

Window of tolerance

Clients + Clinicians | Stabilization and Resourcing | Phase 2

Awaiting qualified clinical review. Not a stand-alone protocol, clinical training, supervision, or individualized treatment.

A flexible way to talk about activation, connection, and the ability to stay engaged. It is a teaching metaphor, not a diagnostic test.

MORE ACTIVATION

Agitation or tension

CONNECTED

Present engagement

LESS CONNECTION

Numbness or distance

Purpose and context

Recognizing patterns can support an individualized plan without labelling every uncomfortable feeling as unsafe.

Client-facing explanation

We can notice when things feel too intense, when you feel distant, and what helps you stay connected to the room and to me.

Clinician reference

Explore the person's own signs of hyperarousal (for example, agitation or racing thoughts) and hypoarousal (for example, numbness or feeling far away). These patterns overlap with other conditions; assess rather than assuming a cause.

General sequence / checklist

1. Ask how being present and connected feels for this person.
2. Identify personal signs of rising activation and reduced connection.
3. Choose a small orienting action together and check its effect.
4. Adjust pace, stimulation, or the exercise if connection decreases.

Example / documentation consideration

Fictional example: "My hearing gets distant" becomes a cue to pause and look around with the therapist.

Scope and cautions

There is no universal arousal threshold or required calm state. Persistent numbness, confusion, or loss of orientation warrants clinical assessment.

Selected references (framework; not validation of every exercise)

EMDRIA: Experiencing EMDR Therapy

EMDRIA: The Eight Phases of EMDR Therapy

No qualified review date recorded. Accessible written counterpart: emdrdot.com/resources/preparation/window-of-tolerance