

## **INNER CHILD MATRIX (ICM) PRACTITIONER TRAINING MODULE 20**

### **QUESTIONS & ANSWERS 14<sup>th</sup> JULY 2023**

#### **MAIN TOPICS COVERED:**

##### **1. What is the reason you do the trauma release shaking?**

Sometimes there can be a gap in the field that you want and the field that you are. You can shake off all that trauma out of your body. There are four phases:

- A. Shaking
- B. Free flow dancing
- C. Static phase
- D. Silence

Free flow dancing is about opening the being to free-flowing energy and new possibilities. The third phase, static phase, can be done lying down and there's no motion. The music does the work with your body. It goes into the spaces of your body and is based on mathematical equation. The final phase is silence. You can lie down or sit. At the sound of the gong, you will wake up. Each phase lasts seven minutes.

## 2. What are the different types of buddies?

The different types of buddies are:

- A. Study buddy.
- B. Therapy buddy - someone you connect with really well and with whom you can give and receive but you don't need it for the case studies.
- C. Case study buddy

## 3. What are the main points to consider while discussing the intake form?

The main points to consider while discussing the intake form are:

- A. Discuss first what did you love about them.
- B. Recap a portion of the form to them. You are letting them know you heard them. Use their words. Recap priorities.
- C. Recap to them and say, *"I notice you wrote in this section."* And then say to them, *"Can I ask you, what prevents you from doing it?"* Make them feel safe. Use a softer tone, appear friendly and open, and be compassionate. Build a rapport with your client first before inquiring. Ask clarification questions in rapport. You are working with emotions, so be compassionate and kind but firm.

- D. Map out the treatment plan.
- E. If you are working professionally, wait for the client to ask your charges, then share your charges. So, ask them if it's something they want and then talk about the charges. Say, "What do you want from me now?" And if they don't talk about pricing at this point, walk away from the client because they are not ready.

#### 4. How do you share pricing?

Don't share pricing like a one-off thing. Talk about it like a program or package of transformation. Before the session begins, meditate. Take on only so many clients in a month at any one time. Don't overload yourself. Before the session begins, check where are they and then begin the session. Session time can be anywhere from one hour fifteen minutes to one-and-a-half hours. If you don't use the full session time, it will be half a session. If you need to use up two sessions, let the client know. Don't give your charges per session. Share the normal charges per session but offer it as a package of six sessions. And say to them, *"You know what's right for you. You need to decide if you want to take that leap of faith. I am fully her for you."* Pre-frame clearly what you can or cannot do. Some clients will push you for a trial session or they will push you for a cure. But tell them there are no trial sessions and no guarantees. Tell them what you can do for them, share the clinical data

and outcomes for different clients, and let them take a call. Give the decision back for them.

## **5. What are the main points to consider in the development plan?**

The main points to consider in the development plan are:

- A. What do you need to continue doing?
- B. What do you need to do more of?
- C. What do you need to stop doing?
- D. What do you need to start doing?
- E. Learnings and reflections.
- F. Action plan.
- G. Support needed.

## **6. What are the questions to ask in the intake form?**

The questions in the intake form are as follows:

- A. General information
  - Name
  - Date of Birth
  - Email address
  - Phone number

- Relationship status
  - Profession job
- B. What are the areas you would like to explore during the transformation program?
- Problems
  - Desires
  - Goals
- C. What are the two most important changes you would like to make in your life?
- D. What prevents you from making these changes?
- E. What have you done so far to solve the problem or reach the goal or outcome? What has and hasn't worked for you?
- F. How will you know you've made these changes?
- G. What are the priorities you would like to focus on during the transformation program?
- H. What are your expectations from your coach/practitioner?
- I. On a scale of 1 to 10, how committed are you to achieving the desired change or outcome? (10 being fully committed, 1 being not at all)
- J. Any other information (information from medical or healthcare professionals)

## 7. How do you do a verbal intake?

A verbal intake is when you do a quick discussion of the client's needs and outcomes they desire over a phone call. Here's how you can do a quick verbal intake:

- A. Greet the client.
- B. Ask them where they are calling from?
- C. Do some small talk to establish rapport with the client.
- D. Ask them the reason they called.
- E. Ask them more about the outcomes they want.
- F. Recap it to them.
- G. Ask them what they feel prevents them from achieving their desired outcomes.
- H. Probe further and ask them how would they feel if they did achieve their desired outcome.
- I. Keep questioning.
- J. Recap to them what they shared and ask them if you got it right.
- K. Highlight the main issues you think you could work on.
- L. Share the treatment plan based on the client's inputs.
- M. If the client feels okay with the treatment plan, ask them if they have any questions for you.
- N. If the client agrees to the treatment plan, ask them for their availability.
- O. Share the charges when the client asks for it

## 8. How can you become a certified ICM Practitioner?

Here's the criteria for becoming a certified ICM Practitioner:

- A. Certified EFT Practitioner.
- B. Submission of 3 case study sessions completed on 2 clients.
- C. Submission of one video giving an hour-long Inner Child Matrix session.
- D. Documents on portal,  
<https://portal.vitalitylivingcollege.info/trainingprogram/inner-child-matrix/197/1>

If you have not yet completed three ICM and three classical, submit your ICM in your EFT. You can include the second client with the three remaining sessions in your practice sessions.

## 9. What are the parameters for Inner Child Matrix assessment?

The following are the parameters for ICM assessment:

- A. Organisational Skills
  - Appointment letter
  - Client feedback
  - Data protection
  - Goal setting with clients

- Initial message
- Intake form
- Record keeping
- Review progress with client
- Timekeeping

#### B. Interpersonal Skills

- Boundaries
- Empathetic
- Listening
- Motivating
- Non-discriminatory
- Non-judgmental
- Observational
- Observing
- Questioning
- Safeguarding
- Self-aware

#### C. Developmental skills

- Asking for help
- Engaging on the group professionally



- Fully meets competency from the training
- Methods of enhancing development
- Practicing EFT / ICM on a daily/regular basis
- Safety/self-care/personal peace

#### D. Technical skills

- Questioning
- Unconscious beliefs
- Heart coherence
- Energy to past
- Past you to past you
- Slow EFT
- Resourcing the Past You
- Freeze response
- Strategy
- Roll the cameras back

#### E. Therapeutic skills I

- Powerless / Helplessness
- Past healing process
- Trauma
- Phobias and fears

- Health
- Relationships
- Career
- Finances
- Sabotage
- Future fear
- Life's purpose
- Rebirthing

#### F. Therapeutic skills II

- Weight loss
- Diabetes
- Depression
- Anxiety
- Abuse
- Arthritis
- PCOS
- Thyroid
- Infertility

## 10. What are the key steps to success?

The key steps to success are:

- A. Congratulate
- B. Self-care
- C. Deepen
- D. Master
- E. Refresh
- F. Become certified
- G. Contribute
- H. Share and get your gifs
- I. Learn
- J. Upgrade
- K. Get Help

### ADDITIONAL QUESTIONS:

#### 1. Does having 3 case studies with 2 clients mean that one case study is about oneself, like an EFT Practitioner?

Oh, absolutely not! Let me clarify that having 3 case studies with 2 clients does not involve a case study about oneself, my dear friend. The transcript clearly states that these case studies are focused on external

clients. It's essential to showcase our expertise by working with real clients and demonstrating the power of EFT in their lives.

**2. What should be done if someone messages asking for charges without any prior communication? Should we go through the consultation call first or answer right away?**

Ah, the delicate matter of discussing charges without prior communication. In such cases, I always advise going through the sacred ritual of the consultation call first before divulging the pricing details. It's important to establish a connection, understand the client's needs, and align our energies. During the consultation call, we can discuss fees, timings, and logistics, and provide all the necessary information. This allows the client to make an informed decision after our beautiful conversation.

**3. Can I take clients for individual sessions instead of offering a package of 6 sessions?**

Yes, you can definitely take clients for individual sessions if that feels more comfortable for you as a beginner or less experienced EFT practitioner. It's important to consider your own confidence and ability to deliver results when determining your pricing structure. Offering individual sessions allows for more flexibility and can help you build your confidence as you work with different clients. However, remember that

offering a package of sessions often provides a more comprehensive and transformative experience for the client. It also helps to establish a committed and longer-term relationship with the client. So, it's a personal choice based on your own comfort level and the needs of your clients.

**4. Is it safe to conduct EFT sessions for someone undergoing radiotherapy for stage 4 malignancy?**

Yes, it is safe to conduct EFT (Emotional Freedom Techniques) sessions while someone is undergoing radiotherapy for stage 4 malignancy. EFT can be helpful emotionally and mentally during the treatment. It is recommended to take precautions and keep in mind the person's history of trauma. More information on working with cancer and EFT can be found at this link: <https://vitalitylivingcollege.info/cancer-and-i-how-to-make-eft-tapping-carry-you-through-the-worst/>

**5. Can individuals work with children and adolescents with suicidal ideation?**

Yes, individuals can work with children and adolescents with suicidal ideation. They can specialize in working with children and adolescents and have suicide as a subcategory under their expertise.

**6. How should I plan a session and proceed when working with a client who is in a toxic abusive relationship and has trauma and self-doubts?**

After the consultation call, it is recommended to meet the client where they are at and go step by step based on what they want to explore first. The client's frozen moments, trauma, deep beliefs, and self-doubts can be addressed gradually, helping them come out of the toxic relationship and overcome their challenges.

**7. Can I refer to myself as a trauma-informed therapist/coach if I work with adults breaking free from toxic relationships and narcissistic abuse?**

You can say that you have been trained in a method that is trauma-informed, but you cannot claim to be a trauma-informed coach. Being trauma-informed means following an approach or framework that recognizes the impact of trauma and emphasizes understanding, compassion, and sensitivity when working with individuals who have experienced trauma.

**8. What are the key principles of a trauma-informed approach?**

The key principles of a trauma-informed approach include:

- A. Safety: Prioritizing physical and emotional safety by creating a secure and stable environment.

- B. Trustworthiness and transparency: Building trust through clear communication, consistency, and reliability.
- C. Peer support and collaboration: Recognizing the importance of relationships and supportive networks in the healing process.
- D. Empowerment and choice: Promoting empowerment and involving the client in decision-making.
- E. Cultural, historical, and gender issues: Being sensitive to the cultural, historical, and gender-related aspects of trauma.
- F. Resilience and strengths-based focus: Focusing on the individual's strengths and resilience in the healing process.

**9. Is an audio-only session acceptable for submission in a case study for ICM (Inner Clinical Matrix)?**

No, for the submission, a video session is required for calibration purposes. An audio-only session would not be acceptable for submission.

**10. How can we combine logos, websites, letterhead, etc., into the intake forms and appointment letters when working with paid clients?**

For guidance on combining logos, websites, letterhead, and other branding elements into intake forms and appointment letters for paid clients, you can visit the supervision and mentoring portal at this link:

<https://portal.vitalitylivingcollege.info/course/eft-practitioner->

[supervision-mentoring/28-one-to-one-eft-sessions-with-integrity/lesson/1-send-the-invitation-message-649e9e075b270](#)

**11. Should the logo in the appointment letter for paid clients be changed or kept the same?**

The logo in the appointment letter for paid clients can be changed if desired.

**12. What is the difference between "healed" and "cured"?**

The terms "healed" and "cured" are often used interchangeably, but they can have slightly different meanings. "Healed" refers to a process of repair and restoration, where a wound, injury, or disease undergoes a process of recovery and returns to a state of normalcy or improved functioning. "Cured" typically implies the complete elimination or eradication of a disease or condition, indicating that the individual is free from it. While healing focuses on the restoration of the body, curing suggests the permanent eradication of the underlying condition.

**13. What are the pricing standards for EFT sessions at different practitioner levels?**

The treatment costs for EFT sessions can vary based on the practitioner's level of expertise. Here are the approximate price ranges for 6 sessions:



- A. Certified EFT Practitioner: INR 18,000 - INR 25,000
- B. Senior Practitioner with Advanced EFT & Inner Child Matrix: INR 30,000 - INR 45,000
- C. Highly Experienced Practitioners (Advanced EFT & Inner Child Matrix): INR 50,000 - INR 75,000

**14. What is the disadvantage of having different pricing for India and the UK?**

Having different pricing for different countries can become challenging to manage as the caseload increases and clients travel or move. Additionally, some clients may perceive it as unfair if international countries are experiencing a recession or economic difficulties.

**15. Where can we find international pricing standards?**

International pricing standards can vary, and there may not be a specific standard applicable to all regions. However, some general guidelines for pricing in international markets can be considered. For example:

- A. Price sensitive: \$50-65 per session (package deal)
- B. Non-price sensitive (starting level): \$75-95 per session
- C. Non-price sensitive (experienced level): \$125-250 per session

**16. Can clients who are financially struggling pay for sessions on a pay-as-you-go basis?**

Yes, if clients are committed to the sessions but facing financial struggles, pay-as-you-go arrangements can be made to accommodate their circumstances.

**17. What is dissociation?**

Dissociation is a psychological process that involves a disruption in the normal integration of thoughts, feelings, memories, and identity. It is a defence mechanism used by the mind to cope with overwhelming or traumatic experiences. Dissociation can manifest in various ways, including depersonalization (feeling disconnected from one's body or having a sense of unreality about oneself), derealisation (feeling detached or experiencing an unreal sense of the external world), dissociative amnesia (inability to recall important personal information, often related to trauma), and dissociative identity disorder (presence of multiple distinct identities or personality states). Dissociation can occur as a response to different types of trauma, such as abuse, accidents, combat experiences, or witnessing violence. It can also be associated with other mental health conditions like PTSD, dissociative disorders, anxiety disorders, and mood disorders. Treatment for dissociation typically involves therapy, particularly trauma-focused approaches that help individuals process and integrate their traumatic experiences.

Techniques such as relaxation, meditation, cognitive restructuring, and belief change can be used to address dissociative symptoms and promote healing and recovery. Dissociation is also considered a trauma-informed approach, as it involves distancing the memory to prevent re-traumatization.

**18. Are couples' sessions longer than 60-90 minutes when both partners are present?**

Yes, couples' sessions can be longer than the standard 60-90 minutes if needed or desired.

**19. How can one deal with the response of being told to "grow up and be practical" when expressing emotions or using a spiritual approach?**

When faced with such responses, it may be helpful to find common ground and build a bridge for effective communication. It's important to be heard and understood, so finding ways to express your feelings and perspectives in a manner that resonates with the other person can be beneficial. However, it's also important to consider that the other person may not be receptive or open to a different perspective at that moment. It may be helpful to seek support from others who are more understanding and supportive of your emotions and spiritual approach.

## **20. What is attachment?**

Attachment, in spiritual terms, refers to an emotional and psychological connection or dependency on external things, experiences, or outcomes for one's sense of well-being or identity. It involves the belief that one's happiness, security, or fulfilment is contingent upon specific external conditions or objects. Spiritual teachings often emphasize the importance of cultivating detachment or non-attachment as attachments can lead to cravings, desires, and clinging, causing dissatisfaction and perpetuating a cycle of seeking external validation or pleasure. Non-attachment involves letting go, recognizing impermanence, detaching from ego identification, and finding inner fulfilment within oneself.

## **21. How can big issues that arise on the last day of the agreed 6-session treatment be handled?**

If a client brings up a significant issue on the last day of the agreed-upon 6-session treatment, it is important to have a supportive conversation with the client. Manage expectations by being honest about the time limitations and what can realistically be accomplished in that session. Ask the client what they want to prioritize and address, and explore the possibility of extending the treatment if necessary. It's essential to balance managing expectations, being proactive, and showing kindness

and flexibility in such situations.

## **22. Is there a connection between one's love life and financial reality?**

The context in which the connection between one's love life and financial reality was mentioned is not clear. However, it is possible that there can be some interplay between love life and financial aspects. For example, financial stress or instability can put a strain on relationships, and conflicts related to money can arise. On the other hand, a fulfilling and supportive love life can contribute to emotional well-being, which can positively impact one's overall outlook, including financial matters. The exact nature and extent of this connection can vary for individuals, and it is important to explore the specific circumstances and dynamics involved in each case.

## **23. How can a pattern of unconsciously lifting trinkets from shops and feeling unable to control this behaviour be addressed?**

Exploring the habit reversal process and going deeper into the underlying factors and triggers can be helpful in addressing the pattern of unconsciously lifting trinkets from shops. Understanding the root causes, such as any past experiences or traumas related to the behaviour, can provide valuable insights. Techniques such as self-reflection, therapy, and personal development practices may be

beneficial in gaining control over the behaviour and addressing any underlying issues contributing to the feeling of being stuck.

**24. How can obsessive-compulsive disorder (OCD) be addressed when a client experiences generalized fear and irrational connections among various events, memories, and individuals?**

When working with a client who experiences OCD symptoms, including generalized fear and irrational connections, it is important to approach the treatment from a holistic perspective. This may involve a combination of techniques, such as cognitive-behavioural therapy (CBT), exposure and response prevention (ERP), and mindfulness practices. Identifying and challenging irrational thoughts and beliefs, gradually exposing the client to feared situations or triggers, and developing coping strategies can help reduce anxiety and alleviate the impact of OCD symptoms. It is recommended to work with a trained therapist or mental health professional experienced in treating OCD for personalized guidance and support.

**25. What is the treatment protocol for EFT tapping for OCD?**

The treatment protocol for EFT tapping for OCD (Obsessive-Compulsive Disorder) can vary based on the individual and the severity of their symptoms.

However, a general guide for an EFT tapping session for OCD may include the following steps:

- A. Identify the trigger: Identify the specific thought, image, or situation that triggers your OCD symptoms.
- B. Set up the tapping points: Tap on specific acupressure points on the face, body, and hand while focusing on the trigger and the associated feelings and sensations.
- C. Repeat the affirmation: Repeat a positive affirmation related to your OCD trigger while tapping.
- D. Tapping sequence: Follow the EFT tapping sequence, tapping on each point while focusing on the trigger and repeating the affirmation.
- E. Reassess: After completing the tapping sequence, reassess the intensity of your OCD symptoms. If the symptoms persist, you can repeat the tapping sequence until you feel a noticeable reduction in your symptoms.

It's important to note that working with a trained EFT practitioner or mental health professional experienced in treating OCD can provide personalized guidance and support throughout the treatment process.

## **26. How can EFT tapping be used to address OCD symptoms?**

EFT tapping can be a helpful tool in addressing OCD symptoms by targeting the underlying emotions and beliefs associated with the

condition. By tapping on specific acupressure points while focusing on the trigger and associated feelings, EFT can help release emotional and energetic blockages, reduce anxiety, and promote a sense of emotional and mental freedom. EFT can also assist in identifying triggers, developing coping mechanisms, and cultivating a more balanced perspective towards OCD thoughts and behaviours. Working with a trained EFT practitioner can provide tailored guidance and support in using EFT tapping effectively for OCD symptoms.

## **27. What is the distinction between repetitive behaviour and OCD?**

Repetitive behaviour can be a normal part of daily routine or a coping mechanism for stress. On the other hand, OCD (Obsessive-Compulsive Disorder) is characterized by persistent, uncontrollable thoughts and repetitive behaviours that cause significant distress and impairment in daily life. While both repetitive behaviour and OCD involve engaging in repetitive actions, the key distinction lies in the intensity, frequency, and impact on daily functioning. Repetitive behaviours that do not significantly interfere with one's life or cause distress are generally considered within the range of normal behaviour. However, when the repetitive behaviour becomes intrusive and disruptive, and results in significant distress or impairment, it may be indicative of OCD. It's important to consult with a mental health professional for an accurate diagnosis and appropriate support.



## **28. Can we work with ICM to address keloids?**

Keloids are raised scars that form due to abnormal healing of a wound or injury, characterized by the overgrowth of fibrous tissue beyond the original wound boundaries. Treatment options include corticosteroid injections, silicone sheets or gels, cryotherapy, surgical removal, and laser therapy. The use of ICM (Inner Clinical Matrix) to address keloids is not widely explored, but you can try addressing potential stress experienced around the time the keloid started, immune system response, image issues, and creating a new field to see if it has any impact.

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## PREVIOUS QUESTION:

### 1. How are ICM case study write-ups different from EFT?

The write-ups are exactly the same. The only thing different is in the intervention section, you need to include the ICM techniques you used.

### 2. Do you have to write the whole technique?

You have to write out the whole technique and why you picked that particular technique. Using every single technique taught is not required. What's important is knowing why you used a particular technique. You can use any EFT and ICM technique, including EFT Classical but it's done in the presence of who you are.

### 3. What do you do if a voice in your head tells you that you are escaping life by thinking a certain way when you remind yourself of you are?

Thank the voice and say, *"Thank you for letting me know that you feel I am escaping life. Show me how I am escaping life."* Inquire with it. Ask the voice *"What is it that I am escaping from? And what is it that you feel I shouldn't be escaping from? How can I escape this universe that is already here and has never come or gone but is omnipresent? How can I escape me? How can I escape my nature? If anything, I am no longer running away from me. I am embracing who I really am. I understand it*

*is scary for you because you are used to the old me. But there is enough space for you too in this universe. So, come. Be welcome.”*

**4. If the client finds it difficult to step into the future, can you skip it?**

You can let it go. It’s absolutely fine.

**5. Should ICM and EFT case studies be in one email or two separate emails?**

You can submit in two separate emails. Send it to [certification@vitalitylivingcollege.info](mailto:certification@vitalitylivingcollege.info) and [india@vitalitylivingcollege.info](mailto:india@vitalitylivingcollege.info) .

**6. For a case study, do you write them up like EFT or can you include it in the practice session table?**

You can write them up in the practice session table. If you don’t submit it with EFT, then the chance is gone. You have to do two videos and submit them together in two separate emails.

**7. If the client is experiencing giddiness in a past memory, what is the safest thing to do?**

They need grounding. Do a strategy. Pause the process. Bring them out and say, “*Before we go back in, what is that you need?*” Do a strategy

first and check if they are okay before going back in. You have to work out if the giddiness is because of the trauma or if it's a physical transformation as a result of the change. If it is the former, bring them out, do a strategy like allergies and bring them back in. You can also do grounding. Sometimes, giddiness can be chemical imbalance, so just check if they are eating properly.

#### **8. Is the intake form same?**

The intake form is the same. The only difference is it's called ICM at the top.

#### **9. Can we work with ICM to address keloids?**

A keloid is a type of raised scar that forms as a result of abnormal healing of a wound or injury. It is characterized by an overgrowth of fibrous tissue that extends beyond the boundaries of the original wound site.

Key features of keloids include:

- A. Raised appearance: Keloids extend beyond the boundaries of the original wound and form a raised, firm, and smooth growth on the skin. They often have a shiny, smooth surface.

- B. Excessive scar tissue: Keloids result from an overproduction of collagen during the healing process. The excess collagen causes the scar to grow larger and thicker than the original wound.
- C. Red or pink colour: Initially, keloids may appear red or pink, but over time, they can darken to match the surrounding skin tone.
- D. Itching or tenderness: Keloids may cause itching, tenderness, or discomfort, especially when they are subjected to friction or pressure.

Keloids can develop after various types of skin injuries, such as surgical incisions, burns, acne scars, ear piercings, or even minor cuts and scrapes. They can occur in people of any age, gender, or ethnicity, but certain individuals may be more prone to keloid formation due to genetic predisposition.

Treatment options for keloids include:

- A. Corticosteroid injections: Injecting corticosteroids into the keloid can help flatten and reduce its size. Multiple sessions may be required for optimal results.
- B. Silicone sheets or gels: Applying silicone-based products over the keloid can help flatten and soften its appearance. These are available as sheets or gels that are worn over the affected area.

- C. Cryotherapy: Freezing the keloid with liquid nitrogen can help shrink its size and flatten its appearance.
- D. Surgical removal: Surgical excision involves cutting out the keloid. However, there is a risk of keloid recurrence after surgery, so it is often combined with other treatments like corticosteroid injections or radiation therapy.
- E. Laser therapy: Laser treatment can be used to reduce the size and redness of keloids by targeting the excess scar tissue.