

Welcome

Week 6 –Module 3 (Part 1)

Aims of Today

- **Recap of week 5 – What do you remember?**
- **Review of Module 2**
- **Module 3 - Learning Objectives for Module 3**
- **Thought-Feeling-Behaviour Loops & TFB Exercises**
- **Hand-crafting Suggestions (Practice)**
- **'Do want' - 'Don't want' & exercises (Practice)**

RECAP from Week 5 - What do you remember?

- **Stages of A typical Client Session – Key Elements**
- **What we looking for in the initial chat?**
- **What are we trying to find within the client to help work with them, and their issue?**
- **What are the 2 x magic questions?** (not always asked)
- **How do you prepare the client for hypnosis?**
- **What do we know about hypnosis about what we may, or may not need to do?**
- **What do you do in the Debrief?**

Summary of Module 2

- One way of helping people is to relax them into hypnosis and read them **Suggestions from a script.**
- For these **suggestions are to be accepted**, however, they must get past the Critical Faculty.
- **Different people have different levels** to their **Critical faculty** and have **different levels of suggestibility.**
- You can carry out **simple suggestibility tests** to ascertain how suggestible someone is in that moment.
- There are certain **signs and cues** we give off as we enter hypnosis.
- You can combine an Induction, Deepener, Suggestion Script and Release to form the basis of **a simple Clinical Hypnosis session.**

Learning Outcomes for Module 3

BY THE END OF THIS MODULE, YOU WILL:

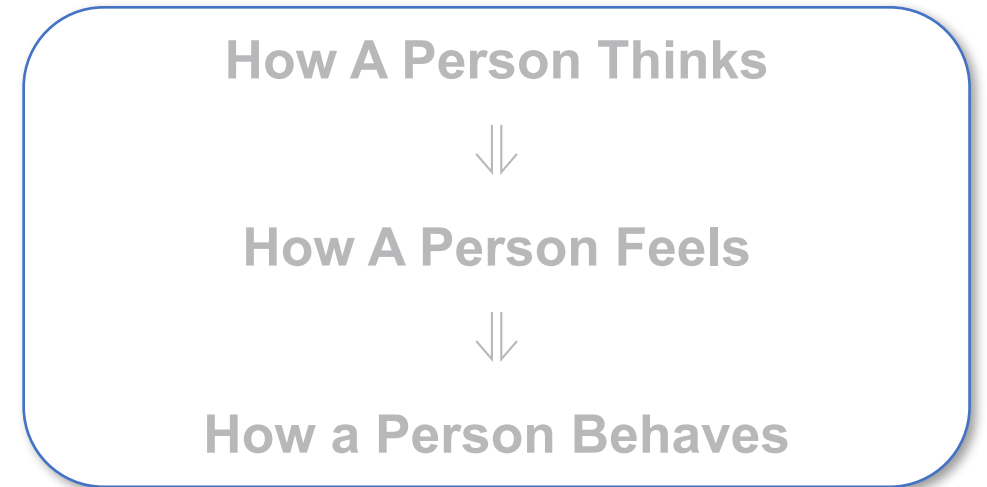
- Have an understanding of the importance of **TFB Loops**
- Know how to **create hand-crafted suggestion and mantras**
- Have an understanding of the **DWDW process**
- **The U-Flow** & how to look for the different levels of an issue
- Have an understanding of what hypnotherapy can be used to treat
- Have an understanding of how hypnotherapy fits in with other healthcare professionals
- Have an understanding of **health, safety & GDPR** implications
- Have an understanding of **Dave Elman Techniques**
- Understand **Compounding Loops & Suggestions**
- Have an **understanding of self-hypnosis**

Thought-Feeling-Behaviour (TFB) Loops

Most people seeking your help will want to **change something** about the way they **think, feel** or **behave** - or the **outcome** of those. E.g.

- *“I want to stop thinking so negatively”.*
- *“I want to feel more relaxed in my relations with other people”.*
- *“I want to stop overeating”.*
- *“I want to drink less at work functions so I can feel relaxed going to work the next day instead of feeling totally paranoid”.*

Although each environment will vary considerably, the same underlying principles apply:



When you help a person *change how they think*, you help them *change how they feel*, and when you help them change how they feel, you help them *change how they behave* (i.e what they do - or don't do.)

‘Behaves’ V ‘Behaviour’

That last line is really important!

“in response to a particular situation or stimulus.”

- Every problem someone presents you with, will involve this **TWO-STEP process**.
1. There is a **STIMULUS**...Followed by a **RESPONSE** to that stimulus
 2. That response will usually involve the **Threat Response** – *Fight, Flight, Freeze, Fawn, Feign*

DEFINITION OF “BEHAVES”

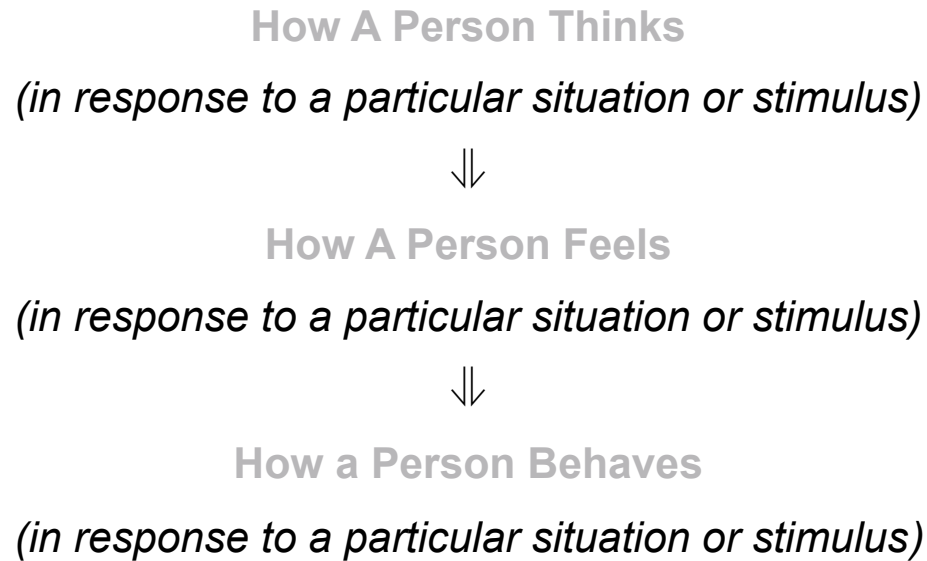
To act or conduct oneself in a specified way

DEFINITION OF “BEHAVIOUR”

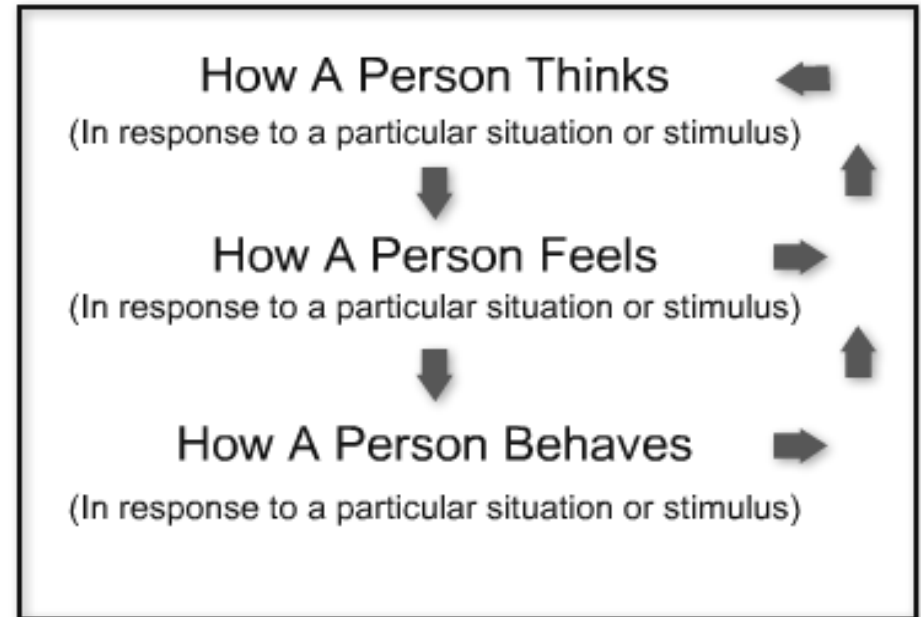
The way in which an animal or person behaves (acts or conducts oneself)

in response to a particular situation or stimulus.

TFB LOOPS



However, how a person feels, can also affect how they think and behave.



And how a person behaves can affect how they feel.

In many cases, 'loops' form, creating TWO levels to a problem.

(1) The **original cause** of the issue that **creates symptoms**

(2) The **response** or **fear of the symptoms** created by the issue, for example:

- Someone is scared of flying and gets anxious on a plane - They also begin to be scared of the anxiety attack.
- Someone gets stressed and feels ill at work - They then also start to be scared of feeling ill.
- Someone feels uncomfortable in groups and has a stutter - They also begin to fear the stutter.

Therefore, be aware that there often two or more levels to any problems

PRACTICAL TIP

The more you practice identifying **Stimulus** and **Response**, the more obvious the different levels will become.

If you can influence the **Thought Feeling Behaviour Loop** at any point, you will help a person create a different outcome.

PRACTICAL TIP

Whichever level you are working at, the **number 1 factor** that determines how a person responds to any particular situation or stimulus is their **BELIEF SYSTEM**

...

BELIEFS => Thoughts => Feelings & Emotions

DEEPEN YOUR KNOWLEDGE

As a hypnotherapist/therapist/coach you are working with people's belief systems, so theoretically you have the ability to help initiate change in virtually every area of a person's personal, emotional or habitual life.

Get used to asking yourself,

‘What must this person be believing, (or imagine), at each level, to be having this response and/ or outcome?’

PRACTICAL TIP

Sometimes – **often** – the client will **only initially reveal** or present the **secondary symptom, or response**, which can be confusing at first.

What Conditions Can We Treat?

- We don't claim to cure everything
- However, if you bear in mind our “TFB Loop” **concept**, you will begin to realise that the **same underlying principle** applies to each.
- Here is a list of some common areas that the methods you are learning, have successfully treated or helped with in the past.

Abuse	Fears	Psoriasis
Alcohol	Grief	Public Speaking
Allergies	Guilt	Rejection
Anger	Habits	Relationships
Anxiety	Hair pulling	Self-Esteem
Binge Eating	Insomnia	Sexual Problems
Blushing	Irritable Bowel Syndrome (IBS)	Skin Disorders
Bulimia	Loneliness	Sleeping Difficulty
Business Success	Memory Improvement	Sports Improvement
Cancer Support	Nail-biting	Stop Smoking
Childhood Abuse	Negativity	Stress
Comfort Eating	Pain Relief	Stammering
Confidence	Past Life Regression	Stuttering
Depression	Panic Attacks	Tinnitus
Domestic Abuse	Performance Anxiety	Trichotillomania
Eating Disorders	Phobias	Vaginismus
Eczema	PTSD	Weight Loss
Erectile Dysfunction	Presentations	Worry
Exam Nerves		

EXERCISE: Identifying Stimulus & Response

Duration: 5-10 minutes per person

Equipment: Notepad & Pen

Practice Partner: Individually or 2's and 3's

Background

Every problem will have at least two steps (a) a **stimulus** and (b) a **response**.

However, the original response often acts a **secondary stimulus**, creating a second response, or set of symptoms, often covering the first. The aim of this exercise is to help you practice looking out for these, in order to get used to thinking in multiple layers or levels when working with clients.

Instructions

- (1) Taking turns playing the role of therapist, client and observer, ask your client to choose one or two areas of life where they find themselves **“triggered”** in some way. (**‘Keep it real’** if you can – you will benefit)
- (2) See if you can **identify** and note down both the **Trigger/Stimulus**, and **response**, in a table format as below.
- (3) See if you can find out if there is a **secondary response** or **symptom**, as a result of the first.

Stimulus/Trigger	Response/Symptom	Secondary Response
I get nervous at work	So, can't get to sleep	Feel worried about not being able to sleep
Small spaces frighten me	Claustrophobia, I avoid places with lifts as it makes me feel anxious and afraid of being trapped	Feel worried about feeling anxious and trapped
I procrastinate about tidying up	I don't /avoid tidying up so the place is a mess	I feel stressed and overwhelmed because the place is a mess

Starting, Stopping, Increasing & Reducing

Most people either want to:

- Stop/Reduce - Thinking, feeling, or behaving in a certain way, or creating a certain **negative** outcome
- Start/Increase - Thinking, feeling and behaving in a certain way, or creating a certain **positive** outcome.

BOTH elements are always present, but people's motivations vary.

The way they explain what they want will depend upon their main motivation for wanting change.

- Some people are driven **“towards”** a new outcome, while others are driven **“away”** from the old, and this will impact how they describe their issue to you.

Away v Towards

Someone who is “**away**” motivated will more likely want to ‘**Stop/Reduce**’

1. A person wants to stop purging after each meal.
2. A person wants to stop stuttering.
3. A person wants to stop biting their nails.

Someone who is “**towards**” motivated will more likely want to ‘**Start/Increase**’

4. A person wants to be able to concentrate more in exams.
5. A person wants to start a new relationship.
6. A person wants to be able to walk into a room of people and feel OK with that.

'Dig' Deeper for a More Complete Understanding

- A person wants to **stop purging** after each meal and **start feeling OK** leaving food in his/her body.
- A person wants to **stop stuttering** and **start speaking fluently**.
- A person wants to **stop biting their nails** and **start allowing the nails to grow**.
- A person wants to **stop panicking** about failing in exams and **instead increase their concentration** in the exam room.
- A person wants to **stop avoiding intimacy** and instead **start a new relationship**.
- A person wants to **stop feeling judged and inadequate** and instead **be able to walk into a room of people and feel OK with that**.

In terms of **Beliefs**, the person is wanting to move away from **one belief system** and towards **another**.

PRACTICAL TIP

The **ideas/new beliefs** they want to move towards can form the basis of **Bespoke & positive suggestions ...**

Whichever side they **DON'T** tell you, is most likely where the **FEAR, or RESISTANCE** is!

Examples of TFB Loops & Starting, Stopping, Increasing, Reducing

CASE 1 - A GENTLEMAN HAS A STUTTER - He wants **to stop stuttering** and **start speaking more fluently**.

The stutter is a **physical behaviour/outcome**, resulting from **anxiety** feelings in certain situations that have a neurological impact on his body.

The anxiety is caused **thoughts** which in turn are caused by **limiting beliefs**.

Change the **beliefs**, and the **thoughts will change**; when the thoughts change, the feelings will change; when the feelings change, the **behaviour/outcome will change**, and he will **no longer stutter** (or less so), and will **speak more fluently**

CASE 2 - A YOUNG WOMAN WITH A BULIMIC

EATING DISORDER -. She wants to **stop using food in response to emotion** and **start eating normally**

- The eating behaviour is created by **impulses to eat**, where the woman feels as if a **‘secret greedy person’** takes over causing her to dramatically **overeate**, often consuming a whole loaf of bread, or box of cereal and more. When finally full, she wants to get rid if it, so makes herself sick.
- Besides the **bingeing & purging**, the secondary outcome/s may be **damage to the body, lack of motivation/concentration at work, poor self-esteem & a fear of intimacy**.
- If you **unlock** and **resolve** the **emotive belief system** behind it, then, emotional driving force will dissolve away.
- The **inner self-talk** will change, there will **new, more positive responses** to situations that were previously a **trigger**, and the old behaviour, the **emotional eating will stop** as impulses will subside, and **will start eating normally**. The **secondary outcomes/ symptoms** will also change – her body will start to heal, her advancement at work will improve, she will feel better self-esteem and have a greater chance of a loving relationships.

EXERCISE: Stopping, Starting, Increasing & Reducing,

Duration: 5-10 minutes per person

Equipment: Notepad & Pen

Practice Partner: Individually or 2's and 3's

Background

Every **problem** will have two sides: (a) something the client wants to **stop or reduce** (thinking, feeling or doing) and (b) something the client wants to **start or increase** (thinking, feeling or doing) instead. By practicing looking for these, you will train your mind to look for them with clients, gaining extra insight and giving you guidance as to how to proceed.

Instructions

- (1) Take turns playing the role of therapist, client and observer.
- (2) When you are the client, pick one of the conditions from the list and **pretend** you have that condition.
- (3) Tell your practice partners what condition you have, what you want to **stop or reduce**, and what you want to **start or increase**. It may help to complete a table as below.
- (4) When you are the therapist, make sure you fully understand the two **opposites** your client is presenting.

Issue	Stop or Reduce	Start or Increase
Poor memory & concentration	Being distracted, unable to concentrate or remember.	Being able to focus, concentrate & remember.
Stressed at work	Stop saying 'Yes' to everybody and everything, making me feel overwhelmed.	Begin to take more control, say 'No' to some things, so have time to prioritise myself and feel less overwhelmed.
Overweight and unfit	Stop watching TV and eating comfort food.	Begin to exercise and eat more healthily.

Practice this week

Beginning to 'Hand-craft' Suggestions - *'Do Want, Don't want'* exercises

NEXT WEEK -

- **Module 3** – (Part 2)
- Core Limiting beliefs and The E.S.C.A.P.E. Method