

MODULE 5 TRAUMA REVERSE QUESTIONS & ANSWERS 5TH

SEPTEMBER 2025

MAIN TOPICS COVERED:

1. What is the core understanding of suicide ideation in trauma recovery?

Suicide ideation, or suicidality, is primarily about seeking relief from overwhelming emotional or psychological pain rather than a desire to end life itself. It emerges from trauma imprints such as despair, hopelessness, worthlessness, disconnection, and exhaustion, where individuals feel trapped with no visible alternatives. Practitioners are encouraged to validate these feelings without attempting to "fix" the client, instead creating a compassionate, safe space to reduce isolation and foster exploration of reasons to live. A key insight is the quote: "It's often a cry to end pain, not life itself." For example, clients may express fleeting thoughts like "I can't go on" or engage in persistent planning, but the focus should be on addressing the underlying suffering through open-ended questions like "What are your thoughts about those you love if you leave this life?" to leverage anchors such as family or responsibilities.

2. How can practitioners assess immediate risk when working with clients experiencing suicide ideation?

Assessing risk involves a sensitive, non-judgmental approach using open-ended questions to understand the client's mental state while avoiding escalation of overwhelm. The process includes:

- A. Identifying presentations: Explore fleeting thoughts (e.g., "I can't go on"), persistent planning or rehearsing, feelings of being a burden or invisible, past attempts, or self-harm behaviours.
- B. Evaluating immediacy: Ask about triggers, the timing of thoughts (e.g., "When do the thoughts start/stop?"), specific plans, access to means, and emotional states like sadness, despair, or recklessness.
- C. High-risk response: If immediate risk is detected (e.g., detailed plans or intent), contact emergency services, involve support networks, or refer to crisis helplines with global phone numbers provided.
- D. Non-immediate risk: For present but less urgent risk, collaborate on a safety plan with coping strategies, emergency contacts, removal of potential harms, and routines like daily pet care for stability.
- E. Ongoing monitoring: Document discussions thoroughly and encourage self-reflection with questions like "Where are you at with these thoughts?" to track progress and mitigate long-term risks such as self-harm, chronic depression, or relationship breakdowns.

Thorough and gentle risk assessment ensures client safety while empowering them to articulate their experiences, supported by structured safety planning.

3. What principles should guide support for clients with suicide ideation?

Supporting clients with suicide ideation requires a compassionate, client-led approach, recognising that these thoughts stem from unbearable pain rather than weakness. Key principles include:

- A. Gentle risk assessment: Use open questions to evaluate risk without pressure, ensuring safety first.
- B. Immediate safety planning: Develop collaborative safety plans for high or present risk, incorporating crisis resources like helplines.
- C. Validation of feelings: Acknowledge pain with phrases like "It sounds unbearably heavy," allowing clients to externalise thoughts to reduce internal rumination.
- D. Client's pace: Respect their readiness to share, avoiding forceful leverage (e.g., family responsibilities) but asking reflective questions like "What are your thoughts about loved ones?"
- E. Grounding and containment: Use Energy Flow® exercises to anchor clients in the present, reducing overwhelm through body-focused techniques.
- F. Hope and possibility: Gently explore small reasons to live, such as pets, nature, or daily routines, encouraging creative connections like water therapy or animal interactions.

- G. Crisis support boundaries: Redirect to helplines if clients resist, maintaining clear practitioner boundaries to avoid becoming a 24/7 resource.

These principles create a supportive environment that prioritises safety, validates pain, and fosters hope, ensuring clients feel seen and supported.

4. How do trauma imprints manifest in cases of suicide ideation?

Trauma imprints from suicide ideation manifest in profound emotional, physical, and behavioural ways, reflecting deep pain and disconnection.

These include:

- A. Emotional themes: Despair, hopelessness, worthlessness, disconnection, exhaustion, isolation, self-blame, shame, guilt, and limiting thoughts like "Life isn't worth living," "I'm a burden," or "Nothing will ever change."
- B. Physical signs: Disturbed sleep, fatigue, chronic pain, headaches, or collapsed posture, often reflecting the body's response to emotional overload.
- C. Behavioural indicators: Fleeting thoughts of ending it all, persistent planning or rehearsing, high-risk behaviours, recklessness, or past attempts, sometimes accompanied by anger at being saved (e.g., "Why was I saved?").
- D. Long-term impacts: If unaddressed, risks include self-harm, chronic depression, relationship breakdowns, addiction, or

premature death, with additional complexity for family members or caregivers experiencing secondary trauma.

Recognising these multifaceted imprints allows practitioners to address both emotional and physical dimensions, tailoring interventions to the client's unique experience.

5. What role do tapping techniques play in addressing suicide ideation?

Tapping techniques, particularly Emotional Freedom Techniques (EFT), are instrumental in acknowledging and releasing intense emotions associated with suicide ideation, often integrated with exploratory questions. Specific applications include:

- A. Setup phrases: Use affirmations like "Even though I feel despair, I love and accept myself" or alternatives like "I accept I have these feelings" or "I acknowledge this feeling" for clients resistant to full acceptance.
- B. Body-focused tapping: Identify urges with questions like "Where in the body do you feel the urge to disappear?" and tap with phrases like "Even though I feel it in my [body part], I love and accept myself."
- C. Trauma-specific sequences: Incorporate phrases for despair, future pacing for positive outcomes, and processes like borrowing benefits tapping or group shares to release intensity.
- D. Question integration: Overlap tapping with questions about numbness or resistance (e.g., "Where do you feel the urge to

dissipate?") to engineer targeted relief, reducing the hold of dark thoughts.

- E. Practitioner sensitivity: Recognise not all clients will embrace affirmations, so vary phrasing to create openness and align with their emotional state.

Tapping provides a powerful tool to externalise and process intense emotions, fostering emotional release and client empowerment when carefully tailored.

6. How can Energy Flow[®] exercises support clients with suicide ideation?

Energy Flow[®] exercises ground clients in the present, fostering internal safety and reducing emotional overwhelm by connecting them with their body. Specific techniques include:

- A. Breathing into the body: Guide clients to take gentle breaths in through the nose and out through the mouth, noticing their body by touching areas like feet or heart, affirming "This body is my body," and scanning for safe parts (e.g., a fingernail).
- B. Anchoring to the present: Ask "What's one thing that makes you feel safe?" and use external anchors like cuddly toys, blankets, plants, or routines (e.g., daily dog walks) to build stability.
- C. Creative connections: For clients distrusting humans, suggest engaging with animals, plants, nature, or therapies like Watsu (water therapy); build rituals like feeding pets to shift focus from hopelessness.

- D. Heart-field meditation: Encourage radiating strength energetically, particularly for supporters like family members, to create a supportive presence.
- E. Body awareness: Lift and replace hands on body parts to feel warmth and contact, reinforcing "This body is my home" to anchor in safety.

Energy Flow® exercises offer practical, client-centric tools to ground and stabilise, fostering resilience and connection in moments of overwhelm.

7. What questions can practitioners use to explore suicide ideation with clients?

Questions should be open, curious, and client-led, facilitating exploration and linking to tapping or Energy Flow® processes. Examples include:

- A. Personal experiences: "Tell me about moments when life felt unbearable"; "What triggered these thoughts?"; "When do the thoughts start and stop?"
- B. Body-focused: "Where in the body do you feel the urge to disappear?"; "What does safe mean to you?"
- C. Hope-oriented: "What are your thoughts about loved ones if you leave this life?"; "What small things bring safety or love?"; "What else do you want?"
- D. Risk and reflection: "How do you assess your immediate risk?"; "What to do if the risk is high?"; "Where are you at with these concepts?"

- E. Trauma exploration: "What belief formed from past pain?"; "How does your inner child feel about needing help?" These questions overlap to deepen insight and encourage curiosity.

Thoughtful questions empower clients to externalise struggles, fostering curiosity and paving the way for targeted interventions like tapping or grounding.

8. How should practitioners handle boundaries and self-care when dealing with suicide ideation?

Maintaining boundaries and prioritising self-care are critical to sustain effective support without burnout. Strategies include:

- A. Clear boundaries: Set limits on availability to avoid becoming a 24/7 helpline; redirect clients to crisis lines if they resist external support, ensuring clarity like "I'm here for sessions, but let's explore other resources for urgent moments."
- B. Thorough documentation: Record session details, including dates, risk assessments, safety discussions, and referrals, to protect against potential backlash from clients or families, as seen in cases where families blamed practitioners despite proper safeguarding.
- C. Self-care practices: Engage in regular rest, personal tapping on reactions to heavy topics, and supervision to process cases; take days off to recuperate, as exemplified by taking time post-training.
- D. Ethical practice: Operate as facilitators, not licensed therapists, with clear disclaimers; seek guidance from charities or protocols for complex cases, especially involving child safety.

Robust boundaries and self-care ensure practitioners remain resilient and ethical, safeguarding both themselves and clients in sensitive work.

9. What strategies help when clients resist exploring suicide ideation?

Resistance often reflects a protective mechanism or tenderness, requiring a non-forcing, patient approach. Strategies include:

- A. **Validation and respect:** Acknowledge sensitivity with phrases like "I respect where you want to be" and use surrogate tapping to work indirectly without pushing.
- B. **Gentle shifts:** If shutdown or numbness occurs, pivot to Energy Flow® exercises or questions like "What part of your body feels safe?" to anchor in the present.
- C. **Client-led pace:** Allow emergence naturally, avoiding practitioner ego (e.g., "I must solve this") and holding space for client choices, as seen in recognising a client's right to choose their path.
- D. **Post-session support:** Recommend self-exercises like watching videos or tapping, noting that open declaration of truths (e.g., sharing in a group) marks significant healing progress.

Respecting resistance with patience and tailored techniques fosters trust, allowing clients to explore at their own pace while initiating healing.

10. How can practitioners support family members affected by a loved one's suicide ideation?

Family members experience fear, confusion, and secondary trauma,

requiring support to process emotions and maintain presence.

Approaches include:

- A. Validating emotions: Acknowledge fears or confusion with questions like "How scared do you feel?" and tap on these emotions to reduce overwhelm, as a mother might for a child's ideation.
- B. Role clarity: Encourage holding space as a loved one, not a therapist, using heart-field meditation to radiate strength and presence without giving advice.
- C. Empowering strategies: Help them understand ideation targets pain, not life; develop routines for stability and accept limits on control, recognising the person's autonomy.
- D. External support: Guide them to resources like talk lines or charities, especially in complex cases (e.g., balancing child safety with a parent's ideation), to share the load.

Supporting family members involves validating their emotional burden and equipping them with tools to stay present, fostering resilience for both themselves and their loved one.

11. What processes address inner child work in suicide ideation contexts?

Inner child matrix (ICM) work integrates trauma-informed questions and tapping to heal early wounds linked to suicide ideation. Processes include:

- A. Trauma-informed questions: Explore beliefs with questions like "What belief formed from witnessing pain?" or "How does the

inner child feel about needing help?" (e.g., anger at needing support or wanting to save others).

- B. Tapping sequences: Use phrases like "Even though I wished I could save her, I open to saving myself" or "Even though I survived, I don't know who will save me," addressing shutdowns or witness experiences, as seen in a client recalling a mother's attempt.
- C. Beyond-session plan: Encourage self-awareness summaries, future pacing for positive outcomes, and reflections on surviving versus living freely, often in group or paired breakout rooms.
- D. Flow integration: Combine with Energy Flow® or tapping in breakout sessions to allow flexible exploration of inner child anger or disconnection.

ICM processes provide a structured yet flexible approach to heal early traumas, fostering self-compassion and integration for clients.

12. How do practitioners prepare for ongoing professional development after training on these topics?

Ongoing development ensures practitioners integrate and refine their skills post-training. Steps include:

- A. Resource utilisation: Update professional journals with learnings, review portal videos/slides, and use summary tables/Excels listing Energy Flow® exercises (e.g., alphabetical breathing, vagus nerve, somatic exercises) for quick reference; print for easy access.
- B. Practice and feedback: Engage in buddy sessions, apply techniques with clients, and join group supervision (e.g., 2-hour

sessions for 8 participants) or mentoring clinics like EFT advanced practitioner sessions for live demonstrations.

- C. Self-reflection: Complete worksheets from the Questions Mastery Companion Guidebook (157+ pages) to explore personal edges, addressing resistance or numbness.
- D. Certification and community: Receive certificates for completing training, join alumni groups to share experiences, and attend events like forgiveness-focused supervision or fast-track mentoring, open to all alumni at no charge.

Structured development through resources, practice, and community engagement empowers practitioners to confidently apply trauma recovery techniques.