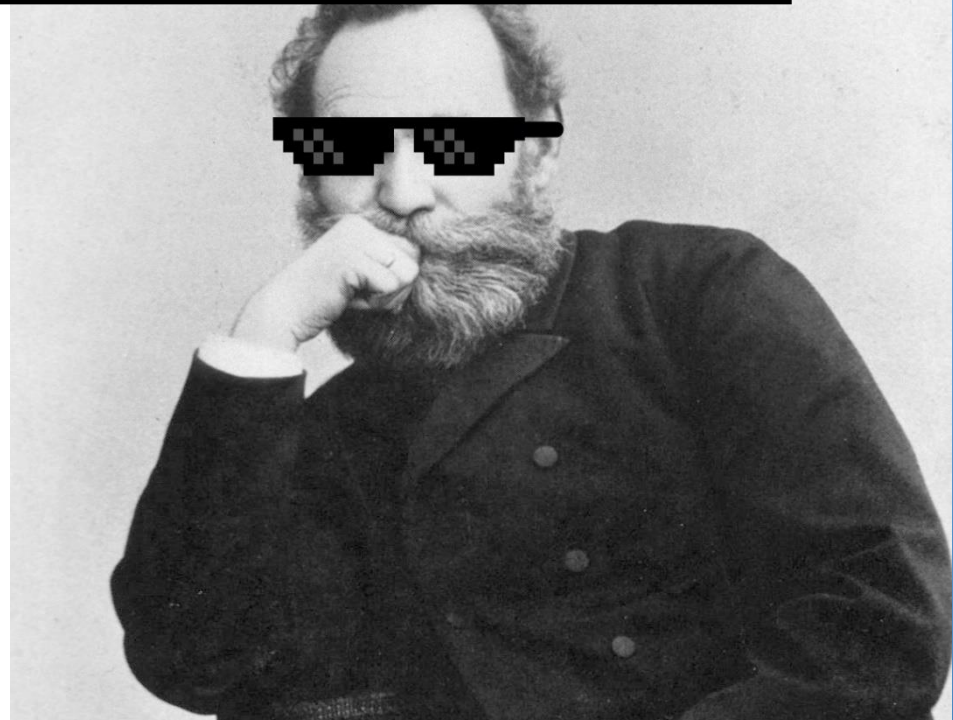


A MUST-READ FOR EVERY ALLIED HEALTH PROFESSIONAL:
counsellors, psychologists, psychiatrists, doctors,
specialists, social workers, physiotherapists

OMG Pavlov! Love Your Great Big FAIL!



The Massive Breakthrough
Pavlov Didn't Know He'd
Made, that Would Have
Changed the Course of
Therapy (and Human History)
Over the Last 100 Years If
Only He'd Realised

Prepare to Get Excited!

When you think about classical or operant conditioning, and the mass of stuff you learned at uni but probably now stumble over, do you now think of it as a terribly dry and tedious subject? Well I'm someone with a low boredom threshold and I can tell you that thanks to Pavlov's virtually unknown and almost totally unappreciated breakthrough, I'm beside myself with excitement.

My excitement is because the field of "conditioning" has just become the single most thrilling area in the whole of human psychology/physiology today, capable of completely revolutionising therapy across a massive range of disorders, and even capable of changing the world.

Beyond Watson, Skinner, Bandura, Fordyce and others, we can leap right past *inhibition* as the clumsy, problematic, frequently-useless psychological strategy that it is, and now use "disruption of reconsolidation" much like the proverbial magic wand, extremely rapidly eliminating problematic or maladaptive responses of all kinds, and in their absence, enjoy the fascination of watching the client effortlessly and instantaneously form adaptive new cognitions, new perceptions, new thoughts, new feelings, and new behaviours.

Got anger/rage? Switch it off permanently. Got non-malignant chronic pain? Switch it off permanently. Got an unhelpful habit? Switch it off permanently. Got a compulsion to eat too much of a certain food? Switch it off permanently. Got PTSD sequelae? Get free of them for good. Phobias, anxiety, depressive thinking, jealousy, school reluctance, lack of confidence? No more struggle, just get rid of them with Pavlov's gift from the past.

Read on, dear reader, read on!

Why It's OK to Just "Get Rid" of Unhelpful Stuff

There's a perception amongst some health professionals that maladaptive perceptions, thoughts, feelings and behaviours have value and should be approached respectfully because they are somehow part of the client. That we should understand them before we can "resolve" them. Or even that understanding problems *does* at least partially resolve them.

I've gotta tell you, that while I deeply honour and respect my clients, I give no more significance to maladaptive "stuff" than I do to some bug they may have picked up. Or a piece of gum that is stuck to their shoe. It's accidental, nuisance stuff, that is no more part of the client than a stray bacterium. Whether it is some minor matter, or deep trauma, it is NOT the client or the client's identity.

In my view there is no need to “mindfully contemplate” bacteria, or the gum on the shoe. We don’t do that – we just take an antibiotic and get rid of the damn thing before the infection spreads. Or scrape it off and toss it away. And the person gets on with their life, happier and healthier, bug or gum free.

And that’s why I bluntly talk about “get rid of”, “wipe out”, “eliminate”, and “free from”. OK? And this is why I’m saying we need to move away from strategies based on inhibition (like CBT and mindfulness for example) that are so excruciatingly slow and clumsy and have such tiny effect sizes.

I’m not saying there’s not room for careful introspection and learning, and I’m not saying there’s no need for education and support of the client as they make changes. But we don’t need to pussyfoot around stuff that has no value. And we no longer need to use weasel words to describe our expectations of therapy, like “help to manage” or “help to live with” people’s issues. Let’s just get rid of the damned “issues” so they cease to be a factor.

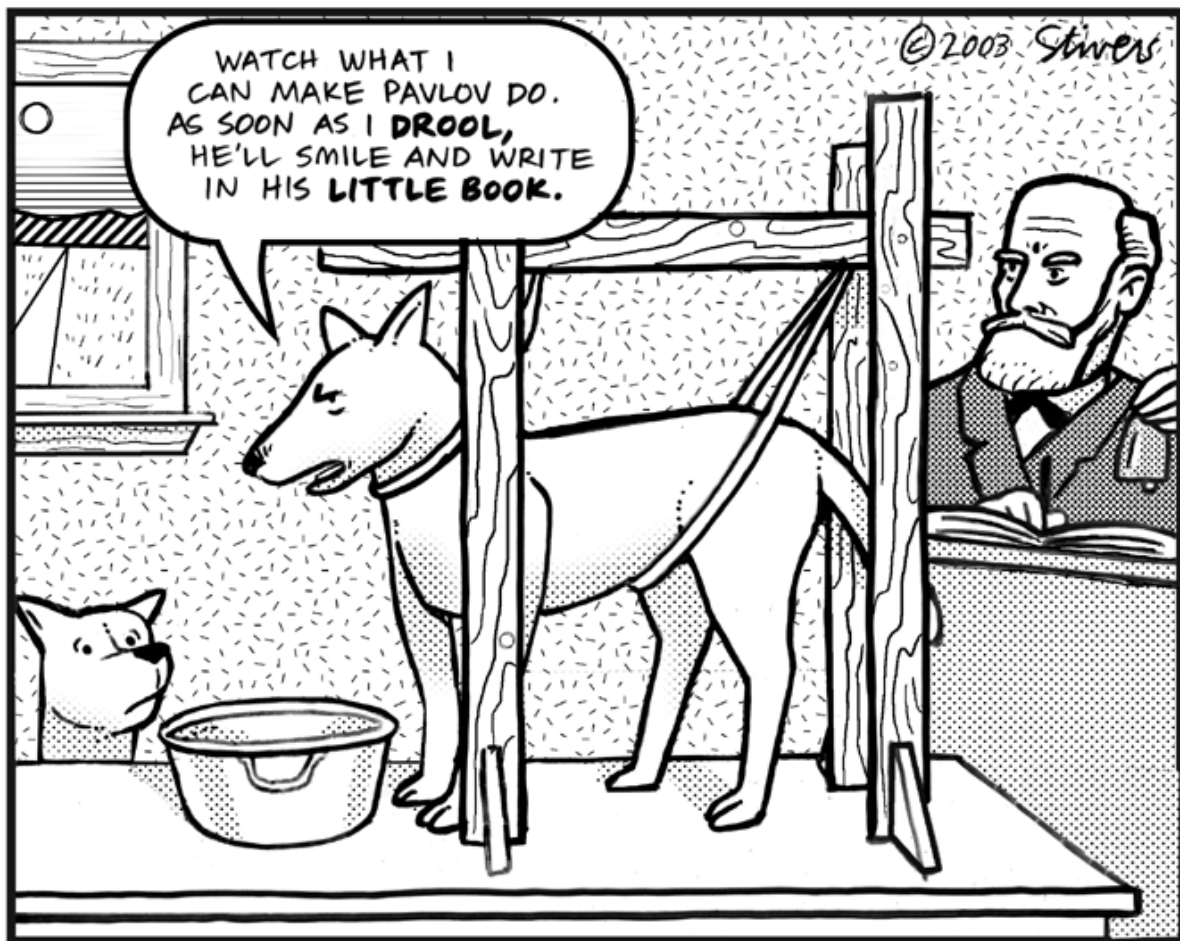
By the end of this little book, I hope you’re as fired up and excited as I am about Pavlov’s “big fail”.

Quick Recap on Conditioning

I am not going to quibble over classical vs operant, because the fundamental neurology of conditioning is the same. Likewise I am not going to get into neutral, conditioned and unconditioned stimuli or conditioned or unconditioned responses. I’m going to give a brief recap of what matters, and then get straight to the point.

(I’ll give a bunch of references and further reading at the end of this article for those who like to have the detail.)

Thanks to Ivan Pavlov, (the guy who did salivation experiments with dogs, remember) who was not a psychologist but a physiologist who reportedly held the field of psychology in considerable contempt, we saw the birth of behaviourism and some pretty cool understanding about the way the mind works, particularly in terms of learning and behaviour.



In the cartoon above, Pavlov is shown with a bell, but in fact the dogs “learned” to drool in response to a variety of stimuli: a tuning tine, the sound of the assistant’s feet approaching the laboratory door, and an electric shock.

Pavlov deduced that literally anything could become a conditioned stimulus for literally any response. One only had to find a way to consistently pair the two and they would become unconsciously associated. He went as far as saying that he thought pretty close to 100% of human thought and behaviour was conditioned, and that free will or wilful cognition was largely an illusion.

Let’s look at the case of a smoker to see just how weird and wacky this “any stimulus for any response” can get.



We all know that smokers can get triggered to desire a cigarette when they smell cigarette smoke, or when they have a beer, or when they're in a social situation.

But did you also realise a smoker can get an intense desire to smoke when reading a newspaper, but not when reading a book or a magazine. When sitting in one chair but not in another. When walking through one door but not through another. When the clock says 3.00 pm, but not when the clock says 3.15 pm. When having a coffee but not when having a tea. And so on.

It gets even more bizarre in the case of non-malignant chronic pain, but I'll get to that later.

All I want you to really "get" for now are four main principles:

1. Pretty much any stimulus can become a conditioned stimulus, for pretty much any response.
2. Stimuli can be objects, people, sensory perception real or imagined, including language and metaphors that are under conscious awareness.
3. Leading on from (2) above, for emphasis, we don't even have to be consciously aware of a stimulus in order for it to become conditioned.
4. Almost 100% of the time, the creation of a particular conditioned response is outside of our control, as shown rather humorously below!

princessnausicaa:

my mom tried to teach our
goats to pee in one certain
spot by giving them treats
when they'd pee in that spot

except that

they think that now whenever
they pee they get a treat

so whenever they see my
mom

they pee

laughed for a solid five minutes

behaviorism gone wrong

Pavlov is laughing in his grave

Here It Is! Pavlov's Big Fail

Our hero Pavlov was interested in creating conditioned responses, but he was also curious about how far he'd need to go in order for the conditioned response to fail. He found that in the case of electric shocks which had become conditioned stimuli for salivation, if he shocked a point away from the original shock site, the conditioned response would fail.

No big deal, right?

However, **and here it comes**, this is what he didn't get the significance of ...

Once the conditioned response had failed, it was **permanently extinguished!** OMG! Pavlov simply wrote in his notes "the response failed".

Meanwhile, he had just demonstrated how to extinguish a conditioned response immediately and permanently, just like waving a freaking magic wand!

Now let's look at the architecture of a conditioned response so we can understand how and why this was possible. Then we'll get onto my own little story of discovery, as well as what modern researchers have shown us, that together provide the theory and the practice for rapidly and permanently extinguishing conditioned responses, in a way that is reliable and predictable, just about every time.

Getting to the Point – The Architecture of a Conditioned Response

Conditioned responses are nothing more than neurological "recipes". Although they may largely make up our perceptions, attitudes, and behaviours, we are not our conditioned responses. It's just knee-jerk stuff that if anything, masks who we are rather than represents us in any way, shape or form.

We all know that a conditioned response has two parts: a stimulus that is conditioned, and the instant response that we have little or no conscious control over.

But that conditioned response is not stored anywhere in our brain. It actually has to be *recreated*. **Every. Single. Time.** In **EXACTLY** the same way.

The thalamus receives the sensory data, which is then mediated by the amygdala and hippocampus, before messages are sent to the hypothalamus and pituitary glands, which in turn unleash a cascade of hormones. An awful lot happens in less than 0.02 seconds!

It was nearly 20 years ago that I first learned about the neurological structures and processes that comprise the accurate "replay" of a conditioned response. I postulated that if we "interrupted" the "replay" of the conditioned response, without distracting from the response, that we would see a rapid and permanent failure of the response.

Instead of viewing conditioned responses as "tough cookies" that would require intensive practice, discipline, and even deprivation in order to overcome, I tried to explain that conditioned responses were in fact **incredibly fragile**, and therefore **very fast and easy to eliminate**. I wasn't talking about distraction, but about "interruption" of that replay phase.

Note: the word "interruption" that I used all those years ago isn't really accurate, because it has a sense of temporarily stopping, and that's not at all what I meant. The word "disruption" is accurate and is the term used by researchers in these more modern times.

However no-one was interested in my hypothesis, and colleagues called me “mechanistic” amongst other cute insults. I could go into some detail here but let’s just leave it at that. The point is, they didn’t want to know that something so seemingly mechanical and mundane could be at play in their clients’ lives, and could be so readily eliminated. Or that their clients could rapidly and automatically form new, adaptive cognitions and behaviours without their guidance. That their precious CBT and mindfulness were completely obsolete.

I copped it from all sides, the talk therapists who wanted to worship at the alter of psychoanalysis, and the woo merchants who believed in rapid change but were lost in purple hat protocols and unvalidated mysticism as an explanation of what I had achieved.

Fast forward to today and various areas of neurological research have finally exonerated my kooky hypothesis. Scientists universally call the replay phase “reconsolidation”, and have demonstrated that if we mess with (“disrupt”) this reconsolidation phase we not only “fail” to get the expected response, but we “fail” permanently. Just as Pavlov demonstrated over 100 years ago.

In the interest of using consensus language to describe this “new” extinction technique, let’s use the well-accepted term these scientists have coined: “disruption of reconsolidation of the conditioned response”.

Now there are, I must warn you, problems with pretty much all of the modern research on disruption of reconsolidation. Without exception they’re talking pharmacological disruption – either taking a particular drug, or actually injecting a substance into the amygdala area of the brain, while the subject “thinks about” something troubling.

There are two absolutely massive problems here.

Firstly there is no need whatsoever for pharmacological intervention. Don’t get me wrong, I deeply appreciate our advances in pharmacology which are ending suffering and saving lives. However sensory disruption is quicker, easier, cheaper, completely portable, and infinitely less risky. And because it can be used with so much more control and precision, it works a lot better.

Secondly, asking someone to “think about” something troubling is just way too vague. It’s a fairly half-baked way to try to trigger a conditioned response and therefore is relatively unlikely to access the specific reconsolidation phase that we need to target for disruption. There is very little, if any, control over whether a single conditioned response is being triggered, or a whole amorphous collection, or for how long or in what way. It’s almost completely uncontrolled and extremely imprecise. (EMDR – eye movement desensitisation and reprocessing - has this same issue, which explains the relatively low efficacy and the known “spontaneous recovery of the problem” where the conditioned response reappears after time, which we have seen in trauma research and which you may have noted in your own clinic if you’ve seen clients long term or done enough longitudinal follow up.)

So with these two major flaws in mind, it's not surprising that while scientists are very excited about their findings, we can perfectly understand why their results are regarded as very exciting, but not by any means "amazing".

When **sensory disruption of reconsolidation** of conditioned responses is done with precision, we can fully expect extremely large effect sizes, and efficacy north of 85%, as shown in all of the clinical studies we have run to date.

This is exactly what we teach in our SDR Therapy Training Program for psychologists, counsellors, and other allied health professionals.

Effective Methods of Disruption of Reconsolidation of Conditioned Responses

You'll be please to know there are a number of ways to go about disrupting, and thereby quickly and permanently eliminating, a conditioned response. However first you need to learn to how explore for and identify them. If you don't know what conditioned responses are at play, or if you can't reliably and accurately trigger a specific conditioned response, you don't have any active reconsolidation phase to disrupt.

As part of this you need to build awareness of the wide array of conditioned stimuli that may be at play. I've sought to elaborate on that in the book "**Frontiers in Chronic Pain**" and in my YouTube videos, so that people truly see how broad and deep this can be.

Once you've identified a conditioned response which is at play in your client's presenting issue, you need a technique which will keep the reconsolidation phase active so that it's available for disruption, and simultaneously apply multi-sensory stimulation as a disruption device.

Let's briefly look at some easy ways to do that.

NeuroStim

This is my favourite, partly because I developed it (in 2001) and partly because it's my "go to" in the first session when I want a quick and easy way to eliminate something low-risk in order to demonstrate to the client that "this stuff works and here's the proof". Particularly with chronic pain clients, who desperately need relief, and desperately need hope for a better future, this is a good starting point.

NeuroStim can look a little like EFT, but that appearance is where any similarity most definitely ends. It can be very challenging working with clinicians who've studied EFT because of a propensity to emotionalise or incorrectly emotionalise the client's experience. Plus there is so much purple-hat protocol that merely serves as a distraction (or even a total red herring) that I just want people to put aside everything they've learned about EFT and

study NeuroStim from scratch, as a technique to easily disrupt reconsolidation of conditioned responses and thus achieve fast and permanent extinction.

The NeuroStim technique involves identifying language which accurately, precisely and continuously triggers a specific conditioned response, while engaging in tapping, brushing, scraping, walking, hopping, dancing, playing sport, getting a massage, smelling, tasting, or indeed any multi-sensory stimulation.

So NeuroStim very precisely fulfils the criteria for an effective disruption of reconsolidation.

The Resource Triangle

The resource triangle is a floor exercise which involves repeatedly triggering a specific conditioned response (the “target”), and sequentially simultaneously triggering an array of other, different conditioned responses (the “resources”).

It was developed by an NLP trainer, but don't hold that against it. (Yes, as an ex NLP trainer who moved into clinical research, I realise much of NLP is BS.)

The Resource Triangle is included in the free introductory training which you can find at www.sdrtherapy.org.

Collapsing Responses

The old name for this was “collapse anchors”. With this technique you actually deliberately create two very different conditioned responses, with physical cues. Once each cue reliably elicits the expected automatic response, you sequentially trigger and overlap those conditioned responses. The second cue acts as a very powerful disruptor and the result is not only efficacious, but a visceral and validating experience for the client.

Changing Meaning

Where a belief or perception is comprised of a conditioned response (or responses), it can be highly effective to use as a disruption factor a metaphor which gives rise to a very different response to the maladaptive one.

There are a number of ways to use metaphor but two of my favourites are GaugeWork, and a form of what used to be called “focussing” where the client, supported by “clean language” to avoid accidentally polluting the process with our own stuff, creates their own metaphor or story around the conditioned response.

These two methods are just other ways of simultaneously triggering quite different responses in a way that extinguishes the target response.

There are some others as well, that I won't go into here because I hope you get the point.

What All These Techniques Have in Common

Without exception these techniques all provide a sensory disruption factor to an **active** reconsolidation phase of a conditioned response, causing permanent extinction of the conditioned response.

I use the acronym SDR (Sensory Disruption of Reconsolidation of conditioned responses) to describe the whole gamut of techniques and strategies that achieve extinction by that means.

Applications for SDR Therapy

It's difficult to conceive of a single area of mental or physical health that could not massively benefit from including SDR as an adjunct to treatment, since so much of human experience is controlled by our conditioning.

I have limited years left in which to try to pass on everything I possibly can, with a mission to change the face of health care in order to bring more relief, more easily, more quickly, and vastly less expensively than is currently the case.

So here I'll share my two pet areas that I've made a decision to focus on in order to maximise the benefit for health professionals and clients alike.

Chronic Pain

Non-malignant chronic pain which is unexplained or inadequately explained by pathology, is suffered by over 1 billion people. And yet until now there has been absolutely nothing which has been able to help the majority of people, and nothing that seems to work any better than placebo. (Full referencing can be examined in the book "Frontiers in Chronic Pain".)

The most common of all pain of this type is low back pain, but it also includes pain from: post-surgery, post-disease/disorder/injury, phantom pain, and fibromyalgia.

While we know that increasing activity levels and socialisation can be helpful to reduce pain perception, and we also know that attending to whole-of-life issues helps reduce stress levels that may be maintaining an over-aroused nervous system, we can now quite literally switch off chronic pain for most people, by treating chronic pain as a conditioned response (or more frequently a collection of conditioned responses).

My major interest is in training and supporting clinicians of all kinds to be skilled in using SDR to totally relieve their clients of pain, including working hard to educate the general public and direct them to those clinicians.

Overweight/Obesity

This disorder is one of the scariest on the planet, directly leading to disease and death, and sending health systems broke all around the world. Imagine a world where people just didn't engage in non-hungry eating, or didn't overeat – we'd be healthier, happier, and richer. The cost of health insurance would plummet!

Almost all non-hungry eating behaviour is conditioned, including “emotional” eating, compulsive/addictive eating, situational eating, and habitual eating.

I've put together an entire weight loss program that deals with every single aspect of non-hungry eating, in such a way that the person doesn't have to try to change, or try to substitute, or try to distract themselves, or try to stick to the eating plan, or whatever other cognitive approach they've used in the past.

Instead, the person's food preferences change, and they no longer want the old food favourites, or no longer want them except for rarely and appropriately. They no longer get triggered to eat because they're sad, or bored. They no longer want to pig out on cake just because it's in the fridge. They forget that there's a packet of crisps in the pantry. They might see a chocolate bar in the cupboard and think to themselves “Mmmm, I'd like that, but just not right now I'll grab it later”, but then they forget and it's still there a month later. They find themselves rationalising decisions **not** to eat, instead of trying to use logic to prevent themselves from eating. And they no longer feel guilt because of pigging out at a family feast.

I want to see people using this method instead of dieting, and certainly instead of surgery!

Our colleagues on the SDR Therapy Training Program get all that for free.

What Next?

It's my deepest hope that others will recognise that SDR is something that needs to be shouted from every rooftop. Without doubt it is the single most important therapeutic advance in the last century, and I am optimistic that enough health professionals will join me so that together we can create a community that has the potential to quite literally change the world.

If you share my great excitement you may be wondering just where to start.

Your starting point may be that you'd like to chat by phone, screen, or email, and it's very easy to arrange that by initially emailing me on office@lifeworks-group.com.au.

Or what you've read here might resonate so well with what you've already been thinking that you want to dive right into training. You can find full details of that at www.sdrtherapy.org.

Whatever you decide, I hope you'll also join the study support groups on LinkedIn and Facebook to stay in touch and see what other professionals are doing to integrate SDR Therapy into their practices.

Here's wishing you an exciting and productive 2019!