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Practitioner Academy

Welcome

Week 6 –Module 3 (Part 1)

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Aims of Today

- **Update on adjustments & changes in course delivery**
- **Assignment Surgery for Module 2**
- **Module 3 - Learning Objectives for Module 3**
- **Thought-Feeling-Behaviour Loops & TFB Exercises**
- **Identifying Stimulus & Response**
- **Beginning to dig deeper for more Understanding -
Stopping, Staring, Reducing, increasing**

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** of **Critical faculty** and so 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.**

Assignment Surgery for Module 2

1. ***“When you take on a new client the hypnosis only starts when the client is in the chair/couch and about to relax.”*** Please state whether you believe this is True or False, and please explain your answer.

Whether it is true or false and why you believe that. (100 words)

2. We often hear it said that ***“Building Rapport is important”***. What do you understand by this term “Building Rapport” in a hypno-therapeutic context and why is it important?

Explain what rapport is and why it is important. (250 words)

3. Can you think of simple but effective ways of ***“Building Rapport”*** with a new client?

Suggestions on how to build rapport with a new client, e.g. asking them about their journey etc. (100 words)

Assignment Surgery for Module 2

4. List the main stages of a client consultation and give a *brief* description of the aim of each stage.

- **Pre-hypnosis, hypnosis, post-hypnosis** with description of each stage. (300 words)

5. When you are preparing the client for hypnosis, the client says “***Will I go to sleep, or will I hear everything you say?***” Based on what you know so far, what can you reply to:

- i. Answer their question.
- ii. Pre-empt, or stop them from being worried about ‘***not feeling hypnotised***’ later on during the session.

Answering the client’s questions (finding out what the client already knows about hypnosis is ideal). (100 words)

Assignment Surgery for Module 2

6. I have suggested there are two **‘Magical Questions’** you can ask when it seems the client has told you all they need to say, during the introductory chat.

i. What are they?

ii. What do you think they help you achieve?

- List the two questions and why you think they are useful. (100 words)

7. Do you think it is appropriate to ask these questions to every client? Please explain your answer.

- Is it appropriate for suggestion-based therapy, for example? (100-150 words)

Assignment Surgery for Module 2

8. A client turns up for a session and is clearly under the influence of drink or drugs? What do you do?

- What would you say to the client and what would you do? (50-100 words)

9. Give a brief outline of what you understand by the term “Guided Visualisation”.

- Brief explanation of what it is. (100-150 words)

10. Do you think Guided visualisations come under the banner of “Suggestion”, “Analytical” or “could be both”? Please explain your answer.

- Which answer and why? (100 words)

Assignment Surgery for Module 2

11. As you are relaxing a client into hypnosis they suddenly seem to look agitated or worried. What do you do?

- What would you do? Simply checking in is ideal as it could be something really simple. (100 words)

12. Your soothing voice has such a hypnotic effect that the client falls asleep and starts snoring. What do you do?

- Would you wake the client, raise your voice? (75-100 words)

13. What do you understand by the term “Post-Hypnotic Suggestion”.

- Explanation of what this means. (75-100 words)

Assignment Surgery for Module 2

14. I gave you a generic script for building “**100% Confidence**” by helping the client switch the way they think. Please give me a specific example (real or imagined) of how you might be able to apply that to a client, and how you might modify the wording/suggestions slightly, to make it more specific to your example.

- Short script incorporating suggestions. (250-500 words)

15. Can you list **5 signs and cues** of hypnosis to look out for in your clients. Practice observing these and write these in your RPJ

- List 5 examples.

16. What do you understand by the term “**Critical Faculty?**”.

- Brief explanation of what this is. (100 words)

Assignment Surgery for Module 2

17. 17. “Moral Maze”

“ Dear Andrew, My husband is the dominant sexual partner. I would like you to hypnotize me so that when he gives me a command, I become more submissive. I am not looking for therapy. I just want to be more submissive when he gives me a command. Can you help? Thank you”.

Please write your reply: “Dear Mrs. Client:

Brief reply to the client. (75-100 words)

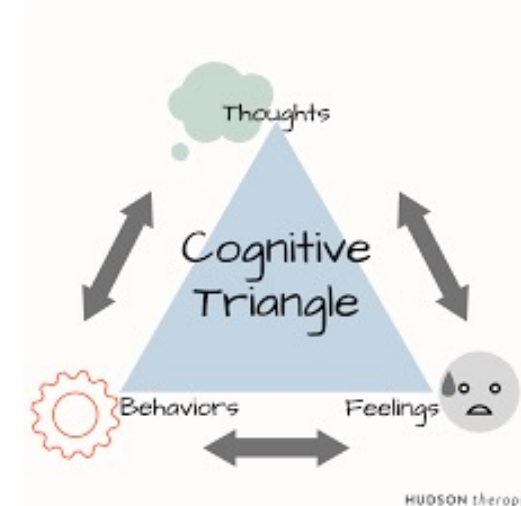
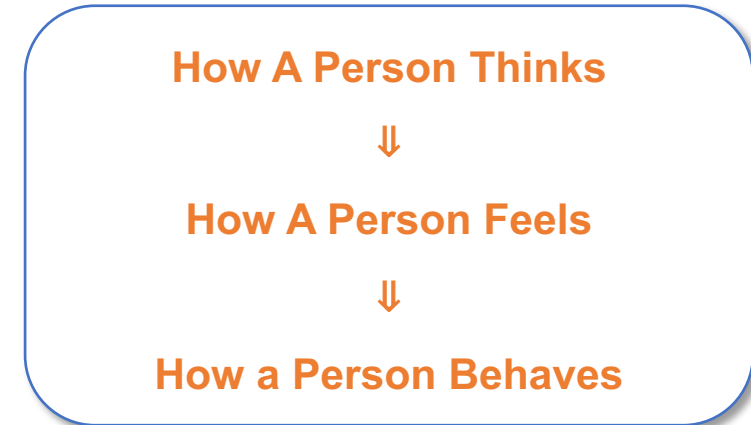
Learning Outcomes for Module 3

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**

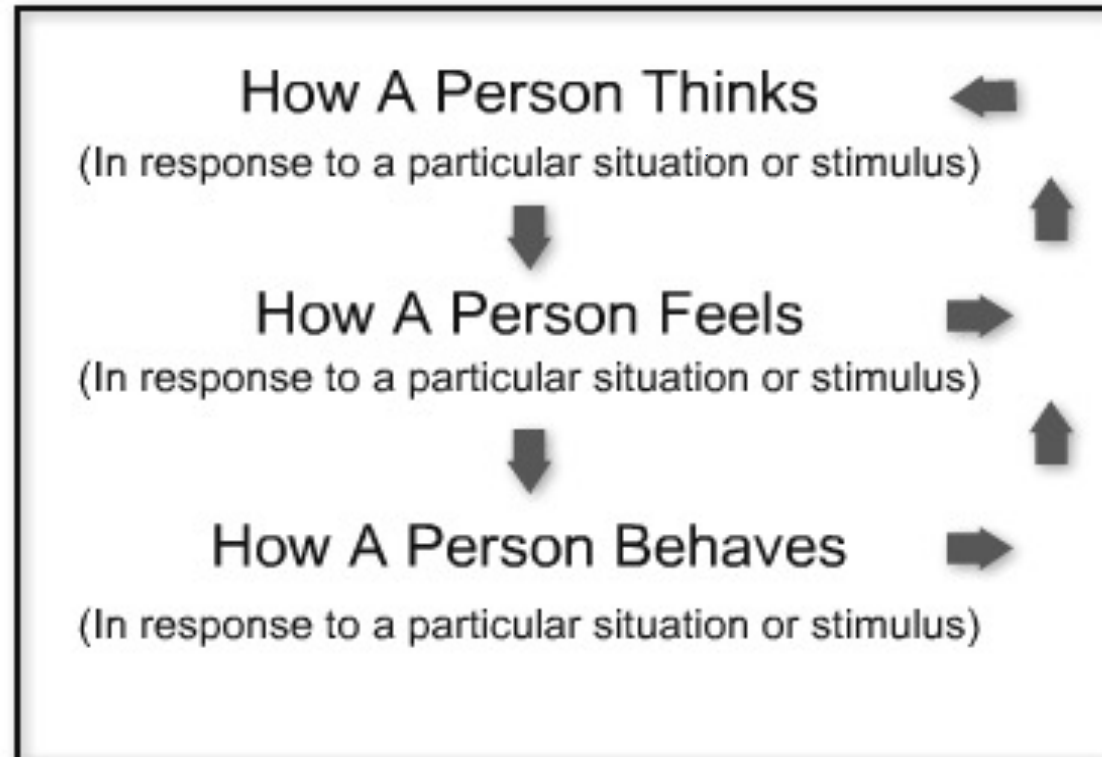
Thought-Feeling-Behaviour (TFB) Loops

- Most people seeking your help will want to **change something** about the way they **think, feel** or **behave** - or the **outcome** of all of those.
- Each scenario will be variable but 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 *think and feel*, you help them **change how they behave** (ie **what they do** - or **don't do.**)



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**, and what they **Think**

‘Behaves’ V ‘Behaviour’

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.

The 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) **STIMULUS/TRIGGER...**

Followed by a

2) **RESPONSE** to that **STIMULUS**

That response will usually involve the **THREAT RESPONSE** – *Fight, Flight, Freeze, Fawn, Feign*

TFB LOOPS

In many cases, these 'loops' create 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**.

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.

TFB LOOPS

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

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 => OUTCOMES

Get used to asking yourself,

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

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 realize that the same underlying principle applies to each.

Abuse
Alcohol
Allergies
Anger
Anxiety
Binge Eating
Blushing
Bulimia
Business Success
Cancer Support
Childhood Abuse
Comfort Eating
Confidence
Depression
Domestic Abuse
Eating Disorders
Eczema
Erectile Dysfunction
Exam Nerves

Fears
Grief
Guilt
Habits
Hair pulling
Insomnia
Irritable Bowel Syndrome (IBS)
Loneliness
Memory Improvement
Nail-biting
Negativity
Pain Relief
Past Life Regression
Panic Attacks
Performance Anxiety
Phobias
PTSD
Presentations

Psoriasis
Public Speaking
Rejection
Relationships
Self-Esteem
Sexual Problems
Skin Disorders
Sleeping Difficulty
Sports Improvement
Stop Smoking
Stress
Stammering
Stuttering
Tinnitus
Trichotillomania
Vaginismus
Weight Loss
Worry

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
- (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 - insomnia
Small spaces frighten me	I avoid places with lifts as it makes me feel anxious and afraid of being trapped	Feel worried about feeling anxious and trapped - Claustrophobic
I procrastinate about tidying up	I don't tidy up so the place is a mess	I feel stressed and overwhelmed because the place is a mess

Practice this week

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

NEXT WEEK -

- **Module 3** – (Part 2)
- **Andrew Parr demo** on *Hand-crafting Suggestions*
- Core Limiting beliefs and The E.S.C.A.P.E. Method