thorough assessment.

The screen is divided into three sections in order to capture the three major categories of mental illnesses.

- Section A – Mood disorders
- Section B – Anxiety disorders
- Section C – Psychotic disorders

According to the user’s guide: To score the MMS, total the number of yes answers. A score of 6 or greater indicates the likely presence of a psychiatric disorder. A patient who answers yes to question 4 is monitored for suicide potential. A patient who answers yes to questions 14 and 15 is assessed for trauma.

This tool was used to rule out any major psychiatric illnesses.

Social Interaction Anxiety Scale (SAIS)

Sarah Williams, Ph.D. in an article entitled "What Happens to Children of Alcoholic Parents" in MentalHelp.net states, "Studies have shown that adult children of alcoholics are more likely to exhibit symptoms of generalized anxiety disorder, panic disorder, agoraphobia, dysthymia, social dysfunction". In fact, as adults, they often have social adjustment difficulties.

The Social Interaction Anxiety Scale (SIAS) assesses a clients' fear of interacting in social situations. Questions on the scale gauge emotional aspects of the anxiety response, and do not refer to social apprehensiveness or concern about others' opinions in a general sense.- Though related, social interaction anxiety is different from social phobia which is defined as anxiety surrounding fear of being scrutinized in a social situation.

The SIAS measures social interaction anxiety, which refers to distress when meeting and talking with other people, whether they be friends, members of the opposite sex, or strangers. The main concerns include fears of sounding boring, sounding stupid, not knowing what to say or how to respond, and being ignored. The scale specifically assesses anxiety experienced while interacting with others, not social phobia, which is more specifically fear of scrutiny when performing a task or being observed by others.

To score the SAIS 0 through 4 points are given for each of the 20 items on the test, according to the 0-4 choices. The scores on items 5, 9, and 11, are reversed, so a zero is worth 4 points, a 1 is worth 3 points, etc. 80 is the maximum number of points one can score (4x20). A score of 43 or more indicates traditional social anxiety (generalized irrational fears across numerous social situations with avoidance

and impairment). A score of 34 to 42 indicates what is sometimes called social phobia (specific situations of irrational social fears with avoidance and impairment).

This instrument (SIAS) was chosen to measure the amount of change and improvement in symptoms following RIM sessions.

Simple Screening Instrument for Alcohol and Other Drugs (SSISA)

The Simple Screening Instrument for Substance Abuse (SSISA) is a 16-item scale. Although 14 items are measured, scores can range from 0 to 14. A score of 4 or greater has become the established cutoff point for warranting a referral for a full assessment. Since its publication in 1994 the SSISA has been widely used and its reliability and validity investigated.

The substance abuse screening instrument presented in this section was designed to encompass a broad spectrum of signs and symptoms for substance use disorders. These conditions are characterized by substance use that leads to negative physical, social, and/or emotional consequences and loss of control over one's pattern and amount of consumption of the substance(s) of abuse.

Since research abounds regarding the incidence of alcoholism among children of alcoholics and alcohol and substance addiction exacerbates PTSD, I used the SSISA to rule out the possibility of an addiction.

(<http://www.nacoa.net/pdfs/addicted.pdf>)

RESEARCH PROTOCOL

Each of the three participants completed a Consent Form (See APPENDIX 1), the four instruments described above and Pre and Post Sessions. In the initial interview,

they were each asked to identify their goals for the three RIM sessions.

PARTICIPANT #1 – JOE

History – Joe

Joe is a 44 year-old Hispanic male. He was diagnosed years ago with depression while he was in the military and given medication for it. He has been in therapy for several years and does not feel the need to take medication any longer. I spoke with his therapist to determine his suitability for RIM. She stated that she did not see depression in Joe anymore, but more of what she termed “general anxiety.” I explained RIM to her and she was looking forward to seeing the results RIM might bring.

She stated that Joe is isolated and has quite a bit of “obsessiveness in his thinking”.

On his initial interview, Joe reported that his father was an alcoholic who was physically abusive to him and to his mother. Joe is the middle child of six in a poor Hispanic family. His father would disappear for several months to go to California to “work”, but he wasn’t sure if his father was really working or not. Joe thought maybe his dad had another family somewhere. Joe shared that his mother was angry about his dad’s disappearance and she would often rage at the children, especially the males. He also reported he was sexually abused by an older male cousin at about 10 or 11 years of age. He states that he was hospitalized for a suicide attempt in the early 90’s and was hospitalized once again for depression in 2000 while in the military. Joe has been separated from his wife for 6 years (mostly “due to financial reasons”) and has a 19 year old daughter. He has not dated and suffers from anxiety in social situations. He was in the military

for over 20 years and is retired. Currently he works on residential HVAC systems.

RIM Goals – Joe

Joe's goals for the RIM sessions were to 1) sleep better (symptom of PTSD); 2) become better at connecting with others and relationships. (A symptom of PTSD)

Test Scores – Joe

Joe's initial interview was 4/19/17. His ACE score was 6. Answering yes to numbers 1, 2, 3, 4, 7, and 8.

Joe's overall score on the Modified Mini Screen was a 13 which indicates the presence of a psychiatric disorder. He scored 4 in Section A, indicating depression, his score in Section B was 7 indicating the presence of an anxiety disorder and his score in section C was a 2. (Joe shows some paranoia but is not psychotic. This mostly can be attributed to his military activity). Joe did score yes to number 14 which indicates the presence of trauma as well as yes to number 4, indicating some suicidal thinking, but he expressed that he has no plan.

On the Social Interaction Anxiety Scale (SIAS) Joe's overall score was 52. This score can be presumed to mean social anxiety (generalized irrational fears across numerous social situations with avoidance and impairment).

On the SSI-ADD David scored mostly "no." His "yes" answer to question number 1 pertained to a drug problem from which he recovered over 20 years ago.

His overall PCL score was 38. He fits the diagnosis for PTSD with this score as well as having one 2 or higher

score in B items; 3 scores of 2 or higher in C items; and 2 scores of 2 or higher in D items. Joe answered 2 or higher to Numbers 1, 3, 4, 6, 9, 10, 11, 13, 14, 15 and 16. These scores reflect significant PTSD symptoms of flashbacks, lability, obsessing about past events, feeling distant from others, sleep difficulty, difficulty concentrating and hyper-vigilance.

Summary of Pre-Session Scores:

ACE	MMS	SIAS	PCL
6	13	52	38

Joe RIM Session #1 – 05/03/2017

The first session, Joe reported a tingling in his feet and a heavy feeling in his stomach. The stomach got his attention most. It was heavy, round, solid and heavy. He remembered back to a time when he was 13 years old and dad got shot working at a junk yard. Dad was in the hospital for several months and of course, there was no money at home. He remembers his mom did not tell him until the next day and as he was walking home, Joe felt very lost.

We connected to the virtual resource that showed up, the Universe and went back to the scene. He looked out from little Joe's perspective. Little Joe wanted to speak to dad. So in imagination he went to the hospital and has Adult Joe speak for him. He asks dad why he has been gone so long. He tells dad how alone and shut down he feels. Adult Joe also expresses that he wishes they had a better relationship. A (RIM tool) stream of colored energy (SCE) symbolizing receiving flows from adult Joe to dad. Dad receives the yellow energy and is able to express that he feels a little numb hearing Joe's feelings and that he knows he doesn't communicate well. At this point, the session

becomes intergenerational as Joe's dad is turned away from Joe and allowed to speak to his dad (Joe's grandfather), but nothing is happening, so we turn to the Universe, Joe's virtual resource. The universe isn't helping either and Joe feels scared and angry, still in his stomach, and states that he has problems with spiritual concepts. Fortunately, I (facilitator) stay relatively quiet. All of a sudden, Jesus enters the picture and begins talking to Joe's grandparents. Joe says, "Jesus is healing them, talking to them." Then, Jesus holds and hugs Joe's dad. Dad turns around and hugs little Joe. He receives healing as purple energy in his stomach, saying he feels "good, different, and bigger". There is no disturbance in Joe's body needing to be addressed, so we ask Jesus to create a future movie. In the movie, Joe sees himself more active, more hopeful, and waking up less anxious and sleeping better. He plays the movie 6 times until he senses it at a cellular level. Then he ingests it (RIM integration technique). As we end, Jesus hands Joe a rock as an image to anchor the work.

Joe RIM Session # 2 – 05/24/2017

Joe states a lot has happened since our first RIM session. He says he has gotten a van at work and this is a big promotion and that his relationships are improving. He states that he has never been able to have imagination in his entire life and since the last RIM he has. He also says that he has always had a lot of obsessive thinking but that has subsided a bit. He is meditating every day and that seems to help.

We begin the session by relaxing and body sensing. He has a sensation in his chest and throat toward the front. It is dense, dry and stuck feeling – no color. He goes back to a time when he is 3 years old and dad is not there – another time when dad is in California and the rest of the family is at grandma's house.

Joe's grandparents and mom decide to buy a trailer and go to California. At this point, we connect to his Resource, Jesus. The little Joe wanted to speak to Grandma and ask "where's dad?" He told her it feels scary to stay with her in a new place, California. The little boy feels scared and lost and Grandma does not say anything. Joe feels scared also. I asked if he wanted Jesus to create a redo. He did. Jesus creates a redo where they don't go to California. In the movie, they are back at the house mom and dad had bought and both mom and dad are there. Joe watches while all are calm because dad is not going to California! When he senses back into his body, he is surprised to find the sensations in his throat and chest are gone! He replays the redo several times and ingests it. We then have Jesus create a future movie where Joe sees himself having fun, improving relationships and getting faster at work. He jumps in to live the movie and replays it six times. He then swallowed the movie and it reproduces onto his 50 to 100 trillion cells. Then Jesus hands him a gift, it is The Blue Bird of Happiness!

Joe RIM Session #3 – 06/13/2017

Joe reports he has been feeling happier since our last session. He is also noticing working faster as he had seen in the movie. And states he can't believe the results! One of the negative beliefs from his childhood was that things – including him "go slow".

We begin with dipping into relaxation and body sensing. He says his brain is active. He states his mind "keeps wanting to make things harder." He says he feels like his brain is "too active."

We float back to the first time he feels this way and he is brought back by his imagination to the time in 6th or 7th grade when he finds a sexual magazine hidden in

his dad's stuff. He says he is feeling shame in his stomach. Dad finds out about it and makes Joe get rid of the magazine. Joe feels the shame as a long band in his gut in front. We connect to Jesus and there's an image of little Joe in the bathroom, masturbating. Joe's adult self and Jesus go to the scene and talk to the little boy who says he's lost and confused and needs help. Little Joe says it feels comforting to know there's someone to whom he can reach out.

Adult Joe receives all that is expressed from little Joe like a stream of blue energy. Adult Joe is feeling unsure, he says, "I don't have all the answers." We go into his body where he has, "The biggest pain." He suddenly realizes that even if he does not have the answers, he can reach out now. He states that this is a "Big awareness" – that [he] is not trapped like a child anymore!"

Awareness spontaneously switches over into Jesus where he tells adult Joe, "You don't need to be afraid. I am here. You don't have to hide anymore." Back in his body, Joe realizes that his stomach is clear, warm and peaceful now.

A magical movie screen appears and Jesus shows Adult and little Joe a new movie of him "doing normal stuff" in a normal amount of time. Reaching out to a friend, going to some new recovery meetings, feeling connected to his resource, and empowered now that he is not alone. The feeling he feels as he jumps into the movie and replays it is "joyful and hopeful. Not alone." He states that he feels "adult for the first time" and that in the past, he has "always felt little inside."

Joe – Post RIM interview – 6/27/17

Joe states that he has noticed that more people are being drawn to him and that he is socially not as

anxious and not isolating as much. He also states that sleep is better. The questions and his answers follow:

1. What are you noticing that's different?

What I've noticed that's different is I am calmer and less reactionary. Also, people are seeking me out more.

2. What I liked most or found most beneficial about RIM was?

It's really fast. You can narrow down stuff better. It's not as threatening as other therapy.

3. What if any benefits have you noticed since RIM?

By the second one it flowed and there was easier access to myself inside. I could see the road better.

4. How would you describe the process?

I started noticing little differences from the beginning. I would like to keep doing it.

Joe – Post RIM Interview test results 6/27/17

Joe's total score on the PCL was 38 on 4/20/17. On 6/27/17 his total score was 27. His score decreased on #1, #3, #4, #6, #9, #13 and #16 showing a clear decrease in anxiety. None increased but some stayed the same. Joe's score decreased a total of 11 points. This is considered clinically significant.

On the Modified Mini Screen, Joe's score decreased from 13 to 5 in two months. Scores which went from yes to

no were #2, #4 #7, #8, #10,#13, – again a significant shift. Interestingly, a score of 5 is below the cutoff point of 6, above which indicates a psychiatric disorder.

On the SIAS, Joe’s post interview scale was 34 as opposed to his pre-interview scale of 52– an overall decrease of 18 points. He reports more active involvement in his ACA group and has made a couple of good friends from his support group with whom he meets regularly – a big improvement in quality of life for Joe.

PARTICIPANT #2 – ELISA

History – Elisa

Elisa is a 42 year old Hispanic female. She was born in Mexico City but has been in San Antonio many years. She has been attending ACA meetings for a year. Teresa says that she has been having a lot of emotional difficulties since what–the move? She is crying a lot, very critical of herself, having a lot of grief and even nightmares of emotional abuse. She was hoping to get better with identifying and expressing her feelings – getting comfortable with them. She also suffers from migraine headaches and a great deal of neck pain for the last two years due to a neck injury. She is hesitant to enter into dating relationships due to a marriage that was abusive, even though she’s been divorced 10 years. Elisa is a currently a teacher and enjoys her job.

RIM Goals – Elisa

Elisa’s goals for the RIM sessions are to 1) feel her feelings fully; 2) connect with her feelings and 3) learn how to release emotion appropriately.

Test Scores – Elisa

Elisa's initial interview was 04/24/17.

She scored 5 on the ACE. She answered yes to #'s 1, 2, 5, 8 and 9, which implies some abuse issues.

On the Modified Mini Screen Elisa's score was 4. She answered "yes" to #14, which is the indicator of trauma. All of Elisa's "yes" answers were in section 4, indicating anxiety. However, Elisa's overall score was not a 6 meaning she probably does not have a psychiatric disorder.

On the SIAS, Elisa's score was 21, which suggests she doesn't have a social interaction anxiety diagnosis.

On the SSI-AOD Elisa said yes to two questions. This can be interpreted to mean she doesn't have a substance dependence disorder.

For the PCL, Elisa's score was 41, a reasonable value for a presumptive diagnosis of PTSD. She exhibited anxiety around sleep, physical symptoms of anxiety and overreactions to stimuli that represented trauma.

Summary of Pre-Session Scores:

ACE	MMS	SIAS	PCL
5	4	21	41

Elisa- RIM Session #1 – 04/24/17

She starts the session saying she feels fear "most of the time". I ask where she feels it and she says in the center of her chest like a golf ball. It was deep, dark, round and dense. She also feels a sensation in

her head and neck that is stronger, amorphous, green and hot. She feels enclosed and claustrophobic. When asking her imagination what scene or number comes immediately to mind, it is 5. This is when her sister was born. Her parents were both working. She says she remembers when her newborn sister came home from the hospital. She was excited to see the baby, but mom wouldn't let her see her. She felt rejected and sad.

At this point, we ask her imagination for a virtual resource, and Mother Mary appears. Adult Elisa dialogues with mom, and Mom says she is sorry for how she is treating her daughter. What wants to happen next is adult Elisa hugging the little Elisa. She is very sad and is crying. I ask if she wants to do a redo and she says yes. The magical movie screen appears and Mother Mary redoes the scene. It starts with grandparents showing excitement and telling her it is ok for her to be excited, too. Next she sees mom looking at her with love and calling her loving nicknames like "little piece of heaven" and "my little seafoam." Mom acknowledges Elisa's excitement and says as soon as we get home you can see your baby sister. Her voice is sweet, warm and happy. Next, mom is bringing the baby sister home and she uncovers the baby's face for Elisa to see. She looks into mom's eyes and sees love and says, "thank you for bringing me a baby sister." She feels healed, and replays the movie several times before ingesting it.

Next Mother Mary shows Elisa a movie of her coming couple of weeks now that this memory is healed. Elisa says the only thing she feels is happiness; the feeling is that of a "warm breeze, smiling and lightness." She is encouraged to jump into this movie live it 6 or 7 times and ingest it, which she does. Mother Mary gives her a butterfly to remind her of the healing that has happened.

Elisa – RIM Session #2 – 05/24/17

Elisa reports that since her last session, she is more in touch with her feelings and especially feelings of being loved. She says that she had several days after our session where she did not feel any pain in her jaw. She has been feeling grief about mom and anger, which is causing anxiety. She sees a possibility of change with RIM but is scared of change, too. Even though she wants the change, she is afraid.

When asked where she feels this fear in her body, Elisa senses it as a triangle in her head, yellow, tight, solid, and dense. Also in her neck, she feels some sadness as an amorphous yellow solid shape connected to Mother Mary again who feels warm and comforting. She remembers a time when she is 12 and mom loses a baby. While mom is in the hospital, Elisa is left with a friend, and is told very little about what is happening. Elisa feels “inconsolable” at the friend’s house, but doesn’t wake up anyone and instead cries all night alone. Mother Mary and adult Elisa go into the scene to be with the scared and alone 12 year old Elisa. Mother Mary replies that she is never alone and that she will never abandon her. Mother Mary holds her and sings her a lullaby and she falls asleep in Mother Mary’s arms. When we checked back with her body there is a tiny bit of feeling of “sadness” left in her forehead and Mother Mary removes it. She doesn’t want to do a future movie but rather enjoys the feeling of peace, safety and comfort she is receiving from Mother Mary.

Elisa – RIM Session #3 –6/15/17

Elisa reports that she is feeling her “heart chakra opening” up and a shift since our last session. She is doing recovery “step work” also and realizes her childhood was extreme. She has been emotional and wondering, “Am I going to be able to do my job?” She

feels this fear in her neck at the base of her skull as a pale, yellow flexible mass in the shape of a gun again with the claustrophobic, caged feeling. A scene from childhood comes to mind when she is 5 at kindergarten in a small town. She doesn't remember any memories of her dad, but has a threatening feeling. Her dad has had death threats. She shares that authorities have often abused indigenous peoples where she lives. We immediately connected to her virtual resource Mother Mary. She remembers being scared at night and no one is there to comfort her. She wants to redo that memory. In the redo, Mother Mary rewinds to the perfect spot and Elisa is able to express her fear to her mother. She then sees her mother turning on a nightlight and reassuring her and saying, "I love you in a very profound way." The SCE from mom doesn't go in totally because mom is very sad. After Elisa gives mom her sad, fear and anger energy back, Elisa is able to feel love and peace. She plays the redo several times and ingests it.

Mother Mary creates a magical movie screen where Elisa sees herself in the next couple of weeks—not taking on other peoples' feelings, issues and problems. She jumps in the movie and relives it several times. Mother Mary gives her a gift of a white rose. She says she feels lightness and joy. She anchors the new positive feeling.

Elisa – Post RIM Interview – 2/18/18 *

*(I was not able to ask this client her Post RIM Interview questions immediately after the third session. A few weeks later, in RIM-like fashion, Elisa is asked to shift her attention back to Elisa as of the last RIM session and answer her questions from that perspective)

1) What are you noticing that's different?

"I have started noticing spaces of joy I didn't have before. Very content being with myself. There is hope opening. My sister said, 'You seem and look happier than I've ever seen you.'"

2) What I liked most or what I found most beneficial about RIM was?

"It was such a breakthrough to know there's a way out of all that. The spiritual resource was in control and made me feel so safe."

3) What if any benefits have you noticed with RIM?

"I'm less reactive to noises. A lot of the working with my younger self was very healing, learning how to self-soothe, being able to access the images. They were a huge tool!"

4) How would you describe the process?

"It was very profound, very spiritual. I found a lot of compassion toward myself which was so surprising and amazing that it was possible!"

Elisa – Post-RIM test results – 7/28/17

On 4/12/17 Elisa's PCI result was 41. On 7/28/17, her PCI score was 18 – again a significant decrease. Scores which decreased were #1, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #15 and #16. None increased but three stayed the same. A decrease in overall 23 points is considered clinically significant.

On the SAIS, Elisa's score went from a 21 to a 16, a decrease of 5 points. Although her score did not indicate social anxiety disorder, the decrease does signify a decrease in anxiety.

On the Modified Mini Screen, Elisa's score went from 5 down to 1. Her answers went from yes to no on #8, 9, 11 and 12. Also indicating substantially less anxiety.

PARTICIPANT #3 – SAMANTHA

History – Samantha

Samantha is a 48 year old Anglo woman. She has been married for 22 years. Both her parents were/are alcoholic. She states that as a child, they were very poor. At times, they barely survived and often had no electricity. Dad was disabled and had only a second grade education. He did odd jobs for a living and her mom 'wouldn't work". Samantha reports that her mom was verbally, emotionally and physically abusive. Her father was physically abusive. There is alcoholism generationally on both sides of Samantha's family. She left home to live with her grandparents at age 15 and at age 18 she joined the military. She has three children and is a stay at home mom because her youngest son, who was born when she was age 45, is autistic.

RIM Goals- Samantha

- 1) To feel at peace about her decision to have no contact with her siblings;
- 2) decrease anxious feelings;
- 3) not think so much and
- 4) have more fun.

Test Scores - Samantha

Samantha's tests were administered on 4/4/17. She scored a 6 on the ACE. She answered yes to questions 1, 2, 4, 5, 8, and 9. Her answers indicate neglect and physical abuse.

On the Modified Mini-Screen, Samantha answered yes to question #14 only, which is an indicator of trauma. She had no indication of anxiety or depression.

On the SIAS, Samantha scored 10, which suggests an absence of social anxiety.

Samantha answered yes to only two questions on the SSD-AOD. Thus, she does not have substance issue.

On the PCL, Samantha's score was a 29, which means she does not meet the criteria for PTSD.

Summary of Pre-Session Scores:

ACE	MMS	SIAS	PCL
6	14	10	29

Samantha - RIM Session # 1 - 4/28/17

The client began the session saying she was having a hard time trusting. She would like to have fun, but is "so goal-oriented that sometimes fun goes on the back burner". This is her intention for the first session.

She explains she has no problem connecting to a virtual resource, God, because she is "very religious". When she closes her eyes and relaxes, Samantha sees a white dove and Jesus is in the background. She notices pain in her neck and hip. But she also feels the love of God encircling her. She says the thought has come up, "I have to protect myself." She sees a "rupture/scar on the surface of her heart," but it's not too deep. God shows her a garden with a white fence, a tree that's brown with pink colored flowers. A dove says "I love you" and reminds her of the situation with her siblings and tells her to move forward into the light where "I am" and asks, "Do you want to be in the darkness?" She receives his message like a stream of white and purple energy going into her heart and "scrubbing every cell with a cleansing heat that's filled with love, and giving her more motivation and energy." The energy goes deeper and deeper until it turns everything to white. She feels it is complete and there is nothing else in her body to address.

God shows her a movie and tells her he will heal her tears. He shows her an image of a snail with no shell in a little green ball. God tells her she is upside down and turned the snail right-side up. She sees herself cleaning house and filling it with life.

At the end she feels more peaceful and "washed clean." After this session, I heard from Samantha; she reports that she ran into her sister at the grocery store. Instead of feeling triggered/guilty, or any of her old feelings, she describes noticing being "repulsed". She knows her previous decision to have no contact with her siblings is right.

Samantha – RIM Session # 2 – 5/12/17

Samantha reports that she feels good after the last session, but is experiencing challenges with her children. She says she has been having more fun. For example, she has arranged brunch with a friend and invited another friend with a child for a play date. She feels these reflect progress. She has been asked by her church to be a spiritual director and has terminated a relationship with a friend who "asks too much." All of these changes have happened since her last session.

Samantha also reported that she has tried RIM on herself for chronic neck issues. During the self-RIM, she sensed an image of her head tilted and she got the impression it was from abuse as a child. She decides to work with that during this session.

As the client relaxes, she notices "an energy" in her throat. It is sensed as white to the center of her being. She connects to her resource, which is the Holy Spirit. She feels content and senses an image of herself sitting at a table being happy and peaceful because her "life was hard and the hard part is over." She's "free." But she senses darkness is present in her family lineage. Her virtual resource shows her the root of a tree deep in the darkness. He shows her the generational problems go back to Adam and Eve. Her resource heals it by separating her to become a separate tree, an individual – peaceful.

She senses a new peaceful feeling in the center of her being. She sees grapes as wine/ purple, ready to be eaten. And the feeling expands.

In a new movie reflecting her future following this work, Samantha sees family bonds, connectivity, abundance and overflowing. She sees a circle and she is in the circle and her descendants are running around Christ. She sees her family at the beach, playing.

She sees her kids studying. She feels joyful. We rewind the movie and she jumps into the movie, lives it and plays it 6 times. The image she gets to remind her of this healing is the infinity sign.

Samantha RIM Session #3 – 8/4/17

Samantha says she's had more fun the last couple of months by taking the kids to the waterpark. Her children have been less challenging.

Samantha reports that she is feeling very sad about her mother who is an active alcoholic thus, wasting much of her life. Samantha feels compassion in her head and heart. She connects to her virtual resource, the Holy Spirit. He shows her the image of a "deer on the ground, tender and vulnerable." She feels compassion for herself as the deer stands up in a beautiful lush garden. The deer communicates to her to stop worrying about other people and that it's ok to be in balance and happy. The deer tells her to keep her focus on God and gives her an envelope to be opened later. The envelope represents the future. She receives all of this as a "royal color" and 3 circles of light."

In the future movie she sees the deer looking back at her and telling her to follow it and focus on the road ahead and not the past (her family of origin). She sees the image of the beach merging with the road toward the future and her family of origin drops away and other people replace them. The road widens and trails. She sees herself drinking a Pina Colada from Red Lobster (her favorite). Her virtual resource gives her strength. We rewind the movie, she jumps in it and lives it 6 times. She imagines ingesting the movie and an image of a Pina colada represents the healing that has just occurred.

Samantha – Post RIM Interview 8/23//17

1) What are you noticing that's different?

"I'm more accepting of experiences, more open to life as what God is presenting, for example RIM. I've also learned I have some very special gifts. I feel more at peace about no contact with my family of origin. I feel less anxiety about the situation. I have been having more fun and feeling less guilty about it. I am not thinking as much. Still think a lot."

2) What if anything have you found most beneficial?

"The second session where God gave me the vision of my family at the beach and setting boundaries with my family of origin in a healthy way."

3) What if any benefits have you noticed with RIM?

"I feel more validated and accepted."

4) How would you describe your experience of the RIM process?

"It was good. I could actually relax. I feel like I can do it all the time."

Samantha's Post-RIM Test Scores 8/23/17

On the PCI, Samantha's score decreased from 29 to 25 – a reduction of 4 points. Not clinically significant. Her score remained unchanged on the modified mini screen with a score of 4.

Interestingly Samantha's SIAS score went up. It increased from a 10 – 11.5. When asked why she thought this was the case, she explained that her score was higher because she became more confident in herself and

her feelings due to the RIM process. RIM had actually helped her answer the questions more honestly the second time around.

Discussion of Project Findings and Interpretation

Two out of the three participants met the criteria for PTSD while the third one, Samantha, did not. Interestingly, Joe and Samantha had a 6 on their ACE scores but out of the two, only Joe met cut off criteria for PTSD, Anxiety, Depression, Mood Disorder and Social Anxiety. Joe's scores improved dramatically after 3 RIM sessions, pointing to a decrease in anxiety, depression and social anxiety. Also, Joe's self-report showed a significant reduction in anxiety and isolation.

All three of Elisa's scores went down, indicating a decrease in her anxiety levels. Her self-report also confirmed the same experience of lessened anxiety. She reported that her PTSD symptoms decreased especially the hyper-vigilance and reactivity to stimuli.

Only Samantha's scores didn't reflect a symptom decrease. In contrast, she verbally shared feeling more confident since RIM. She also described herself as feeling more positive, peaceful and able to have fun following her three RIM sessions. One explanation for no decrease in symptom scores might be that she underreported her symptoms at the beginning and that after the sessions her greater self-confidence allowed her to answer honestly.

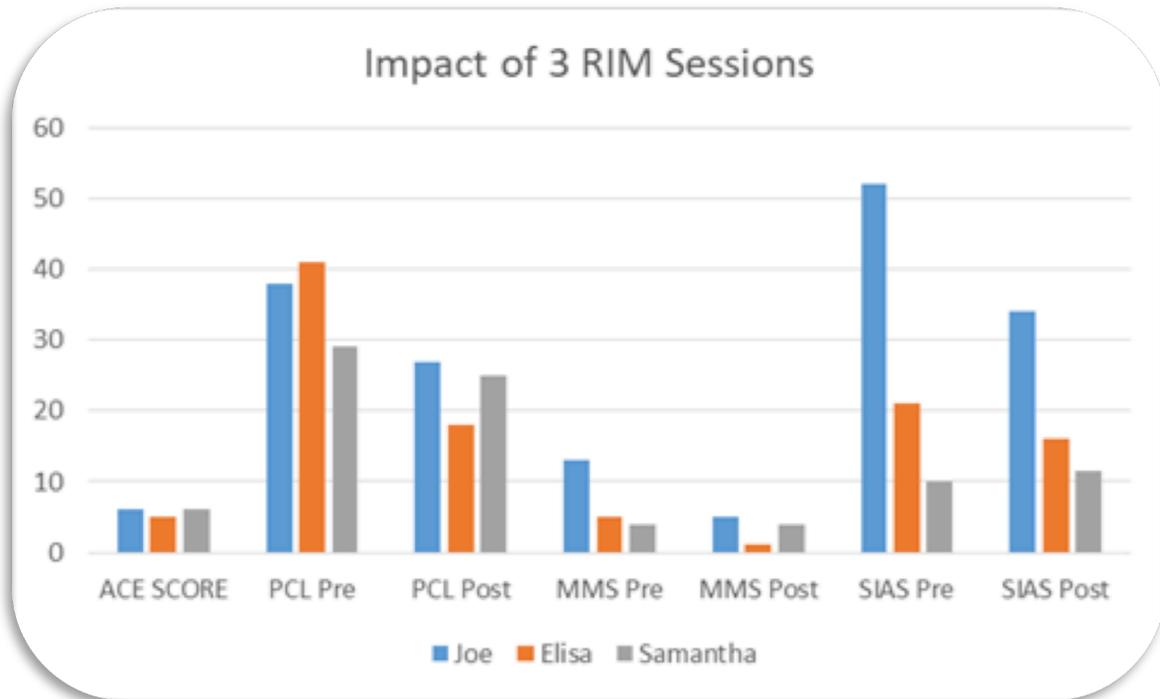
This misrepresentation on pre-tests has been identified in the literature as "Response Shift." In self-report measures, the metric resides within the study participants and, thus, can be directly affected by the intervention. If participants' levels of self-knowledge change as the result of a program, then this

metric may also shift, making comparisons between measures from before and after the program a problem. Response Shift could explain why Samantha's scores increased after RIM – her self-knowledge increased as an effect of the RIM sessions.

Another possibility is that Samantha scores reflect emotional numbness that's a common symptom of PTSD. Since her test scores negated the presence of PTSD, the occurrence of numbness is unlikely.

Below is a summary in graph form of the contrast between pre and post tests in each participant.

I



Suggestions for Future Research:

I found this research very interesting. It might be interesting in future to conduct research applying RIM with combat veterans suffering from PTSD. Perhaps research working with PTSD in rape victims might be a possibility.

The beneficial results after only 3 sessions were remarkable, especially considering two out of the three participants had very little therapy for their C-PTSD. (Elisa and Samantha).

As more and more work is being done on Complex PTSD, (see Peter Walker's groundbreaking book) I can see further research being done on the long-term effects of RIM for such sufferers. Perhaps, a six-session study could be conducted to see if the PTSD and anxiety symptoms could be completely ameliorated with the use of RIM. These are things I as a researcher am curious about from my post-project view.

Further, including some retrospective pre and post measurements could contribute additional data independent of Response Shift.

APPENDIX 1 (volunteer flier)

SEEKING 3 VOLUNTEERS* FOR A SURVEY TYPE RESEARCH PROJECT USING RIM – A TRANSFORMATIONAL HEALING TECHNIQUE

WHAT YOU WILL RECEIVE:

*ONE PRESESSION WHERE YOU WILL ANSWER
A BRIEF QUESTIONNAIRE AND RECEIVE
INFORMATION

*3 FREE RIM SESSIONS from April–May
2017 (see riminstitute.com for
information about this technique)

*A FOLLOWUP SESSION WHERE YOU WILL
ANSWER A BRIEF QUESTIONNAIRE
(5 sessions total, a \$600 value for
free)

*Sorry, no former clients

If you are interested–
CALL STEPHANIE ECKE, LPC, LCDC
210-287-4002 (Leave message)

APPENDIX 2
Volunteer consent form

RIM Research
Stephanie Ellis Ecke, LPC
210-287-4002

PURPOSE AND BACKGROUND OF THIS STUDY

The purpose of this research is to study the effects of RIM on existing members of ACA

STUDY PROCEDURES

If I agree to participate in this research study, the following will occur:

- (1) I will be asked to participate in an individual interview that will take approximately one hour to complete.
- (2) I will be asked to discuss the following topics after my experience with RIM:
 - a) my general experience(s) with RIM
 - b) changes I've noticed in my wellbeing
 - c) mental and emotional changes
 - d) social changes
 - e) changes in my spiritual condition
 - f) personal resources for coping
- (3) I will also be asked questions regarding my age, gender, race, and educational background and personal history
- (4) After my first interview, I may be offered 3 (three) individual sessions and a follow up interview.

RISKS OF PARTICIPATING IN THIS STUDY

During a RIM session uncomfortable feelings may arise. The purpose of RIM is to transform these negative experiences and feelings and resolve them. I understand these risks and am willingly participating. I also understand that I am free to decline to answer any questions that I don't wish to answer, or I may stop my participation at any time.

CONFIDENTIALTY

All records from this study will be kept as confidential as possible. No individual identities will be used in any reports or publications resulting from the study. Research information will be kept in locked files at all times. Only research personnel will have access to the files. After the study is completed and all data has been transcribed, the files will be held for one year and then destroyed.

DIRECT BENEFITS

The purpose of RIM is to transform negative feelings and experiences and resolve them. If you have a therapist, Stephanie Ellis Ecke will contact the therapist with a report of your progress during the RIM sessions. Please communicate with Stephanie the name and number of your therapist if you wish her to do so.

QUESTIONS

I can direct any questions I may have to Stephanie Ellis Ecke, LPC @ 210-287-4002 or email to sle816@aol.com.

CONSENT

I will be given a copy of this consent form to keep at the beginning of my first RIM session.

PARTICIPATION IN RESEARCH STUDY IS VOLUNTARY

I am free to decline to participate in this research study, or I may withdraw my participation at any point. I understand that RIM per se is not therapy but a transformational technique and there are no guaranteed results. I willingly agree to participate in this study knowing this.

Signature _____ Date _____
Research Participant

Signature _____ Date _____
Stephanie Ellis Ecke

REFERENCES

Instrument References

PTSD CHECKLIST (PCL-C)

https://www.bing.com/search?q=PCL+C&src=IE-TopResult&FORM=IETR02&conversationid=&pc=EUPP_

SOCIAL ANXIETY INTERACTION SCALE

<https://www.reidstellcounseling.com/uploads/1/3/9/3/13938466/sias.pdf>

SIMPLE SCREENING INSTRUMENT FOR ALCOHOL AND OTHER DRUGS

www.bherevolution.org/public/document/ssi-aod.pdf

MODIFIED MINI SCREEN

<https://www.oasas.ny.gov/treatment/COD/documents/MMSTool.pdf>

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Hall, Cathy W., Ph.D, and Webster, Raymond E, Ph.D. “Traumatic Symptomatology Characteristics of Adult Children of Alcoholics”. Journal of Drug Education 32.3 (2002). September 1, 2002.

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[_https://acestoohigh.com/got-your-ace-score.](https://acestoohigh.com/got-your-ace-score) A newsletter that reports on research about adverse childhood experiences. Jane Ellen Stevens, editor.

<http://www.socialworktoday.com/archive/111610p16.shtml>

<https://www.psychologytoday.com/articles/200702/>

<https://psychcentral.com/lib/children-of-alcoholics/oxic-brew>

<https://www.lotsofessays.com/viewpaper/1708031.html>