

EFT PRACTITIONER SUPERVISION CLINIC 2 QUESTIONS & ANSWERS

21st OCTOBER 2022

1. As of now, I have completed 13 case studies and 20 out of 50 practice sessions. Still, I doubt whether I will be able to do the rest.

It's okay to feel self-doubt in your journey. You can tap on yourself with the statements,

- *“Even though I just doubt myself sometimes, just need a bit of encouragement, I have done 20 out of 50, I still feel I have so many to go, I deeply and completely love and accept myself anyway.”*
- *“All this doubt, I have come so far, the mountain I have to climb, not reached the top of the mountain, I can't even go back, I have to keep going, it just seems like such a huge climb, I am just doubting myself.”*
- *“Suppose somehow, I could just trust it is going to be okay. I can do 5 at a time, I can just do one a day, I have 25 days that is less than a month. One step at a time, self-doubt and anxiety, so much self-doubt, all that anxiety, it's okay.”*
- *“Suppose somehow, I could allow the benefit of doubt, and the benefit of certainty come together, create wholeness and experiencing myself as love and truth in this moment.”*

2. How do you check the write-ups of sessions that are not recorded? How much do you have to complete the case study process?

You just need one recording for your submission. Bring your case study write-ups to the Supervision & Mentoring sessions for feedback. You can submit your case studies before one year from the last day of training.

3. I started my case study session with a client and after the session she shared it was a wonderful experience but the next morning she sent a recorded message saying she was feeling overwhelmed. I told her to hold her 9 Gamut point. Is there any other way I can help her? She is working on the relationship aspect with her mother. In the session, she feels it has worked but after that, she gets triggered from the real world. Then, she feels like it did not work as she does not want to get triggered. How can I deal with this?

When she says she no longer want to be triggered, you can say, *“We can work on the memories but the whole area of external trigger can have a lot of other aspects and beliefs. We will be going one at a time, but in the meantime, be kind to yourself. Sometimes, it can get worse before it gets better. That’s okay. It’s called a healing crisis.”*

You will also have to check how the client processes things. Getting an abreaction after the first session is very common. You can teach them how to tap on themselves with the Triple Point Calmer.

Remember that the body is used to fear and anger. It requires time for the body to adjust because it feels safe in fear. So, it can go back to its old fear patterns. When the client shares that they feel overwhelmed, you can say, *“I am so grateful you are feeling overwhelmed; it’s a part of the healing process. By the third session, you will feel more settled.”*

If you doubt yourself because the client feels it is not working, you can work on your Personal Peace for confidence.

4. My client is suffering from post-partum depression. After consultation calls and sessions, she feels fine but then asks for reassurance about whether she will be cured again and again. She heard about an incident

where a lady died just 10 days after delivery and she is scared of death. She wants to be present for her daughter and be happy. Though the fear of death is not new to her, it has been triggered after the child birth.

What's the reason her being scared of dying is not a new thing? If she is asking for it, that means she is looking for someone other than her to reassure her. When you get such messages, you can say, *"I am grateful for your share"* and jump on a quick call with her. You can ask her,

- *"Do you believe you can get better?"*
- *"What's the reason you feel that?"*
- *"If you can get better, what will happen then?"*
- *"If you cannot get better, what will happen then?"*

5. A client I am working with has a very high level of anxiety. I think they need support between sessions. Is that recommended with case study clients?

For your professional clients, you can provide support between sessions but for case study clients, it is not recommended. You can ask her to do finger holds or the touch and breathe process in between sessions.

For clients with high anxiety, there can be deep unresolved trauma. It's easier to work on it with ICM as it is a trauma-informed technique. It is recommended to stay away from cases like these in EFT level 1&2.

6. I have a client who is focused on her spiritual growth. Whenever we work on a past memory, she says she has let go of the past and lives in the present. She does not want to work on her memories. She also has neck tension but says to let it be as it is her karma. How can I deal with it?

If she doesn't want to work on her memories, you can tell her, *"I appreciate that the present you lives in the moment, but here, I am working with the past you in your psyche that hasn't yet caught up with the present you."*

For the neck tension, you can tell her, *"If this is karma, let the suffering happen to clear it. This is grace; the universe is giving you a chance to clear it."*

Do not challenge their belief system. Always work on the surface.

7. As we have to submit the recording of one of the six sessions, do I need to conduct that session in English, or can I conduct it in Swedish and translate it to English?

Either is fine. If it's what you're used to, you can conduct it in Swedish and then translate it.

8. After completing sessions with case study clients, what questions can you ask to get their feedback? Can I ask the questions you ask? How can you get their feedback?

You can ask them to fill in the feedback form shared with you. You can also type those questions out and send it to them at the end of your six sessions.

9. I have received two intake forms. One of the forms is in Tamil. Can I translate and re-write the form for the client?

You can fill in the form for them in English. You can also take a verbal intake because some people don't like writing. Taking a verbal intake is also recommended for children and teenagers as their goals are not fixed and keep changing.

10. I have a client who is a student with severe anxiety and sometimes gets panic attacks. She also has nightmares. She started sessions because of her relationship issues. A few days ago, I received a message from her that she has broken up with her partner. She hasn't contacted me since. How can I deal with this situation?

In such a situation, it's better to send them casual messages to check on them like, "Are you okay?" "Do you want to chat about it?" Then, you can get on a call with them and just chat, without it turning into a therapy session.

11. I have completed two sessions with a case study client and then there is a long back. When I get back to the client, do I need to restart from session 1 or continue with rest of the 4 sessions?

You can check with their intake form. If they still want to work on the same issue or there is not much a shift, you can continue with rest of the sessions. However, if the intake is drastically different from before, then you can restart from session 1.

12. Dentists give braces to young children to prevent them from sucking their thumbs. Is it traumatic to them?

Thumb-sucking is good for children as it helps to keep them from worrying. Giving them braces to prevent it is definitely traumatic to them.

13. I have a case study client who has at least 10 emotions for any one aspect, for example feeling like nobody cares, nobody is there for me, I am all alone, feeling invalidated, dejected, angry, hurt, and many more. Should I make her tap on all emotions together or take any one emotion that she

prefers at a time? If I take only one, then should I take each of the remaining ones? Because that would be never ending and then she has moved on to other aspects where again she has 10 other emotions.

In these cases the chances are the emotions are more or less combined like feeling invalidated or rejected. So the best way to work with this is asking where you feel these emotions in the body and of all these emotions which one is stronger or which is the one you would like us to work on first.

Sometimes they might say that they want it all together but it might create juggling between the emotions. Once you work on the emotions and take on the edge of the emotions, you explore the limiting belief associated with it.

Then you can work on those beliefs like, I feel nobody cares, I feel invalidated, I am all alone etc. Pick the beliefs one by one in order of which one they want to work on first. You need to think about what you are trying to do here is to put in the frame where the client is at, what they want to work on. For example, if the client wants to work on feeling better, then take out the emotions keeping that in mind. Work on those memories where they may have felt alone or dejected and then explore the beliefs associated with it. Always remember, in their reality the beliefs are true.

14. I have received a request for surrogate tapping. Should I ask them to fill in the intake form on behalf of the person for whom they are requesting surrogate tapping, or how should I go about it? Because some of the questions in the form may not be relevant. Also, how do I really measure progress? Would it be completely based on what my contact relates? (It's

for her sister who is overseas, who is refusing to socialize or even engage with her own family, secluding herself since years, for reasons unknown to anyone).

You can get them fill in the intake form on behalf of the person. You can also take a verbal intake. To measure the progress, you can ask the person who has requested you for the surrogate tapping to let you know how the person is doing or responding. For more information, you can check this article <https://vitalitylivingcollege.info/what-is-surrogate-tapping-how-does-it-work/>.

15. If someone has numbed himself because of years of lack of love from a parent, and is not able to emote, how to work on this numbness?

In this case begin by asking what the client actually wants. Are they aware of the fact that they have numbed themselves and what they want to do about it? So even before jumping into any solution for them, get clear about what they want and what are they expecting from you. You need leverage for someone to open up. There might be trauma causing the numbness. The best way to work with this is Inner Child Matrix and not EFT. However, with EFT you can begin by working on the physical sensation like what the physical sensation they have about this numbness, a colour, sound or texture. Get them into the body because getting into the body is a form of protective dissociation. Lack of love can be deeply painful. You may just want to explore whatever they are able to talk about.

16. When I asked a client about the memory, the client kept saying there are no specific memories but passing flashes of her husband's behaviour towards her. For example, his anger and arrogance. So I just let her fill in with those words/flashes as she tapped. Please let me know if I should try out something else in situations like this?

If the client says there is no specific memory and only passing flashes that is completely okay. You can ask what it is about his anger or arrogance that is upsetting to you. Get them starting to talk about it. Chances are they are already talking about a memory because that passing flash is a memory. They might get anxious if you talk about the memory, so just get in conversation with them. Like, when did you last have conversation with your husband, what did they say and get them opening up. You don't need to fill in the blanks. Just go with 'what else', 'when else', 'okay' and let them open up slowly. Keep asking questions and get the conversations going, they will eventually open up.

17. I felt a bit challenged while tapping with one client on the anger she feels and expresses (since of late) when she feels exploited. She's a very gentle person who believes in being 'good' which entails a strong judgement towards anger and people who express anger. She believes that anger is very 'bad' and that she shouldn't feel or express anger. Anger is like poison that burns you and does only harm (her words). Hence when she does feel/express anger, it leads to a lot of shame and guilt. Although during the tapping, she realised it's human to feel anger, her judgement towards the emotion and self/others who express it didn't change. I'm not

quite sure what to do in situations like this (not only in case of anger but any other 'negative' emotion).

What you need to establish is what their frame about anger is. Whatever you do, you do it in context with what it is that they want. Once you do that, the rest is lot easier. When they realised it is human to feel anger, you can establish what is inhuman about them.

18. Is it always a must to use Movie Technique or TT for SUDs above 10, especially if it's not a memory? For instance, one of my client's SUD was 12 for the sadness she felt about repeating the same mistake for many years without learning the lesson (issue: not being organized leading to procrastination). Sadness was not so much around a memory but around lagging behind, not being able to achieve anything significant till now due to the procrastination issue while life is passing her by. In this case, I didn't use MT/TT and took a different route but just wanted to check if I should have explored that.

Not essential. You must calibrate them client and pace accordingly. However if unsure, please do as safety is more important than speed.