

## EFT PRACTITIONER SUPERVISION & MENTORING

### Questions & Answers – 11<sup>th</sup> September 2021

#### 1. What is Pre-framing?

Pre-framing is where you frame a piece of information before you share it. For example, if you were to share a piece of bad news with someone, you can pre-frame it by saying, *"I am really sorry I have some bad news to share."* Or in the case of client sessions during the consultation call, you can pre-frame what to expect in therapy. Pre-framing sets the expectations of your client and sessions. What you can and cannot offer.

#### 2. What do you mean by Reversals?

Psychological Reversal (also called "PR") was a term introduced in the time of Roger Callahan to describe any conflict (or block) in the person's energy system OR subconscious resistance that may impede the tapping process. Originally, the Setup Phrase was designed to correct for this "blockage" and allow for temporary energy flow correction by tapping on a specific meridian point. For example, tapping on the Side of Hand point and contrasting *"Even though I have this problem or issue"*, with the affirmative, *"I deeply and completely accept myself,"* was designed to allow EFT to be effective, even in the presence of Psychological Reversal.

The term "Reversal" specifically referenced the concept of a polarity reversal or "batteries in backwards" metaphor, including forms of toxicity in the environment that can/could defeat the EFT process.

### 3. What are tail enders?

Tail enders refers to the natural “Yes, but...” negative self-talk that lies beneath our stated goals (e.g. “Yes, I want to succeed, *but* it’s not safe”). By bringing awareness to these hidden objections (e.g. “...it’s not safe”), we can begin to see how we might be sending ourselves mixed signals, operating at cross-purposes, and ultimately preventing ourselves from achieving the success we desire

We can tap with tail enders by measuring how true they feel and following intense Aspects as they arise. As we tap, we can begin to uncover any thinking including unhelpful conclusions, decisions or vows and the roots of these thoughts– that may be limiting our chances of success.

For example, a specific aspiration such as starting a new career (e.g. I want to be an artist) can bring up Tail-enders. *What are some of the “yes, but...” statements that arise when you imagine yourself embodying the characteristics you aspire to achieve?*

### 4. Do we need to run through code of conduct in consultation call to be extra safe?

You don’t need to run through the code of conduct and the consultation call. You just have to send them the intake form and the appointment letter, it’s all there. The code of conduct is more to do with your own code. You just need to take them through the points that I have on the one-to-one link. So, add the one-to-one link here and add the bullet points again. And you want to take them through it more like updating versus caring.

**5. A client postpones medical advice in the hope of EFT working. No matter how much we might advise to do so, how do we proceed? Do we bring the session to a halt?**

Please do not advise them to take medical treatment. It's not your role to do that. Instead, your role is to let them know it is not a replacement and if they need to go, they can go. We do not advise them. The decision is informed

**6. If we counsel someone on suicidal tendencies, can we inform client to see a professional along with EFT?**

If a client has a suicidal tendency, it does not fit in your license as an EFT Practitioner unless you qualify as a psychologist or you have a skill which supports such cases. You flag it up and imp we recommend them to a charity that deals with suicidal tendencies. We tell them we can support them with emotional issue and that you do not specialise in suicide prevention unless you are.

**7. Why is it necessary for the client to keep things confidential?**

They have a choice. They can share some things with their spouse or partner about a certain memory that popped up during the session. But there's also an aspect of how and what was done. They aren't meant to share how the session was conducted, the techniques or specificities. It's about honouring you and them. Sharing details of what happened in the session through the whole process is not necessary.

**8. How much logical is it when we put it as a clinical trial done with EFT?  
What if someone asks you about this?**

If you talk about what EFT is indicated to work and there is clinical evidence available, then you can mention that directly. You must only indicate EFT what it is clinically proven for, for example, stress, anxiety, PTSD cravings, etc. Share with them what clinical data shows.

**9. What if a client came back to you after the successful session where he/she had that cognitive shift and said that they still have that same limiting belief? What if we spend the hour and a half and the issue still is not solved? How can we close the session?**

I had a client who came to see me for their constant head shaking which used to make them feel very anxious. We worked on that with EFT, and we used to test if its more or same or less in the end. We had a gap of 4 weeks between two of our sessions. They came back and said that the head is still shaking. I asked them about the other thing we worked on. They said that its better now. The purpose of this is to get your client to notice what shift did happen and if they feel the issues which got resolved were bigger back then and how they feel about them now. If the shaking is still there, that's an indication for something else to be explored. The fact that they are still coming for the second session and making a note of what else they want to work on is for you to know that something is going right.

**10. What if they want to go back and practice EFT on themselves and their kids? Do we encourage it?**

Encourage to practice on themselves and not others unless they get trained for it.

**11. Does the one year to submit everything start from the end of the Supervision sessions?**

It starts from when you completed the EFT Practitioner Training. The day your training ended, that's August 15. If you decide to assist next year in February, you get to submit the case studies in 2023 as you'll be undergoing the training once again.

**12. Suppose someone has a headache and they want to work with EFT on that. Do I have to fill up an Intake Form?**

Yes, you'll have to in case you want it to be written up as a case study, especially since there are legal clauses attached to it. You are sure that they have received the right information. So, filling the form is important. The name they send by writing their names acts as a signature which coming from their device.

**13. There are people who do not give 10/10 commitment as they feel it's not possible to have 10/10 commitment in the real world. How to deal with them?**

Ask them *"What needs to happen for it to be 10/10?"* What we mean by commitment is basically their undertaking and allegiance towards EFT session and if they are willing to commit to their own healing.

**14. My partner mentioned that she has been going through some health issues but in the Intake Form, she answered with a 'no' to the question about them having any medical issue. Is it okay if I ask questions to them in this context?**

Asking questions might not be the best option to go for. What can you ask them is *"Is it okay now?" "Are you taking care of this?" "Would you like to explore it or not in our time together?" "Have you taken any medical intervention on it?"*

**15. Does drinking too much coffee and drinks with caffeine affect the ability of the person of feeling his/her emotions and bodily sensations?**

When you drink any caffeinated drinks, it can prevent you from feeling emotions. It's why the reason people like caffeinated drinks because it gives them like a buzz and well as doesn't make them feel the emotions.

**16. What about the language of the video to be submitted? Does it have to be in English?**

Yes, the video has to be submitted in English. And if it's in another language you will have to put subtitles in there with translation.

**17. What if the client requests me to come to their place for sessions promising that there will be no disturbance or distractions?**

You can go to their place if it's okay with you. Carry tissue and water and all the stuff with yourself. Make sure you abide by the local Covid guidelines.

**18. Would you advice to have reflections from the real clients at the end of the sessions, as in what we did well as a practitioner and what we could have done well?**

So, at the end of the sessions, you have to gauge it. They've had a very deep session and you don't want to start asking them for feedback. Instead, you want them to be in a plate space where they are grounding, it's about them.

You can ask them for the feedback at the end of the three sessions and the end of the six sessions. You can maybe book another little appointment with them and say to them that you'd welcome their feedback- *"What do you think I did well?" "What could I have done better?"*

**19. What to do if the client only consents to the session being documented in the form of note-making and not as an audio or video?**

It's okay. It's their choice. The purpose of the audio is for you supplement while writing the case study. As far as the video is concerned, you just need to send one video session that you consider your best work. Do it with someone who is comfortable being video-taped.

**20. I can't get hang of positive tapping. How am I supposed to do for my clients the way you did for me via a voice note?**

First, you need to tap on the fear of getting it wrong. Besides, you don't need to do it for everyone. You send the voice note based on how the session ended. What worst could happen anyway? It won't land with them, and they won't listen to it. That's okay. You can do Surrogate work for yourself and them if you feel the need.

## **21. Do we need to do six case study sessions with the same client?**

Yes. We need to evaluate how the journey was like for both of you and your depth of understanding. In case the client backs out before completing six sessions, you can add the completed ones as part of your practice sessions.

## **22. How to deal with clients experiencing something else other than what they came in for?**

*Say "I noticed you want to work on ... but you seem to have brought something else up. We can certainly work on it but then the issue you came in for won't be resolved in time."*

In your case, the client came in for fear. You need to understand that working with fear might take time as it can have various aspects attached to it. Give them a home play. Ask them to hold their index finger for fear. Ask them "What would you like me to focus on?" Give them something calming for their energy system.

## **23. I have a client come in for Sciatica pain. How many sessions should one recommend for that?**

It depends on what they want to work on. We cannot guarantee healing even if there are multiple sessions. We guide them about the components of healing. Like for physical issues you can supplement. Emotionally you can explore money combined with stretching as Sciatica pain may be related to financial crisis. Ask them how their relationship is with money.