Effects of Stabilization Techniques in Managing Psychological Distress

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By

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Table of Contents

List of Tables

List of Figures

List of Abbreviations

AIP	Adaptive Information Processing (AIP)
APA	American Psychological Association
APA	American Psychiatric Association
ANS	Autonomic Nervous System
BLS	Bilateral Stimulation
BBS	Bangladesh Bureau of Statistics
CDOI	Client Directed Outcome Informed
CBT	Cognitive Behavioral Therapy
CPTSD	Complex Post-Traumatic Stress Disorder
DALYs	Disability-Adjusted Life Years
DASS	Depression Anxiety Stress Scale
EMDR	Eye Movement Desensitization and Reprocessing
FIT	Feedback Informed Treatment
GHDx	Global Health Data Exchange
GBD	Global Burden of Disease
ILO	International Labor Organization
IDI	In Depth Interview
JAMA	Journal of American Medical Association
M	Mean
NICABM	National Institute for the Clinical Application of Behavioral Medicine
ODD	Oppositional Defiant Disorder
PTSD	Post Traumatic Stress Disorder
RDI	Resource Development and Installation
SSRI	Selective Serotonin Reuptake Inhibitors

TA	Transactional Analysis
SD	Standard Deviation
VOA	The Voice of America
WHO	World Health Organization
WEMWBS	Warwick Edinburg Mental Wellbeing Scale
YLDs	Years Lived with Disability

Dedication

To my beloved husband Md. Rokibul Islam Shipon and

dear son Alpha Arham Islam Shuborno

Declaration

I declare that the work on "Effects of Stabilization Techniques in Managing Psychological Distress'' is my own unique work and all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I also declare that no portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

Signature of the author Date:

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Approval

This is to certify that we have read the thesis paper entitled "Effects of Stabilization Techniques in Managing Psychological Distress" submitted by Roll no. 02, Registration No: 015/2019-2020 in partial fulfillment of the requirements for the degree of Master of Philosophy, at the Department of Educational and Counselling Psychology, Faculty of Biological Sciences, University of Dhaka. The researcher carried out under our direct supervision and guidance. After careful consideration of her research, analysis and the overall quality of the thesis, we are delighted to approve and endorse her work.

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The Researcher

Abstract

Study shows that psychological distress is a prevalent issue in Bangladesh, with a significant portion of the population experiencing mental health disorders such as depression, anxiety, stress, trauma and PTSD etc (GBD, 2017; WHO, 2020; Banna, et al., 2020; Cai et al., 2021; Rozario & Islam, 2022; Riaz, Islam, Ahmed, et al, 2023; Chowdhury, 2023). Based on the research gap and the potential benefits of stabilization techniques with bilateral stimulation (BLS), the present study was conducted to examine the effectiveness of stabilization techniques (with and without BLS) in managing psychological distress (depression, anxiety and stress) and their effects on self-esteem and mental well-being among the Bangladeshi citizens. Thus, to provide valuable insights about the effectiveness of stabilization techniques, the current study aimed to- a) investigate the effectiveness of stabilization techniques in managing psychological distress such as depression, anxiety and stress of adult population b) examine the effectiveness of stabilization techniques on self-esteem and mental well-being, c) compare the effectiveness of stabilization techniques with and without BLS in managing psychological distress (depression, anxiety and stress), d) examine the impact of stabilization techniques on psychological distress regarding different demographic variables such as gender, educational level and age, e) investigate the effectiveness of the stabilization techniques (with and without BLS) through online platform, f) inquire about the stabilization technique practices in Bangladesh of EMDR therapy practitioners and g) provide recommendation for the integration of stabilization techniques with and without BLS in clinical practices. A sample of 61 took part in this present study. The samples were collected through the purposive sampling technique. Among the 61 participants 54 were received counselling session and rest of the 7 took part

in in-depth interviews. The 54 participants were divided into two groups-Treatment group-1 (with BLS) consisted of 25 participants who received counselling sessions using BLS and Treatment group-2 (without BLS) comprised of another 29 participants and they received counselling sessions without BLS. The 9 out of 54 participants attended online counselling services, 4 were in Treatment group-1 and 5 participated in Treatment group-2. The 3 counsellors used abdominal breathing and container exercises for both with and without BLS group as common techniques. The rest of the four tools (Grounding Technique, Inner Garden, Resource Team Exercise and Healing Light) implemented with BLS in Treatment group-1 (with BLS group) through eye-movements and butterfly hug techniques and for the Treatment group-2 (without BLS group) these tools were administered without BLS. The researcher collected data 3 times (pre-test, post-test and follow-up test) from the total 54 participants using Bangla Warwick Edinburg Mental Wellbeing Scale (WEMWBS) (Rahman & Islam, 2013), Depression, Anxiety and Stress Scale, Bangla Version, (DASS 21V) (Alim et al., 2016), Rosenberg Self-esteem Scale (Rosenberg, 1965) and Guidelines for In-depth Interviews (IDIs) and 7 in-depth interviews were conducted to collect qualitative data with 7 EMDR practitioners. One-way repeated measurement ANOVA, Post hoc comparison using Bonferroni correction, t-test, Cohen's d size effect, Kruskal Wali's test and Mann-Whitney *U* test were performed within the scope of the research were carried out using SPSS 27 (IBM, 2021) for quantitative and thematic analysis for qualitative data analysis. The results showed that stabilization techniques were statistically significant in managing psychological distresses (depression $F(1.301, 67.654) = 131.555$, $p < .001$, partial eta squared = 0.717; anxiety $F(1.503, 78.178) = 209.616$, $p < .001$, partial eta squared = 0.801; and stress $F(1.503, 89.808) = 212.163$, $p < .001$, partial eta squared = 0.801.) and

increasing self-esteem and well-being (self-esteem F (1.586, 82.497) =100.412, p<.001, partial eta squared = 0.659 and mental well-being F (1.429, 74.310) =210.926, p<.001, partial eta squared = 0.802) of the study participants. Furthermore, the pairwise comparison among the psychological distresses (depression, anxiety and stress) and time (pre, post and follow-up test) evident statistically significant differences too. The results showed that during post and follow-up test all the groups size effects are large and medium only self-esteem has small size effects. The results also revealed that stabilization techniques with BLS is more effective than without BLS. The study did not find any significant differences among gender, age and educational level regarding stress and depression. Only in case of anxiety, significant differences ((M=15.00, SD=8.587) p<.05) were found for the age range of 26-35 years. The result showed that stabilization techniques through the online platform was also significant and their partial eta squared was from medium to large. In addition to this, the Mann-Whitney *U* test statistics for both online with and without BLS and for post and follow-up were greater than .05 except for the self-esteem post and anxiety follow-up scores. Therefore, no significant differences were found between online with and without BLS but during post-test of self-esteem and follow-up test of anxiety with BLS is more effective than without BLS. The qualitative data highlights the positive effects and applicability of stabilization techniques. Measures should be taken to incorporate stabilization techniques in daily clinical practices, to provide more training for mental health professionals and to conducted related research for ensuring evidence-based ethical practices and thus, contribute to bring a positive change in mental health sector of Bangladesh.

Chapter 1

Introduction

Effects of Stabilization Techniques in Managing Psychological Distress

In an increasingly complex and fast-paced world individuals are confronted with a myriad of stressors that can significantly impact their psychological well-being. The prevalence of psychological distress, encompassing symptoms such as anxiety, depression, stress, trauma and post-traumatic stress disorder (PTSD) has become a pressing concern in modern era. As the world continues to grapple with multifaceted implications of psychological distress, it becomes increasingly imperative to explore innovative and evidence-based strategies for its mitigation and management. In respond to mitigation and reducing psychological distresses, Francine Shapiro (1995, 2001, 2006) developed adaptive information processing (AIP) model. The AIP model has become the major components in the eye movement desensitization and reprocessing (EMDR) psychotherapeutic approach and it works as psychological self-healing process (Shapiro, 2001).

1.1 Adaptive Information Processing (AIP) Model

The AIP model suggests that memory networks (neural networks) are the basis for pathology and health (Shapiro,1993, 1994c). According to AIP model these memory networks are the basis of perception, attitudes and human behaviors. When an experience is successfully processed the information is adaptively stored irrespective of positive or negative one. If the information processing system works effectively it allows the incoming information to incorporate with previously stored relevant information in the memory networks. On the other hand, due to the adversity of life, stressors or traumatic stimuli the information processing system in memory networks break down, then

experiences are inadequately processed and stored in state-specific form. It means frozen in time in its own neural networks, unable to connect with other memory networks that hold adaptive information. Shapiro (2001) hypothesizes that if a memory is encoded in excitatory, distressing, traumatic, state-specific form, the original perceptions can continue to be triggered by a variety of internal and external stimuli and it causes inappropriate emotional, behavioral, cognitive and physical reactions and produce some overt symptoms, like hyper-arousal, anxiousness, nightmares, flashbacks, intrusive thoughts etc. Thus, AIP model posits that a negative behavior or personality characteristics as the result of dysfunctional unprocessed information. If somebody negatively beliefs "I am unlovable'', it stems from the past inadequately unprocessed memory. She hypothesizes that procedural element of EMDR therapy and various mechanisms by which activation and reprocessing of unprocessed inadequate memories by- deconditioning by stabilization techniques and relaxation responses (Shapiro, 1989a, 1989b), a shift in brain (Stickgold, 2002) and bilateral stimulation (through the eye movement) can help facilitate the processing of traumatic memories. Thus, the prime goal of EMDR therapy is to help individuals reprocess their traumatic or distressful memories in a way that makes them less distressing and integrates them into the broader network of memories, leading to more adaptive resolution of the trauma or distressful event. The current study gave more focus on and investigated the effectiveness of stabilization techniques with and without bilateral stimulation on the psychological distress. The following paragraphs presented the operational definitions of stabilization techniques, bilateral stimulation, psychological distress, self-esteem and mental well-being.

1.2 Stabilization Technique

During the stressful event (both man-made and natural) or as the aftermath of that event an individual express strong emotion, may become hyperarousal or hypo arousal (US department of Veterans Affairs, 2023). According to Dan Siegel (1999) every human individual has a certain level of capacities to experience, process and integrate emotional discomfort, obstacles and adversities of lives and this optimal level known as *optimum arousal*. During this optimum arousal level people can effectively handle any emotional situation, function and thrive in regular daily activities. Whenever an individual exceeds this optimal level s/he becomes either hyper-arousal or hypo-arousal. If an individual becomes hyper-arousal s/he might feel anxious, panicked, aroused, irritated, anger, stressed, scared, and overwhelmed and if s/he is hypo-arousal s/he becomes passive or freeze, feels depressed, crying, numbness, shut-down, withdrawn and exhausted. This means an individual becomes less effective, suffers a lot and his/her personal, family, academic/professional life becomes difficult to live for both hypo and hyper arousal level. Siegel (1999) also proposed existences of stressors make peoples life more complicated and they start to show unwanted or self-destructive behavior easily. Thus, to lead a happy, meaningful and effective life s/he has to bring his/her optimum arousal level or be within the windows of tolerance again (Ognden et al., 2006). During hypo and hyper arousal level, psychological counselling does not work properly unless the client psychologically and emotionally stable, calm and grounded and this can be only achieved through using different stabilization techniques (NICABM, 2017). The stabilization techniques help an individual to enters within the range of windows of tolerance or optimum arousal level and functions effectively.

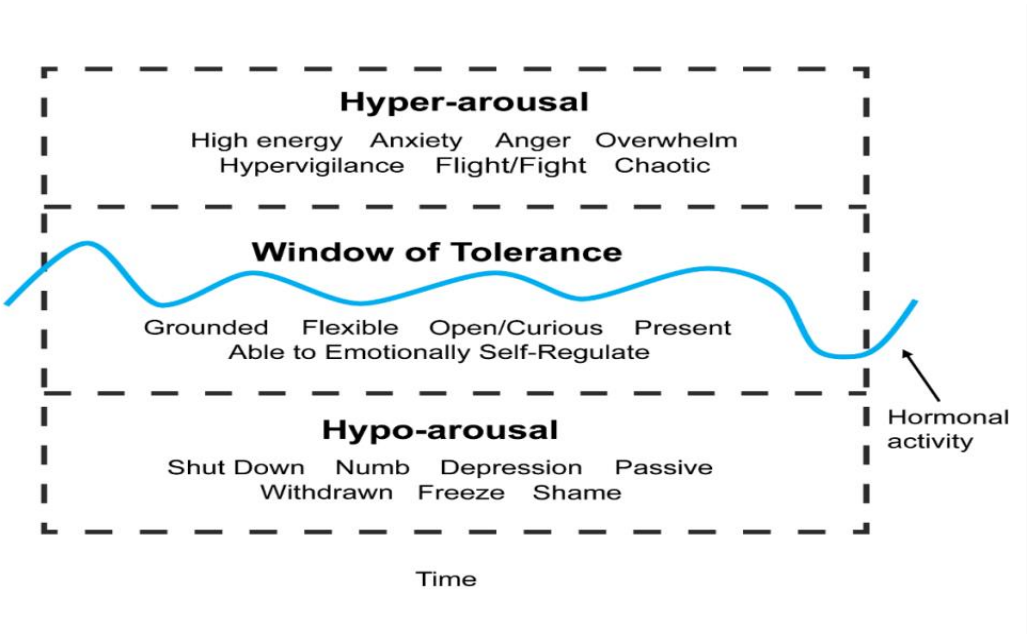

Figure 1: Window of tolerance (Adapted from Seigel, 1999)

Stabilization technique refers to a therapeutic approach used in various psychotherapeutic interventions to help individuals regulate their emotional and physiological states during moments of distress or trauma. It aims to promote a sense of safety, calmness, and groundedness, allowing individuals to effectively cope with challenging emotions and experiences. The stabilization techniques often involve the use of specific strategies such as grounding exercises, breathing techniques, visualization, and other self-soothing practices. It is commonly employed in trauma-focused therapies to create a foundation for further therapeutic work, including processing traumatic memories and promoting healing. There are many stabilization techniques that practitioners use to stable their clients but not all techniques are helpful for everyone. Depending on the client's preferences and adaptability different clients feel comfortable with different stabilization techniques. The current study used six stabilization techniques and they were: 1) Abdominal Breathing Exercise (Debra, 2013) , 2) Container Exercise (Shapiro, 2001),

3) Healing Light, (Egli-Bernd, 2014), 4) Inner Garden, (Egli-Bernd, 2014), 5) Resource Team (Egli-Bernd, 2014) and 6) Grounding Technique (Unbound Medicine, 2020). A brief description of these stabilization techniques has been given at following paragraphs.

Abdominal Breathing Exercise

Breathing is an essential bodily function that plays a crucial role in maintaining our mental and emotional well-being (Carlson & Speca, 2010; Zaccaro et al, 2018). When we experience anxiety or stress, our breathing patterns become disrupted, leading to shallow, rapid breaths (Bourne,2015). This can exacerbate our negative emotions and hinder our ability to cope with challenges. Conversely, by consciously modifying our breathing patterns, we can effectively manage stress, reduce anxiety, and promote overall well-being (Gross, 2015;). Our breathing patterns are closely intertwined with the autonomic nervous system (ANS), which regulates our body's involuntary functions. When we experience stress or anxiety, the ANS triggers the "fight-or-flight" response, characterized by shallow, rapid breathing. This surge of adrenaline and cortisol, stress hormones, prepares our bodies for perceived threats (Carlson & Speca, 2010). However, prolonged exposure to these stress hormones can lead to a host of negative consequences, including increased heart rate, muscle tension, and heightened anxiety. Controlled breathing exercises, on the other hand, activate the parasympathetic nervous system, responsible for relaxation and rest. By slowing down our breathing and deepening our breaths, we can counteract the effects of the stress response, leading to several physiological and psychological benefits: reduced heart rate and blood pressure, decreased stress hormones level, increased oxygenation, enhanced sense of calmness, improved emotion regulation, increased productivity and decreased stress, anxiety and depression (Brown et al., 2005; Peterson et al., 2017; Zaccaro

et al, 2018). Thus, incorporating breathing exercises into our daily routine can significantly enhance our mental and emotional health, leading to a more balanced and fulfilling life.

Container Exercise

Container Exercise is also known as the Containment Visualization, is a psychological tool that involves using the visualization of a container to contain and manage difficult thoughts and emotions. It is a simple yet effective tool for reducing stress, anxiety, and emotional reactivity, and can be practiced by anyone, regardless of their experience with mindfulness or meditation (Levine, 1998; Shapiro, 2001; van der Kolk et al., 2006). Container Exercise has been shown to reduce the body's stress response, leading to lower heart rate, blood pressure, and cortisol levels (Levine, 1998; van der Kolk et al., 2006). This can help to improve sleep, reduce physical pain, and boost the immune system (Kabat-Zinn, 1990; Black & Stice, 2015). On the psychological level, container exercise can help to reduce anxiety, depression, and trauma symptoms (Levine, 1998; van der Kolk et al., 2006). It can also improve emotional regulation, self-awareness, and coping skills (Chambers et al., 2003; Teasdale et al., 1993). Overall, container exercise is a safe, effective, and accessible practice that can be used to improve both physical and psychological well-being. It is a valuable tool for anyone who is looking to manage stress, anxiety, and difficult emotions, and can be easily incorporated into daily life.

Healing Light Exercise

Healing light is a therapeutic intervention tool that works with guided imagery and relaxation techniques to address trauma-related symptoms and promote psychological healing (Shapiro, 2001; Corrigan, 2017). Healing light aims to alleviate the emotional

distress and negative self-perceptions associated with traumatic experiences. During a session, the therapist guides the client through a series of guided imagery exercises that evoke feelings of safety and inner strength. Studies have demonstrated that Healing Light can significantly reduce symptoms of anxiety, depression, and intrusive thoughts, while also improving self-esteem and emotional well-being (Lee, et al, 2018).

Inner Garden Exercise

Mindfulness-based inner garden exercise is a stabilization technique that has been shown to be effective in reducing stress, anxiety, and depression (Kabat-Zinn, 1990; Hofmann et al., 2010; Kriakous et al, 2021). It involves a series of guided meditations that help individuals to connect with their inner selves and to develop a sense of calm and relaxation (Streeter, et al, 2010). Inner garden exercise has also been shown to have a number of positive effects on overall well-being. One study found that IGE was associated with increased levels of happiness, life satisfaction, and emotional resilience, improving sleep quality, and reducing blood pressure and heart rate (Hofmann et al., 2017; An et al, 2021; Ma et al., 2023).

The Resource Team Exercise

The resource team exercise is a powerful tool for developing and strengthening internal resources in individuals and teams. It has been shown to be effective in treating a variety of mental health conditions, including PTSD, anxiety, and depression (Shapiro, 2018). The resource team exercise is typically conducted in a group setting with 4-8 participants. Each participant is asked to identify a positive resource, such as a person, place, or memory that makes them feel safe, supported, and empowered. Once they have identified their resource,

they are guided through a series of EMDR bilateral stimulation (BLS) techniques while they visualize their resource. This process helps to create a strong association between the positive resource and the BLS, which can be used to access and activate the resource in times of need. The resource team exercise has been shown to be effective in increasing self-awareness, self-compassion, and resilience. It has also been shown to improve communication and collaboration within teams (Shapiro, 2018).

Grounding Exercise

Grounding exercises are a simple yet effective way to connect with the present moment and alleviate stress, anxiety, and other negative emotions (Kubala & Raypole, 2023). These techniques involve engaging the senses to bring awareness to the body and surroundings, promoting a sense of calm and stability. By grounding oneself in the present moment, grounding exercises can help to alleviate anxious thoughts and worries, promoting a sense of calm, reducing distractions, improving emotional regulation and thus, enabling individuals to cope more effectively with negative emotions. On the other hand, rounding exercises can have a positive impact on various physical aspects of well-being, such as- reducing stress hormones, blood pressure and muscle tension (Goodman & Schor, 2006; Davis & Hayes, 2011; Kabat-Zinn, 2012; van der Kolk, 2015).

1.3 Bilateral Stimulation (BLS)

Bilateral stimulation is a technique developed by Francine Shapiro and her colleagues ((2001) that is used in Eye Movement Desensitization and Reprocessing (EMDR), a psychotherapeutic approach primarily used for the treatment of PTSD and other trauma-related conditions. BLS involves the rhythmic activation of both sides of the body or

sensory input to engage bilateral brain processing. This can be achieved through various means, such as eye movements, auditory tones, tapping, or alternating bilateral tactile stimulation. The researcher used eye movements and tapping (Butterfly Hug) in the present study.

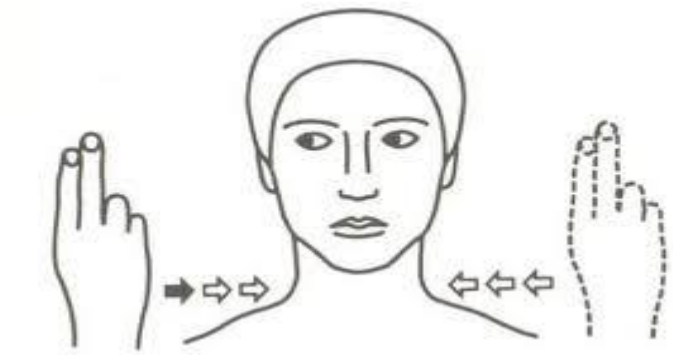

Figure 2: Eye movements (Adapted from Shapiro, 2018)

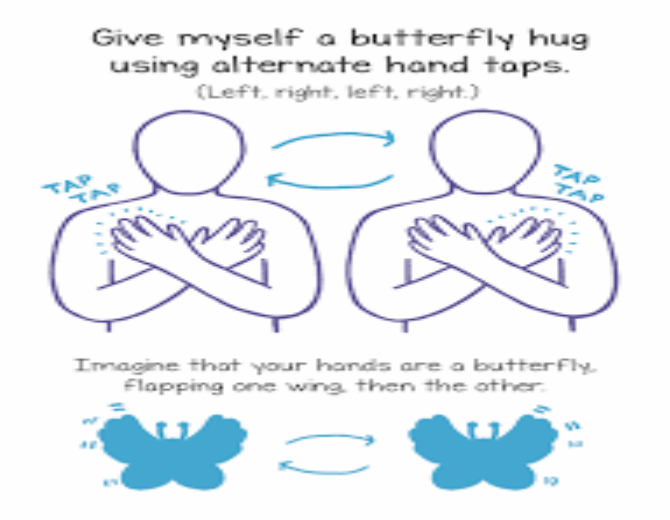

Figure 3: Butterfly hug technique (Collected from google)

The main purpose of BLS in EMDR therapy is to facilitate the processing and integration of traumatic memories or distressing experiences. By engaging bilateral brain processing, it is believed to help individuals' access and reprocess traumatic memories, ultimately reducing the emotional intensity associated with them. The specific mechanism through which bilateral stimulation works is not yet fully understood, but it is theorized to involve the enhancement of information processing and the integration of distressing memories into adaptive memory networks. Study suggests that BLS is thalamic activation of ventrolateral and central-lateral nuclei and works for repairing and integrating of somatosensory, memorial, cognitive and frontal lobe and synchronizing hemispheric activities what was hampered by previous trauma (Bergmann, 2008). The use of BLS has been found to enhance the effectiveness of stabilization techniques in managing psychological distress.

1.4 Psychological Distress and Mental Wellbeing

Psychological distress refers to a broad range of emotional, cognitive, and behavioral symptoms that indicate an individual's experience of significant psychological discomfort or suffering. It encompasses various mental health conditions, such as anxiety, depression, stress, PTSD and other forms of psychological dysfunction. Psychological distress is characterized by symptoms that may include intense sadness, irritability, impaired concentration, sleep disturbances, loss of appetite, and feelings of hopelessness. It can arise from various factors, including personal adversity, traumatic events, chronic stress, or underlying mental health disorders (American Psychiatric Association, 2013). According to the American Psychological Association (APA), psychological distress is described as "an aversive emotional state characterized by symptoms such as sadness, anxiety,

irritability, and difficulty in concentrating or sleeping" (APA, 2020, p. 712). The present study focuses on depression, anxiety and stress. The definition of these psychological terminologies is presented at the following paragraphs.

Depression is a mood disorder that causes persistent feelings of sadness and loss of interest. It can also cause a variety of physical symptoms, such as fatigue, changes in appetite and sleep, and difficulty concentrating. The DSM-V (2013) defines depressive disorders as a group of mental disorders characterized by a persistent sad, depressed, or hopeless mood. Symptoms of depressive disorders can include: depressed mood or loss of interest in activities most of the time, significant change in weight or appetite, trouble sleeping or sleeping too much, loss of energy or increased fatigue, difficulty thinking, concentrating, or making decisions, restlessness or feeling slowed down, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide.

Anxiety is a normal emotion that everyone experiences from time to time. It is a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome. However, when anxiety becomes excessive or persistent, it can interfere with daily life and may be a sign of an anxiety disorder. The DSM-V (2013) defines anxiety disorders as a group of mental disorders characterized by excessive anxiety and worry. Symptoms of anxiety disorders can include: excessive worry about a variety of things, such as work, school, health, money, or family, sudden and unexpected episodes of intense fear that can cause physical symptoms, such as a racing heart, shortness of breath, sweating, and dizziness, fear of social situations in which a person is exposed to possible scrutiny by others, intense fear of a specific object or situation, fear of being in situations

where escape might be difficult or embarrassing and excessive anxiety about being separated from attachment figures.

Stress is simply a natural hormonal response to a perceived unwanted threat to protect ourselves. Stress can be different types, such as- academic stress, occupational stress, financial stress and relationship stress. Stress can cause a variety of physical, emotional, and behavioral symptoms. Some of the most common physical symptoms of stress include headache, fatigue, muscle tension, difficulty sleeping and digestive problems. Emotional symptoms of stress are tension, anxiety, irritability, sadness and low self-esteem. Behavioral symptoms are avoiding activities, procrastination, substance abuse and social withdrawal (Carlson & Speca, 2010; Bourne, 2016).

Self-esteem is an individual's overall subjective evaluation and acceptance of their own worth. It is a complex construct that encompasses a variety of factors, including one's thoughts, feelings, and behaviors related to their own competence, value, and lovability (Rosenberg, 1965; Brown, 1990). Self-esteem is often considered to be a stable personality trait, but it can also fluctuate over time in response to life events and experiences (Coopersmith, 1981; Harter, 1990).

Mental well-being is a complex and multifaceted concept that encompasses a range of positive mental states, including emotional well-being, psychological well-being, and social well-being (Keyes, 2002). It is characterized by a sense of satisfaction with life, positive emotions, the ability to cope with stress, and the capacity for meaningful relationships (Seligman, 2002). Emotional well-being refers to the presence of positive emotions, such as happiness, joy, and contentment, and the absence of negative emotions, such as sadness, anxiety, and anger (Ryff & Keyes, 1995). Psychological well-being refers

to the ability to function effectively in life, including self-acceptance, personal growth, purpose in life, and environmental mastery (Ryff & Keyes, 1995). *Social well-being* refers to the ability to form and maintain positive relationships with others, a sense of belonging, and social support (Ryff & Keyes, 1995).

Mental well-being is not simply the absence of mental illness. It is an active and dynamic state that can be influenced by a variety of factors, including genetics, environment, lifestyle, and social support (Ryff & Keyes, 1995).

Excessive stress, anxiety, and depression are prevalent mental health concerns that can significantly impact an individual's overall well-being. These negative emotions can lead to a decline in self-esteem, creating a cycle of self-doubt and further emotional distress (Baumeister et al., 1998; Hewitt & Flett, 2010). Furthermore, low self-esteem issues are strongly correlated with anxiety and depression. Therefore, increasing self-esteem might be useful in reducing the risk of developing depression and anxiety in future (Sowislo & Orth, 2013). However, by effectively managing and reducing these stressors, individuals can embark on a journey towards enhanced self-esteem and improved mental well-being.

1.5 Rationale of the Study

The rationale for conducting the current study in Bangladesh arose from the high prevalence of psychological distress and the limited availability of mental health professionals and services in the country. Research has shown the effectiveness of stabilization techniques and bilateral stimulation in managing psychological distress (Cook et al., 2005; Leeds, & Kornbluh, 2016; Niles et al., 2018). However, there is a lack of research specifically examining the effects of these techniques among the Bangladeshi

population. Therefore, this study aims to fill this gap by investigating the effects of stabilization techniques, with and without BLS, in managing psychological distress (depression, anxiety and stress) among the Bangladeshi people.

1.6 Objectives of the Study

The study aimed to provide valuable insights into the effectiveness of stabilization techniques (with and without BLS) in managing psychological distress in Bangladesh. The findings would help mental health professionals in Bangladesh to develop effective strategies for managing psychological distress in the local population. Thus, the aims of the present study were:

1. To investigate the effectiveness of stabilization techniques in managing psychological distress such as depression, anxiety and stress of adult population
2. To examine the effectiveness of stabilization techniques on self-esteem and mental well-being
3. To compare the effectiveness of stabilization techniques with and without BLS in managing psychological distress (depression, anxiety and stress)
4. To examine the impact of stabilization techniques on psychological distress regarding different demographic variables such as gender, education level and age
5. To investigate the effectiveness of the stabilization techniques (with and without BLS) through online platform
6. To inquire about the stabilization technique practices in Bangladesh of EMDR therapy practitioners

7. To provide recommendation for the integration of stabilization techniques with and without BLS in clinical practices

1.7 Thesis Structure

The thesis is presented logically and systematically. The chapter introductions are presented at the following paragraphs.

Chapter 1 describes about introduction part including all the psychological terminologies related to the study, objectives and rationale of the study.

Chapter 2 includes similar previous literatures.

Chapter 3 covers the study design, sampling techniques, description of the participants, measuring instruments, and procedures of the study.

Chapter 4 incorporates results and findings along with different tables and figures.

Chapter 5 is devoted to discussing all the results and findings, providing limitations and future research directions.

Appendices part illustrates about references and other relevant attached files against of all the information described in the whole study.

Chapter 2

Literature Review

2.1 Mental Health Situation Worldwide

Mental health is a critical aspect of overall health and wellbeing, and the global mental health situation has been a growing concern in recent years. Mental health disorders affect millions of people worldwide, with a significant impact on individuals, families, communities, and societies. According to the WHO an estimated 970 million people worldwide suffer from mental or neurological disorders, and with approximately 1 in 8 people experiencing a mental health disorder at some point in their life (WHO, 2022; Institute of Health Metrics and Evaluation, 2022). Depression is one of the most common mental health disorders globally, affecting an estimated 264 million people worldwide. Anxiety disorders also affect a significant number of individuals, with an estimated 284 million people affected globally (WHO, 2021). Several studies revealed that 40 million people suffer from bipolar disorder, 24 million from schizophrenia, 14 million people experience eating disorder and substance abuse disorders affect over 35 million people all over the world (WHO, 2021; GHDx, 2022). Study also show that trauma and post-traumatic disorders are sky rocketing in war and conflict areas (Charlson et al., 2019). Suicide is another significant mental health issue worldwide, with approximately 700,000 people dying by suicide every year. Suicide is the fourth leading cause of death among young people aged 15-29 years. Additionally, for every suicide death, there are 20 suicide attempts (WHO, 2021) and suicide rate rose to 3 times higher than previous pre-COVID-19 situation (Blumenstein, 2023).

The prevalence of mental health condition varies by country and region. Study evident that the prevalence of depression in Western countries ranged from 3.7% to 10.9%, while in developing countries, it ranged from 2.1% to 4.7%. Similarly, the prevalence of anxiety disorders ranged from 2.6% to 7.6% in Western countries and from 2.0% to 5.0% in developing countries (WHO, 2021).

The COVID-19 pandemic has had a significant impact on mental health worldwide. The pandemic has caused increased stress, anxiety, and social isolation, leading to a rise in mental health disorders (KFF, 2020; Wang et al., 2020). A survey conducted by the WHO (2020) in 130 countries found that 93% of countries reported disruptions to mental health services during the pandemic, and 75% of countries reported increased demand for mental health services. According to a study the prevalence of depression and anxiety symptoms in the general population has increased during the pandemic, with rates ranging from 12.9% to 20.3% (Frankenthal et al., 2023). Furthermore, the pandemic has disproportionately affected vulnerable populations, such as healthcare workers, older adults, and those with pre-existing mental health conditions. A study published in JAMA Network Open found that the prevalence of depression among healthcare workers was 22.8% during the pandemic (Lai et al., 2020). The pandemic has also led to a surge in demand for mental health services, with a 62% increase in calls to crisis hotlines in the United States (Panchal et al., 2021). A study conducted in the United States found that the prevalence of depression symptoms had increased from 8.5% to 32.48% between 2019 and 2021 (Ettman et al., 2020; Ettman et al., 2022). Similarly, a study conducted in Italy found that 29.5% of the respondents reported symptoms of PTSD during the pandemic (Forte et al., 2020). Another study conducted in China found that healthcare workers were at a

higher risk of developing mental health problems due to their exposure to COVID-19 patients (Lai et al., 2020). From another study conducted in Australia found that 25% of the respondents reported symptoms of anxiety related to the pandemic (Fisher et al., 2020). Similarly, a study conducted in the United States found that the pandemic had caused a significant increase in the prevalence of anxiety disorders (Bakal et al., 2020). Another study conducted in the United Kingdom found that the pandemic had caused a significant increase in the prevalence of depression symptoms (Office for National Statistics, GB, 2020).

According to the WHO, mental health conditions are the leading cause of disability worldwide, accounting for 7.4% of all disability-adjusted life years (DALYs,) (WHO, 2019). Mental health conditions are also a significant contributor to the global burden of disease, accounting for 28% of all years lived with disability (YLDs) in 2019 (Global Health Estimates: WHO, 2020).

The economic impact of mental health conditions is also significant. The WHO estimates that the global cost of mental health conditions is $2.5 trillion per year, with the majority of this cost (85%) being borne by low- and middle-income countries (Trautmann, Rehm & Wittchen, 2016). The cost includes direct costs, such as healthcare and medication, as well as indirect costs, such as lost productivity and reduced quality of life. Mental health disorders can also increase the risk of other health problems, including cardiovascular disease, diabetes, and obesity (Brennan, 2021).

Despite the significant burden of mental health disorders worldwide, mental health services remain inaccessible to many peoples and not adequate (Monitra et al., 2022). According to the WHO (2021), only 1 in 10 people with a mental health disorder receive

adequate treatment. This treatment gap is even wider in low- and middle-income countries, where up to 90% of people with mental health disorders do not receive adequate treatment. There is also a significant disparity in access to mental health services worldwide. In low- and middle-income countries, more than 75% of people with mental, neurological, and substance use disorders receive no treatment for their condition. In high-income countries, the treatment gap is still significant, with an estimated 50% of individuals with mental health disorders receiving no treatment. This treatment gap is due to a variety of factors, including a lack of resources and trained healthcare professionals, stigma surrounding mental illness, lack of awareness about the importance of mental health, discrimination and violation of human rights (WHO, 2022; Ettman et al., 2022).

2.2 Mental Health Condition of South Asian Countries

Psychological issues are prevalent in all parts of the world, but South Asian countries face unique challenges that contribute to the high incidence of mental health problems in the region. South Asia is comprised of eight countries, namely Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka are home to over 2,030,895,800 (Worldmeter, 27 August, 2023) people, making up more than one-fifth of the world's population. These countries are characterized by diversity in language, religion, culture, and socioeconomic status, among other factors. This diversity creates a complex web of challenges that affect mental health outcomes in the region.

The prevalence of mental health issues varies across South Asian countries. In general, mental health issues are more common in the urban areas of the region compared to rural areas. A study conducted in Pakistan found that the prevalence of depression was

higher in urban areas (34.3%) than in rural areas (27.3%) (Naeem et al., 2015). Similarly, a study conducted in India found that the prevalence of anxiety disorders was higher in urban areas (18.3%) than in rural areas (9.8%) (Saxena et al., 2016). These findings suggest that urbanization and modernization contribute to the high incidence of mental health issues in the region.

Depression is one of the most common mental health issues in South Asian countries. A study conducted in Sri Lanka found that the prevalence of depression was 19.4% (Alwis et al., 2023). Another study conducted in Bangladesh found that the prevalence of depression was 47.3% (Koly et al., 2021). Depression is often accompanied by anxiety, which is also prevalent in the region. A study conducted in Nepal found that the prevalence of anxiety disorders and depression was 22.7% and 11.7% respectively (Risal et al., 2016).

PTSD is also prevalent in South Asian countries. The region has been plagued by conflicts and natural disasters, which have contributed to the high incidence of PTSD. A study conducted in Nepal found that the prevalence of PTSD was 18.9% (Archarya et al., 2023). Similarly, a study conducted in Sri Lanka found that the prevalence of PTSD was 13.7% (Doherty et al., 2019).

Several factors contribute to the high incidence of psychological issues in South Asian countries. These factors include rapid urbanization, poverty, unemployment, social stigma, cultural factors, and lack of access to mental health services. Poverty and unemployment are major contributors to mental health issues in the region (Patel, 2007; Trivedi et al., 2008; WHO & CGF, 2014; Rahman et al., 2016, Maselko et al., 2017).

2.3 Mental Health Status of Bangladesh

Psychological distress is a common experience for every individual all over the world. Bangladesh is a densely over populated country with its 165,158,697 people (Bangladesh Bureau of Statistics, 2022). According to World Health Organization (2020) 18.7% adults of the total population and 12.6% children of Bangladesh are suffering from different psychological issues.

From the Global Burden of Disease (GBD, 2017) study it has been found that the prevalence of schizophrenia in Bangladesh was 0.2% and which is very close to the global prevalence of 0.3%. The study also revealed that the prevalence of bipolar disorder among the Bangladeshi was 0.5% and major depressive disorder was 2.8% and this rate is higher than the global estimates of depression (2.2%). On the other hand, National Mental Health Institute under the technical guidance of WHO conducted a national mental health survey 2018-2019; and they found that 6.7% of total populations are suffering from depression. It is clearly higher than the GBD estimated of the depression rate in Bangladesh in 2017 (WHO, 2020).

Due to the comorbidity with depression and suicidal ideation (Cai et al., 2021) the rates of suicide in Bangladesh are skyrocketing now-a-days (Riysaad, 2021). There were 45 students committed suicide in every month of 2022 in Bangladesh (9 Sep, 2022, Dhaka Tribune). A total number of 340 primary and high school going students, 106 college students and 84 university students committed suicide in Bangladesh (Chowdhury, 2023). The study also found that females (285) are committing more suicide than the males (160) and that findings is similar with the findings of GBD 2017. Study shows that domestic violence by the husbands and other male members, financially less advantaged situation,

malnutrition, suicidal ideation during pregnancy, less opportunity for education, different mistreatments and stigmas are work as the contributing factors in committing suicides for females in Bangladesh (Gausia, Fisher, Ali & Osthuizen, 2009; Nasreen et al., 2011; Islam & Biswas, 2015; Ziaei et al., 2016).

According to the national mental health survey 2018-2019, 4.5% of total populations of Bangladesh is suffering from anxiety disorders.

Moreover, COVID-19 situation took a great toll on mental health in Bangladesh in line with the rest of the world. COVID-19 has worsened the psychological and emotional health. Study reveals that 45% of Bangladeshi peoples are suffering from depression, stress and anxiety and 12% populations reported about co-morbidity of these three disorders during post COVID-19 era (Arif et al., 2023). People are now suffering more from stress (59.7%) in comparison to pre-pandemic period (Banna et al., 2020). Research evidence demonstrated that people of this country are also suffering from sexual abuse, trauma, and post-traumatic stress disorder 10.1%, 28% and 23.5% respectively (Rozario & Islam, 2022; Riaz, Islam, Ahmed, et al, 2023).

Additionally, Bangladesh is high risk natural disaster-prone area and every year floods, drought, landslides, and cyclones cause death of beloved family members, loss of land, residents and other valuable properties (Statista, 2022). On the other hand, multistoried building collapse (like Rana Plaza, Tazreen Fashion) fire out-break at slum areas, garments factory, high-rise buildings and market places, chemical depot blast caused death of thousands of people and destroyed million-dollar properties (ILO, 2012; Fitch et al., 2015; VOA, 4 June 2022; The Daily Star, 4 April, 2023). All these natural and man-made disasters contribute in developing anxiety, stress, trauma, PTSD depression, and loss

and grief issues among the survivors (Fitch et al., 2015; Khan, Hossain, & Akhter, 2020; Salam et al. 2021).

The male dominating social system sensitizes and normalizes the intimate partner violence and gender based domestic violence in Bangladesh. The different studies portrait that more than 50% of ever married women experienced sexual and physical intimate partner violence during their life time. (Naved, Rimi, Jahan and Lindmark, 2009; WHO, 2022). Domestic violence, dowry related physical abuse, acid throwing, rape, forcefully abortion and trafficking for commercial sex are common forms of gender-based violence in Bangladesh and these lead to stress, trauma, anxiety, depression, PTSD, severe psychosomatic disorders and grievances among the survivor women (Hossain & Sumon, 2013; Abas et al., 2016; Shoji & Tsubota, 2022).

2.4 Available Mental Health Services in Bangladesh

Despite the high prevalence of mental health issues in Bangladesh, there is a shortage of mental health professionals and limited access to mental health services. According to a report by the WHO (2020), there are only 260 psychiatrists and 665 psychologists in Bangladesh for more than 2.5 crore psychological patients. It means there is 0.16 psychiatrist per 1,00,000 people and 0.34 psychologist per 1,00,000 people. Thus, due to the lack of professional mental providers people use to visit religious priests, use tabizes and holy water blessed by the priests, homeopathic and ayurvedic doctors and other traditional healers (Razario and Islam, 2019; National Mental Health Survey 2018-19; Rozario & Islam, 2022). So, it clearly shows that Bangladesh has scarcity of professional mental health workers. Moreover, only 7.7% individuals receive mental health services

among the 2.5 crore mental health patients. Additionally, Bangladesh Government use only $ 0.08 per capita on mental health expenditure and it is the 0.05% of total health budget of Bangladesh (WHO, 2020; Hasan et al., 2021). Apart from all the scarcities most of the mental health service provider organizations are developed in Dhaka and thus, the people of Bangladesh are also being deprived in mental health services (Rozario & Islam, 2022).

2.5 Stabilization Techniques as Psychotherapeutic Intervention

Psychological distress is a common experience that affects people of all ages and can lead to various mental health issues. Several interventions have been proposed to manage psychological distress, including stabilization techniques, which aim to stabilize individuals by increasing their sense of safety and control. One such technique is the use of bilateral stimulation (BLS), which involves the simultaneous stimulation of both sides of the body to facilitate processing and integration of emotions. This literature review examines the effects of stabilization techniques with and without BLS in managing psychological distress.

Numerous studies have been conducted to understand and comprehend the effectiveness of stabilization techniques on psychological distress across the globe. The study suggests that the use of stabilization techniques including mindfulness meditation and breathing exercises were found to be effective in managing psychological distress (Cook et al., 2005; Leeds, & Kornbluh, 2016; Niles et al., 2018). The stabilization techniques with BLS of psychotherapeutic approach EMDR were more effective in reducing symptoms of PTSD (van den Berg & others, 2015) than without BLS. The same

authors conducted a study in 2020 and concluded that the alternating stimulation provided by BLS may enhance the processing of traumatic memories, leading to greater trauma-related symptom reduction (van den Berg & others, 2020).

Several researches revealed that BLS with stabilization techniques were more effective than the use of placebos and selective serotonin reuptake inhibitors (SSRI) group antidepressants medications in treating trauma and PTSD. An experimental study conducted by the van der Kolk and others (2007) found that BLS is more effective in treating PTSD and showed greater improvement in emotion regulation and somatic symptoms than use of fluoxetine and placebos. On the other hand, in comparison to cognitive behavior therapy (CBT) stabilization techniques with BLS showed greater effect size in treating PTSD (Leeds & Shapiro, 2005). It means stabilization techniques with BLS can enhance the effectiveness of the therapeutic interventions. Analyzing another study conducted by Hase et al. (2015) revealed that CBT technique and stabilization with BLS jointly reduce the psychological distress and enhance the quality of life of the people rapidly compared to CBT alone.

Stabilization techniques are capable for bringing change in neurological reaction of the brain. A study conducted by the Pagani, Di Lorenzo, Verardo, Nicolais, Monaco, Lauretti, & Siracusano (2015) examined the correlation between brain activities and stabilization techniques with BLS. From the study the researchers found that stabilization techniques with BLS led to significant change in brain activity, especially in hippocampus and frontal lobes of the brain.

Another study found that the effectiveness of stabilization techniques depends on the nature of the disorder, severity and personality of the individuals. Study reveals that

BLS with stabilization techniques was more capable in eliminating traumatic symptoms in individuals with high level of dissociation whereas without BLS were more effective in individuals with mild level of dissociation (Novo Navarro, 2021).

However, other studies have found that stabilization techniques without BLS can also be effective in managing psychological distress. For instance, a study by Tarrier and his colleagues (2019) found that cognitive-behavioral therapy (CBT) combined with relaxation techniques was effective in reducing anxiety and depression symptoms. Another study found that a stabilization technique known as "grounding" was effective in reducing symptoms of anxiety and depression (Dagg, et al., 2020). In this technique, the patient is asked to focus on their senses and surroundings to help them feel grounded and calm.

Study provided evidences that stabilization techniques with BLS is more effective than without BLS. In a pilot study it has been found that stabilization with BLS was more effective in reducing symptoms of PTSD in veterans with schizophrenia (Leeds, & Kornbluh, 2016).

The stabilization techniques were found to be effective for refugees after their displacements. A group of scientists used imaginative stabilization techniques for reducing the trauma and depressive symptoms and managing psychological distresses of anxiety and uncertainty among the male refugees in Germany. The result of that pilot study showed that imaginative stabilization techniques were able to reduce anxiousness and psychological distress but symptoms of PTSD and depression were unchanged (Zehetmair et al. 2018).

From a randomized controlled study, it has been found that stabilization techniques were effective for reducing pain intensity among the patients with non-specific pain. The authors concluded that stabilization exercises were effective in relieving neck pain and reducing symptoms of anxiety and depression (Kaka et al., 2018).

Again, another study examined the feasibility and effectiveness of EMDR therapy delivered through online telehealth for individuals with PTSD. The results indicated that the intervention was feasible and effective in reducing PTSD symptoms (Schubert et al., 2011). Again, during COVID-19 some studies showed that online EMDR techniques were effective in managing anxiety, stress, trauma, grief and loss and other psychological distress (Bongaerts et al., 2020; Lenferink et al., 2020; Perez et al., 2020; Tariquino et al, 2020; Fusher, 2021). It means that the addition of BLS to stabilization techniques can be effective even when delivered remotely

A study was conducted by Jarero Artigas (2010) to know the effectiveness of stabilization techniques with in incorporating the BLS with a group natural disaster affected people. The results indicated that the intervention was effective in reducing trauma symptoms, suggesting the positive impact of BLS on stabilization techniques in group settings and for natural calamities affected people.

A study with breast cancer women was conducted to examine the effectiveness of stabilization techniques to reduce the symptoms of sleep disturbances. After providing 8 weeks session using stabilization techniques, it has been found that stabilization technique, was effective in improving sleep quality and reducing symptoms of anxiety and depression in women with breast cancer (Singh et al., 2019).

Stabilization techniques have been studied as psychotherapeutic interventions for managing psychological distress in various populations. These techniques have shown effectiveness in reducing symptoms of PTSD and trauma-related disorders when combined with bilateral stimulation (BLS). BLS has been found to enhance the processing of traumatic memories and improve treatment outcomes. However, some studies have also shown that stabilization techniques without BLS can be effective in managing psychological distress. These techniques include abdominal breathing exercise, container exercise, inner garden exercise, healing light, resource team exercise and Grounding techniques. There is still a research gap regarding the effectiveness of stabilization techniques on psychological distress specifically among Bangladeshi people. Further research is needed to explore the feasibility and effectiveness of these techniques in this population considering their unique cultural context and challenges related to access to mental healthcare and thus, to fulfill the research gaps the present study has been conducted.

Chapter 3

Method

3.1 Study Design

The core objective of this present study was to investigate the effectiveness of stabilization techniques (with and without BLS) on different psychological distress and, thus, the study was conducted by using Repeated Measurement Study Design and the purposive sampling techniques for collecting quantitative data as showed in the Table1.

Table 1: Repeated Measurement Study Design

Group	Pre-test	Treatment	Post-test	Follow-up test
Treatment group-1 (with BLS)	Assessment of anxiety, depression, stress, self-esteem and mental well-being	Conduction of stabilization techniques with BLS in sessions for 60 to 90 minutes for 4 consecutive weeks	1 week after completion of 4 consecutive sessions	1 months after conduction of the Post-test
Treatment group-2 (without BLS)	Assessment of anxiety, depression, stress, self-esteem and mental well-being	Conduction of stabilization techniques without BLS in sessions for 60 to 90 minutes for 4 consecutive weeks	1 week after completion of 4 consecutive sessions	1 months after conduction of the Post-test

The researcher has also collected some qualitative data from the participants through the in-depth interviews (IDIs) from EMDR practitioners in Bangladesh.

3.1. a. Participants

A sample of 61 participants took part in this present study. The samples were collected through the purposive sampling technique. The total 54 participants were divided

into two groups- Treatment Group 1 (with BLS) which contained 25 participants and they received counselling sessions using BLS and Treatment Group 2 (without BLS) which comprised of another 29 participants and they receive counselling sessions without BLS. Among them 9 participants attended online counselling services, 4 were in Treatment group-1 and 5 participated in Treatment group-2. The participants were distributed according to the following sampling table.

Table 2: Distribution of Participants according to Treatment Groups and Mode of Services

Mode of Services	Treatment group-1 (with BLS) participants		Treatment group-2 (without BLS) participants	
	Male	Female	Male	Female
In-person	11	11	12	13
Online platforms	2	2	2	3
Total in terms of sex	12	13	14	16
Total in terms of group	25		29	
Grand total	54			

In addition to these 54 participants, there were another seven (7) EMDR practitioners of Bangladesh as interviewees for the qualitative part of the study.

Table 3: Participants for In-Depth Interviews (IDIs)

Sl. no.	Interviewees		Designation
	Male	Female	
1.	2	5	EMDR practitioners
Grand total	7		

3. 1. b. Description of Participants

- Age**:** The research participants were 18 to 60 years old and their average age was 31.02 years

- Education level: SSC to Masters and above
- Current Geographical Location**:** Dhaka and Rajshahi Division of Bangladesh

3.1. c. Criteria for Inclusion and Exclusion of Research Participants

Inclusion Criteria

The following criterion were followed for the participants to be included in this study.

- 18-60 years old Bangladeshi citizen living in Bangladesh
- Experiencing a psychological distress since at least 3 months prior to study entry
- Scored at least in anyone from moderate to severe level of depression, anxiety and stress
- Have some family support system/social support systems

Exclusion Criteria

- Whose scores fall into mild or profound category or comorbidity of psychosis
- Ongoing psychiatric treatments or taking psychotic drugs
- History of eye diseases/blindness

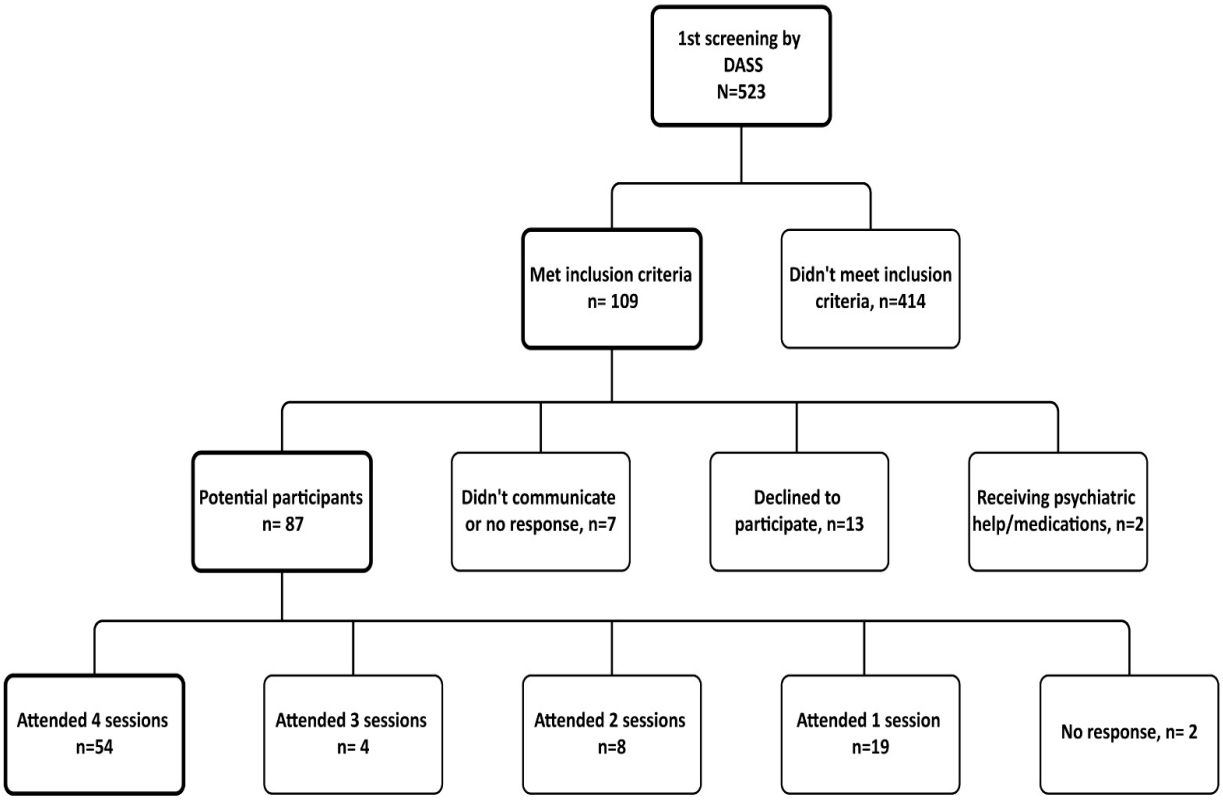

Figure 4: Flow diagram of selection of research participants for quantitative part

3. 1. d Causes of Drop-out of Participants

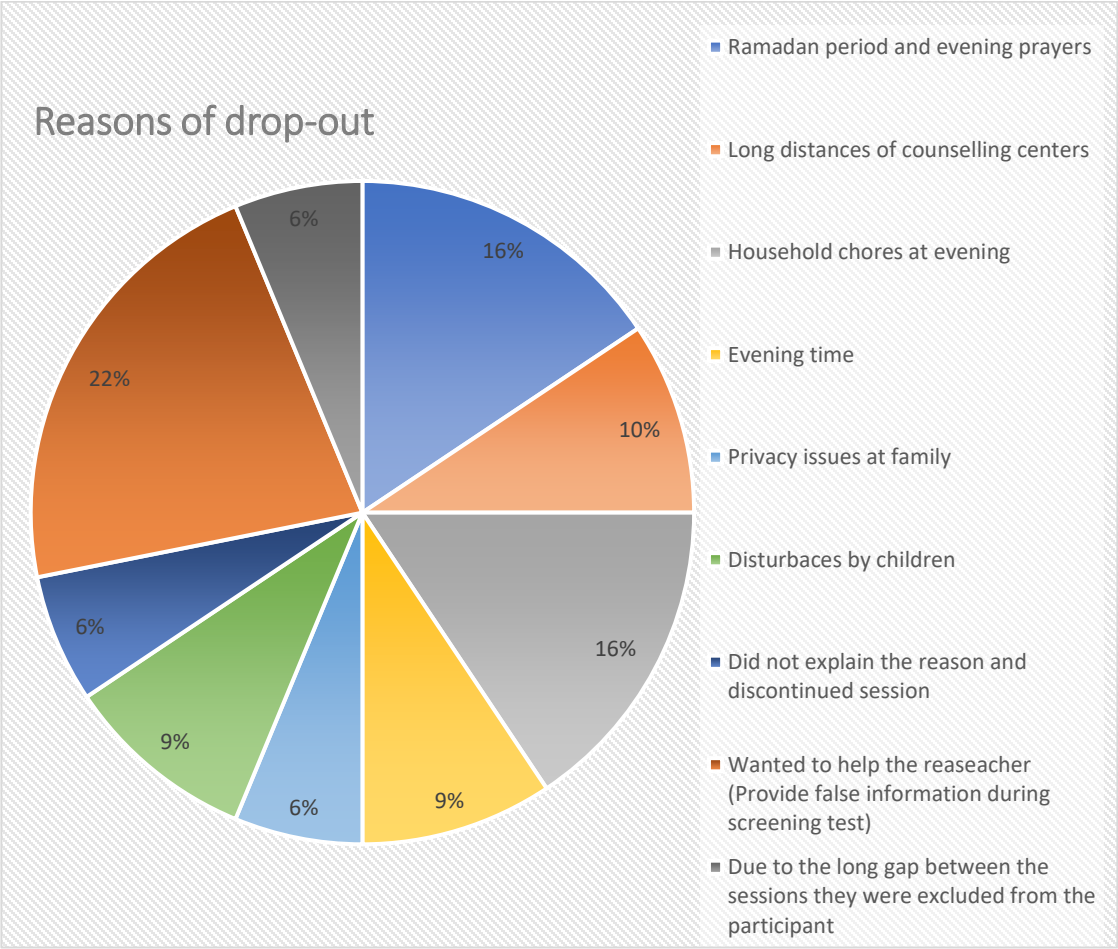

Figure 5: Reasons of drop-out of research participants

3.2. Counsellors (Research Assistants)

The counsellors were EMDR Practitioners/Psychologists, had at least two years of experience in counselling and mandatory had to attend orientation and six-hour training program arranged by the researcher and supervisor.

3.3 Number of Each Counselling Session and Duration

The researcher used Feedback Informed Treatment (FIT) counselling session model, which is also known as Client Directed Outcome Informed Therapy (CDOI); thus, she along with her supervisor decided to provide 4 counselling session during the study (APA Center, 2023) and decided to provide added sessions if required by the participants. The researcher is now providing counselling sessions with 5 individuals. Following the model/protocols of Shapiro (2001) the counsellors conducted the first session for 60 minutes and rest of the 3 sessions were 90 minutes long.

3.4 Anticipated Risk Factors and Risk Mitigation Strategy

The researcher along with her supervisor prepared a group of professional psychologists as emotional support team. Their responsibility was to immediately respond to the participants if there is an incurrent of triggers by past trauma but during data collection period no such issues were surfaced.

3.5 Measuring Instruments

The study has been conducted by using the following instruments.

The Demographic and Personal Information Questionnaire

The researcher under the guidance and supervision of the supervisor, developed a demographic and personal information questionnaire according to the objectives of the study. The questionnaire is attached to the [Appendix A(i)].

Depression, Anxiety and Stress Scale, Bangla Version, (DASS 21V)

The original Depression Anxiety Stress Scale (DASS) was developed by Prof. SH Lovibond and Prof. PF Lovibond at University of New South Wales at Australia in 1995 for measuring depression, anxiety and stress. The Bengali version of DASS was translated and validated in Bangladesh (Alim et al., 2016). The translation process involved two rounds of translations and back-translations, followed by collaborative discussions to harmonize the versions. After pretesting on ten students and a review by a panel of experts, the final Bengali version of DASS 21 (DASS 21-BV) was obtained. To validate this scale, a cross-sectional study was conducted among MBBS students at Pabna Medical College, Pabna, using a purposive sampling technique. The participants were administered both the Bengali and English versions of the scale with a 3 to 7-day interval between assessments. The analysis was performed on a sample of 15 individuals. The correlation for the depression subscale was found to be 0.976, for the anxiety subscale it was 0.917, and for the stress subscale it was 0.931. These correlations were statistically significant at the 0.01 level (two-tailed). Additionally, the Cronbach's Alpha coefficients for the Depression, Anxiety, and Stress subscales were calculated to be 0.987, 0.957, and 0.964, respectively. The scale is attached to the [Appendix A(ii)].

Bangla Rosenberg Self-esteem Scale

The Rosenberg Self-esteem Scale, originally developed by Rosenberg (1965), assesses adolescents' self-worth and self-acceptance through a 10-item Likert scale. Respondents choose from four alternatives: 'strongly agree' (3), 'agree' (2), 'disagree' (1),

and 'strongly disagree' (0). The scale comprises 5 positive and 5 negative items (item no. 3, 5, 8, 9 & 10), with negative items scored in reverse. The scores range from 10 to 40, with higher scores reflecting greater self-esteem and lower scores indicating lower self-esteem. The original scale demonstrated strong test-retest reliability (0.82 to 0.88) and internal consistency (Cronbach's Alpha: 0.77 to 0.88). Ilyas (2003) adapted the scale for use in our country. The English to Bangla version correlation ($r=0.87$, $p<0.0005$) rectifies the translation reliability, while the Bangla version's Cronbach's Alpha ($\alpha=0.87$) underscores its internal consistency. The scale is attached to the [Appendix A(iii)].

Bangla Warwick Edinburg Mental Wellbeing Scale (WEMWBS)

The psychometrically sound in Bengali language Warwick Edinburg Mental Wellbeing Scale (WEMWBS) was validated in Bangladesh (Rahman & Islam, 2013). It is a 14 items scale and has been using for assessing overall well-being of an individual. The reliability coefficients of the WEMWBS scale were beyond the cut-off acceptance level (Cronbach's Alpha=0.77, Split half=0.87 & test-retest=0.72). The correlation between GHQ-12 and WEMWBS was, $r = 0.53$. It means it was psychometrically valid. The scale is attached to the [Appendix A (iv)].

Self-made Guidelines for interviews with EMDR practitioners of Bangladesh

The Researcher under the guidance of the Supervisor developed a guideline for conducting in-depth interviews (IDIs) according to objectives of the present study. The guideline is attached to the [Appendix A (v)].

3.6 Procedure

The study was started with a preparation stage. The researcher arranged a one-hour online orientation and feedback session about the study to get feedback about the study and counsellors/research assistants. The feedback session was arranged for the EMDR practitioners and psychologists. After conducting the orientation program, the researcher along with her supervisor provided six (6) hour training for the counselors for conducting counselling sessions. Then with the supervision of the supervisor and doing literature review, the researcher prepared a treatment-plan for the study participants and a prior consent form. After completing that preparation stage, the researcher circulated the advertisement offering free counselling sessions on social medias different groups several of times of the tenure of this present study. The researcher along with her research assistants also circulated the advertisement to different educational and other organizations notice boards. Later, the above-mentioned DASS scale was administered to 523 individuals in-person for including them as research participants in the study. The 87 participants among of 523 individuals were selected as potential participants who met the inclusion criteria with a help of three (3) research assistants. Whenever, an individual fulfilled the inclusion criteria s/he was given the consent form in written format and her/his consent was taken both verbally and in written formats, and all the three scales were administered again for the pre-test assessment. After completing the pre-test assessment s/he was assigned to a trained counselor, who agreed to work as research assistant. The counsellors conducted individual in-person (45 participants) and online (9 participants) counselling sessions.

The mental health counselling sessions were conducted by these three (3) independent counsellors. The participants from both Treatment group-1 and Treatment group-2 had received four (4) counselling sessions and after follow-up sessions there were opportunities for taking more sessions from the researcher according to their needs. But during the study period they received only 4 sessions. The counsellors had used i). Abdominal Breathing Exercise, ii). Container Exercise, iii). Healing light, iv). Grounding Technique v). Resource Team Exercise, and vi). Inner Garden psychological tools as stabilization techniques for both groups. But abdominal breathing and container exercises were common tools and administered following a similar method for both treatment groups. During working with the Treatment group-1, the counselors conducted sessions using these stabilization techniques (healing light, grounding techniques, resource team exercise and inner garden) with bilateral stimulation through eye-movements and butterfly hug techniques but whenever they worked with Treatment group-2, they did not use bilateral stimulation. The duration of 1st counselling sessions was 60 minutes without pre-test assessment and rest of the 3 counselling sessions were 90 minutes long. After completing 4 counselling session for both groups there were one-week break and after that the scales were administered again with research participants for post-test assessment. Then again after one month later, the follow-up tests were taken. Standard data collection procedure was followed to collect the data from the participants. For collecting qualitative data, the researcher communicated with EMDR practitioners of Bangladesh through mobile phone calls and emails and among of them 7 gave consent to participate in the IDIs. The researcher along with a research assistant conducted 7 IDIs through Zoom Meeting

App. The IDIs were digitally recorded for developing codes and classifications. After completing this final report all qualitative data and recordings were destroyed/deleted.

3.7 Ethical Consideration and fidelity

The Ethical Review Committee of Faculty of Biological Science at University of Dhaka observed and checked all the study design, procedures, risk factors and mitigation strategy carefully and provided with a permission and an Ethical Clearance Letter whose reference number is 228/Biol.Scs. (Appendix B). The researcher and the supervisor maintained and ensured all the ethical frameworks during this study. All the counsellors had attended supervision hour twice in a week. The supervision and training hours are given below.

Table 4: Total Contact Hours with Counsellors and 54 Participants

Topics	Training/Supervision hours
Online Orientation program	1 hour
Training for counsellors	6 hours
Supervision session for counsellors	63 hours
Session hours with participants	297 hours
Total hours of data collection	81 hours

3.8 Data Analysis

To examine the normality of data distribution, Kolmogorov-Smirnov test was conducted. The p-value of K-S tests of scores of pre-tests, post-test and follow-up test for

both stabilization techniques with BLS and without BLS groups are greater than .05 that means the observations of different variables follow normal distribution. Thus, it was concluded that the data distribution was normal and decided to use parametric tests within the scope of the research. Analyses of variance (ANOVA) for repeated measurements were performed to analyze the differences of scores for stress, anxiety, depression, self-esteem and mental well-being among pre, post and follow-up test periods and later Post hoc comparison using Bonferroni comparison was used; t-test and Cohen´s d effect size was calculated using within and between designs for mean comparison among the different measurements. Before the ANOVA, the Mauchly's test of Sphericity test was performed for the total and all subgroups. Again, Kruskal Wali's test and Mann-Whitney *U* test were conducted to calculate the effectiveness and comparison of online counselling services. All analyses within the scope of the research were carried out using SPSS 27 (IBM. 2021).

Besides the quantitative data, in this study qualitative data has been generated through in-depth interviews with seven (7) EMDR practitioners. Thematic analysis has been applied in this study. The researcher and research assistant developed codes, classifications and themes independently for ensuring reliability (Inter-rater Reliability) of this study and later contributed jointly to produce the Findings section. The first draft of finding section (qualitative part) was sent to the interviewees later for getting their comments and clarification. The necessary clarifications, comments and feedbacks from the interviewees were collected, made necessary changes and included them in the final Result section. Triangulation (Methodological and Investigator), descriptive validity and respondent validation techniques had been used for ensuring validity of the qualitative data.

Chapter 4

Result

4.1 Baseline Characteristics of the Participants

Table 5: Baseline Characteristics of the Research Participants

Study Type	Variables	Participants
Quantitative (n=54)	Treatment Group-1 (With BLS)	25 (44.44%)
	Treatment Group-2 (Without BLS)	29 (55.56%)
	Online	9 (16.67%)
	Online with BLS	4 (7.41%)
	Online without BLS	5 (9.26%)
	Mean of Age	31.02
	Age Range	18-60 years
	Gender	
	Male	26 (48.1%)
	Female	28 (51.9%)
	Profession	
	Student	14 (25.9%)
	Employed	30 (55.6%)
	Unemployed	10 (18.5%)
	Education	
	SSC/HSC	11 (20.4%)
	Undergrad	15 (27.8%)
	Masters and above	28 (41.9%)
Qualitative (n=9)	In-depth Interviewees (IDIs)	7
	Male	2
	Female	5
Total number of participants		61

From the Table 5 it is evident that total number of participants is 61 (54+7). Among the 54 participants 26 were male and 28 were female and their age range was 18-60 years, 31.02 was the mean age of the participants during quantitative study. From qualitative part there were 2 male and 5 female interviewees and all of them are practicing EMDR in Bangladesh at least more than 5 years.

4.2 Effectiveness of Stabilization Techniques (with and without BLS Group)

Table 6: Effects of Stabilization Techniques (with and without BLS Group)

Measures	Source	df (Greenhouse-Geisser)	Sum of Squares (SS)	Mean of Squares (MS)	F	Sig	Partial eta squared
Depression	Time	1.301	7684.263	5906.271	131.555	0.000	0.717
	Error	67.654					
Anxiety	Time	1.503	10107.867	6723.233	209.616	0.000	0.801
	Error	78.178					
Stress	Time	1.503	7375.787	6723.233	212.163	0.000	0.801
	Error	89.808					
Self-esteem	Time	1.586	4177.910	2633.459	100.412	0.000	0.659
	Error	82.497					
Mental Well-being	Time	1.429	10660.833	7460.189	210.926	0.000	0.802
	Error	74.310					

A one-way repeated measures ANOVA was conducted to investigate the effectiveness of stabilization techniques in managing depression, anxiety and stress, and increasing self-esteem and mental well-being scores at baseline (before the intervention), post-test (following one week of the intervention) and follow-up (one- month later). Mauchly's test was performed and the result indicated that the assumption of sphericity had been met, p=001, and thus, degrees of freedom were corrected using Greenhouse-Geisser estimates of sphericity for all the measures (depression, anxiety, stress, self-esteem and well-being).

The ANOVA results (Table 6) showed that there was a significant mean difference in depression across pre, post and follow up test F (1.301, 67.654) =131.555, p<.001, partial eta squared = 0.717. The parial eta squared indicated medium effect size. The findings revealed that the higher level of dipressive symptoms after pre-test for the both with and without BLS (with BLS: M= 28.72, SD= 8.979; without BLS: M=32.07, SD=

7.161) subsequently reduced in the post test (with BLS:M=12.88, SD=4.438; without BLS M=20.62, SD=6.483) and follow up test (with BLS:M=12.72, SD=3.646; without BLS: M=17.10, SD=6.816) and the mean scores standard deviations of with BLS is significantly smaller than the without BLS. It means that stabilization techniques with BLS is more effective in reduceing depression than without BLS. However, post-hoc pairwise comparisons with Bonferroni adjustment also evident there is stastically significancant diference at 0.05 significance level btween pre and post test perods, pre and follow-up period as well. The differnce between post and follow-up test was less significant than other two pairs.

The table (Table 6) also revealed that there was a significant mean difference in anxiety across pre, post and follow up test F (1.503, 78.178) = 209.616, p<.001, partial eta squared = 0.801 with large size effect. The results showed that the higher level of anxiety symptom singnificantly reduced in both group (with and withBLS) from pre-test (with BLS: M=28.40, SD= 8.756; without BLS: M=26.83, SD=6.918) to post-test (with BLS: M= 7.84, SD=4.432; without BLS:M=17.79, SD=7.771) and to follow-up test (with BLS M=5.04, SD=4.363; without BLS: M=13.66, SD=6.699). All the mean scores and standard deviations are smaller in with BLS group in comparison with with BLS. Thus, it can be said that stabilization techniques with BLS is more effective in reducing anxiety than BLS. However, post-hoc pairwise comparisons with Bonferroni adjustment also evident the effects of stabilization techniques were significantly dffrent among pre, post and follow-up period at .05 significance level.

Furthermore, from the table no.6 it can be concluded that there was also a significant mean difference in stress across pre, post and follow up test F (1.503, 89.808) =

212.163, p < .001, partial eta squared = 0.801 with large effect size. The means and standardard deviations are gradually decreased from pre test (with BLS: M= 30.56 SD=3.583; without BLS: M=30.41, SD=5.11) to post-test (with BLS: M=13.92, SD= 4.377; without BLS: M=21.03, SD=6.428) and to follow-up test (with BLS M=12.80, SD=4.000; without BLS: M=17.38, SD=7.153) for both with and without BLS group and the means and standard deviations are smaller in with BLS than without BLS. However, post-hoc pairwise comparisons with Bonferroni adjustment also evident the effects of stabilization techniques were significantly differnnt among pre, post and follow-up period at .05 significance level.

Moreover, the results also indicated that stabilization techniques are more capable to increase participant's self-esteem F (1.586, 82.497) =100.412, p<.001, partial eta squared = 0.659 with medium effect size and mental well-being F (1.429, 74.310) =210.926, p<.001, partial eta squared = 0.802 with large effect size. The means and standard deviation of with BLS has increased from pre to post and follow up tests (pre:M=19.00, SD=2.327; post: M=29.80 SD=3.000 and follow-up: M=30.92, SD=2.253) is significantly larger than without BLS group (self-esteem (M= 19.76, SD= 3.542; M=28.21 SD= 3.811 and M=31.21, SD=8.608). The same findings of mean and standard deviations were found for mental well-being. [withBLS (pre:M=25.28, SD=5.240, post:M=44.84, SD=5.240 and follow-up: M=46.36, SD=3.818) is greater than (without BLS pre:M= 28.03, SD=10.168, post: M=40.38, SD=5.621, and follow-up: M=43.59, SD=7.238)]. The post-hoc pairwise comparisons with Bonferroni adjustment for self-esteem pre-test and post-test pair and pre-test and follow-up pair were significantly different from each other at .05 significance level. On the other hand, there was no

statistically significant differnce between post and follow-up pairs (significance level 0.118). The post-hoc pairwise comparisons with Bonferroni adjustment for mental well-being scores also showed significant pairwise diffrences among pre, post and follow-up periods at .05 significance level.

Taken together it can be concluded as the stabilization techniques with BLS is more capable in reducing depression, anxiety and stress and increasing self-esteem and overall mental well-being of 18-60 years adults effectively than the stabilization techniques without BLS.

Profile Plots

Depression

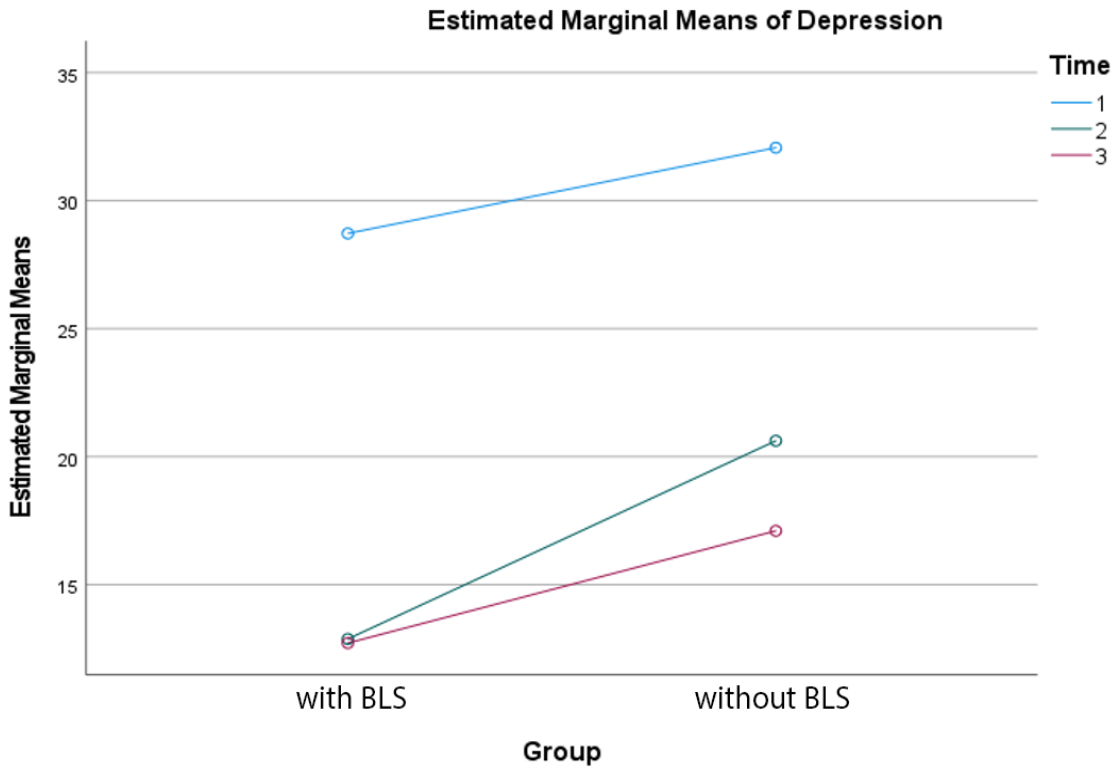

Figure 6: Mean scores for depression by time (1=pre-test, 2= post- test & 3= follow-up test) and group.

Anxiety

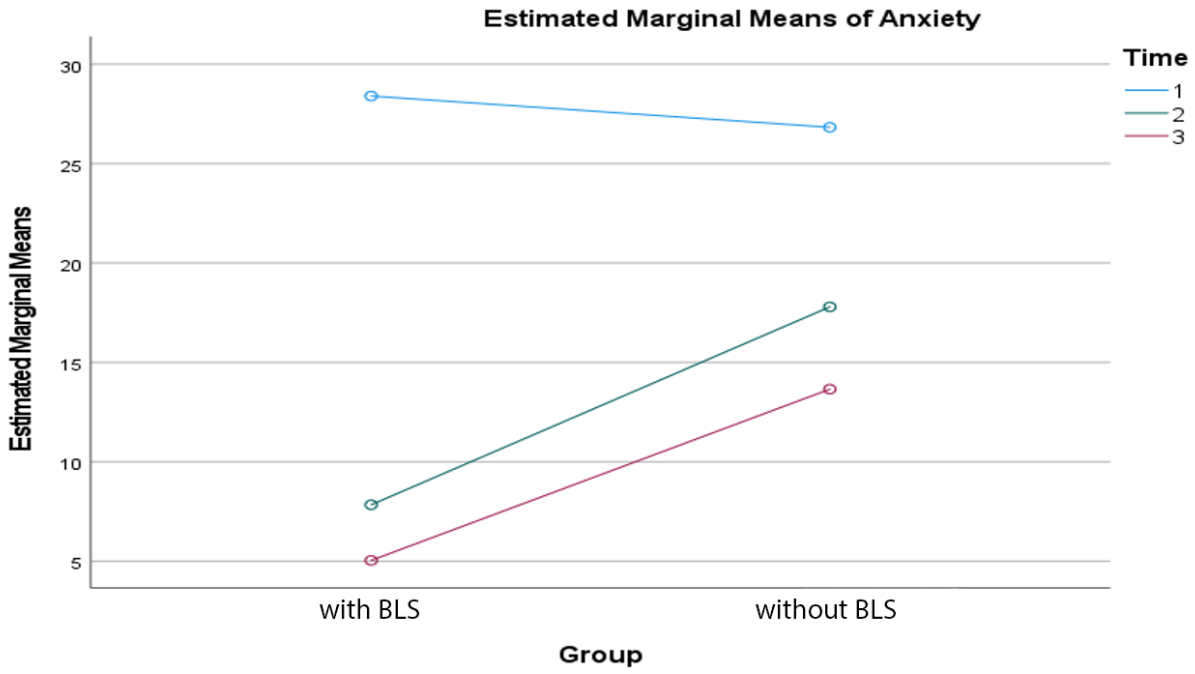

Figure 7: Mean scores for anxiety by time (1=pre-test, 2= post-test & 3= follow-up test) and group.

Stress

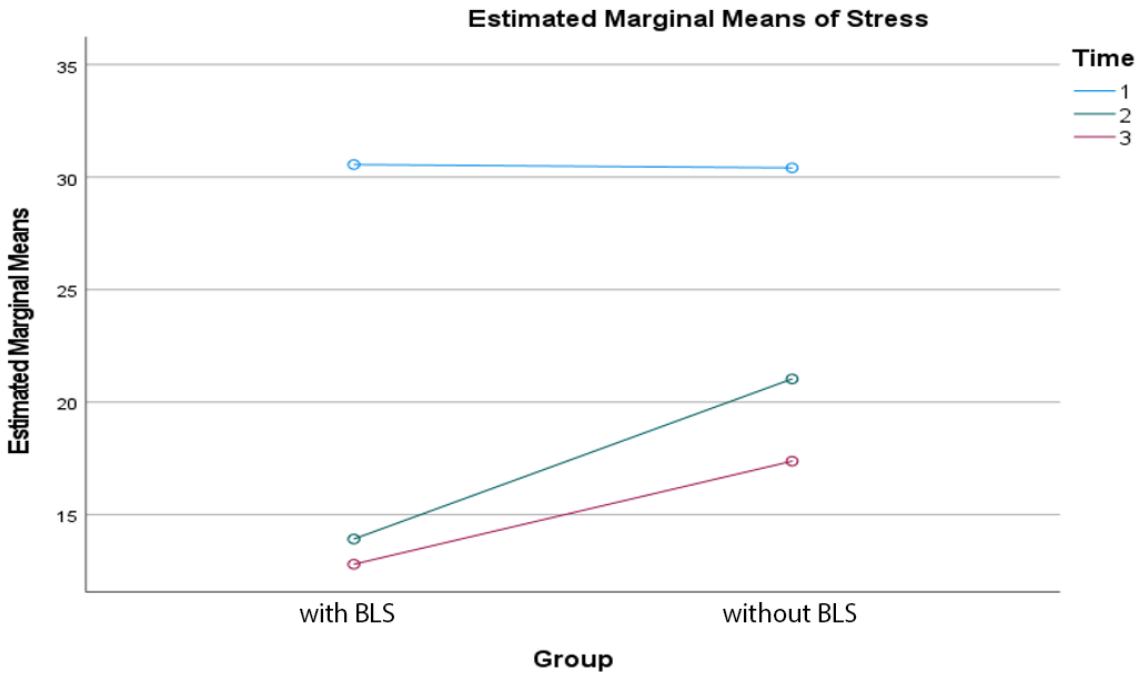

Figure 8: Mean scores for stress by time (1=pre-test, 2= post-test & 3= follow-up test) and group

Mental Well-being

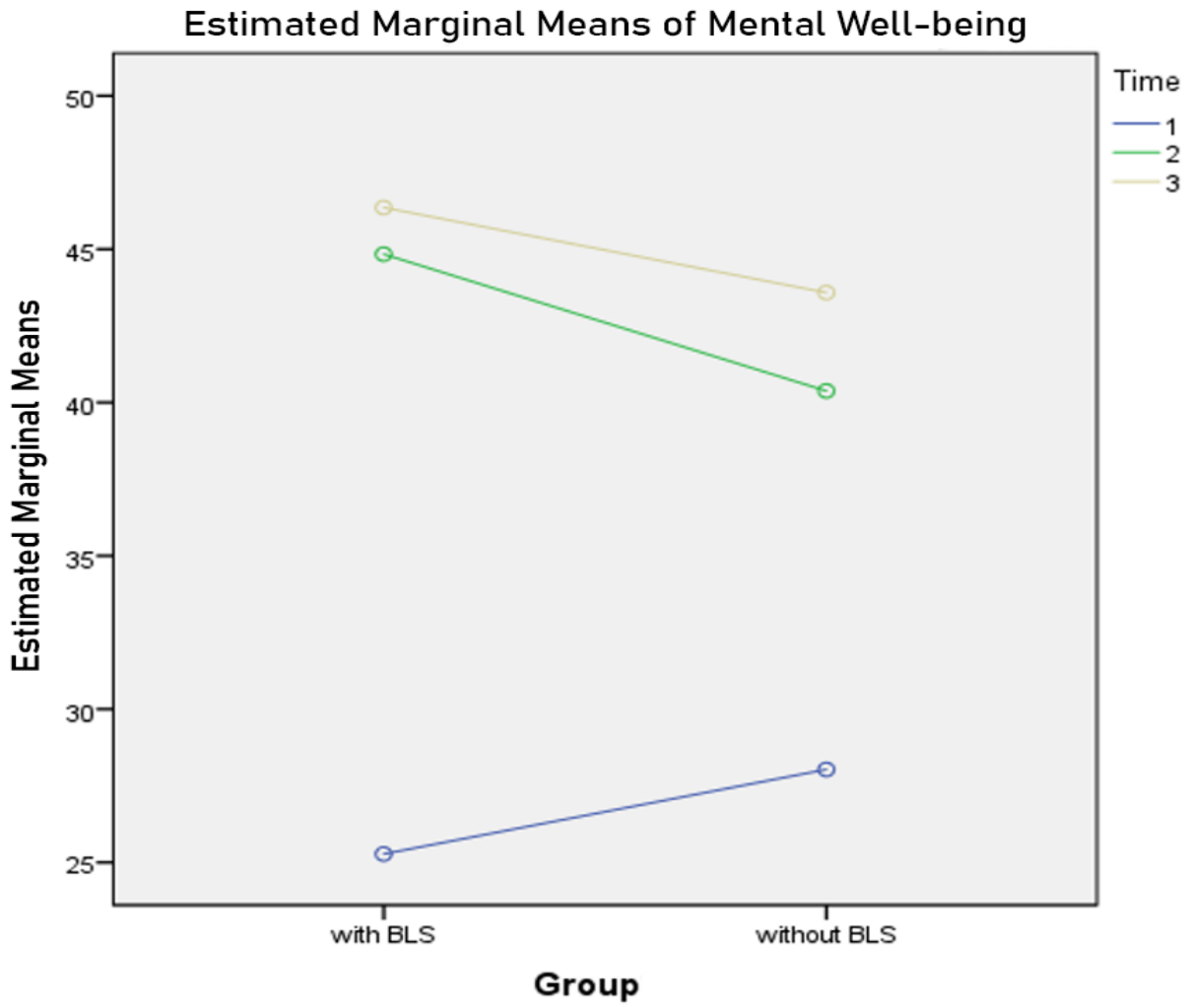

Figure 9: Mean scores for psychological well-being by time (1=pre-test, 2= post-test & 3= follow-up test) and group

Self-esteem

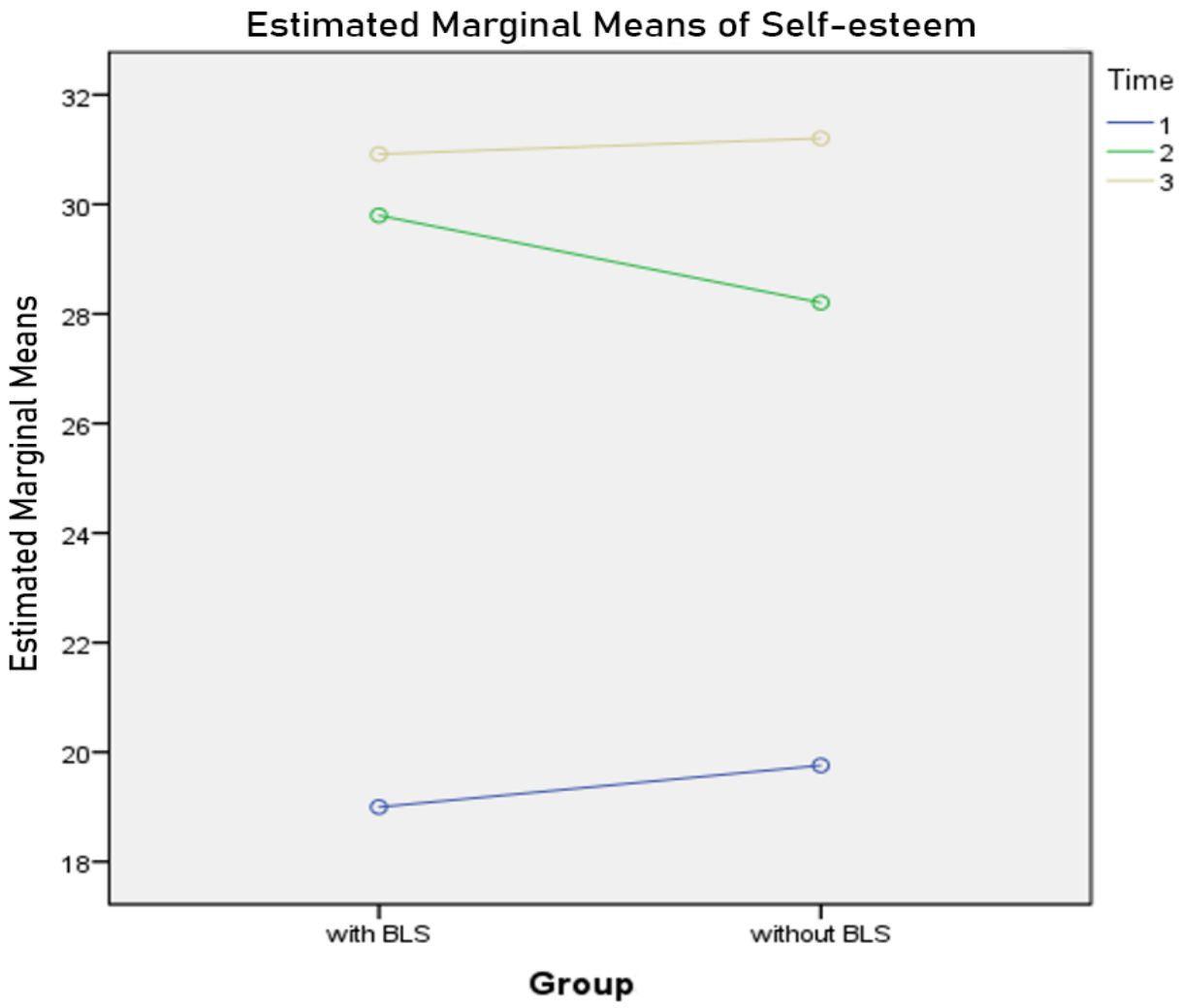

Figure 10: Mean scores for self-esteem by time (1=pre-test, 2= post-test & 3= follow-up test) and group

The researcher also examined the effects size of the stabilization techniques for with and without BLS group and found the following results.

Table 7: Measuring Effect Size (Cohen's d) of Stabilization Techniques

Measures	Group	N	Mean	SD	Cohen's d
Depression post	With BLS	25	12.88	4.438	-1.374
	Without BLS	29	20.62	6.483	
Depression follow-up	With BLS	25	12.72	3.646	-0.785
	Without BLS	29	17.10	6.816	
Anxiety post	With BLS	25	7.84	4.432	-1.544
	Without BLS	29	17.79	7.771	
Anxiety follow-up	With BLS	25	5.04	4.363	-1.501
	Without BLS	29	13.66	6.699	
Stress post	With BLS	25	13.92	4.377	-1.276
	Without BLS	29	21.03	6.428	
Stress follow-up	With BLS	25	12.80	4.000	-0.775
	Without BLS	29	17.38	7.153	
Self-esteem post	With BLS	25	29.80	3.000	0.460
	Without BLS	29	28.21	3.811	
Self-esteem follow-up	With BLS	25	30.92	2.253	-.044
	Without BLS	29	31.21	8.608	
Mental Well-being post	With BLS	25	44.84	4.327	.881
	Without BLS	29	40.38	5.621	
Mental Well-being follow-up	With BLS	25	46.36	3.818	0.469
	Without BLS	29	43.59	7.238	

From the above table, it can be said that during post and follow-up test all the groups size effects are large and medium except self-esteem (small effect).

4. 3 Comparison of Effectiveness of Stabilization Techniques according to Different Variables

To compare the effectiveness of stabilization techniques with and without BLS in managing psychological distress an independent samples t-test was performed with using post test scores. The following results have been found.

Table 8: Comparing Effectiveness of Stabilization Techniques with and without BLS in Managing Psychological Distress

Measures	Stabilization with BLS		Stabilization Without BLS		t	*P*
	M	SD	M	SD		
Depression	12.88	4.438	20.62	6.483	-5.036	.000
Anxiety	7.84	4.432	17.79	7.771	-5.877	.000
Stress	13.92	4.377	21.03	6.428	-4.806	.000

An independent samples t-test was used to compare the mean depression post-test score of with BLS (n=25) and without BLS (n=29) group. Neither Shapiro-Wilk statistic was significant, indicating that the assumption of normality was not violated. Levene's test was also non-significant; thus, an equal variance can be assumed for both groups. The t-test was statistically significant, with mean score of with BLS (M=12.88, SD=4.438) was significantly lower (mean difference -7.74, *95% CI* [-10.83, -4.66) than the without BLS group (M=20.62, SD=6.483), t (52) = -5.036, $p<.001$. Thus, these scores indicate that

stabilization techniques are more effective in managing depression than stabilization techniques without BLS group. Furthermore, for anxiety score, the data was normally distributed and Levene's test was significant. The t test was statistically significant, with mean score of with BLS (M=7.84, SD=4.432) was significantly lower (mean difference -9.953, 95% *CI* [13.36,6.54]) than without BLS group (M=17.79, SD=7.771), t (45.55) = -5.877, $p<.001$. Therefore, it can be said that to cope-up and combat with anxiety, stabilization techniques with BLS is more effective than without BLS. For stress post-test mean scores, the calculated value indicated that there was a significant difference between the stabilization techniques with and without BLS.

To compare the effectiveness of stabilization technique with and without BLS in increasing self-esteem and mental-well-being an independent samples t-test was performed and the following results have been drawn.

Table 9: Comparing Effectiveness of Stabilization Techniques with and without BLS on Increasing Self-esteem and Mental Well-being

Measures	Stabilization with BLS		Stabilization Without BLS		t	*P*
	M	SD	M	SD		
Self-esteem	29.80	3.000	28.21	3.811	1.687	.098
Mental Well-being	44.84	4.327	40.38	5.621	3.227	.002*

* p<.05

The table (Table 9) revealed that for mean scores of self-esteem there was no statistically significant differences between with and without BLS group. On the other

hand, for mean score of with BLS of mental well-being mean (M) is 44.84 and standard deviation (SD) is 4.327 and is larger (mean difference 4.461, 95% *CI* [1.69, 7.24] than the mean score of without BLS (M=40.38, SD=5.621) at .002 level of significance. Thus, it can be concluded as there was significant difference between stabilization with and without BLS and with BLS is more effective in increasing mental well-being than the without BLS group.

From the above results (Table no. 8 & 9), it can be said that that stabilization technique with BLS plays statistically significant role to reduce depression, anxiety and stress, and increase overall mental well-being than without BLS group.

Again, a t-test was conducted to examine the impact of stabilization techniques on gender (Male, n=26 & Female, n=28). The following results have been drawn from the independent samples t-test.

Table 10: Comparing Effectiveness of Stabilization Techniques on Genders

Measures	Male		Female			
	M	SD	M	SD	t	*P*
Depression	16.23	5.435	17.79	7.894	-.837	.407
Anxiety	12.92	8.490	13.43	7.904	-.227	.822
Stress	17.38	6.293	18.07	6.939	-.380	.705

The results indicated that there was no significant difference on the impact of stabilization techniques between male and female.

To examine the impact of stabilization techniques on educational level, one-way between group ANOVA was conducted and following results have been found.

Table 11: The Mean Difference of Stabilization Techniques according to Educational Level

Impact of Stabilization Techniques	Educational Level	N	M	SD	F	*P*
Depression	SSC & HSC	11	32.21	7.390		
	Honor's	15	30.40	9.356	0.058	0.944
	Masters	18	30.29	8.032		
Anxiety	SSC & HSC	11	16.00	8.899		
	Honor's	15	13.07	7.324	0.890	0.417
	Masters	18	12.14	8.324		
Stress	SSC & HSC	11	19.21	7.336		
	Honor's	15	16.53	5.423	0.541	0.585
	Masters	18	17.79	6.935		

The results indicated that the impact of stabilization technique did not vary according to educational levels. It means that stabilization techniques capable to reduce depression, anxiety and stress irrespective of the individual's educational level.

Again, to examine the impact of stabilization technique on age, a one-way between group ANOVA was conducted. The following results have been drawn from the analysis.

Table 12: Mean Difference of Stabilization Techniques according to Age

Impact of Stabilization Techniques	Age range	N	M	SD	F	*P*
Depression	18-25	15	32.21	8.308		
	26-35	24	30.40	7.253	0.500	0.098
	36 and above	15	30.29	9.552		
Anxiety	18-25	15	14.67	7.659		
	26-35	24	15.00	8.587	3.303	0.045*
	36 and above	15	8.80	6.405		
Stress	18-25	15	32.21	8.308		
	26-35	24	30.40	7.253	2.433	0.098
	36 and above	15	30.29	9.552		

*P<.05

The results showed that for depression and stress score, the impact of stabilization technique does not vary according to age. But the impact of stabilization technique on anxiety score varies according to age. Stabilization technique has significant impact on age range 26-35 years (M=15.00, SD=8.587) p<.05 than age range 18-25 years and 36 and above.

Furthermore, as the counsellors provided counselling services through the online 9 participants and there were some previous literature reviews about the effectiveness of

online counselling services, thus, the researcher analyze these data separately from in-person and found the following results.

4.4 Effectiveness of Stabilization Techniques (with and without BLS) through Online platform

As the number of online samples were 9 and thus, the researcher decided to conduct Kruskal Wali's test (a non-parametric test) to investigate the effectiveness of stabilization techniques through online counselling services. The following results have been drawn from the analysis.

Table 13: Effectiveness of Stabilization Techniques through Online Platform

Measures	P-value	Partial eta squared
Depression	.008*	.553
Anxiety	.001*	.838
Stress	.001*	.705
Self-esteem	.000*	.845
Mental Well-being	.003*	.602

*P<.05

Kruskal Wali's test was conducted to investigate the effectiveness of stabilization techniques through online counselling services in managing depression, anxiety, stress,

self-esteem and well-being scores at baseline (before the intervention), post-test (following one week of the intervention) and follow-up (one- month later).

The test results showed that the null hypotheses were rejected and there was a significant effects of stabilization techniques during online counselling services on depression, anxiety, stress, self-esteem and well-being as the p-values for them were less than .05. However, the comparison revealed that the effects of stabilization technique was significant among pre, post and follow-up scores in reducing depression, anxiety and stress among participants. Moreover, the results also indicated that the stabilization technique has a good effect on increasing participants' self-esteem partial eta squared = .845 and partial eta squared =.602 for mental well-being. After carefully looking at the partial eta squared it can be concluded that the stabilization techniques online have medium to large-size effects.

4. 5 Comparison of Effectiveness of Stabilization Techniques (with and without BLS) through Online Platform

To know whether there is any significant difference between online with and without BLS, the researcher performed Mann-Whitney U test and found the following mean rank (Table 19) and Mann-Whitney U statistics (Table 20) tables.

Table 14: Measuring Mean Rank of Variables

Rank				
Measures	**Group**	**N**	**Mean Rank**	**Sum of Rank**
Depression (post)	online BLS	4	3.50	14.00
	online without BLS	5	6.20	31.00
	Total	9		
Anxiety (post)	online BLS	4	3.50	14.00
	online without BLS	5	6.20	31.00
	Total	9		
Stress (post)	online BLS	4	4.00	16.00
	online without BLS	5	5.80	29.00
	Total	9		
Mental Well-being (post)	online BLS	4	6.38	25.50
	online without BLS	5	3.90	19.50
	Total	9		
Self-esteem (Post)	online BLS	4	7.13	28.50
	online without BLS	5	3.30	16.50
	Total	9		
Depression (follow-up)	online BLS	4	3.63	14.50
	online without BLS	5	6.10	30.50
	Total	9		
Anxiety (follow-up)	online BLS	4	2.75	11.00
	online without BLS	5	6.80	34.00
	Total	9		
Stress (follow-up)	online BLS	4	4.50	18.00
	online without BLS	5	5.40	27.00
	Total	9		
Mental well-being (follow-up)	online BLS	4	6.00	24.00
	online without BLS	5	4.20	21.00
	online BLS	4	6.00	24.00
Self-esteem (follow-up)	online BLS	4	5.00	20.00
	online without BLS	5	5.00	25.00
	Total	9		

The Mann-Whitney *U* test is a non-parametric test of the null hypothesis that it is equally likely that a randomly selected value from one sample will be less than or greater than a randomly selected value from a second sample.

The above table (Table 14) has shown that the online BLS groups have lower mean rank for depression, anxiety and stress for both post and follow-up test compared to the online without BLS group. These calculated values suggest that participants in the online BLS group experienced lower levels of depression, anxiety and stress compared to those in the online without BLS group for both post and follow-up tests after receiving stabilization techniques. On the other hand, for both post and follow-up tests in online with BLS group have larger mean rank for self-esteem and well-being in comparison with without BLS group. It means that online counselling services (stabilization techniques) with BLS group have increased self-esteem and mental well-being. To check whether these differences are significant or not the following Mann-Whitney *U* statistics (Table 20) need to be considered.

Table 15: Comparison of Effectiveness of Stabilization Techniques between Online with and without BLS

	Depression Post	Anxiety Post	Stress Post	Well-being post	Self-esteem post	Depression follow-up	Anxiety follow-up	Stress follow-up	Well-being follow-up	Self-esteem follow
Mann-Whitney *U*	4.000	4.000	6.000	4.500	1.500	4.500	1.000	8.000	6.000	10.000
Wilcoxon W	14.000	14.000	16.000	19.500	16.500	14.500	11.000	18.000	21.000	25.000
Z	-1.501	-1.482	-.988	-1.353	-2.091	-1.407	-2.205	-.492	-.980	.000
Asymp. Sig (2 tailed)	.133	.138	.323	.176	.037*	.159	.027*	.623	.327	1.000

*P<.05

The test result table (Table 15) shows that the whole p-values of the Mann-Whitney *U* test statistics are greater than .05 except for the self-esteem post and anxiety follow-up

scores. So, there are no significant differences between online with and without BLS groups. On the other hand, self-esteem scores during post-test mean rank of online with BLS (7.13) is greater than online without BLS (3.30), U=1.500, p=0.037. Thus, it indicates that stabilization techniques through online with BLS is more effective in increasing self-esteem than without BLS during posttest. Furthermore, during anxiety follow-up test's mean rank of online with BLS (2.75) is lower than without BLS (6.80), U=1.000, p=0.027. Thus, it can be concluded as that stabilization techniques through online with BLS is more effective in reducing anxiety than without BLS during follow-up test.

4.6 Overview of Stabilization Techniques Practice in Bangladesh

The following findings/insights have been drawn after analyzing the qualitative data from the in-depth interviews (IDIs) with 7 EMDR practitioners, provide valuable insights into the use of stabilization techniques in managing psychological distress. The following discussion synthesizes the key findings and their implications.

Use of Stabilization Techniques among EMDR Practitioners

Very frequent use of stabilization techniques

All the seven respondents mentioned that they use stabilization techniques in their daily practices. One of the interviewees said, '*I have been practicing stabilization techniques with my every client*.' Another interviewee remarked, *'I have been using 2 or 3 times within a week with different clients.*' From all the interviews it has been found that all the seven interviewees have practicing stabilization techniques in their daily practices.

Stabilization techniques started implementing since 2014 in Bangladesh

From the in-depth interviews it can be concluded that stabilization techniques have been using in Bangladesh since 2014 by the EMDR practitioners, as one of the interviewees said, '*I have been using stabilization techniques since 2014 and before that period I only used to teach and give lectures on them but did not practice them.*' The interviewee also highlighted that stabilization techniques were introduced by the Dr. Shapiro and her team in 1998 in Bangladesh by the funding of UNICEF Bangladesh office. Later UNICEF Bangladesh arranged training for 250 participants of Bangladesh from 1998 to 2001 by international trainers. S/He also added that the formal training on psychotraumatology and stabilization techniques started in Bangladesh by Hanna-Egly (an international EMDR trainer and consultant) in 2014 by the funding of Trauma Aid Switzerland and from then it has implementing with Bangladeshi clients under the guidance and supervision of Hanna-Egly.

EMDR protocol and stabilization techniques

The six out of seven interviewees described that they have to use stabilization techniques according to the EMDR protocol. Again, the five interviewees described that they have been using different stabilization techniques before starting of EMDR techniques. One of the seven interviewees described as, *'I have to use stabilization techniques before starting the EMDR techniques according to the protocol*.' The other interviewee asserted in positive and said, '*As a private mental health professional, I always use stabilization techniques followed by EMDR therapy*.'

The other four EMDR practitioners also reported that they are using stabilization techniques even when they are not applying EMDR therapy to make the emotionally distressed clients calm and relax before start any mental health counseling session.

Again, another interviewee clarified as, '*…the use of stabilization techniques depends on the client's emotional and psychological states and needs not on me. I always use my clinical eye and observe the emotional state of the client before applying stabilization techniques.*'

Stabilization Techniques Used in Bangladesh

After analyzing the qualitative data, the researcher found that the seven interviewees mentioned about total 10 stabilization technique's name in their daily practices.

Inner garden

All the interviewees reported that they are using inner garden technique in their daily lives practice. One of the interviewees described, *'Always I use inner garden techniques to make the clients psychologically and emotionally stable and reduce the distress they are going through.*'

Abdominal/diaphragmatic and spiral breathing exercises

Again, another respondent said, '*During the stress related issues or anxiety issues I must use breathing or diaphragmatic breathing exercises in my counseling sessions'*. His/her statements was supported by another four EMDR practitioners. Thus, the five out

of seven interviewees stated that they are using abdominal breathing in their daily practices. Besides these five interviewees, another one interviewee mentioned about spiral breathing exercise during one interview.

Grounding techniques

The six out of seven interviewees claimed that grounding techniques more effective for stress, trauma, PTSD and anxiety related other concerns. Rectifying that statement one interviewee commented as, *'Whenever the clients are going through trauma, PTSD, C-PTSD or any other loss and grief issues I must use grounding techniques several of times to make the clients grounded, stable and feel safe now. Even, I use grounding techniques whenever the clients are scared, shattered and feeling numbness and emotionally unstable.*'

Healing Light/Light Stream

The six interviewees mentioned that they have been applying healing light or light stream techniques in their daily practices regularly to help the clients in eliminating traumatic memories and reducing emotional distresses.

Container exercise

'*Container exercise works like magic and immediately make the clients stable and help me to move forward to EMDR phases'* commented by an interviewee. That statement was justified by six interviewees. The six out of seven EMDR practitioners mentioned that they have been using container exercises to help the clients in reducing stress, anxiety, depression and trauma symptoms.

Resource team techniques and resource development installation (RDI) protocol

One of the interviewees voiced as '*The resource team exercise helps the clients in developing and strengthening internal resources in individuals. I have been applying this technique with low-self-esteem, anxious, depressed and traumatized clients*.' The six interviewees out of seven mentioned about using resource team. Again, the three interviewees mentioned about RDI techniques.

Butterfly Hug

'...for traumatized, emotionally distress and stress-out clients butterfly hug technique helps a lot' uttered by one of the interviewees. The four interviewees described butterfly hug technique as a useful tool for dealing clients suffering from anxiety, stress, depression, trauma and PTSD.

Mindfulness meditation

The three respondents mentioned that they are using mindfulness exercises for making the clients grounded, stable and self-awareness.

Stabilization Techniques Applying for Different Psychological Issues

After analyzing the data and developing codes, the researcher found that the EMDR practitioners are using stabilization techniques for treating different psychological issues effectively. The psychological issues and their respondents' number is given below. All these data have been revealed by the seven interviewees.

SI.no.	Insights (Responses)	Frequency
i.	Trauma, childhood trauma, complex trauma	7
ii.	Sexual violence	3
iii.	Intimate partner violence	3
iv.	Phobia (School, blood, fly)	3
v.	Performance anxiety	1
vi.	Low self-esteem	3
vii.	Depressive mood/Depression/Major Depressive disorder	7
viii.	Acid survival	1
ix.	Children's behavioral and emotional issues	1
x.	Loss and grief issues	2
xi.	Traffic victims (women)	1
xii.	Stress	3
xiii.	Anxiety	5
xiv.	Schizophrenia	1
xv.	Bipolar disorder	1
xvi.	Dissociative disorder	3
xvii.	Self-harm activities	2
xviii.	Emotional issues (insecure, hot tempered)	4
xix.	Selective mutism	1
xx.	Somatoform	2
xxi.	School refusal	1
xxii.	Games/Internet addiction	1

xxiii.	PTSD/CPTSD	5
xxiv.	ODD	1
xxv.	Eating disorder	2
xxvi.	Autism Spectrum Disorder	1

Causes of Using Stabilization Techniques in Clinical Practice

Effective helping procedure

The four out of seven interviewees commented that stabilization techniques both with and without BLS is more effective strategies than other psychological approaches. One interviewee reported as, *'I prefer to use stabilization techniques because these are more capable in bringing positive expected results than other psychological approaches.*'' Again, another interviewee said, '*These techniques help us to deal with client's issue successfully*' and this statement was justified by another three interviewees during those in-depth interviews.

Assist in developing rapport with the clients

'*Stabilization techniques assist the therapist to stablish a trustful therapeutic relationship with the clients'* said by an interviewee. That statement was supported by another three interviewees. Again, the other interviewee stated '*When our clients come to us, they are totally unknown to us. On the other hand, they come to us with lots of distresses and traumatic memories and they do not want to share their stories with us. There are some events when clients do not share anything because of cultural practices of*

not sharing with others. Stabilization techniques both with and without in these circumstances, help us to build rapport with the clients."

Self-awareness about the effectiveness of stabilization techniques

The five interviewees reported that they are aware of effectiveness of stabilization techniques in their day-to-day life clinical practices. One interviewee remarked as, '*Being an EMDR practitioners I can fully understand and observe the efficacy of stabilization techniques among the psychologically distress client*.'

Higher rate of success

One of the seven interviewees mentioned that s/he prefer to use stabilization techniques because the success rate of healing among the clients are higher than any other psychological approaches**.**

Feel confident and comfortable

'I feel comfortable and confident in dealing with traumatic clients now-a-days during my clinical practices' affirmed by an interviewee. The qualitative data showed that the five out of seven interviewees described that they feel more confident and comfortable in dealing with clients when they use stabilization techniques.

Structured and well-organized method

The four out of seven interviewees reported that stabilization techniques along with EMDR therapy is very structured and well-organized and thus they prefer to use more EMDR and stabilization techniques with BLS than other approaches. One of the interviewees said, *'I know in which session what and how I have to do.'*

Skilled, experienced and friendly trainer

'Hanna (EMDR trainer and international consultant) is very experienced in psychotraumatology and EMDR therapy; thus, she knows how to teach and prioritize on individual needs. She gives everyone the equal opportunities to talk and respond through the email immediately whenever we face challenges. This attitude helps me to focus more on EMDR than other techniques', said by an interviewee. The four respondents reported that the trainer is very friendly with the trainees (EMDR therapy) and she has lots of work experience and these qualities led them to learn and incorporate stabilization techniques in their personal clinical practices.

Opportunities for continuous professional development (CPD)

'*The systematic periodical communication with the trainer and supervisors encourages me to use it*' asserted by an interviewee during the in-depth interview. The same responses were collected from the other three interviewees. Thus, the data revealed that opportunities for CPD and systematic learning process encourage the trainees for practicing stabilization techniques.

In-depth first hand training opportunities in a systematic way

The three respondents mentioned that they learn many things by 7/8 days first hand training session and these trainings make them more confident and skilled therapist. Another interviewee said that systematic and structured training schedule help him/her to choose the EMDR therapy.

Effectiveness of Stabilization Techniques

Client Well-being and Stability

Relaxation and Calmness: Six out of seven interviewees noted that stabilization techniques lead to clients feeling relaxed, calm, and stable. This indicates that these methods effectively promote a sense of tranquility.

Facilitation of Healing: Four out of seven interviewees emphasized that these techniques facilitate the overall healing process, suggesting that stabilization is crucial for initiating therapeutic progress.

Preparation for EMDR Phases

Readiness for Therapy: Five out of seven interviewees observed that stabilization techniques prepare clients for entering subsequent phases of EMDR therapy. This highlights the importance of establishing stability as a foundation for more intensive trauma processing.

Emotional Regulation and Coping

Stress Management: '*Whenever I use stabilization technique for stress reduction or management, I found immediate positive responses from the client*' said in interviewee. Three interviewees mentioned that stabilization techniques help clients deal with stress more effectively. This indicates that these methods equip clients with coping mechanisms to navigate challenging situations.

Reduction of Restlessness and Anxiety: Three practitioners noted a decrease in client restlessness and anxiety, suggesting that stabilization techniques contribute to improved emotional regulation.

Enhanced Connection and Functionality

Therapist-Client Connection: Four out of seven interviewees observed that clients feel more connected with their therapists through stabilization techniques. This underscores the importance of the therapeutic alliance in promoting stability.

Increased Functionality: One of the seven interviewees mentioned, '*Stabilization techniques enhance clients' ability to engage in daily activities despite psychological challenges. The clients become more functional and even sometimes they dropout from the session'*. These statements were supported by the three out of seven interviewees.

Positive Client Outcomes

Overcoming Trauma and Depression: One interviewee described as *'I have been providing on an average 50-80 hours counselling session each month and in my 7 years of clinical practice I found 80% rapid results in dealing with the traumatic and PTSD clients than other psychological approaches.*' Four interviewees reported that 70% or more clients are capable of overcoming traumatic and depressive phases of life. This suggests that stabilization techniques contribute to significant therapeutic progress and positive outcomes.

Enhanced Resources and Self-esteem: Four out of seven interviewees highlighted that stabilization techniques help increase clients' resources, self-esteem, and emotional

regulation. This indicates that these methods empower clients with internal strengths to navigate their difficulties.

Feeling of Safety and Security: Five interviewees noted that stabilization techniques help clients feel safe and secure in challenging situations. This underscores the importance of creating a sense of safety as a prerequisite for trauma processing.

Effectiveness of Stabilization Techniques with BLS

Stabilization techniques with BLS is more effective than without BLS

The study revealed that stabilization techniques with BLS were found to be more effective than without BLS, as reported by four interviewees. This suggests that incorporating bilateral stimulation into stabilization techniques enhances their overall efficacy.

The effects of stabilization techniques with BLS is more stable, sustainable, holistic and intensive

The five out of seven interviewees described the effects of stabilization techniques with BLS as more stable, sustainable, holistic, and intensive compared to those without BLS. This finding highlights the added benefits that bilateral stimulation brings to the overall therapeutic experience.

Able to rapid positive changes among the depression, trauma and PTSD clients

The qualitative data also been found that stabilization techniques with BLS were particularly effective in facilitating rapid positive changes among clients struggling with

depression, trauma, and post-traumatic stress disorder (PTSD). The five out of seven interviewees observed that bilateral stimulation can be a valuable tool in addressing these specific psychological issues.

More effective for emotionally overwhelmed clients

Furthermore, four interviewees noted that these stabilization techniques were especially beneficial for emotionally overwhelmed clients. Stabilization with BLS seemed to provide a sense of relief and support for individuals who were experiencing heightened emotional distress.

Self-awareness of personal emotions

The four respondents mentioned an increase in self-awareness of personal emotions as a result of using stabilization techniques with BLS. This suggests that incorporating bilateral stimulation helps clients develop a deeper understanding and recognition of their own emotional states.

Helps the clients to feel more soothing (bodily and emotionally)

Moreover, the five out of seven interviewees reported feeling more soothed both physically and emotionally when engaging in stabilization techniques with BLS. This indicates that bilateral stimulation can provide a calming and comforting effect, promoting overall well-being for clients.

Clients feel better than pre-session period

Furthermore, three participants noted feeling better after engaging in stabilization techniques with BLS compared to the pre-session period. This suggests that these techniques have an immediate positive impact on clients' mood and emotional state.

The more use with BLS stabilization techniques the more client is benefited

Interestingly, two interviewees mentioned that the more they utilized BLS stabilization techniques, the more they benefited from them. This finding suggests that regular use of bilateral stimulation can lead to greater therapeutic gains over time.

Increases cognitive function of the clients

The two interviewees reported an increase in cognitive function among clients who engaged in stabilization techniques with BLS. This implies that bilateral stimulation may have a positive influence on cognitive processes and mental clarity.

Preparing the clients *for EMDR phases*

One interviewee said*, 'After applying container exercise and inner garden technique, I observed most of the clients become stable and relaxed and then the clients become ready for entering into EMDR phases*.' The five interviewees highlighted that these stabilization techniques with BLS effectively prepare clients for subsequent phases of Eye Movement Desensitization and Reprocessing (EMDR) therapy. This finding underscores the importance of incorporating bilateral stimulation early in the therapeutic process to establish stability and readiness for further treatment.

Comparison of Effectiveness between EMDR Techniques and Other

The interviewees interestingly posit their positions very uniquely to a lead question (Q. 6. *How would you compare the effectiveness between EMDR techniques and other psychological approaches you have been practicing in your clinical practice?*) and thus, the following comparisons are drawn from their statements.

Interviewees	**Insights (Responses)**
Interviewee-1	With BLS and EMDR approach is more effective than other psychological approaches in dealing with traumatic and PTSD clients
Interviewee-2	I have experience in helping clients with using CBT, TA, Gestalt, EMDR and Mindfulness and I found EMDR is more effective than any other psychological approaches.
Interviewee-3	I have been providing on an average 50-80 hours counselling session each month and in my 7 years of clinical practice I found 80% rapid results in dealing with the traumatic and PTSD clients than other psychological approaches.
Interviewee-4	TA is more emotionally focused and provide motherly vibe, whereas, EMDR is more specific, structured and capable to bring rapid expected changes in the clients.
Interviewee-5	EMDR therapy is more capable in bringing immediate positive outcomes in comparison to CBT and TA
Interviewee-6	EMDR therapy can be applied to less educated individuals but during use of TA the person should be more educated
Interviewee-7	When the client is emotionally overwhelmed the stabilization techniques with BLS is more effective than any other approaches

Chapter 5

Discussion

The present study was conducted with a view to examine the effectiveness of stabilization techniques (with and without BLS) in managing psychological distress (depression, anxiety and stress) and their effects on self-esteem and mental well-being. Studies suggest that due to personal adversity, traumatic events, chronic stress, gender-based violence, the COVID-19 pandemic and natural disasters exacerbate mental health issues in our country (Gausia, Fisher, Ali & Osthuizen, 2009; Nasreen et al., 2011; Islam & Biswas, 2015; Ziaei et al., 2016; GBD, 2017; WHO, 2020; Statista, 2022 Chowdhury, 2023). Despite the high prevalence of mental health issues, there is a shortage of mental health professionals, lack of collaboration among the mental health professionals, inadequate funding for mental health programs and a lack of comprehensive coverage of psychotherapeutic approaches, including EMDR therapy (WHO, 2020; Das & Naher, 2021; Rozario & Islam, 2022). Based on the research gap and the potential benefits of stabilization techniques with BLS this study has conducted to contribute in the mental health counselling practice.

After analyzing the data (Table no. 06), the researcher found that stabilization techniques are highly significant in reducing depression, anxiety and stress for the both with and without BLS group. These findings are similar with previous studies (Cook, et al., 2005; Leeds, & Kornbluh, 2016; Niles et al., 2018, Tarrier et al., 2019; Dagg et al., 2020). In addition, it has been demonstrated that all the pre-test, post-test and follow-up test pairwise comparisons were significantly different from each other using post-hoc Bonferroni correction at .05 level of significance and all the post-test and follow-up-test scores of depression, anxiety and stress decreased from the pre-test scores. Furthermore,

the partial eta squared scores (Table no. 06) showed that the stabilization techniques have medium to large effect size in treating depression, anxiety and stress. Therefore, the current study has proved that stabilization techniques can be used in managing and combating with depression, anxiety and stress among the study participants.

The study results (Table no. 06) also revealed that stabilization techniques are also statistically significant in increasing overall mental well-being and boost-up self-esteem among the study participants. Studies were conducted to investigate the effects of BLS in increasing self-esteem and mental well-being and the authors found that BLS with tapping and eye movement techniques were capable for increasing self-esteem and well-being of the participants (Hase, et al., 2015; Griffione et al., 2017; Tegeler et al., 2019). Thus, previous studies support the results of the present study. Furthermore, the pre-test, post-test and follow-up tests of self-esteem and mental well-being were significant in pairwise comparison using post-hoc Bonferroni correction at .05 significance level and during self-esteem measures the post and follow-up comparison's differences were not significant. All the scores of the two measures were increased during post and follow-up tests from the pretest scores. It means that stabilization techniques can increase self-esteem and mental well-being. Besides all these, the partial eta squared of the self-esteem and mental well-being are 0.659 and 0.802 respectively. It means stabilization techniques has medium effects on increasing self-esteem and large effects on mental well-being. Therefore, these findings evident that psychotherapists/psychologists/EMDR therapy practitioners can use stabilization techniques for bringing overall mental well-being of their clients and for those who are suffering from low self-esteem issues.

The results of the mean differences (Table 8 & 9), Post hoc comparisons using the Bonferroni corrections and profile plots (figure 6, 7, 8, 9 & 10) indicated that stabilization techniques with BLS significantly more effective than without BLS except self-esteem scores. During the t test analysis of self-esteem, no significant differences were found between with and without BLS group. Thus, it can be concluded as stabilization techniques with BLS is more effective in managing depression, anxiety and stress and increasing mental well-being than without BLS. The similar results were reported in some previous studies (van den Berg & others, 2015; Hase, et al, 2015; Valiente-Gómez, 2017; Leal-Junior, et al, 2019; Mischler, et al. 2021). Therefore, it can be concluded that during the treatment process the psychologist/EMDR practitioners will be able to bring more effective, sustainable and rapid healing by using stabilization techniques with BLS.

The present study did not find any significant differences among gender, age and educational level (Table 10, 11 & 12) regarding stress and depression. Only in case of anxiety (Table.19), significant differences were found. The result showed that stabilization technique has significant impact on age range 26-35 years in reducing anxiety. Some previous meta-analysis found no significant differences for gender, age and education level too (Behnammoghadam et al., 2015; López-Madrigal et al., 2021). Therefore, it can be said that stabilization techniques can be used as intervention tools for treating psychological distresses irrespective of their gender, age and educational level.

The scores of the Cohen's d size effect (Table 7), indicated that stabilization techniques have medium to large effect size in coping-up with depression, anxiety and stress, playing major role in bringing mental well-being and increasing self-esteem as well. In case of self-esteem, the study found a small size effect. These results are confirmed by

the previous results (Leeds & Shapiro, 2005; van der Kolk, et al. 2007; Zehetmair, et al, 2019). It means that stabilization techniques with BLS can enhance the effectiveness of the therapeutic interventions, able to bring expected changes among the clients and make these changes sustainable.

On the other hand, the researcher collected 9 participant's data through the online. Though the online sample size was small but the results (Table 13) showed that stabilization techniques through online also found to be statistically significant in managing psychological distresses (depression, anxiety and stress) and increasing self-esteem and mental well-being of the study participants. Some studies during pre and post era of COVID-19 pandemic found that stabilization techniques were effective in managing depression, anxiety, stress, trauma, grief and loss and other psychological distress (Griffione et al., 2017; Bongaerts et al., 2020; Lenferink et al., 2020; Perez et al., 2020; Tariquino et al, 2020; Fisher, 2021; Yurtsever et al., 2022). These previous studies support the findings of the present study. It means that the stabilization techniques can be effective even when delivered remotely.

Besides these findings, as the sample size for online with (n=4) and without BLS (n=5) was too small, thus no significant differences were found for both post-test and follow-up test scores except for self-esteem post and anxiety follow-up test scores (Table 14 & 15). From the table 14 and 15 it can be concluded that online stabilization techniques with BLS is more effective in increasing self-esteem during post-test and decreasing anxiety during follow-up test. The previous findings support the present result (Lenferink et al., 2020; Perez et al., 2020; Tariquino et al, 2020; Fisher, 2021; Yurtsever et al., 2022).

After considering the quantitative data findings it can be concluded that stabilization techniques are effective in managing psychological distresses and increasing the self-esteem and psychological well-being and the same results can be achieved through online counselling services too. Furthermore, stabilization techniques with BLS found to be more effective than without BLS.

Furthermore, in order to address the objective of investigating the experience of stabilization techniques practices of EMDR therapy practitioners, qualitative data were collected through IDSs. After analyzing the data of 7 IDIs, the researcher found some interesting and important information about the application and effectiveness of stabilization techniques in Bangladesh. Such as-

Prevalence of Stabilization Techniques

All the 7 participants reported practicing stabilization techniques in their counselling sessions. This highlights the widespread adoption of these techniques among EMDR practitioners. Notably, many participants indicated that they began incorporating stabilization techniques into their practice after 2014 as during that period practitioners of Bangladesh were trained in Psychotraumatology by MS. Hanna-Egli (an international EMDR therapist and consultant supervisor of Trauma Aid Switzerland) and stabilization techniques, suggesting a growing recognition of their importance.

Stabilization Techniques as the tools of EMDR Protocol

The 6 out of 7 interviewees reported that they mandatory use stabilization techniques as tools of EMDR protocol. Again 4 interviewees asserted that they have to use stabilization techniques for preparing the clients before starting EMDR sessions.

Therefore, it can be concluded that the EMDR practitioners are using stabilization techniques in their daily practices.

Stabilization Techniques Used in Bangladesh

Various stabilization techniques were mentioned, including inner garden, safe place, healing light/light stream, grounding techniques, container exercise, resource team, negative-positive stimulation, mindfulness meditation, PMR, body scan, abdominal breathing and more. It was found that inner garden and safe place used extensively as stabilization techniques (7 out of 7 interviewees) and the other 6 interviewees said that they are using grounding, container and resource team and thus these are in second most used stabilization techniques. These techniques cater to a wide range of client needs and preferences, emphasizing their versatility.

Frequency of Use

Participants reported using stabilization techniques in different ways. Some used them in initial sessions to stabilize distressed clients, while others incorporated them before EMDR phases. As one of the interviewees mentioned, "*I have been practicing these techniques for the last 9 years. I must use these techniques at the initial phases to make the distressed client calmer and more stable before starting EMDR.*'' On the other hand, another interviewee said, '*The use of stabilization techniques depends on the client's emotional and psychological states and needs not on me''* described by another interviewee. Thus, this variability underscores the adaptability of these techniques based on client emotional states and needs.

Applicability to Diverse Psychological Issues

Stabilization techniques were applied to address a broad spectrum of psychological issues, including stress, trauma, PTSD, violence, phobias, anxiety, depression, self-esteem issues, children's behavioral and emotional issues, dissociative disorder, self-harm and various other conditions. This demonstrates their flexibility in addressing diverse client populations and concerns.

Reasons for Incorporating Stabilization Techniques

Whenever the interviewees were asked why did they incorporate stabilization techniques into their daily practice, they mentioned different reasons for choosing them. They mentioned that they learnt it directly from MS. Hanna (An International EMDR practitioner and consultant supervisor) and have opportunities to take clinical supervision and refreshers training from her periodically, easy and comfortable to implement, it facilitates the healing process, reduces client dropout rate, and highly effective in treating psychological distress.

Positive Outcomes

The reported positive outcomes for clients using stabilization techniques are encouraging. Clients experienced increased relaxation, faster healing, improved emotional stability, and a stronger connection with their therapists. These outcomes highlight the potential benefits of incorporating these techniques into counseling sessions.

Comparative Effectiveness

EMDR practitioners generally perceived stabilization techniques, especially when combined with BLS, as more effective than other psychological techniques. This perception was based on factors such as getting expected results, structured nature, and the ability to manage emotionally overwhelmed clients. The findings also revealed that the EMDR therapists practice other psychological approaches too, but they found stabilization techniques with BLS is more effective than other psychological approaches.

Recommendations and Future Directions Based on IDIs Findings

Participants offered several recommendations, during these IDIs including the inclusion of EMDR therapy in university curricula, regular stabilization techniques, EMDR therapy and traumatology training, need to developed Bangladesh's own EMDR trainers, conducting more EMDR studies in Bangladesh, and increasing public awareness of EMDR therapy. These recommendations highlight the potential for further development and integration of EMDR in the mental health field in Bangladesh.

Professional Standards and Licensing: The need for licensing systems and directories of EMDR practitioners to reduce malpractice and ensure the quality of care was also highlighted. This underscores the importance of establishing professional standards and accountability in the field.

Continuing Education: The idea of ongoing refresher training and involving experienced practitioners as co-facilitators in training programs is a practical step to enhance the skills and knowledge of EMDR practitioners in Bangladesh.

Ensuring Ethical Practices: The therapist should be more aware of his/her capability, trainings and degrees during providing counselling session and should follow established referral pathways

Supervised Counselling Session: The counselling sessions should be supervised by a qualified supervisor/at least peer-supervisor

Increasing Investments in Conducting More Studies: More initiatives and special attention should be given on conducting more studies on EMDR therapy in Bangladesh and thus, need more research fund.

Role of EMDR Association Bangladesh: The EMDR Association Bangladesh was recognized as a key player in promoting EMDR therapy. Its potential role in advocating for EMDR inclusion in academic programs and organizing advanced-level training was acknowledged.

In conclusion, the findings suggest that stabilization techniques, particularly when combined with bilateral stimulation, have become integral tools for managing psychological distress among practitioners in Bangladesh. The study highlights the need for ongoing training, standardization, and support to ensure the effective use of these techniques and the continued growth of EMDR in the region.

Limitations and Recommendation of the Study

Firstly, the study has been conducted with the participants from Dhaka and Rajshahi and thus, the data were not representative of Bangladesh. Therefore, more

researches on large scale samples from all over Bangladesh can brought more accurate results and can be generalized.

Secondly, the researcher only included participants who were suffering from moderate to severe level of depression, anxiety and stress and did not include mild or extremely profound levels participants or those who are taking psychiatric medications. Further study including all levels of intensities of psychological distress can be conducted to get the holistic view of the effectiveness of stabilization techniques.

Thirdly, online sample size was too small to generalize the findings and hence further studies can be conducted with a large sample size.

Finally, the study has been conducted by collecting follow-up data after 1 month later of post-test. In this case, more studies can be done using 3 months, 6 months and 1 year later follow-up test to know the sustainability of the effectiveness of the stabilization techniques.

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Appendices

A. Measurement Scales

i. Demographic Data

ii. DASS

iii. Rosenberg Self-esteem Scale

iv. Mental Well-being Scale

v. Guidelines for In-depth Interviews (IDIs)

Demographic Data

একই গবেষণা কর্মের জন্য আপনার নিকট থেকে কিছু ব্যক্তিগত তথ্য চাওয়া হচ্ছে। আপনার দেয়া এই তথ্য সম্পূর্ণ গোপন থাকবে এবং শুধু এই গবেষণা কাজেই ব্যবহার করা হবে।

অনুগ্রহ করে সঠিক উত্তর দেয়ার চেষ্টা করবেন। কারণ আপনার দেয়া তথ্যের উপরই এই গবেষণার সাফল্য নির্ভর করছে। ধন্যবাদ।

ব্যক্তিগত তথ্য

ক) নাম ঃ

খ) বয়স ঃ

গ) লিঙ্গ (পুরুষ/মহিলা/অন্যান্য) ঃ

ঘ) শিক্ষাগত যোগ্যতা ঃ

ঙ) পেশা ঃ

চ) বিবাহিত/অবিবাহিত ঃ

ছ) ভাই/বোন ঃ

জ) স্থায়ী ঠিকানা ঃ

ঝ) বর্তমান ঠিকানা ঃ

ঞ) কাউন্সেলিংয়ের অভিজ্ঞতা ঃ

ট) মনোচিকিৎসকের অভিজ্ঞতা ঃ

DASS 21 Bangla version

ডাস-২১ বাংলা ভার্সন (DASS-21 B V)
নাম: তারিখ:

অনুগ্রহ করে নিচের প্রতিটি বিবৃতি পড়ুন এবং ০, ১, ২ অথবা ৩ এর মধ্যে গত সপ্তাহ ব্যাপী আপনার জন্য প্রযোজ্য যে কোন একটি সংখ্যয় গোল চিহ্ন দিন। এখানে সঠিক বা ভুল উত্তর নেই। কোন বিবৃতির জন্য বেশী সময় ব্যয় করবেন না।

মানদন্ডটি (রেটিং স্কেল) নিম্নরূপ:

০ আমার জন্য একেবারেই প্রযোজ্য নয়
১ আমার জন্য অল্প মাত্রায় বা কখনো কখনো প্রযোজ্য
২ আমার জন্য বেশ কিছুমত্রায় বা বেশ খানিকটা সময়ের জন্য প্রযোজ্য
৩ আমার জন্য খুব বেশী বা বেশীর ভাগ সময়ের জন্য প্রয়োজ্য

১. কোন উৎকণ্ঠা বা উত্তেজনামূলক কাজের পর আরামদায়ক অবস্থায় ফিরে আসা আমার জন্য কঠিন ছিল ০ ১ ২ ৩
২. আমি বুঝতে পারতাম যে আমার গলা শুকিয়ে আসছে ০ ১ ২ ৩
৩. ইতিবাচক কোন অনুভূতিই আমার মধ্যে কাজ করত না ০ ১ ২ ৩
৪. আমার শ্বাসকষ্টের অনুভূতি হত (যেমন অতি দ্রুত শ্বাস প্রশ্বাস, শারীরিক পরিশ্রম ছাড়াই নিঃশ্বাস বন্ধ হয়ে আসা) ০ ১ ২ ৩
৫. নিজে উদ্যোগী হয়ে কোন কাজ শুরু করা আমার জন্য কঠিন হত ০ ১ ২ ৩
৬. আমার মধ্যে বিভিন্ন পরিস্থিতিতে অতিরিক্ত প্রতিক্রিয়া করা প্রবণতা ছিল ০ ১ ২ ৩
৭. আমার শরীর কাঁপার অভিজ্ঞতা হয়েছিল (যেমন হাত কাঁপা) ০ ১ ২ ৩
৮. আমার মনে হতো যে আমি খুব বেশী স্নায়ু চাপে ভুগছি ০ ১ ২ ৩
৯. আমি এমন পরিস্থিতি সম্পর্কে দুশ্চিন্তাগ্রস্ত ছিলাম যেখানে আমি তীব্রভাবে আতঙ্কিত হতে পারি এবং এমন কোন কাজ করতে পারি যাতে অন্যরা আমাকে বোকা মনে করবে। ০ ১ ২ ৩
১০.আমার মনে হচ্ছিল, ভবিষ্যতে আমার ভালো কিছুরই আশা নাই
০ ১ ২ ৩
১১. আমি অনুভব করতাম যে আমি খুব অস্থির হয়ে যাচ্ছি ০ ১ ২ ৩
১২. আরাম বোধ করা আমার জন্য কঠিন হত ০ ১ ২ ৩
১৩. আমি মনমরা এবং বিষন্ন অনুভব করতাম ০ ১ ২ ৩
১৪. আমার কাজে বাধা হয় এমন যে কোন জিনিসই আমার কাছে অসহ্য লাগত ০ ১ ২ ৩
১৫. আমার মনে হত এই বুঝি আমি হঠাৎ তীব্রভাবে আতঙ্কগ্রস্ত হচ্ছি ০ ১ ২ ৩
১৬. কোন কিছুতেই আমি বেশী আগ্রহী হতে পারতাম না ০ ১ ২ ৩
১৭. আমি অনুভব করতাম ব্যক্তি হিসেবে আমার বিশেষ কোন মূল্য নেই ০ ১ ২ ৩
১৮. আমি অনুভব করতাম আমি একটুতেই মনে ব্যাথা পাই ০ ১ ২ ৩
১৯. শারীরিক পরিশ্রম না করলেও আমি হৃদপিন্ডের কাজ করা বুঝতে পারতাম
(যেমন: হৃদস্ফন্দন বৃদ্ধির অনুভুতি বা বুক ধড়ফড় করা, হৃদপিন্ডের স্পন্দনে ব্যাঘাত)
০ ১ ২ ৩
২০. যথাযথ কারন ছাড়াই আমি ভীত-সন্ত্রস্ত বোধ করতাম ০ ১ ২ ৩
২১. জীবনটা অর্থহীন বলে মনে হত ০ ১ ২ ৩

Rosenberg Self-esteem Scale

আত্ন-মর্যাদার মানক

আপনি নিজেকে কিভাবে দেখেন তা পরিমাপ করার জন্য নিচের উক্তিগুলো তৈরি করা হয়েছে। প্রতিটি উক্তি যত্ন সহকারে পড়ে আপনার মাত্রা নির্দেশ করুন। প্রতিটি উক্তির প্রতি আপনার অনুভুতির মাত্রা নির্দেশ করার জন্য ডান পাশে চারটি সম্ভাব্য উত্তর যেমন, 'সম্পূর্ণ একমত', 'একমত' 'একমত নই', 'একবোরেই একমত নই', দেওয়া আছে। যে উক্তিটি আপনার অনুভূতি বা মতামতকে সবচেয়ে ভালভাবে বর্ণনা করে সেটিকে টিক ($\surd$) চিহ্ন দিন।

ক্রমিক নং	উক্তি	সম্পূর্ণ একমত	একমত	একমত নই	একেবারেই একমত নই
১	আমি মনে করি আমি একজন যোগ্য ব্যক্তি, অন্তত অন্যদের সাথে সমান মাপকাঠিতে বিচার করলে।				
২	আমি মনে করি আমার কতগুলি ভাল গুন আছে।				
৩	সামগ্রিক বিচারে আমার এরকম মনে করার প্রবণতা আছে যে আমি ব্যর্থ।				
৪	বেশির ভাগ লোকের মত আমি সব কাজ করতে সক্ষম।				
৫	আমার মনে হয়, গর্ব করার মত আমার বেশি কিছু নেই।				
৬	নিজের প্রতি আমার ইতিবাচক মনোভাব আছে।				
৭	সার্বিকভাবে, আমি নিজেকে নিয়ে সন্তুষ্ট।				
৮	আমি যদি নিজের প্রতি আরো শ্রদ্ধাশীল হতে পারতাম।				
৯	মাঝে মাঝে আমার মনে হয় আমার কোন মূল্য নেই।				
১০	মাঝে মাঝে আমার মনে হয় আমি মোটেই কোনা কজের নই।				

Mental Well-being Scale

ওয়ারউইক এডেনবারা মানসিক কল্যাণ মাপকাঠি (WEMWBS)

নিজস্ব অনুভুতি ও চিন্তা ভাবনা নিয়ে কিছু বিবৃতি দেয়া হল। দয়া করে ঐ বাক্সে টিক (√) চিহ্ন দিন যা আপনার গত ২ সপ্তাহের অভিজ্ঞতার সাথে মিলে।

বর্ণনা	কখনও নয়	কখন কখন	মাঝে মধ্যে	প্রায়ই	সব সময়
আমি ভবিষ্যত নিয়ে আশাবাদী					
আমি নিজেকে প্রয়োজনীয় মনে করি					
আমি শান্ত অথবা হালকা বোধ করছিলাম					
আমি অন্য মানুষের ব্যাপারে আগ্রহী বোধ করছিলাম					
আমার বাড়তি শক্তি ছিল					
আমি পরিষ্কারভাবে চিন্তা করতে পারি					
আমি নিজের ব্যাপারে ভাল বোধ করি					
আমি অন্যদের কাছাকাছি আছি অনুভব করি					
আমি আত্নবিশ্বাসী বোধ করেছিলাম					
বিভিন্ন বিষয়ে আমি নিজে নিজে সিদ্ধান্ত নিতে সক্ষম ছিলাম					
আমাকে পছন্দ করা হয় বলে বোধ করেছিলাম					
আমি নতুন বিষয়ে আগ্রহী ছিলাম					
আমি আনন্দিত বোধ করেছিলাম					

Guidelines for In-depth Interviews

1. Have you ever practiced any stabilization techniques in managing psychological distress? If yes, please elaborate your experience.

2. How often do you practice stabilization techniques (with and without BLS) in managing psychological distress?

3. In which psychological issues do you use stabilization techniques?

4. What led you to incorporate stabilization techniques (with and without BLS) in your daily practice?

5. What are the positive outcomes your clients' experiences while using stabilization techniques?

6. How would you compare the effectiveness between EMDR therapy and other psychological approaches you have been practicing in your clinical practice?

7. What barriers, (if any) have you encountered when implementing stabilization techniques in your practice?

8. Please, share any additional insights, recommendation, experience, observation you think is relevant to the topic.

B. Ethical Review Committee Letter

C. Informed Consent Forms

i. Circular for Research Participants

ii. Consent form for Research Participants

iii. Consent Form for Counselling Services

iv. Consent for IDIs

Circular for Research Participants

শুভেচ্ছা জানবেন। আমি রাজশাহী বিশ্ববিদ্যালয়ের মনোবিজ্ঞান বিভাগের একজন শিক্ষক। বর্তমানে 'Effects of Stabilization Techniques in Managing Psychological Distress' শিরোনামে একাডেমিক একটি গবেষণা করছি। গবেষণাটির প্রধান উদ্দেশ্য হলো উদ্বেগ, বিষণ্নতা, মানসিক চাপ ও ট্রমার ক্ষেত্রে মনো-সামাজিক সহায়তা বা কাউন্সেলিংয়ে ব্যবহৃত 'Stabilization Techniques' সমূহ কতটুকু কার্যকর তা পরীক্ষণ করা। গবেষণাকর্মটির অংশ হিসেবে আমি ও আমার গবেষণা সহকারীরা ৬০ জন ব্যক্তিকে বিনা সেশন চার্জে কাউন্সেলিং সেবা প্রদান করব।

আপনি নিজে কাউন্সেলিং সেবা নিতে চাইলে বা আপনার পরিবারের সদস্য কিংবা স্বজনের কারো কাউন্সেলিং সেবার প্রয়োজন হলে নিচের মোবাইল নম্বরে যোগাযোগ করতে পারেন।

ধন্যবাদ

সাদেকা বানু
সহকারী অধ্যাপক
মনোবিজ্ঞান বিভাগ, রাজশাহী বিশ্ববিদ্যালয়
মোবাইল নম্বর : ০১৭১২৫০২৮৮৮ অথবা ০১৭৭১২০৭৫৫২

Consent form for Research Participants

সম্মতি পত্র

আমি সাদেকা বানু, বর্তমানে রাজশাহী বিশ্ববিদ্যালয়ে সহকারী অধ্যাপক হিসেবে কর্মরত আছি। শিক্ষকতার পাশাপাশি আমি একজন এ্যাসিস্টেন্ট কাউন্সেলিং সাইকোলজিস্ট হিসেবে কাউন্সেলিং সেবা দান করে থাকি। বর্তমানে 'Effects of Stabilization Techniques in Managing Psychological Distress' শিরোনামে একাডেমিক একটি গবেষণা করছি। গবেষণাটির প্রধান উদ্দেশ্য হলো উদ্বেগ, বিষণ্নতা ও মানসিক চাপের ক্ষেত্রে মনো-সামাজিক সহায়তা বা কাউন্সেলিংয়ে ব্যবহৃত 'Stabilization Techniques' সমূহ কতটুকু কার্যকর তা পরীক্ষণ করা। আমার এ গবেষণাকর্মে আপনি অংশগ্রহণ ও পরিপূর্ণ সহযোগিতার জন্য আগ্রহ প্রকাশ করেছেন। উল্লেখ্য যে, আপনি যে কোন সময় এ গবেষণাকর্মে অংশগ্রহণ করা থেকে নিজেকে প্রত্যাহার করে নিতে পারবেন এবং এ বিষয়ে আপনি পূর্ণ স্বাধীনতা উপভোগ করবেন।

কাউন্সেলিং সেবা: মানসিক স্বাস্থ্য সুরক্ষায় কাউন্সেলিংয়ের ভূমিকা অত্যন্ত গুরুত্বপূর্ণ। কাউন্সেলিং হলো এমন একটি প্রক্রিয়া যেখানে আপনি আপনার একান্ত ব্যক্তিগত বিষয় নিয়ে আমার সাথে খোলামেলা আলোচনা করবেন। আলোচনার সময় আপনার মধ্যে বিভিন্ন আবেগের সূত্রপাত হতে পারে, যেমন: রাগ, দুঃখ, হতাশা-নিরাশা, অপরাধবোধ, অপমানবোধ ইত্যাদি। এতদ্সত্ত্বেও কাউন্সেলিং ইতিবাচক সমাধান নিয়ে আসবে যদি আপনি এ প্রক্রিয়ায় সক্রিয়ভাবে অংশগ্রহণ করেন। প্রথম কয়েকটি সেশনে আপনি আপনার সমস্যা তুলে ধরবেন ও এর ভিত্তিতে আপনার আবেগ, চিন্তা-ভাবনা ও আচরণ নিয়ে মনোচিকিৎসার পরিকল্পনা নেওয়া হবে। মনোচিকিৎসার পরিকল্পনা অনুযায়ী যেসব কাজ আপনি এখানে শিখবেন সেটির যথাযথ বাস্তবায়ন ও নিয়মিত চর্চা আপনার প্রত্যাশিত ফলাফল আনয়নে গুরুত্বপূর্ণ ভূমিকা পালন করবে।

চিকিৎসা পদ্ধতি: আমি আপনার মধ্যে প্রত্যাশিত ইতিবাচক ফলাফল আনয়ন করার জন্য কার্ল রজারিয়ান পদ্ধতি ও আই মুভমেন্ট ডিসেনসিটাইজেন রিপ্রসেসিং-ধাপ-১ পদ্ধতির 'Stabilization Techniques' ব্যবহার করব। তবে প্রয়োজন অনুসারে অন্যান্য পদ্ধতিরও ব্যবহার করতে হতে পারে এবং সেক্ষেত্রে আমি অবশ্যই আপনাকে জানাব।

সাক্ষাতের সময়: আমার প্রতিটি সেশন ৬০-৯০ মিনিটের এবং প্রতি সপ্তাহে একটি সেশন হবে। তবে প্রথম সেশন ১ ঘন্টা হবে।

ফি: যেহেতু এটি একটি গবেষণার অংশ সেহেতু কাউন্সেলিং সেবা গ্রহণ করার জন্য আপনাকে কোন অর্থ ব্যয় করতে হবে না।

প্রফেশনাল রেকর্ড: আপনার কেসস্টাডি ও উন্নতির রেকর্ড আমার নিকট থাকবে। প্রয়োজনে আপনি আমার সাথে তা নিয়ে কথা বলতে অথবা আমার কাছ থেকে সংগ্রহ করতে পারেন।

গোপনীয়তা: আপনার ও আমার মধ্যে যে সমস্ত বিষয় নিয়ে আলোচনা হবে সবই গোপন থাকবে। তবে, আপনি যদি আত্মহত্যাপ্রবণ হন কিংবা অন্য কারো ক্ষতি করতে চান অথবা যদি আপনি শিশু বা বৃদ্ধ ব্যক্তিদের কোন প্রকার নির্যাতন করেন সেক্ষেত্রে আমি গোপনীয়তা লঙ্ঘন করতে বাধ্য থাকব। এছাড়াও কোর্টের আদেশেও আপনার গোপনীয়তা লঙ্ঘিত হবে। আমার সেবাদানের মান বৃদ্ধি ও পেশাগত উন্নতির জন্য আপনার কেস নিয়ে আমি আমার সুপারভাইজর/অভিজ্ঞ সহকর্মীর সঙ্গে আলোচনা করব। তবে তখনও আপনার নাম, ঠিকানা, কর্মস্থল, ব্যক্তিগত পরিচিতিমূলক সকল তথ্যই গোপন থাকবে। আমি আপনার যাবতীয় তথ্য ২০২৩ সালের ডিসেম্বর পর্যন্ত গোপনীয় সুরক্ষিত স্থানে রাখব এবং এরপর সেগুলো আগুনে পুড়িয়ে ফেলব বা মুছে ফেলব।

উপরোক্ত সকল তথ্যাদি ও শর্তাবলি আমি পড়েছি এবং সাইকোলজিস্ট আমাকে মৌখিকভাবেও জানিয়েছেন। আমি সকল বিবরণ জেনে ও বুঝে সুস্থ মস্তিষ্কে স্বজ্ঞানে নিচে স্বাক্ষর করার মাধ্যমে আমি কাউন্সেলিং সেবা গ্রহণের মাধ্যমে উক্ত গবেষণায় অংশগ্রহণের পূর্ণ সম্মতি জ্ঞাপন করছি।

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ক্লায়েন্টের নাম ও স্বাক্ষর স্বাক্ষরের তারিখ

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কাউন্সেলরের নাম ও স্বাক্ষর স্বাক্ষরের তারিখ

Consent Form for Counselling Services

সম্মতি পত্র

আমি সাদেকা বানু, রাজশাহী বিশ্ববিদ্যালয়ের মনোবিজ্ঞান বিভাগের সহকারী অধ্যাপক পদে কর্মরত আছি। পাশাপাশি আমি একজন এ্যাসিস্ট্যান্ট কাউন্সেলিং সাইকোলজিস্ট। আমার একটি গবেষণায় আপনি সচেতনভাবে একজন ক্লায়েন্ট হিসেবে অংশ নিচ্ছেন এবং পুরো প্রক্রিয়াটি সম্পন্ন করতে আপনি সম্মতি দিচ্ছেন।

মানসিক স্বাস্থ্য সুরক্ষায় কাউন্সেলিংয়ের ভূমিকা অত্যন্ত গুরুত্বপূর্ণ। কাউন্সেলিং হলো এমন একটি প্রক্রিয়া যেখানে আপনার একান্ত ব্যক্তিগত বিষয় নিয়ে আমার সাথে খোলামেলা আলোচনা করবেন। আলোচনার সময় আপনার মধ্যে বিভিন্ন আবেগের সূত্রপাত হতে পারে, যেমন- রাগ, দুঃখ, হতাশা-নিরাশা, অপরাধবোধ, অপমানবোধ ইত্যাদি। তা সত্ত্বেও কাউন্সেলিং ইতিবাচক সমাধান নিয়ে আসবে যদি আপনি সক্রিয় অংশগ্রহণ করেন। প্রথম কয়েকটি সেশনে আপনার সমস্যা তুলে ধরবেন ও এর ভিত্তিতে আপনার আবেগ, চিন্তা-ভাবনা ও আচরণ নিয়ে মনোচিকিৎসার পরিকল্পনা নেওয়া হবে।

সাক্ষাতের সময়: প্রথম সেশন হবে ১ ঘণ্টার এবং দ্বিতীয় থেকে চতুর্থ সেশনের সময় ৯০ মিনিট।

সেশন সংখ্যা: গবেষণাচলাকালীন ৪টি; তবে যদি আরো বেশি দরকার হয় আমি সেশন সংখ্যা আপনার প্রয়োজন অনুসারে বাড়াব।

ফি: প্রতিটি সেশন ফ্রি

কেসস্টাডির রেকর্ড: আপনার কেসস্টাডি ও উন্নতির রেকর্ড আমার নিকট থাকবে। প্রয়োজনে আপনি আমার সাথে তা নিয়ে কথা বলতে পারবেন।

টেস্টের সংখ্যা: সেশন শুরুর আগে ১টি (প্রি-টেস্ট), ৪টি সেশন শেষ হবার এক সপ্তাহ পরে ১টি (পোস্ট-টেস্ট) ও পোস্ট-টেস্ট নেবার ১ মাস পরে আরো ১টি (ফলো-আপ টেস্ট); এভাবে মোট ৩টি টেস্ট হবে।

গোপনীয়তা: আপনার ও আমার মধ্যে যে সমস্ত বিষয় নিয়ে আলোচনা হবে তার সবই গোপন থাকবে। তবে, আপনি যদি আত্মহত্যাপ্রবণ হন কিংবা অন্য কারো ক্ষতি করতে চান সেক্ষেত্রে আমি গোপনীয়তা লংঘন করতে বাধ্য থাকব। এছাড়াও আদালতের আদেশে গোপনীয়তা লংঘন করতে বাধ্য থাকব।

উপরোক্ত বিবরণ আমি পড়েছি, বুঝেছি ও স্বজ্ঞানে নিম্নে স্বাক্ষর করছি।

নাম:

তারিখ:

Consent for IDIs

সম্মতি পত্র

আমি সাদেকা বানু, বর্তমানে রাজশাহী বিশ্ববিদ্যালয়ে সহকারী অধ্যাপক হিসেবে কর্মরত আছি। শিক্ষকতার পাশাপাশি আমি একজন এ্যাসিস্টেন্ট কাউন্সেলিং সাইকোলজিস্ট হিসেবে কাউন্সেলিং সেবা দিয়ে থাকি। আমার এম.ফিল ডিগ্রির অংশ হিসেবে 'Effects of Stabilization Techniques in Managing Psychological Distress' শিরোনামে একটি গবেষণাকর্ম পরিচালনা করছি। গবেষণাটির প্রধান উদ্দেশ্য হলো উদ্বেগ, বিষণ্নতা, মানসিক চাপ ও ট্রমার ক্ষেত্রে মনো-সামাজিক সহায়তা বা কাউন্সেলিংয়ে ব্যবহৃত 'Stabilization Techniques' বাংলাদেশের নাগরিকদের উপর কতটা কার্যকর তা পরীক্ষা করে দেখা। আমার এ গবেষণাকর্মে আপনি অংশগ্রহণ ও পরিপূর্ণ সহযোগিতার জন্য আগ্রহ প্রকাশ করেছেন। আমি আপনার মূল্যবান সময় ও আগ্রহের জন্য সাধুবাদ ও কৃতজ্ঞতা জ্ঞাপন করছি।

অনলাইনে (Zoom Meeting App) আপনার এ স্বাক্ষাতকারদানের সময় ৩০-৪৫ মিনিট হবে। উল্লেখ্য যে, আপনি যে কোন সময় এ গবেষণাকর্মে অংশগ্রহণ করা থেকে নিজেকে প্রত্যাহার করে নিতে পারবেন এবং এ বিষয়ে আপনি পূর্ণ স্বাধীনতা উপভোগ করবেন। তাছাড়া আপনার ব্যক্তিগত পরিচিতিমূলক সকল তথ্য (নাম, স্থান, পেশা) গোপন থাকবে। এ গবেষণায় আমি Quantitative ও Qualitative উভয় ধরনের তথ্য সংগ্রহ করছি। যেহেতু আপনি একটি স্বাক্ষাতকার দেওয়ার জন্য মৌখিকভাবে সম্মতি দিয়েছেন সেহেতু আপনার কথাগুলো আমি ডিজিটালি রেকর্ড করব এবং গবেষণাকর্মের ফলাফল অংশ লেখার পর তা সম্পূর্ণ ডিলিট করে দিব। এছাড়া আপনার কাছ থেকে প্রাপ্ত সকল তথ্য শুধু এ গবেষণাকর্মেই ব্যবহৃত হবে।

উপরে বর্ণিত সকল তথ্য ও শর্তাবলি আমি পড়েছি এবং গবেষক/সহকারী গবেষক আমাকে মৌখিকভাবেও জানিয়েছেন। আমি সকল বিবরণ জেনে ও বুঝে সুস্থ মস্তিষ্কে নিচে স্বাক্ষর করার মাধ্যমে উক্ত গবেষণায় অংশগ্রহণের পূর্ণ সম্মতি জ্ঞাপন করছি।

অংশগ্রহণকারীর পূর্ণ নাম, স্বাক্ষর ও তারিখ:----------

প্রধান গবেষকের পূর্ণ নাম, স্বাক্ষর ও তারিখ:

চিকিৎসা-পরিকল্পনা (Treatment Plan)

ক বিভাগের ২টি অনুশীলন Treatment Group-1 (with BLS) ও Treatment Group-2 (without BLS) উভয় দলের জন্য ব্যবহার করতে হবে। খ অংশের ৪টি অনুশীলনও উভয় দলের জন্য ব্যবহার করা যাবে তবে Treatment Group-1 (with BLS) দলের সময় অবশ্যই Bilateral Stimulation পদ্ধতি এর সাথে সংযুক্ত করতে হবে। এর জন্য Eye Movement/Butterfly hug ব্যবহার করতে হবে। অন্যদিকে Treatment Group-2 (without BLS)-এর সময় স্বাভাবিক নিয়মে অনুশীলন করাতে হবে এর জন্য Bilateral Stimulation ব্যবহার করা যাবে না।

ক বিভাগ (সবার জন্য একই পদ্ধতিতে প্রয়োগ করুন)

ক. ১. শ্বাস-প্রশ্বাসের ধ্যান (Abdominal Breathing Exercise)

- আপনি আরাম করে একটি চেয়ারে বসুন অথবা যেকোন আসনে বসুন। আপনার মেরুদন্ড সোজা রাখুন এবং আপনার হাত সুবিধামত রাখুন।
- আপনি ইচ্ছে করলে চোখ বন্ধ করতে পারেন। আর যদি চোখ বন্ধ রাখতে অসুবিধা হয় তবে, একদৃষ্টিতে একটি নির্দিষ্ট পয়েন্টে অর্ধ বন্ধ অবস্থায় তাকিয়ে থাকুন।
- এখন নাক দিয়ে পেট পর্যন্ত গভীরভাবে শ্বাস নিন, কিছু সময় ধরে রাখুন এবং যতটুকু সময় ধরে রেখেছেন তার দ্বিগুণ সময় ধরে প্রশ্বাস ছাড়ুন।
- এইভাবে পাঁচবার করুন। প্রতিবার প্রশ্বাস ছাড়ার সময় মনে মনে বলুন, "প্রশ্বাসের সাথে সাথে আমার মধ্যকার সকল দুশ্চিন্তা-উদ্বিগ্নতা বের হয়ে যাচ্ছে এবং আমি অনেক বেশি আরাম বোধ করছি, অনেক বেশি শিথিল হচ্ছি।"
- আপনার মনোযোগ পেটের দিকে দিন, আপনি দেখতে পাবেন যে, যখন আপনি শ্বাস নিচ্ছেন তখন আপনার পেট বাতাসে ভরে উঠছে, আবার যখন প্রশ্বাস ছাড়ছেন তখন পেটের আকৃতি সংকুচিত হচ্ছে।
- আপনার সম্পূর্ণ মনোযোগ শ্বাস-প্রশ্বাস গ্রহণের এই প্রক্রিয়ার দিকে রাখুন।
- লক্ষ্য করুন আপনার মনোযোগ যদি শ্বাস গ্রহণের এই প্রক্রিয়া থেকে অন্যত্র চলে যায়, তখন পুনরায় আপনি আপনার পেটের দিকে মনোযোগ দিন এবং শ্বাস-প্রশ্বাস যে আসছে এবং যাচ্ছে তা অনুভব করুন।
- এই পদ্ধতিটি আপনি যে কোন সময় যে কোন জায়গায় বসে করতে পারেন। আপনি এটা করার ফলে অনেক বেশী শান্ত, ধীর-স্থির ও শিথিল হতে পারবেন। আপনার দেহ মনে প্রশান্তি পাবেন।

ক. ২. বাক্স অনুশীলন (Container Exercise)

এটি একটি স্থিতিশীলতা আনয়ণকারী অনুশীলন। বাক্স অনুশীলন দ্বারা আমরা ঘাতমূলক, অনধিকার প্রবেশমূলক, চাপসৃষ্টিকারী এবং দীর্ঘদিন ধরে বয়ে বেড়ানো কষ্টদায়ক অনুভূতি ও স্মৃতিকে নিয়ন্ত্রণ করতে সাহায্য করবে। এটা সচেতনভাবে একটা কষ্টদায়ক স্মৃতি থেকে অন্ততঃপক্ষে কিছু সময়ের জন্য হলেও দূরে সরিয়ে রাখবে। কষ্টদায়ক উপকরণ নিয়ে ই.এম.ডি.আর (EMDR) প্রক্রিয়াকরণ করার পূর্বে এই অনুশীলন অন্যতম প্রধান শর্ত। এতে ট্রমাটিক (Traumatic) ক্লায়েন্টের মধ্যে সাময়িক একটি স্থিরতা আসে এবং অন্যান্য চিকিৎসা পদ্ধতির প্রয়োগ সহজ হয়।

যখন একজন ক্লায়েন্ট ট্রমাটিক বা অতীতের কষ্টদায়ক কোন স্মৃতি থেকে মুক্ত হতে চায় বা সেগুলোকে সে পুনরায় মূল্যায়ন করতে চায়, তখন আমরা তাকে বাক্স অনুশীলন পদ্ধতিতে সাহায্য করতে পারি।

১. এমন একটি বাক্সের কথা কল্পনা করুন যেখানে আপনার অতীতের সকল দুঃখ, কষ্ট, বেদনাদায়ক দুঃসহ স্মৃতিকে রাখতে পারবেন। এর আকার ছোট-বড়-মাঝারী যে কোন ধরনের হতে পারে, যেন শুধুমাত্র আপনার স্মৃতিগুলোকে নিরাপদে সংরক্ষণ করা যায়।
২. খুব কাছ থেকে এটাকে দেখুন, এটা কোন ধরনের বাক্স?
৩. এটার আকার কেমন?
৪. এটা কি দিয়ে তৈরি?
৫. এটার রং কি ধরনের?
৬. এখন ভাবুন, এটাকে কীভাবে তালাবদ্ধ করবেন? এটা খুব নিরাপত্তার সাথে তালাবদ্ধ করুন। আপনার এই বাক্সের তালা দেখতে কেমন? এটার কি কোন চাবি আছে? চাবি থাকলে দেখতে কেমন?
৭. বাক্সের ঢাকনা (উপরের অংশ) কেমন করে তালাবদ্ধ করবেন? এটা করার সময় কি কোন ধরনের শব্দ হয়?
৮. এখন চিন্তা করুন, আপনার চাবিটাকে কোথায় রাখবেন? এটা এমন এক জায়গায় রাখুন শুধুমাত্র আপনিই সেই জায়গাটির কথা জানবেন। পৃথিবীর আর দ্বিতীয় কোন ব্যক্তি সেই জায়গা সম্পর্কে জানবে না।
৯. এখন ভালো করে বাক্সের দিকে লক্ষ্য করুন। এটা কি আপনার কাছে সত্যিকার অর্থেই নিরাপদ বলে মনে হয়? খুব মনযোগ সহকারে এর জিনিসপত্রগুলো যেমন, বাক্সের দেওয়াল, তালা, ঢাকনা ইত্যাদি সকল কিছু খুঁটিয়ে খুঁটিয়ে দেখুন।
১০. এরপর থেকে যেসব বিষয় আপনার কাছে পছন্দনীয় হবে না, খুবই কষ্টদায়ক মনে হবে, তখন আপনি বাক্সের নিকট যাবেন, বাক্সের তালা খুলবেন এবং এর ভিতরে সকল কিছুকে বাক্স বন্দী করে রেখে দিবেন। তারপর আবার তালা বন্ধ করে, চাবিটি সেই নির্ধারিত গোপনীয় জায়গায় রেখে দিবেন।
১১. এখন এই বাক্সটিকে আপনার কাছ থেকে অনেক দূরে সরিয়ে রাখুন। বাক্সটাকে এতটাই দূরে রাখুন যেন সেখানে যেতে কোন দ্রুত গতিসম্পন্ন সুপারসনিক যানবাহন/রকেট লাগে। যেন আপনি এই বাক্সটি থেকে নিরাপদ দূরত্বে থাকতে পারেন।
১২. যদি আপনার কষ্টদায়ক অনুভূতিগুলোকে বাক্সে রাখতে না পারেন, তবে সেগুলোকে বাস্তব কোন কিছুর মতো আকার দান করেন। যেমন:

- **প্রভাবিত করা** (প্রচন্ড ভয়, শারীরিক কোন সংবেদন বা অনুভূতি যেমন: ব্যাথা): এই ধরনের প্রভাবগুলোকে আপনার মন মতো একটি আকার দিন। তারপর এই আকৃতিটিকে ধীরে ধীরে সংকুচিত করতে করতে এমন ছোট করে ফেলুন যেন এটাকে বাক্সে রাখা যায়।
- **চিন্তা:** আপনার সমস্ত চিন্তাগুলোকে এখন সাংকেতিক চিহ্ন ব্যবহার করে একটি কাগজের উপর লিখুন যেন শুধুমাত্র আপনিই পড়তে ও বুঝতে পারেন। তারপর কাগজটিকে ভাঁজ করুন এবং ভাঁজ করা কাগজটিকে একটি খামে ভরে ফেলুন। পরবর্তিতে খামটিকে বাক্সের মধ্যে ফেলে দিন।
- **দৃশ্য:** সম্পূর্ণ দৃশ্যটিকে একটি ছবির মতো কল্পনা করুন। তারপর সেই ছবির উপর সাদাকালো রং লাগাতে থাকুন। এক সময় সম্পূর্ণ ছবিটিই সাদা-কালো হয়ে যাবে। এরপর ছবিটিকে ভাঁজ করে খামে রাখুন এবং খামটিকে বাক্সের মধ্যে ফেলে দিন।
- অন্তর্নিহিত চলচ্চিত্র: যদি আপনি কোন চলমান চলচ্চিত্র দেখেন, তখন একটি রিমোট কন্ট্রোলার ব্যবহার করুন। এই রিমোট কন্ট্রোলার দিয়ে ভিডিও এর রং সাদা করতে করতে সম্পূর্ণ স্ক্রিন (Screen) সাদা করে ফেলুন, যেন আর কিছুই দেখা না যায়। এভাবে শব্দ (Sound) কমাতে কমাতে একদম শূন্যতে (0) নামিয়ে আনুন যেন আর কোন শব্দই শোনা না যায়। এরপর টি.ভি বন্ধ করে দিন এবং ভিডিও ক্যাসেটটি বাক্সের মধ্যে ফেলে দিন।
- **গন্ধ:** সেগুলোকে একটি বোতলে সংগ্রহ করুন, তারপর বোতলের মুখ আঁটকিয়ে দিয়ে বাক্সের মধ্যে ফেলে দিন।

- **শব্দ:** কোন শব্দ পেলে সেগুলোকে একটি সি.ডি ক্যাসেটে রেকর্ড করুন, তারপর সেটাকে চালান। এখন সিডি রেকর্ডারের সাহায্যে শব্দ একদম শূণ্যতে নামিয়ে আনুন। তারপর সিডি থেকে রেকর্ডটিকে ডিলিট (Delete) করে দিন। তারপর সেটিকে বাক্সে ফেলে দিন।
- **স্বাদ:** এটাকে এক ধরনের আকার ও রং দিন। তারপর এটাকে ছোট করতে থাকুন। তারপর সেটাকে একটি গ্লাসের মধ্যে রাখুন।

১৩. এভাবে সকল কিছু পরীক্ষা করে দেখুন সকল কষ্টদায়ক স্মৃতি গিয়েছে কি-না। যদি না হয় তবে একই পদ্ধতি অনুসরণ করে সেগুলোকে বাক্স বন্দি করুন।

যদি উপরোক্ত বাক্স অনুশীলন কোন কারণে আপনার কাছে কঠিন মনে হয় তাহলে নিচের সহজ অনুশীলনটি করতে পারেন। এটি সহজ এবং ট্রমার ক্লায়েন্টের জন্য খুবই কার্যকরী একটি পদ্ধতি।

খ বিভাগের অনুশীলনীসমূহ

খ. ১. বর্তমানে থাকার অনুশীলনী (Grounding)

যদি ব্যক্তি প্রচন্ড মাত্রায় উত্তেজিত, ভীত, উদ্বিগ্ন, দ্রুত কথা বলা শেষ করতে চাওয়ার প্রবণতা, বর্তমানে কি ঘটছে সেটি উপলব্ধি করতে ব্যর্থ হওয়া, দীর্ঘ সময় ধরে কান্না করাসহ ইত্যাদিতে কষ্ট পায় তখন আপনি তাকে সাহায্য করার জন্য প্রাথমিকভাবে নিচের কৌশলগুলোর ব্যবহার করুন।

- ব্যক্তিকে আপনার কথা মনোযোগ সহকারে শোনা ও আপনার দিকে তাকিয়ে থাকার জন্য অনুরোধ করুন
- তাকে জিজ্ঞেস করুন, "এখন আপনি কোথায় আছেন? আপনার সাথে কি ঘটছে? আপনি এখন আবেগীয়ভাবে কি অনুভব করছেন?"
- তাকে তার চারপাশে যা কিছু দেখতে পাচ্ছে সে সম্বন্ধে বর্ণনা করতে বলুন

যদি ব্যক্তি এসব কাজ করার দ্বারা উপকার না পান তখন তাকে সাহায্য করার জন্য নিচের 'বর্তমানে থাকার পদ্ধতি' ব্যবহার করার জন্য অনুরোধ করতে পারেন।

ব্যক্তিকে সাহায্য করার জন্য এভাবে শুরু করুন-''যখন আমরা প্রচন্ড ভীতিকর বা যন্ত্রণাদায়ক পরিস্থিতির মধ্যে দিয়ে যায়, তখন আমরা আবেগীয় ও মানসিকভাবে এতটায় বিহ্বল হয়ে পড়ি যে, তখন আমার সাথে কি ঘটনা ঘটেছে বার বার সেটিই চিন্তা করতে থাকি। ফলে আমরা আরো ভেঙ্গে পড়ি ও মানসিকভাবে বিপর্যস্থ হই। তবে যদি আমরা চাই তাহলে এ অবস্থা থেকে কিছু সময়ের জন্য হলেও আমরা নিজেদের স্বাভাবিক রাখতে পারি। আর এটি তখনই সম্ভব যখন আমরা আমাদের মনোযোগ এসব ভীতিকর পরিস্থিতি থেকে সরিয়ে অন্যত্র দিতে পারব। আপনি কি এটি শিখতে চান?...তাহলে আসুন আমরা এ পদ্ধতি সম্বন্ধে শিখি।"

১. আপনি আপনার হাত ও পা স্বাভাবিক অবস্থায় রেখে স্বস্তিদায়ক অবস্থায় বসুন
২. এখন নাক দিয়ে গভীরভাবে শ্বাস নিন ও মুখ দিয়ে ধীরে ধীরে প্রশ্বাস ছাড়ুন
৩. এখন আপনি আপনার চারপাশে ভালো করে দেখুন এবং এমন ৫টি জিনিসের নাম বলুন যেগুলো আপনার জন্য কোন কষ্ট/খারাপ লাগার তৈরি করে না
৪. এরপর আবার নাক দিয়ে লম্বা করে শ্বাস নিন এবং মুখ দিয়ে প্রশ্বাস ছাড়ুন
৫. এখন আপনি আপনার চারপাশের প্রতি আবার মনোযোগ দিয়ে শুনুন কি ধরনের শব্দ শুনতে পাচ্ছেন এবং আপনার মধ্যে খারাপ লাগা তৈরি করে না এমন ৫টি শব্দের বিষয়ে আমাকে বলুন
৬. আবার নাক দিয়ে লম্বা করে শ্বাস নিন এবং মুখ দিয়ে প্রশ্বাস ছাড়ুন
৭. তারপর অত্যন্ত সচেতনভাবে খেয়াল করুন যখন আপনি আপনার চারপাশ দেখছেন তখন আবেগীয়ভাবে কি অনুভব করছেন এবং এমন ৫টি বিষয়ের কথা বলুন যেগুলোর দ্বারা আপনি কোন খারাপ লাগা অনুভব করছেন না

৮. আবার নাক দিয়ে লম্বা করে শ্বাস নিন এবং মুখ দিয়ে প্রশ্বাস ছাড়ুন
৯. এখন আবার তিনবার নাক দিয়ে পেট পর্যন্ত শ্বাস নিন ও মুখ দিয়ে প্রশ্বাস ছাড়ুন

খ. ২ মনের আভ্যন্তরীণ কাল্পনিক বাগান (Inner Garden)

আপনার বাগানের আকার নির্ধারণ করুন

- আপনি আপনার কল্পনায় মনের মত করে একটি বাগান তৈরি করুন। খেয়াল করুন আপনার বাগান কতদূর বিস্তৃত, কোন মানুষ এখনও পর্যন্ত আপনার বাগানের ফুল, ফল, গাছ-লতা-পাতা কেউ স্পর্শ করে দেখে নি এবং সেগুলো কত সজীব, কোমল ও তাজা।
- আপনি কতবড় বাগান তৈরি করবেন সে বিষয়ে একটু চিন্তা করুন। হতে পারে টবের মধ্যে, বারান্দায় বা বিশাল একটা পার্কের সমান আপনি আপানার বাগান তৈরি করতে পারেন।
- আপনি চাইলে কোন বেড়া, দেওয়াল বা গাছপালা দিয়ে আপনার বাগানের একটা সীমানা প্রাচীর তৈরি করতে পারেন। আবার চাইলে আপনার বাগান সম্পূর্ণ খোলামেলাও রাখতে পারেন। আপনি যেমনটা চান ডাশ তেমন করেই আপনার বাগানের সীমানা ও সীমানা-প্রাচীর রাখুন

আপনার বাগানে গাছ রোপণ করুন

- এখন আপনার বাগানে আপনি যে ধরনের ফুল, ফল, লতা-পাতা পছন্দ করেন সেগুলো রোপণ করুন।
- আপনি আপনার বাগানের আকার ও গাছপালা যেকোন সময় পরিবর্তন করতে পারবেন। এরজন্য আপনি বাগানের কোণায় জৈব তৈরির একটা ভাগাড় বানাতে পারেন; যেখানে কোন গাছ পছন্দ না হলে বা ফুল শেষ হয়ে গেলে আপনি সেখানে ফেলে দিতে পারেন এবং সেগুলো পচে পরবর্তীতে ব্যবহার উপযোগী জৈব সার হয়ে যাবে।

চাইলেই আপনি আপনার বাগানের আকার বৃদ্ধি ও পরিবর্তন করতে পারেন

- আপনি ইচ্ছে করলে বাগানে ছোট একটি পুকুর, বড় কোন খাল বা ঝরণার মত জলধারা তৈরি করতে পারেন যেটির পাশে আপনি বসে আপনার বাগানের সৌন্দর্য উপভোগ করতে পারেন।
- আপনি চাইলেই বসার জন্য কোন স্থান তৈরি করতে পারেন।
- আপনি চাইলে আপনার বাগানে পশু-পাখি রাখতে পারেন। যদি পশু-পাখি রাখেন তাহলে কোন ধরনের পশু-পাখি রাখতে চান সেটি নির্ধারণ করুন।
- মোটকথা আপনি চাইলেই যেকোন সময়ে আপনার বাগানের আকার বৃদ্ধি ও এর মধ্যে নানা রকম জিনিস তৈরি করতে পারেন।

আপনার বাগানকে উপভোগ করুন

- যখন আপনার পছন্দের বাগান তৈরি করা হয়ে যাবে তখন একটি শান্ত মনোরম স্থানে বসুন যেন আপনি আপনার বাগানের সৌন্দর্য পরিপূর্ণভাবে উপভোগ করতে পারেন।
- আপনার বাগানের নির্দিষ্ট একটি কোণায় লক্ষ করুন আপনি কি কি রঙের ফুল, ফল, গাছ, লতা-পাতা দেখতে পাচ্ছেন?
- সচেতনভাবে খেয়াল করুন আপনি কি ধরনের শব্দ শুনতে পাচ্ছেন।
- আপনি চাইলেই এমন কোন নির্ভরযোগ্য ব্যক্তিকে আপনার সঙ্গে আনতে পারেন যিনি আপনার এতসব কাজের যথাযথ মূল্যায়ন করতে ও আপনার সাথে বসে বাগান উপভোগ করতে পারে।
- আপনি আপনার এই কাল্পনিক বাগানে যেকোন সময় চাইলেই যেতে পারবেন।
- এখন দয়া করে আবার এই ঘরের মধ্যে ফেরৎ আসুন এবং উঠে দাঁড়িয়ে হাত-পা সংকোচন ও প্রসারণ করুন।

খ. ৩. সাহায্যকারী দল (Resource Team)

সাহায্যকারী দল অনুশীলনটি বিভিন্নভাবে বিভিন্ন উদ্দেশ্য নিয়ে করা যায়। এটি ট্রমার ক্লায়েন্টদের জন্য বিশেষভাবে কার্যকরী। ট্রমার কারণে ব্যক্তি নিজের ভাল গুণাগুণের কথা একদম ভুলে যান। তাই এটি মানুষের মধ্যে দক্ষতা বৃদ্ধি এবং তিনি কীভাবে আরো নতুন নতুন পথ খুঁজতে বা বিভিন্ন জনের কাছ থেকে কি সাহায্য পেতে পারেন সেটিতেও সাহায্য করবে। আবার, এই পদ্ধতির একটি গুরুত্বপূর্ণ উপকরণ অণুরাগ বা ব্যক্তিগত সম্পর্কের সাথে সম্পর্কযুক্ত কাজে যেসব ব্যক্তির যেসব ব্যক্তির সম্পর্কের ক্ষেত্রে বিভিন্ন ইস্যু/অসুবিধা/সমস্যা আছে তাদের জন্যও "সাহায্যকারী দল" অনুশীলনটি গুরুত্বপূর্ণ। আসুন, এইবার অনুশীলনটি শুরু করা যাক :

১. শান্ত হয়ে বসুন। এখন, নাক দিয়ে পেট পর্যন্ত গভীরভাবে শ্বাস নিন এবং মুখ দিয়ে ধীরে ধীরে প্রশ্বাস ছাড়ুন। এইভাবে তিন থেকে পাঁচ বার করুন।

২. এমন একটি পরিবেশের কথা অথবা এমন একটি ক্ষেত্রের কথা আপনি মনে মনে কল্পনা করুন, যেখানে আপনি দক্ষতার সাথে সফল হতে চান। আপনি কোন কাজটি সফলভাবে করতে চান সেটি সম্পূর্ণ স্পষ্টভাবে বোঝার চেষ্টা করুন।

৩. এই কাজটি সফলভাবে শেষ করার জন্য আপনার কি কি দক্ষতা বা গুণের দরকার? সেগুলো সম্বন্ধে সচেতন হোন। আপনার নিজের মধ্যে শক্তি, আত্মবিশ্বাস, আত্ম-প্রত্যয়, বিবেচনাপূর্ণ সিদ্ধান্ত, সহমর্মিতা, যত্ন, প্রবল ইচ্ছাশক্তি, প্রচন্ড মনোবল ও আগ্রহ, সম্পূর্ণ মনযোগ কি কি দরকার সেগুলো সম্বন্ধে সচেতন হোন এবং সুনির্দিষ্ট করুন।

৪. অতীতে এমন কোন ঘটনা বা স্মৃতি আছে যেখানে আপনি উক্ত কাজে সম্পূর্ণ বা আংশিক সফল হয়েছিলেন? সেটি মনে করার চেষ্টা করুন।

৫. আপনি কি সেই দৃশ্য/স্মৃতি সুস্পষ্টভাবে দেখতে পাচ্ছেন? এর কোন বিশেষ ছবি আপনি দেখছেন?

৬. এই দৃশ্যের মধ্যে যেখানে আপনি কিছুটা বা সম্পূর্ণ সফল, সেখানে আপনি "নিজেকে" সাহায্যকারী দলের প্রথম সদস্য হিসাবে কোথায় রাখবেন? দৃশ্যের কেন্দ্রবিন্দুতে? আপনার ডান পাশ/বাম পাশ/সামনে/পিছনের দিকে? কোথায় রাখবেন সেটি ঠিক করুন। আপনি আপনার সাহায্যকারী দলের প্রথম সদস্যকে পেয়েছেন।

৭. আপনি এমন কাউকে চিনেন যে উক্ত কাজের জন্য যাবতীয় দক্ষতা ও গুণাবলী তার মধ্যে আছে। তিনি আপনার সাহায্যকারী দলে কাজ করতে আগ্রহী। এখন তাকে কোথায় রাখবেন, আপনার সামনে/পিছনে/ডানে/ বামে/সামনে ডান বা বাম/পিছনে বাম বা ডান, মাঝখানে? কোথায় রাখবেন সেটি সুনির্দিষ্ট করুন। তিনি আপনার দলের দ্বিতীয় সদস্য।

৮. টেলিভিশনের কোন চরিত্র/নায়ক-নায়িকা/সুপারহিরো/পাবলিক ফিগার/ঐতিহাসিক কোন নেতা বা ব্যক্তিত্ব আপনার কাজের জন্য প্রয়োজনীয় দক্ষতা ও গুণাবলী ধারণ করেন? এখন তিনি আপনার সঙ্গে কাজ করতে আগ্রহী। এখন তাকে আপনি আপনার কোন পাশে রাখবেন ? তিনি আপনার সাহায্যকারী দলের ৩ নং সদস্য।

৯. কোন প্রাণী আপনার কাজের জন্য প্রয়োজনীয় দক্ষতা ও গুণাবলী বহন করে? এই বিশেষ প্রাণীকে আপনি আপনার কোন পাশে রাখবেন? এই বিশেষ প্রাণীটি আপনার সাহায্যকারী দলের ৪র্থ নং সদস্য।

১০. এমন একজন বৃদ্ধ/বৃদ্ধার কথা কল্পনা করুন যিনি জ্ঞানী, গুণী এবং আপনার কাজের জন্য প্রয়োজনীয় সকল গুণাবলীই তার মধ্যে আছে। এখন তিনিও আপনার কাজে সাহায্য করতে চান। এখন আপনি তাকে আপনার কোন পাশে রাখবেন? তিনি আপনার দলের ৫ম সদস্য।

১১. এখন ভালো করে খেয়াল করে দেখুন, আপনার সাহায্যকারী দলের সদস্যগণ আপনার চারপাশে তাদের দক্ষতা ও গুণাবলী নিয়ে প্রস্তুত। ছবিটিকে খুব মনোযোগ সহকারে কাছ থেকে দেখার চেষ্টা করুন। তারপরে আপনার সেই চ্যালেঞ্জিং পরিবেশের ছবিটিকে দেখুন যেটিকে আপনি সফলভাবে শেষ করতে চান।

১২. এখন ভালো করে লক্ষ্য করে দেখুন, এই সাহায্যকারী দলের সদস্যগণ কীভাবে আপনাকে সাহায্য করার জন্য প্রচেষ্টা চালাচ্ছে। হয়তোবা কেউ একজন আপনার জন্য একটি রঙিন খাতার পাতায় ইতিবাচক কয়েকটি লাইন লিখে দিচ্ছে। কেউ হয়তোবা আপনাকে আলিঙ্গন করছে অথবা আপনার পিঠে হাত বুলিয়ে দিচ্ছে যাতে আপনি

সুরক্ষিত ও সমর্থিত অনুভব করতে পারেন। আপনি চাইলেই তাদেরকে বলতে পারেন তারা কে, কীভাবে সাহায্য করবে সেটি একটি খাতায় লিখে দিবেন যাতে আপনি সেটাকে সবসময় আপনার সঙ্গে রাখতে পারেন।

১৩. আপনি কি চান যে দলের কেউ কেউ আপনার সাথে আপনার আকাঙ্ক্ষিত পরিবেশে যাক এবং আপনার সাথে কাজ করুক এবং বাকি সদস্যগণ আপনার জন্য অপেক্ষা করুক। তাহলে যাদেরকে আপানার সঙ্গে নিবেন তাদেরকে আপনার কোন্ পাশে রাখবেন এবং যারা আপনার জন্য অপেক্ষা করবে তারা কোথায় থাকবে?

১৪. অথবা, আপনার ক্যামেরার সাহায্যে একটি কাল্পনিক ছবি তুলতে পারেন। এখন এই ছবিটিকে আপনি কোথায় রাখবেন যাতে আপনার যখন ইচ্ছা হয় তখনই ছবিটি দেখতে পারেন ?

১৫. আপনার কল্পনায় সাহায্যকারী দলের সদস্যদের এমন কোন শব্দ, বাক্য, বা সামান্য স্পর্শ আছে যা কি-না আপনাকে আপনার সাহায্যকারী দলের কথা স্মরণ করিয়ে দেয় এবং আপনি আপনার দলের সদস্যদের দ্বারা পরিবেষ্টিত অবস্থায় আছেন বলে ইতিবাচক অনুভব করেন?

১৬. এমনও হতে পারে যে, আপনি মাঝখানে দাড়িয়ে আছেন আর আপনার চারপাশে আপনার সাহায্যকারী দলের সদস্যগণ আপনাকে চতুর্দিক থেকে ঘিরে রেখেছে এমন একটি ছবিও আঁকতে পারেন। এই ছবিটিকে আপনি কোথায় ঝুলিয়ে রাখতে চান? এমন স্থানে ঝুলাবেন যেন আপনার যখন প্রয়োজন হয় আপনি মনের মধ্যে আত্মবিশ্বাস বাড়ানোর জন্য সাহায্যকারী দল থেকে অনুপ্রেরণা পেতে পারেন।

খ. ৪. সুস্থতার আলো (Healing Light)

সুস্থতার আলো শারীরিক ভাবে অস্বস্তিকর অনুভূতি বা অথবা আরামহীনতায় ভুগছেন তাদের জন্য খুবই সহায়ক। আবার কোন কাউন্সেলিং সেশন শেষ করার সময়ও এটি ব্যবহার করা যেতে পারে।

১. আপনি কি আপনার শরীরের কোন অংশে অস্বস্তিকর অনুভূতি অনুভব করেন?
২. শরীরের কোন্ কোন্ অংশে আপনি এই অনুভূতি পান?
৩. যদি আপনার অনুভূতির একটা আকার দিতে বলি তবে সেটা কেমন হবে? (গোল, বৃত্তাকার, আয়তাকার)
৪. এটা কতটুকু বড় বা ছোট?
৫. আপনার এই অনুভুতির উপাদানগুলো কি দিয়ে তৈরি বলে মনে হচ্ছে?
৬. ওজন কেমন হবে? এটার রং কেমন?
৭. এখন আপনি নাক দিয়ে পেট পর্যন্ত গভীরভাবে শ্বাস নিন এবং আস্তে আস্তে মুখ দিয়ে প্রশ্বাস ছাড়ুন। এই রকম ৩-৫ বার করুন।
৮. এখন এমন একটি সুস্থতার আলোকরশ্মির কথা আপনি মনে মনে কল্পনা করুন যেটি উপর থেকে নেমে আসবে। এতে আপনার সকল প্রকার নেতিবাচক ব্যাথা অনুভূতি শেষ হয়ে যাবে।
৯. এই আলোকরশ্মি হিম শীতল বা উষ্ণ বা নাতিশীতোষ্ণ হতে পারে, আপনার সুস্থতার জন্য যেমনটা আপনি চান।
১০. আলোক রশ্মিকে আপনার ত্বকের মধ্য দিয়ে বয়ে যেতে দিন।
১১. এই আরোগ্যদায়ক আলোকরশ্মি যখন আপনার দেহের মধ্যে দিয়ে বয়ে যাচ্ছে তখন আপনার কেমন বোধ হচ্ছে সে সম্পর্কে আপনি সচেতন হোন।
১২. যদি আপনার এই আলোকরশ্মি ভালো লাগে তবে সেটাকে আপনার শরীরের যে অংশে অস্বস্তিকর অনুভূতি হয়, সেই অংশের মধ্য দিয়ে প্রবাহিত হতে দিন।
১৩. আরোগ্যদায়ক আলোকরশ্মি আপনার শরীরের অস্বস্তিকর অনুভূতির অংশের মধ্য দিয়ে প্রবাহিত হওয়ার সময় যে অনুভূতি হচ্ছে সেটা সম্পর্কে সচেতন হোন।

১৪. এই সময় হয়তোবা আপনি যে আকার দিয়েছিলেন সেটার পরিবর্তন হতে পারে। হয়তোবা এর আকার ছোট হয়ে আসতে পারে অথবা অন্য কোন ভাবে পরিবর্তন হতে পারে। এমনও হতে পারে যে, এই আরোগ্যদায়ক আলোকরশ্মি দ্বারা এটি সম্পূর্ণ গলে যেতে পারে।
১৫. আপনি চাইলেই এই আরোগ্যদায়ী আলোকরশ্মি দ্বারা আপনার সমস্ত শরীর পূর্ণ করতে পারেন।
১৬. এখন, আরোগ্যদায়ী ও যন্ত্রণা উপশমকারী আলোকরশ্মিকে চলে যেতে দিন। এমনও হতে পারে যে, এই আরোগ্যদায়ক আলোকরশ্মি আপনার মাথার মাধ্যমে শরীরে প্রবেশ করে তা ঘাড়, কাঁধ, বুক, পেট, পা ও পায়ের পাতা হয়ে মাটিতে চলে যেতে পারে। অথবা, এটি আপনার বাম, ডান, উপর, নিচ সব দিক দিয়েই আপনার মধ্যে প্রবাহিত হতে পারে। এটি সবসময় আপনার মাথার উপরেই আছে, আপনি যখনই চাইবেন তখনই এটি আপনার মধ্যে প্রবাহিত হবে এবং সুস্থভাবে আপনার মধ্যে পরশ বুলিয়ে যাবে।
১৭. এখন আবার আপনি নাক দিয়ে শ্বাস নিন এবং মুখ দিয়ে ধীরে ধীরে প্রশ্বাস ছাড়ুন। এই রকম তিনবার করুন। তারপর আস্তে আস্তে চোখ খুলে এই রুমের দিকে আপনার মনযোগ নিয়ে আসুন।

Training for Counselors (Research Assistants)

Time: 10:00 AM.-5:00 PM

Venue: Rajshahi

Date: May 05, 2021

Overview of the Study (40 minutes)

Name of the study: Effects of Stabilization Techniques in Managing Psychological Distress

Objectives of the study: The study aims to provide valuable insights into the effectiveness of stabilization techniques (with and without BLS) in managing psychological distress in Bangladesh. The findings will help mental health professionals in Bangladesh to develop effective strategies for managing psychological distress in the local population. Thus, the aims of the present study are:

- To investigate the effectiveness of stabilization techniques in managing psychological distress such as depression, anxiety and stress of adult population
- To examine the effectiveness of stabilization techniques on self-esteem and mental well-being
- To compare the effectiveness of stabilization techniques with and without BLS in managing psychological distress (depression, anxiety and stress)
- To examine the impact of stabilization techniques on psychological distress regarding different demographic variables such as gender, education level and age
- To investigate the effectivness of stabilization techniques (with and without BLS) through online platform
- To inquire about the stabilization techniques practices in Bangladesh of EMDR therapy practitioners
- To provide recommendation for the integration of stabilization techniques with and without BLS in clinical practices

Introducing Measurement Instruments:

i. Demographic Data

ii. DASS

iii. Rosenberg Self-esteem Scale

iv. Mental Well-being Scale

Study Design: The core objective of this present study is to investigate the effectiveness of stabilization techniques (with and without BLS) on different psychological distress and, thus, the study will be conducted by using independent repeated measurement study design and the purposive sampling techniques for collecting quantitative data as showed in the following table

Table 1: Repeated Measurement Study Design

Group	Pre-test	Treatment	Post-test	Follow-up Test
Treatment Group-1 (with BLS)	Assessment of anxiety, depression, stress, self-esteem and mental well-being	Conduction of stabilization techniques with BLS in sessions for 60 to 90 minutes for 4 consecutive weeks	1 week later after completion of 4 consecutive sessions	1 months after conduction of the post-test
Treatment Group-2 (without BLS)	Assessment of anxiety, depression, stress, self-esteem and mental well-being	Conduction of stabilization techniques without BLS in sessions for 60 to 90 minutes for 4 consecutive weeks	1 week later after completion of 4 consecutive sessions	1 months after conduction of the post-test

Duration of the Counselling Session: 1st session will be 60 minutes and rest of the 3 sessions will be 90 minutes long. The total number of sessions will be 4. And, these sessions have to conduct by 4 consecutive weeks after taking pre-test scores.

Counselor's Job Responsibilities (20 minutes)

- Administering measuring instruments (Pre-test, Post-test and Follow-up-test)
- Conducting counselling sessions
- Keeping all the client-related documents confidential
- Participating in supervision classes arranged by the researcher at least twice in a week
- Informing and updating session related all the issues with the researcher immediately

Training on Stabilization Techniques and Practices (5 hours)

Common Exercises for both Groups

5 Minutes Breathing Exercise

- Sit comfortably on a chair or any meditation posture. Keep your backbone straight and upright and place your hands on the thighs (other places) comfortably.
- You can close your eyes and if there is any difficulty with closing your eyes then please look at a specific point in the room with half-closed.
- Breathe in slowly through your nose so that your stomach moves out, then hold it for few seconds and exhale slowly.
- Do the same procedure for 5 times. During exhale utter yourself silently, 'All the anxieties and tensions are moving out and I am becoming more relaxed and calmer.'
- Pay your undivided attention to your abdomen. Be aware that whenever you are taking breathe your stomach is becoming larger and when you are exhaling it becomes shrink.
- Pay your undivided attention to your whole breathing process
- Every time you notice that your attention has wandered and you have started to focus on some other thought of feelings, simply accept it, let it go and bring your attention on breathing process again.

You can exercise this technique everywhere. This will make calm and relaxed.

The Container Exercise

Controlling traumatic, intrusive, wearing, stressful memories.

This is a stabilizing exercise, which gives the client control over traumatic material. It is helpful to consciously dissociate certain memories, at least for a period of time. This exercise is very important before starting with reprocessing traumatic material with EMDR. To use this exercise reliably is a prerequisite to move forward in with the treatment of traumatic material.

The client locks traumatic material away and decides if and when he/she wants to take pieces out to look at them.

- Please imagine a container that you feel suitably to store difficult memories safely. This container can be any kind from a bank safe to a cupboard or room, a box, just any container that feels suitable for this purpose.
- Look at it closely: What kind of a container is it?
- What size does it have?
- What material is it made from?
- What color does it have?
- Now think about how to lock your container. It should be safely locked? What kind of a lock(s) does your container have? Is there a key? What kind of a key?
- How does the door close? Is there a noise?
- Think about where you will leave the key? It should be in a spot where only you will know about and find.
- If you look at your container: is it absolutely safe? If not change it until it is. (Check material, solid walls, strong locks).
- Whatever you want to store away, take it to your container, open it and put it inside.
- Then close the container, lock it and put the key in the chosen spot.
- Bring your container to a place that feels safe and distant enough to you. Choose a location not too close by. Imagine how to get there. Any vehicle can be used. You can even travel with very high speed.
- If it is difficult to put the memory into the container, it helps to materialize them. E.g.:

- ✓ Affects (e.g. extreme fear or body sensations as pain): give it a form/ shape and shrink it to a very small size until it fits into a box.
- ✓ Thoughts: write it down on a paper with unreadable special ink, put it into an envelope and then into the container.
- ✓ Pictures: handle as a photo, maybe shrink it, let the color come out, put another paper in front of it and then put it into an envelope.
- ✓ Inner films: handle as a video, if necessary, use the remote control to take of color, sound, etc., turn of the TV and take the videocassette to the container.
- ✓ Sounds: handle as if on a CD or sound cassette, turn of the volume, fast rewind and take it to the container.
- ✓ Smells: e.g. suck them into a bottle, close it.
- ✓ Taste: give it form and colour, shrink it and store it in a glass.

- Check if it is gone. If not, store what is left over with the same process.

Techniques of BLS: During treatment group 1 (with BLS) please use either butterfly hug or eye movements techniques along with grounding, resource team, inner garden and light stream techniques.

Butterfly Hugs

"Please watch me and do what I am doing. Cross your arms over your chest, so that the tip of the middle finger from each hand is placed below the clavicle or the collarbone and the other fingers and hands cover the area that is located under the connection between the collarbone and the shoulder and the collarbone and sternum or breastbone. Hands and fingers must be as vertical as possible so that the fingers point toward the neck and not toward the arms. You can interlock your thumbs to form the butterfly's body and the

extension of your other fingers outward will form the Butterfly's wings. Your eyes can be closed, or partially closed, looking toward the tip of your nose. Next, you alternate the movement of your hands, like the flapping wings of a butterfly. Let your hands move freely. You can breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body such as thoughts, images, sounds, odors, feelings, and physical sensation without changing, pushing your thoughts away, or judging. You can pretend as though what you are observing is like clouds passing by."

Eye-Movement

Bilateral stimulation is used in EMDR therapy. This technique involves guided eye movements to help process distressing memories or emotions. Here's a general guide on how to conduct eye movements in bilateral stimulation:

1. Prepare the Individual:
   - Ensure that the person is comfortable and feels safe.
   - Explain the process and purpose of bilateral stimulation.
2. Choose a Focus Point:

   Select a focal point for the individual to track with their eyes. We will use a moving finger here.
3. Set the Pace:

   Guide the person in moving their eyes back and forth at a steady and rhythmic pace. The speed can vary, but it's usually slow and short.

4. Movements:

   We will use horizontal movements.

5. Follow the Leader:

   Demonstrate the eye movements first so they understand the pattern.

6. Encourage Mindfulness:

   Encourage the person to notice any thoughts, feelings, or sensations that arise during the eye movements.

7. Check-In Periodically:

   Check in with the person to ensure they are feeling okay and adjusting well to the process.

8. Process Afterward:

   After the bilateral stimulation session, discuss any experiences or insights that may have emerged. This is an essential part of the therapeutic process.

9. Repeat as Needed:

   Bilateral stimulation is often repeated in sessions as needed, depending on the therapeutic goals.

Stabilization Techniques for with and without BLS

Grounding Technique

If the person appears extremely agitated, shows a rush of speech, seems to be losing touch with the surroundings, or is experiencing ongoing intense crying, it may be helpful to:

- Ask the individual to listen to you and look at you.
- Find out if he/she knows who he/she is, where he/she is, and what is happening.
- Ask him/her to describe the surroundings, and say where both of you are.

If none of these actions seems to help to stabilize an agitated individual, a technique called "grounding" may be helpful. You can introduce grounding by saying:

"After a frightening experience, you can sometimes find yourself overwhelmed with emotions or unable to stop thinking about or imagining what happened. You can use a method called 'grounding' to feel less overwhelmed. Grounding works by turning your attention from your thoughts back to the outside world. Here's what you do…."

- Sit in a comfortable position with your legs and arms uncrossed.
- Breathe in and out slowly and deeply.
- Look around you and name five non-distressing objects that you can see. For example, you could say, "I see the floor, I see a shoe, I see a table, I see a chair, I see a person."

- Breathe in and out slowly and deeply.
- Next, name five non-distressing sounds you can hear. For example: “I hear a woman talking, I hear myself breathing, I hear a door close, I hear someone typing, I hear a cell phone ringing.”
- Breathe in and out slowly and deeply.
- Next, name five non-distressing things you can feel. For example: “I can feel this wooden armrest with my hands, I can feel my toes inside my shoes, I can feel my back pressing against my chair, I can feel the blanket in my hands, I can feel my lips pressed together.”
- Breathe in and out slowly and deeply.

Inner Garden Technique

The Size of Your Garden

- I would like to invite you to create a garden completely as you want it to be. Imagine a stretch of land, untouched by human hands, with fresh earth, full of strength.
- Maybe a handful of earth is enough for you, or the size of a small balcony-terrace, but maybe you would like a huge estate, to turn into a park-landscape. Allow yourself a moment of time to find the size and landscape that fits you….
- First of all, create the borders of your garden, just as you would like them: with fences, hedges, walls, or trees. If you prefer, you can also leave your garden open and refrain from any boundaries……Find out which makes you feel best……

Planting Your Garden

- Now plant your stretch of land. Let grow whatever you would like to grow in your garden…….
- Just in case you want to change and reshape your garden now or later, make a compost heap in a corner of your garden. You can take anything that won't grow anymore in your garden to this heap, where it will turn into useful earth.

Further Shaping

- If you like, you shape your garden even more: maybe you'd like to create a water, a pond, a source or a small river…
- If you like, you create a place to sit…
- Maybe you want animals in your garden, and if so, which ones?
- You can change your garden at any time…

Enjoying Your Garden

- Once you have shaped your garden to your wishes, you can sit down in a beautiful place and enjoy your garden.
- Look around you, what colors and forms do you see? What do you hear? What do you smell? How does it feel to your body to be in this place?
- You can also consider inviting someone you like to your garden. But make sure it is a person who can evaluate your garden and all the care you invested in it.
- You can return to your garden anytime, and also change it, whenever you want.
- Please come back now at your own speed to the room, with full awareness.

Resource Team

This exercise can be used in multiple ways. Mainly it is used to develop capabilities and do new steps forward. There is an important component in it that relates to attachment qualities, therefore this exercise can also be used in the context of treating attachment disorders/problems.

Step 1: Choose a situation that you wish to master in the near future. Define as clearly as possible

Step 2: Which capabilities would you need to master this situation? (Ex: inner strengths, courage, considerateness, empathic, caring, willpower, self-esteem, to get through something, concentration, etc. – be specific)

Step 3: Was there any situation in the past, where you already had some/a bit of this capability?

Step 4: Can you see yourself in this situation? Is there a specific image?

Step 5: This figure – you in the situation where you had some/a bit of this capability –if you could place her/him somewhere around yourself – as first member of your resource-team – here would you place her/him? (Ex: left behind you, right behind you, in your back, in front left, in front right?) Now you have the first member of your resource team.

Step 6: Which person that you once knew or still know today, does represent this capability really well? (Ex: a relative, a teacher, a neighbor etc.) Where at your side would you want to place her/him? This is the second member of your resource team.

Step 7: Which person of public life / film / television / history represents this capability very well? (Ex: Actress, figure from a book, person from a film, old story) Where at your side would you want to place this person? This is the third member of your resource team.

Step 8: Which animal represents the capability in a special way? And where at your side would you want to place this animal? This is the fourth member of your resource team

Step 9: Imagine an elder, wise and knowledgeable women / man that possesses this capability in the full capacity, maybe even yourself being this wise elder person? Where at your side would you want to place this person? This is the fifths member of your resource team. Now that you have visualized and placed your resource team around you, please take a closer look at the challenging situation that you want to conquer.

Step 10: How would each member of your team support you into and throughout the endeavor? Each one may say a helpful sentence to you, or may touch/hold you or be especially present to make you feel protected / supported? If you like, you could write them down on a special piece of paper that you can carry with you?

Step 11: You may want to take the team/some of the team with you into the situation or make them wait for you? Where would they be in the situation, where would they wait for you?

Step 12: Maybe you would like to draw a picture of yourself surrounded by your resource team? Where would you want to keep this picture?

Step 13: Maybe you would like to take a picture with your handy or camera in your imagination and think of a place where you would want to keep this picture so that you can look t it whenever you want?

Step 14: Is there a word or small movement or touch that could help activate the memory and good feeling of being surrounded by your resource team

Healing Light

This exercise can be helpful to distance and change negative physical sensations. It can also be used as a closure exercise at the end of a session.

- Can you please describe the negative sensation?
- Where in your body do you feel this?
- Can you now tell me: if this sensation had a shape, what shape would that be?
- Good, can you now tell me, what would be the size of that form / sensation? Of which material would this …(form) consist?
- What would be the weight of this …(name the shape that the client defined)?
- What color would this ….(form) have?
- I ask you now to imagine a healing light in the color you associate with heeling, energy. This heeling light gently flows from above…
- It can be cooling or warming, just as you need for healing
- Allow this light to shine/flow through your skin into your body
- Realize how it feels in your body to receive this heeling light
- If you like, let the healing light now flow around and through the ...form.
- Realize how it feels having this heeling light in this area of your body which effects it might have?
- May be the form will change? Maybe it becomes smaller or changes in any other way? Maybe it will dissolve in the healing light?
- If you want you can fill your whole body with heeling, soothing light.
- Let the light go for now.
- Maybe you want your light flowing down into your feet and then down into the ground or you want it to shine in all directions.

- This healing light is there for you above always. You can have it back whenever you like.
- Please come back to this room in your own time (and open your eyes when you are ready)

Sources:

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Responding to the Questions/Concerns Raised by the Examiner of My M.Phil. Dissertation

Title:	**Effects of Stabilization Techniques in Managing Psychological Distress**
Name of the Supervisors:	**Professor Dr. Mahjabeen Haque** and **Professor Dr. Shamim F. Karim**
Department:	**Department of Educational and Counselling Psychology, University of Dhaka**

Hereby, I am describing my position/explanation to the questions/concerns raised by the examiner of my M.Phil. dissertation.

Sl.no.	Questions/concerns raised by the examiner	Position/explanation
1.	In review of literature cannot locate the report of summary of existing research, gaps in research, so that your research fulfills these gaps.	I really appreciate the feedback of the examiner. Please see the 2nd Chapter (Literature Review) of main dissertation paper, page-30.
2.	Why no hypothesis are proposed? In quantitative research and with the analysis of results, generally	The reviewer raised interesting question about hypothesis. Yes, it is standard practice to develop hypothesis in quantitative study. The development and testing of a hypothesis can lead research in a systematic way and conclusion can be made easily and clearly. And, for the present study the supervisor and the researcher did not construct any hypothesis for avoiding

	hypothesis are tested.	researcher's biasness and this is very popular practice in social science studies in Bangladesh.
3.	Need clarification regarding repeated measure design such as experimental, quasi experimental and so on.	In a repeated measures study design the participants are participate in each independent variable condition. Here, in the present study the participants from both group Treatment group-1 (with BLS) and Treatment group-2 (without BLS) participated in assessment for four times (Screening, pre-test, post-test and follow-up test) and their scores were collected and analyzed accordingly. Please, see the Chapter 3 (Method), 3.1 Study Design (Page-32) and 3.6 Procedure (Page 40).
4.	The age range of the participant is too wide and it can confound the results.	The researcher agreed with the raised concern about age and that can be a limitation of the present study. Firstly, the researcher took a wide range of age of research participants to examine effects of stabilization techniques on the ages. Secondly, the researcher took wide range of ages of people because of availability of study participant. As there was a time limit for completing the study, thus, involvement of wide range of ages of participant helped the researcher to completed the study within the distributed time. Moreover, there are many studies which included wide range of age group people (Every-Palmer et al., 2019; Hafkemeijer et al., 2020).
5.	Exclusion criterion of eye diseases can be taken care of other modalities of BLS such as tactile or auditory	Yes, indeed for visually impaired or those who have eye issues other modalities of bilateral stimulation can be used. The researcher excluded visually impaired or those who have eye issues because they want to use eye movements modality for everyone and different study permit that (Bouhenic, & Moore, 2000; Duckett & Pratt, 2001; Patel & McDowall, 2016).
6.	Triangulation is mentioned on page no 43 but cannot	The researcher collected both quantitative (survey) and qualitative data (IDIs), the research assistants observe the clients carefully and the researcher went through different journals and books regarding the topics and collected relevant information,

	find description of it.	wrote them on the Literature Review part. Thus, collecting data from different sources is known as methodological triangulation. Again, the research assistants and the researcher developed codes, classifications and themes independently and later the researcher prepared this Findings section. These works in qualitative studies are known as investigator triangulation and at the same time it is also known as inter-rater validity. The finding section (Qualitative part only) was sent to the interviewees. The necessary clarifications, comments and feedbacks from the interviewees were collected, made necessary changes and included them in the final Result section and this is called respondent validation techniques/Member check validity. Please, see the Chapter 3 (Method), 3.8 Data Analysis section, page 42.
7.	Most important clarification needed is the confounding factors of pre-test differences producing the obtained results not because of your interventions	The researcher and the supervisor were fully aware the concern raised the by the examiner. They tried to eliminate the effects of confounding factors through random assignment of participants, matching compared groups and strictly maintaining the fulfillment of inclusion and exclusion criteria from the very beginning of the study. For more information please, see the Chapter 3 (Method), 3.8 Data Analysis section, page 42.
8.	Qualitative data is not analyzed as per procedure of Thematic analysis. Frequency of data is not a part of qualitative study. You need to report	The researcher highly appreciates the feedback about the Thematic analysis. The necessary correction has been made according to the feedback. Please, see the Chapter 4 (Result), page 65 to 79.

	themes, sub-themes, and codes in Thematic analysis.	
9.	Each new chapter should connect to the earlier chapter by a brief paragraph	The final dissertation was written by a following APA format. Thus, this feedback is not relevant with APA format.
10.	In intervention study it is recommended that a detail description of processes conducted in each session are described.	Please, see the Chapter 3 (Method) and all the appendix (Page.115 to 146).

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(Sadeka Banu)

Exam Roll: 02

Reg. No.: 015/2019-2020