

The Safe/Calm Place Exercise

The objective is for the client to create a safe place in their imagination before processing begins. This emotional safe place can be used for a temporary rest during processing, as an aid to closing down the disturbance in order to close down a session, and as a way to deal with disturbing material that may arise between sessions. This is a ‘state change’ exercise.

Step 1: Image. The clinician and the client identify an image of a safe place that the client can easily evoke and that creates a personal feeling of calm and safety. You can ask, *“What works for you best for a feeling of calmness or safety, going to the mountains or to the ocean?”* The client will decide, or pick a third option. Discuss it with them, choose the one that seems the safest and start with that.

Step 2: Develop the emotions and sensations. Ask the client to focus on the image, (*“As you think of that calm place, what do you see, smell, hear?”*) feel the emotions (*“What are you feeling?”*), and identify the location of the pleasant physical sensations (*“Where do you feel it in the body?”*).

Step 3: Enhancement. Enhance the imagery through talking softly and inquiring into what is being visualized. Take care to convey a sense of safety and security for the client.

Step 4: Eye movements – Begin by doing a “set” of eye movements, using the direction and speed of movement that the client has identified as most comfortable. A “set,” usually consists of 6 to 12 fairly slow “passes” of eye-movements – one “pass” is one time back and forth.

The clinician can state, *“Bring up the image of a place, real or imaginary, that feels safe and calm. Concentrate on where you feel the pleasant sensations in your body and allow yourself to enjoy them. Now concentrate on those sensations and follow my fingers with your eyes.” - Do a set of eye-movements (EMs).*

At the end of each set the clinician asks the client, *“How do you feel now?”* or *“What is being felt now?”* or *“What is being noticed?”*

If the client feels better, the clinician should do four to six more sets of eye-movements. If the client’s positive emotions have not increased, try alternative directions of eye movements until the client reports improvement.

(If the client does not feel better, seems stuck, or is bringing up unpleasant memories, then ask the client to bring up the original relaxation image again. Go back to a conversational level about what the image is, what is imagined, seen, felt, heard. If the client is unable to do that, then invite them to pay attention to their about their breathing. Say “**Notice your breathing, become interested in that, and as you do that let your eyes follow my fingers.**”)

Sets are kept short, 6 to 12 **slow** passes of eye-movements per set. If there is relaxation or letting go, ask, *Where do you feel that relaxation in the body? Notice that.* Then do more eye-movements (EMs).

Step 5: Cue word. The client is then asked to identify a single word that fits the image (*What word or words goes best with the experience you’re having right now?*) (e.g., relax, safe place, calm, beach, what ever works for them) and to rehearse it mentally during the next set of eye movements. Encourage the client to allow themselves to notice the pleasant sensations and sense of emotional security.

Step 6: Self-cuing. The client is then instructed to repeat the process on their own, bringing up the image and the word and experiencing the positive feelings (both emotional and physical), without eye movements. When the client has successfully repeated the exercise independently, the clinician points out how the client can use it to relax during times of stress.

Step 7: Cuing with disturbance. To emphasize the preceding point, the clinician asks the client to bring up a minor annoyance and notice the accompanying negative feelings. The clinician then guides the client through the “safe place” exercise until the negative feelings have dissipated. (EMs are optional, when doing this.)

Step 8: Self-cuing with disturbance. The clinician then asks the client to bring up a disturbing thought once again and to follow the same exercise, this time without the clinician’s assistance, to its relaxing conclusion.

Instruct the client to practice the “safe place” exercise (without eye-movements (EMs) or other relaxation techniques at home daily