

## **TRAUMA REVERSE MASTER QUESTIONS & ANSWERS SEPTEMBER**

**2025**

### **MODULE 6 TRAUMA REVERSE QUESTIONS & ANSWERS 21<sup>ST</sup>**

**SEPTEMBER 2025**

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

##### **1. What are the requirements for Trauma Reverse Certification?**

The Trauma Reverse Certification is designed for practitioners who wish to demonstrate mastery in integrating Trauma Reverse, Questions Mastery, EFT, ICM, and Energy Flow® techniques in a structured and professional manner. This certification ensures that practitioners are not only skilled in the techniques but also adhere to professional standards and ongoing development. The certification requirements are:

###### **A. Prerequisite qualifications:**

- Certification in EFT Fast Track and/or EFT Practitioner
- Certification as an ICM Practitioner
- Certification as an Energy Flow® Practitioner

###### **B. Program attendance:**

- Full attendance of the Questions Mastery & Trauma Reverse program, including Supervision & Mentoring, with the video on and full presence
- Achieve an “Approved to Practice” certificate

C. Practical demonstration:

- Submission of a 45-minute video demonstrating a session with a client using Trauma Reverse, Questions Mastery, EFT, ICM, and Energy Flow® skills in an integrated flow
- Submission of a video audit reflecting on the session

D. Practice session log:

- Conduct and log hour-long sessions with:
  - I. 3 clients, 6 sessions each
  - II. 1 self-client, 6 sessions

E. Documentation submission:

- Personal development log of attendance in the main training
- Questions Mastery & Trauma Reverse self-assessment with personal development plan
- Supervision hours and record log sheet
- Completion of the Trauma Reverse & Questions Mastery Multiple Choice Questionnaire

F. Ongoing professional requirements:

- Commitment to completing annual requirements, including continuing professional development, supervision hours, and adherence to the code of conduct for certification renewal.

The Trauma Reverse Certification ensures that practitioners are thoroughly trained, have demonstrated practical competence, and are committed to ongoing professional growth. By meeting these requirements, certified practitioners are equipped to deliver Trauma Reverse and related techniques safely, effectively, and ethically to their clients.

## **2. What is the Trauma Reverse Practitioner Supervision & Mentoring hours record log sheet?**

The Trauma Reverse Practitioner Supervision & Mentoring hours record log sheet is an essential tool designed to ensure practitioners remain aligned with professional standards, receive ongoing guidance, and continue developing their skills. By documenting supervision hours, practitioners demonstrate accountability, commitment to ethical practice, and growth in both technical and reflective aspects of Trauma Reverse work. The key requirements and structure:

### **A. Submission and approval:**

- The log sheet is to be submitted to the Trainer, either voluntarily or upon request.
- Practitioners must keep a copy for five years for audit purposes.

### **B. Hours' requirement:**

- Practitioners-in-training: A minimum of 24 supervision hours is required.

- Certified practitioners: A minimum of 6 supervision hours annually.
- Hours are recorded annually from the date of certification.

C. Information to record:

- Personal details: Name, email address, practitioner status, and date certified.
- Supervision session details: Date, number of hours, supervisor's or accredited trainer's name.
- Reflections for each session:
  - I. What did I love about it?
  - II. What can I do even better?
  - III. What did I learn?
  - IV. How will I use what I learnt?

D. Examples provided:

- The sheet includes an example entry where the practitioner documented learning about writing case studies, understanding ethics, and implementing intake questionnaires.
- Reflections emphasised both strengths and areas for improvement, ensuring applied learning in practice.

The Trauma Reverse Supervision & Mentoring Hours Record Log Sheet ensures practitioners integrate learning with real-world application while maintaining professional ethics and continuous development. By recording hours, reflections, and supervision outcomes, practitioners

uphold the integrity of their practice and demonstrate readiness to serve clients with skill, responsibility, and care. Here's the link to the Trauma Reverse Practitioner Supervision & Mentoring hours record log sheet: <https://vitalitylivingcollege.info/wp-content/uploads/2025/09/Trauma-Reverse-Supervision-Mentoring-Hours-Record-Log-Sheet-19.09.2025.pdf>

### **3. What is grief and loss, and what is the approach to working with it?**

Grief and loss are universal human experiences, arising not only from the death of a loved one but also from endings, changes, or unfulfilled hopes. The way individuals express grief may differ — some describe it as emptiness, being unable to move on, or feeling as though a part of themselves has died.

Recognising grief as a natural and valid response to loss is the foundation of supporting clients compassionately. Grief is the heart's natural response to loss. It can stem from many sources, such as:

- A. The death of a loved one
- B. The end of a relationship
- C. Loss of health or ability
- D. Loss of identity, dreams, or a future once imagined

Clients may not use the word grief directly; instead, they might share their pain through feelings of emptiness, stuckness, or disconnection.

#### **Approach to working with grief and loss:**

- Do not rush the process: Grief unfolds in its own time. Pushing clients to “move on” too quickly can hinder healing.
- Create a safe and compassionate container: Offer presence, empathy, and non-judgment so clients feel held as they express and honour their emotions.
- Support integration: Guide clients toward gently integrating their loss into their life story, while exploring ways to find meaning and a path forward.

Working with grief and loss is about honouring the depth of human emotion while walking alongside clients as they navigate their pain. By creating safety, allowing space, and supporting integration, practitioners can help clients transform grief into resilience and a renewed sense of meaning.

#### **4. What does it mean to understand grief and loss?**

Grief and loss can take many forms, touching every area of human life. While bereavement is often the most recognised, people also grieve relationships, health, identity, and meaning. Understanding these dimensions helps practitioners hold space for clients’ diverse experiences of grief. Types of grief and loss:

- A. Bereavement: Death of a loved one, miscarriage, or pet loss.
- B. Relational loss: Divorce, separation, estrangement.
- C. Health loss: Chronic illness, disability, ageing.
- D. Existential loss: Loss of identity, faith, or meaning.

Grief extends far beyond death. By recognising the many forms of loss — bereavement, relational, health-related, and existential — practitioners can approach clients with deeper empathy and sensitivity, meeting them where they are and supporting them through their unique journey of healing.

### **5. What is the trauma imprint of grief and loss?**

A trauma imprint from grief and loss is the lasting pattern of beliefs, sensations, emotions, and behaviours that remain after a significant loss. These imprints shape how a person experiences themselves, relationships, safety, and the future — often long after the event has passed. Understanding the typical imprints helps practitioners recognise what's under the presenting symptoms and select compassionate, targeted interventions.

- A. Emptiness & abandonment: I am alone now. No one will stay. I have been left behind.
- B. Guilt & regret: I should have done more; it's my fault they're gone. I didn't say goodbye.
- C. Hopelessness: Life has no meaning without them. I can't move forward. Nothing matters now.
- D. Fear of future loss: Everyone I love will leave. Love isn't safe. If I attach, I'll lose again.

Grief is not linear. It comes in waves — numbness, sadness, anger, longing, disbelief. A careful assessment of the specific imprint

(emptiness, guilt, hopelessness, fear of future loss) directs targeted interventions — from containment and somatic regulation to meaning-making and attachment repair. The aim is not to erase the loss but to integrate it so the client can carry the memory without being controlled by it, reclaim safety, and find ways to move forward.

## **6. What are the surface presentations of grief and loss?**

Grief and loss often manifest in ways that are more physical, emotional, or behavioural than verbal. Clients may not explicitly say they are grieving, but their body, mood, and daily functioning can reveal the underlying pain. Recognising these surface presentations allows practitioners to respond with empathy and appropriate support. Clients may not say, “I’m grieving.” Instead, they may present with:

- A. Persistent fatigue, heaviness in chest, shallow breath.
- B. Sleep disturbances, appetite changes.
- C. Difficulty concentrating, withdrawal from relationships.
- D. Overwhelming guilt or anger.
- E. Numbness or disconnection from self.

Grief and loss can show up in subtle or overt ways beyond words. By observing physical, emotional, and behavioural cues, practitioners can create a safe space for clients to process their loss and begin the journey toward integration and healing.

## 7. What are the associated effects of grief and loss?

Grief and loss impact clients on multiple levels—physical, emotional, cognitive, and long-term psychological functioning. Understanding these associated effects helps practitioners recognise the full scope of the client’s experience and tailor interventions to support healing.

Associated effects of grief and loss:

### A. Physical issues:

- Sleep disturbances and changes in appetite
- Immune dysregulation
- Chronic fatigue or low energy

### B. Long-term psychological effects:

- Depression, anxiety, or PTSD
- Suicidal ideation in severe cases
- Prolonged grief disorder (persistent, disabling grief)

### C. Emotional themes:

- Shock, numbness, and longing
- Despair, guilt, self-blame
- Anger directed at self or others

### D. Limiting thoughts/beliefs:

- “I can’t live without them.”
- “It’s my fault. Love always ends in pain.”
- “Life has no meaning now.”

The effects of grief and loss are complex and multifaceted, affecting the body, mind, and emotions. Recognising these manifestations allows

practitioners to provide compassionate, comprehensive support, addressing immediate distress while guiding clients toward integration, resilience, and renewed meaning in life.

## **8. What are the principles for exploring grief and loss?**

Exploring grief and loss with clients requires sensitivity, patience, and respect for their unique experience. Rather than attempting to “fix” or rush the process, practitioners focus on creating a safe and validating space where emotions can be expressed, processed, and eventually integrated into the client’s ongoing life. Key principles for exploring grief and loss:

- A. Safety in presence: Create a calm, non-rushed space where grief can unfold.
- B. Client pace: Allow ebb and flow of emotions; never force catharsis.
- C. Validation, not fixing: Affirm grief as natural; avoid minimising (They’re in a better place).
- D. Permission: Normalise both sorrow and small moments of joy without guilt.
- E. Integration over erasure: Help clients weave love and memory into their present life, instead of “moving on.”
- F. Agency: Support choice in rituals, remembrance, and meaning-making.

The principles for exploring grief and loss prioritise safety, validation, and empowerment. By creating a compassionate, client-led space, practitioners help individuals navigate the complexity of loss, honour their emotions, and gradually integrate grief into a meaningful and continuing life journey.

### **9. How can clients be supported through grief and loss?**

Supporting clients through grief and loss involves holding space for their emotions while providing practical, compassionate tools that help them regulate, process, and integrate their experience. The aim is not to remove grief, but to accompany clients safely as they navigate its intensity and find ways to honour and carry forward their love and memories.

- A. Grounding: Begin with breath and orienting practices when grief overwhelms.
- B. Validation: It makes sense that you feel this pain. It shows the depth of your love.
- C. Containment: Create rituals in session — lighting a candle, placing a hand on heart.
- D. Agency: Explore small acts of self-care or remembrance that feel nurturing.

Clients can be supported through grief and loss by combining grounding, validation, containment, and agency. These approaches help them process their emotions safely, honour their loss, and gradually integrate

grief into their lives while maintaining a connection to themselves and their loved ones.

### **10. What questions should be included when creating a treatment plan for grief and loss?**

When developing a treatment plan for grief and loss, it's important to explore the client's internal experience, emotional landscape, and relational context. The questions should encourage reflection, validate their feelings, and guide the practitioner in creating a safe, individualised path for healing. Key questions for a grief and loss treatment plan:

- A. When you think about your loss, what happens in your body?
- B. Do you notice moments when the absence feels most heavy?
- C. What feelings are hardest to allow right now — sadness, anger, emptiness?
- D. What would you want to say to your loved one if they could hear you?
- E. Is there anything unfinished that feels left unsaid or undone?
- F. Where do you find even a tiny sense of comfort or connection?

Tip: Honour both tears and silence. Grief needs space more than answers.

Including reflective, body-based, and relational questions in a grief treatment plan helps practitioners understand the client's experience

deeply and design interventions that respect their pace, emotional needs, and capacity for integration. These questions form the foundation for a compassionate, client-centred approach to healing.

### **11. What is an Energy Flow® treatment plan for supporting clients through grief and loss?**

Energy Flow® offers a complete approach to supporting clients through grief and loss, integrating breathwork, somatic exercises, emotional regulation techniques, meridian-based practices, pain relief, trauma release, and nurturing interventions. The treatment plan focuses on helping clients process and release grief safely, regulate emotions, restore balance, and reconnect with their body, mind, and inner resources. Energy Flow® treatment plan for grief and loss:

#### **A. Breathing (all):**

- Breath Awareness (presence)
- Longer Exhale Breathing (calm)
- Sighing Breath (release)
- Resonant Breathing with Sound (expression)
- Body Integration Breath (wholeness)
- Pelvic Floor Breathing (grounding)
- Soothing Wave Breathing (acceptance)

#### **B. Vagal Toning:**

- Humming and Singing (expression)
- Simple Humming (calm)

- Inner Ear Humming (balance)
- Laughter Yoga (uplift)
- Neck Massage (soothing)
- Gargling (release)
- Stanley Rosenberg's Exercise (reset)
- Progressive Muscle Relaxation (ease)

C. Somatic:

- Gentle Neck Release (soothing)
- Shoulder Rolls (unburden)
- Throw the Hands (release)
- Pelvic Tilts (grounding)
- Gentle Forward Bend (surrender)
- Resting Pose (safety)
- Resting on Your Belly (comfort)
- Being Held (nurture)
- Movement Exploration (expression)
- Dangling (letting go)

D. Body-Mind Communication:

- Self-Soothing Touch (comfort, ease, release & support)
- Body Tracking (awareness)
- Grounding (stability & connection)
- Orientating Practice (safety)
- Resourcing Practice (strength) Open Stance (acceptance)

E. Emotional Regulation:

- Release Sadness – Ring Finger Breathing (sadness)
- Grief Release (Kidney) (expression)
- Heart Hold Breathing (compassion)
- Little Finger Breathing (soothing)
- Butterfly Tapping (safety)
- Forehead Emotional Release (clarity)
- Triple Point Calmer (balance)
- Emotional Cleanse (renewal)
- Finger Hold Breathing (comfort)

#### F. Meridians:

- Lung Meridian Vitaliser – BreathLung Meridian Cleansing – Release
- Lung Meridian Balancer – Harmony
- Lung Quickie (Thumb) – Sadness
- Lung Quickie (Organ/Ring Finger) – Grief
- Heart Meridian Vitaliser – Compassion
- Heart Balancer – Calm
- Kidney Release for Fear – Courage
- Grief Release (Kidney flat-hand tapping) – Expression

#### G. Pain Relief:

- Headache Relief – Release
- The Trapezius Release – Ease
- Diagonal Shoulder Pull – Unburden
- Counter-Clockwise Circling – Soften

- Breathing Out the Pain – Letting-go
- Muscle Meridian Pain Matching – Expression
- Pulling the Pain – Relief

#### H. Therapeutic:

- Pulling the Ear
- Ear Massage
- Fascia Massage (Body reset).

#### I. Trauma Response:

- Trauma Release Shaking (Standing or lying down)
- Jaw Release (to ease tension stored the jaw where verbal abuse can “land”).
- Circular Breathing (to regulate flow of breath and emotion).
- Being Held (safe containment and repair of early ruptures).

#### J. Lymphatic/Hormonal Support:

- As needed – especially where verbal abuse has created inflammation.

An Energy Flow® treatment plan for grief and loss combines breath, somatics, meridian work, emotional regulation, trauma release, and nurturing practices to support holistic healing. By addressing physical sensations, emotional expression, nervous system regulation, and relational repair, clients are guided safely through grief, helping them release stuck energy, restore balance, and integrate loss into their lives.

## **12. What is an Emotional Freedom Technique (EFT) based treatment plan for supporting clients through grief and loss?**

Emotional Freedom Techniques (EFT) provide a gentle, evidence-informed approach to supporting clients through grief and loss. By combining tapping on acupressure points with mindful acknowledgement of emotions, EFT helps clients release stuck energy, process difficult feelings, and integrate loss while maintaining connection to their loved ones.

### **A. Tapping to release guilt, longing, and heaviness:**

- Even though my heart feels broken, I allow myself to breathe with this pain.
- Even though I wish I could have done more, I choose to honour the love I gave.
- Even though I feel like I can't go on without them, I am open to finding small moments of comfort.

### **B. Processes to use:**

- Tearless trauma technique for overwhelming memories.
- Sneaking up on intense emotions with gentleness.

### **C. Tapping on unfinished conversations or words left unsaid:**

- Can also use journaling and tap.

### **D. Future pacing:**

- I can carry love forward, even as I grieve the loss.

An EFT-based treatment plan for grief and loss focuses on releasing stuck emotions, processing unfinished business, and fostering hope for

the future. By combining gentle tapping, affirmations, journaling, and future pacing, clients are supported to navigate their grief safely, honor their feelings, and gradually integrate the loss into a meaningful ongoing life.

### **13. What is an Inner Child Matrix (ICM) treatment plan for supporting clients?**

The Inner Child Matrix (ICM) approach provides a trauma-informed framework for addressing grief and loss by connecting clients with their younger selves. It focuses on exploring early imprints of loss, abandonment, or rejection, and facilitating reparenting, nurturing, and integration. By working with the child self, clients can release compounded grief, restore agency, and access inner resources for comfort and resilience.

#### **A. Trauma-informed questions:**

- When you think about your loss, what sensations arise in your body?
- What belief about yourself seems tied to this loss (e.g., “I’m alone,” “It’s my fault,” “Life has no meaning now”)?
- If the younger you who also knew loss could speak today, what would they want to say or hear?
- What happens in your body when reminders of the absence appear — a place, a song, or a memory?

- Do you notice ways you still hold back feelings or silence your grief to appear “strong”?
- What helps you feel even a little more connected or comforted when the grief feels heavy?

B. Explore imprints of grief and abandonment:

- Early experiences of loss, rejection, or separation that compound present grief.
- The child self who believes “People always leave” or “I don’t deserve love that lasts.”

C. Reparenting dialogues:

- Offer words of comfort: You did nothing wrong. You were worthy of love then, and you are worthy now.
- Guided imagery: Meeting the loved one or a nurturing figure in the matrix for goodbye, blessing, or reassurance.
- Rebuilding trust: Create a sanctuary in the matrix where love is eternal and the child is never alone.

D. Healing relational wounds:

- Release guilt, “if onlys,” and invite forgiveness and peace.

E. Restoring agency:

- Support the child in holding love and connection while releasing the weight of despair.

An ICM treatment plan for grief and loss prioritises connection with the inner child to address compounded trauma, restore trust and agency, and foster emotional integration. By exploring early imprints, guiding

reparenting dialogues, and healing relational wounds, clients are supported to carry love forward, release pain, and develop a resilient, compassionate relationship with themselves.

#### **14. What is practitioner self-awareness, and why is it important?**

Practitioner self-awareness is the ability to recognise and understand one's own thoughts, emotions, beliefs, and bodily responses while working with clients. In grief work, this awareness is crucial because clients' experiences can trigger the practitioner's own memories, emotions, or unresolved losses.

- A. Grief may stir your own memories of loss.
- B. Create supervision and self-care rituals (journaling, breathwork, peer support).
- C. Remember: you are a companion in their grief, not a fixer.

Practitioner self-awareness allows you to hold space for clients' grief safely, stay grounded in your presence, and provide compassionate support. By managing personal triggers, maintaining boundaries, and practising self-care, you can accompany clients effectively through their grief without being overwhelmed by it.

#### **15. How can the Trauma Reverse process be applied to grief and loss?**

The Trauma Reverse process is a structured approach that helps clients safely process and release the emotional and energetic impact of trauma, including grief and loss. Here's how it can be applied:

- A. With regards grief and loss what do you want to explore?
- B. What is the outcome you want at the end of the session?
- C. Use a combination of EFT, ICM, and Energy Flow®.

The Trauma Reverse process for grief and loss combines emotional processing, inner child healing, and energetic clearing to help clients release pain safely, restore balance, and integrate their experience in a supportive way.

## **ADDITIONAL QUESTIONS:**

### **1. In cases where a client has experienced extreme sexual abuse, such as gang rape, how do we safely hold space for that level of trauma?**

In cases where a client has experienced extreme sexual abuse, such as gang rape, the most important aspect is how you safely hold space for that level of trauma. Clients often carry layers of shame, dissociation, or fragmentation, and unless safety is established, it can be very easy for them to feel retraumatized.

The foundation is to move slowly and gently, emphasizing safety, resourcing, and choice before moving into trauma exploration.

Sometimes, even finding a safe word is difficult, so you may need to create other signals of pause or grounding that feel accessible to them.

The goal is not to rush into the details of what happened, but to build capacity in their system to feel a sense of control and trust.

Balancing resourcing with trauma processing means constantly checking in with the client's nervous system. If they are not ready for certain somatic approaches, such as TRE, where the body begins to shake intensely, you respect that boundary and do not push. Even if the method is safe, the client must feel safe enough inside themselves to engage.

Instead, you can work with gentler grounding practices, resourcing exercises, and co-regulation. Over time, these create stability so that when trauma material is eventually explored, the client has the capacity to stay present rather than dissociate or fragment further. Healing and integration happen gradually, with you always prioritising the client's safety and readiness.

## **2. How can we best support a client in untangling the fusion of protection, love, and abuse in their lived experience, particularly when the abuser was also a parent, creating a deep contradiction?**

When the abuser is a parent, clients often remain stuck even after forgiveness or release work. This is because they are struggling with the deep contradiction of a father or mother being both protector/provider and also the abuser. That inner split can keep them looping, unable to reconcile the reality of their experience.

For some, this contradiction even shows up in their sexual psychology.

They may unconsciously associate pain or hurt during intimacy with

“being protected,” because that was the distorted message absorbed as children. This creates confusion around love, safety, and sexuality, making it difficult for them to trust themselves or others.

The key to supporting clients is to create a safe space where both realities can be acknowledged without collusion with the abuser’s perspective and without minimising the trauma. You validate the part of them that longed for love and safety from their parent while also naming clearly that the abuse was a violation. Both truths can coexist, and healing lies in holding that paradox with compassion.

You help clients gently untangle the fusion between protection, love, and abuse by exploring how these patterns show up in their current life, relationships, and body. Through resourcing, inner child work, and carefully paced exploration, they can begin to separate what is truly love and care from what was abuse disguised as protection. Over time, this creates space for meaning, closure, and healthier definitions of intimacy and safety.

### **3. How to work with a client who both fears death and yet engages in suicidal thoughts or actions, and what is going on in their mind that creates this paradox?**

Sometimes you have clients who want to commit suicide because they have a fear of death, and you feel that by actually indulging in a suicide method, the choice of death is in their own hands. How do you work with such a client, and what’s going on in their mind to actually indulge in different ways to kill themselves when the fear is of death?

First, recognise the paradox: fear of death and suicidal action can co-exist. Often, there is intense ambivalence — one part desperately wants an end to unbearable pain while another part deeply wants to survive. The suicidal urge is frequently about escaping intolerable psychological pain, shame, or memories, not a rational, absolute desire for death. You note the reason for the fear of death — a family freak accident and a history of family suicide, which places her at high risk. That family history can both increase fear and normalise death as an option. It can also create habituation or an acquired capability in some clients, where repeated exposure to violence or loss blunts the instinctive fear of dying. For others, the fear of death remains strong, but other drivers (self-punishment, control, escape) override the fear in moments of extreme distress.

Psychologically, people may act on suicidal thoughts for several reasons: to regain control/agency, to punish themselves for perceived badness, to end unbearable emotional pain, or because dissociation and cognitive narrowing make future alternatives invisible. Family modelling of suicide can create scripts that make death feel like a known route, even if they are terrified of it.

In session, your immediate priority is safety and a thorough, compassionate risk assessment. Ask directly about intent, plan, means, timeframe, and past attempts, using clear, simple language so they can answer honestly. If there is an active plan with intent and means available now, treat it as an emergency and escalate: involve crisis

services, arrange safe placement, or hospitalise if necessary. Be transparent about the limits of confidentiality if imminent danger exists. Do not discuss or provide methods. If the client asks about methods, redirect immediately to safety, reasons for living, and coping strategies. Focus language on making it harder to act impulsively (removing access to means, increasing supervision) rather than on specifics of means. Explore the paradox without reinforcing planning by using containment-focused, curious questions: “Can you tell me about the thoughts of ending your life — what part of you wants that, and what part wants to stay?” or “When those thoughts come, what’s the worst thing you fear will happen if you stay?” These invite ambivalence and meaning rather than method detail.

Use short, practical interventions: create a one-page collaborative safety plan (warning signs → coping skills → people to contact → professional contacts → steps to make environment safer → emergency plan). Teach grounding and felt-sense work to reduce dissociation and cognitive narrowing in acute moments. Titrate trauma material carefully; pause if distress or fragmentation increases.

Address the family trauma and model gently. Explore how the family freak accident or family suicide history shaped beliefs about death, inevitability, and blame, and help reframe that “what your family modelled isn’t your destiny.” Build alternatives to suicide by strengthening distress tolerance, social connection, problem-solving, and reasons for living.

Watch for reinforcement: avoid any therapeutic moves that normalise or rehearse methods (no detailed narratives of attempts). Keep questions focused on meaning, triggers, feelings, and coping, not logistics.

If risk is elevated, involve supports and psychiatry, increase session frequency, and coordinate care. Know when to hospitalise: active intent with a specific plan and available means, recent attempts, severe dissociation or psychosis, or lack of protective factors require immediate escalation. Finally, look after yourself: consult your supervisor, use peer support, and debrief after crisis work.

#### **4. How do I work with a client who labels her insomnia as trauma and fear, yet resists medication despite multiple interventions?**

You have a client who has trauma around her insomnia, and you have already worked with her inner child, fears, and various calming techniques. Despite this, she constantly labels her insomnia as trauma and expresses a fear of not sleeping.

She also has a major fear of addiction to medication. Even though her psychologist has prescribed sleeping pills, she alters her medication herself. She even got the doctor to give her antidepressants but refuses to take them. You notice her body going into a reaction during session when these topics come up.

You supported her with recorded tapping sequences and have tried multiple energy flow exercises: Finger Holds, Ear Pulling, Box Breathing, Smoothing the Governing Vessel, Sufi Heart Circles, the 5-4-3-2-1

Grounding Method, and Being Held. Despite her active mind, you notice there is a lot of overthinking and procrastination.

To address the fact that she constantly labels her insomnia as trauma and fear of not sleeping, you can gently acknowledge her experience without colluding with the label. For example, you might reflect: “I notice how strongly your body and mind react when you think about sleep. It makes sense you feel fear, and that doesn’t mean there’s something wrong with you. Let’s explore what happens in your body and mind when these thoughts come up.”

Continue to help her notice the distinction between the thoughts of trauma and her body’s physical reaction. Grounding and energy flow exercises remain important, but you may also focus on helping her observe the patterns of overthinking and procrastination, noticing them without judgment.

You can also explore her beliefs around medication gently, validating her fear of addiction while also helping her consider the benefits of support and options for safe use, without pressuring her. The focus remains on building her inner resources and her ability to notice and regulate her reactions.

**5. How can I best support a client whose body shows trauma responses and who prefers stillness and grounding over active tapping or questioning?**

You demonstrated strong trauma-informed practice by noticing the client’s bodily cues. When you saw tightness and shivering while

recalling childhood memories, you correctly chose to pause active tapping or questioning. Always follow the client's body first; the body often knows what the mind is not ready to process.

Choosing coherent breathing, grounding, and holding in agency rather than rushing into active techniques was appropriate. When the inner child is quiet or unwilling to talk, prioritise stillness and containment over active interventions. Even short periods of grounding or breathwork can produce deep healing.

Self-awareness of the impulse to push questions or tapping is important. Notice your own urges to "do more" and consciously pause. This prevents retraumatisation and reinforces safety. You observed patterns in the client's thinking, such as expecting the worst even when results were normal, and linked these to trauma history. Track these patterns and gently explore them, using them as entry points for future trauma processing while keeping interventions resource-focused.

Even though you may worry that a session of "just breathing for 20 minutes" is insufficient, the client's response shows its effectiveness. Validate the power of simple presence, grounding, and stillness. Healing often occurs in these quiet, held moments rather than through active techniques.

Start by checking the client's bodily state before deciding on a technique. Prioritise safety, grounding, and inner child containment if there is visible distress. Use observation of patterns (like expecting the worst) as gentle exploration points without pushing the client. Record sequences or techniques that help them regulate and refer to them in

future sessions. Reflect on your own impulses to “do more” to ensure interventions remain client-led. By following these steps, you can support clients to process trauma safely, honour their readiness, and allow meaningful healing even in sessions that feel “quiet” or “still.”

## **6. How do I help a client with layered trauma whose initial shutdown shifts into persistent anger, beyond basic release techniques?**

When working with a client who is holding onto anger as part of layered trauma responses, begin by validating and normalising their anger. Reflect to the client that anger is a natural response to trauma and serves as a protective signal from their system. This acknowledgement helps them feel safe to access and release the anger without shame. Before exploring the anger deeply, focus on containment. If the anger is intense or persistent, help the client anchor themselves using grounding techniques. This could involve coherent breathing, orienting to the room, or inner child containment. Ensuring the client feels contained allows them to engage with the emotion without becoming overwhelmed.

As you explore the anger, proceed gradually. Ask questions such as, “Where do you feel this anger in your body?” or “What does this anger want you to know?” You might also invite the client to imagine the anger speaking, asking, “If this anger could speak, what would it say?” Allow the client to respond physically, emotionally, or verbally, following their pace and cues. Encourage safe physical expression to help release the fight energy. Beyond techniques like pillow punching, you might guide

the client through movement, stamping, or gentle shaking. These methods help the body discharge tension while keeping the expression safe and contained.

Throughout sessions, track patterns in the client's anger, noting triggers, intensity, and persistence. This ongoing observation helps you identify unresolved trauma layers or core beliefs that fuel the fight response, informing future sessions. Finally, integrate reflective processing after the release. Encourage the client to reflect on what surfaced, linking the anger to past experiences in a contained and supportive way. This allows them to gradually integrate the fight response into their healing without retraumatisation.

## **7. How do we help a client gain agency when cultural beliefs—such as 'it's not okay to love yourself'—deeply influence their experiences and responses in therapy?**

When helping a client gain agency in the context of cultural beliefs—such as “it's not okay to love yourself”—it is important to begin with openness and humility. A simple way is to ask the client directly about their culture, instead of assuming what it means for them.

The practitioner can pre-frame this by saying: “I may not be as familiar with the culture you're from.” Even when the practitioner and client share a similar background, culture is never one fixed reality. One person may carry multiple cultural identities at once, such as being shaped by both Indian and British influences.

Within a single country, cultures also differ state by state—Karnataka may be very different from Uttar Pradesh. And with intercaste or interstate marriages, entirely new cultural blends can emerge. This highlights that culture is always diverse and personal, even within shared labels.

The practitioner can then invite the client to guide the process: “What works in your culture? How would you like me to communicate with you?” This restores the client’s agency by giving them choice and voice in how therapy unfolds. It also helps to acknowledge sensitivity and fallibility.

The practitioner can share: “If at any time I ask a question or share something that lacks sensitivity, I want to say sorry right now. Would you please pause me and correct me?” This respectful stance communicates to the client that they are the authority on their culture and experiences, and that their feedback is welcome.

In this way, agency is supported by:

- A. Asking the client how cultural beliefs show up in their life.
- B. Offering them a choice in how communication happens.
- C. Allowing them to correct or guide the practitioner if cultural sensitivity is missed.

This balance of humility, curiosity, and openness ensures cultural beliefs are not barriers, but pathways for clients to step into their own power in therapy.

**8. Is there a way to prepare ourselves or clients in advance for the loss of ageing or ill parents, so that old, seemingly reconciled grief or emotional triggers don't resurface unexpectedly when the loss happens?**

Yes, there is a way, and it depends on the client. If the client approaches and wants to explore anticipatory grief, then that's okay. Anticipatory grief can happen when the person hasn't yet passed but there is fear or anxiety because a family member has been diagnosed with an illness, and there is an awareness that at some point the person will leave their physical body.

If that's what the client is asking, we can work with it. What is more challenging is if a client comes to you with another theme, like confidence, and only brings up the loss in passing. If they don't directly say, "I want help preparing for my parent's death," then we can't do much at that stage, because it's not something they are actively wanting to explore.

In those cases, you can gently ask questions to gauge where they're at — for example, "You mentioned your parents have moved into a home. How do you feel about that?" or "What's the relationship you would like with them between now and when they're no longer here?" This

approach also applies in other contexts like separation, divorce, or leaving a narcissistic relationship.

Even when a relationship has been toxic, people often still grieve its loss, because the familiarity — even if unhealthy — has been a part of their lives. Clients may need gentle questions about what life might look like without the toxicity or the drama they had become used to. From lived experience, preparation is possible, but grief will still unfold in its own way.

For example, even when a family knew in advance that a parent's time was short, and they had worked through anticipatory grief, when the actual passing happened, they were still not fully ready. There was relief that the suffering had ended, but also fresh grief, anger, and emotional turmoil that needed to be processed after the loss. The difference in grief can vary depending on the relationship and the quality of closure before death.

For one parent, where there had been months of love and no suffering, grief was lighter. For the other, where there was suffering, pain, and unresolved feelings, grief was much harder. So, yes, clients can use personal peace processes, tapping, and anticipatory grief work to prepare.

But it's important to accept that whatever comes at the time of loss will come, and there is no way to completely bypass grief. Preparation helps, but the lived grief will still need to be felt and worked through when the loss actually happens.

## **MODULE 7 TRAUMA REVERSE QUESTIONS & ANSWERS 22<sup>ND</sup>**

**SEPTEMBER 2025**

### **MAIN TOPICS COVERED:**

#### **1. What is the Dark Night of the Soul and what are its key characteristics?**

The Dark Night of the Soul is a profound spiritual and existential crisis where individuals experience a deep disconnection from meaning or self. Its key characteristics include:

- A. Spiritual emptiness: Loss of connection to faith, God, or higher meaning.
- B. Identity dissolution: Feeling like “I don’t know who I am anymore.”
- C. Existential despair: Questioning life’s purpose and meaning.
- D. Emotional collapse: Intense grief, numbness, or hopelessness.
- E. Loss of joy: Activities or relationships that once nourished no longer do.

This crisis, often triggered by loss or trauma, feels overwhelming but can lead to transformation with compassionate support.

## 2. What principles should guide exploration of the Dark Night of the Soul?

Exploring the Dark Night of the Soul requires sensitivity and care. Key principles include:

- A. Safety in the unknown: Honour the process without pushing for resolution.
- B. Gentle pacing: Clients may feel fragile; avoid overwhelming with positivity or advice.
- C. Normalisation: Affirm that this is a recognised spiritual crisis, not a personal failing.
- D. Compassionate witnessing: Be a steady, non-judgemental presence.
- E. Integration: Focus on meaning-making, not bypassing pain.

These principles ensure a supportive environment for clients to navigate their journey.

## 3. How can practitioners support clients experiencing the Dark Night of the Soul?

Supporting clients through the Dark Night of the Soul involves creating a safe, grounding space. Key approaches include:

- A. Grounding: Orient clients to body and breath to reduce overwhelm, using Energy Flow® techniques like finger-hold breathing.
- B. Validation: It makes sense that you feel empty — this is part of the soul's deep transformation. Containment: Avoid rushing toward answers; allow them to be in the liminal space.

- C. Agency: Invite them to notice what small rituals, practices, or relationships still feel supportive.

These methods empower clients while honoring their process.

#### **4. What questions should guide a treatment plan for someone in the Dark Night of the Soul?**

A treatment plan for the Dark Night of the Soul should include thoughtful questions to explore the client's experience and foster healing:

- A. What does life feel like to you right now?
- B. Where do you notice emptiness or heaviness in your body?
- C. What meaning or beliefs feel like they've been stripped away?
- D. When you imagine being held by something greater, what arises?
- E. Is there even one small place inside that feels steady?

These questions, paired with Energy Flow® for grounding, help clients process their crisis with compassion and agency.

#### **5. What is the death and rebirth process, and how is it conducted?**

The death and rebirth process is a guided visualisation to release old identities and embrace renewal, powerful for those in the Dark Night of the Soul. It involves:

- A. Open the sacred space: Invite relaxation, regulate breath together, and set the intention of safe symbolic death and rebirth.
- B. The descent (Ego death): Guide them to lie or sit down, hands on chest, exhaling out old roles, identities, and stories.

- C. Breath & somatic release: Use long sighing exhales to deepen surrender.
- D. Crossing the threshold: Lead them to imagine drifting beyond the body, into the light, darkness, or vast awareness.
- E. Glimpse of the other side: Allow silence for them to experience ancestors, angels, guides, love, or pure awareness.
- F. The Rebirth (Return to Soul Self): Shift breath to fuller inhales, invite arms to open wide, and welcome the new luminous self; can also transition into a life purpose and rebirthing.
- G. Integration: Ground by placing feet on the earth; invite reflection with prompts: What died? What was born?
- H. Closing the ritual: Thank the ego, honour the soul, offer a symbol (stone/flower), and affirm: "You are whole."

This process requires a safe, facilitated space to ensure emotional security.

## 6. What questions can guide a treatment plan for someone experiencing the Dark Night of the Soul?

Crafting a treatment plan for the Dark Night of the Soul involves asking thoughtful questions to explore the client's experience, fostering **meaning-making** and **agency** while addressing **spiritual emptiness**, **identity dissolution**, **existential despair**, **emotional collapse**, and **loss of joy**. Key questions include:

- A. What does life feel like to you right now? (Uncovers emotional and existential state.)

- B. Where do you notice emptiness or heaviness in your body?  
(Grounds them in somatic awareness.)
- C. What meaning or beliefs feel like they've been stripped away?  
(Addresses spiritual and existential loss.)
- D. When you imagine being held by something greater, what arises?  
(Explores connection to higher meaning.)
- E. Is there even one small place inside that feels steady? (Identifies resilience or hope.)

These questions, asked with **compassionate witnessing**, validate the client's pain—"It makes sense you feel this way." Use **gentle pacing** to avoid overwhelm, pairing with ENERGY FLOW® for **grounding**. For example, if a client feels heaviness in their chest, guide finger-hold breathing there. **Containment** ensures they're not rushed into answers, allowing them to sit in the **liminal space** while uncovering supportive rituals or insights.

## 7. How can Energy Flow® techniques support someone navigating the Dark Night of the Soul?

Energy Flow® techniques are gentle yet powerful tools to help manage the overwhelming emotions of the Dark Night of the Soul by soothing the nervous system, which is often in overdrive. Practices like finger-hold breathing—holding each finger while breathing deeply—can quickly calm anxiety or panic. For instance, holding the thumb while inhaling and exhaling slowly can feel like an anchor. Inner ear humming, where

you focus on a soft hum resonating within, is especially effective for grounding and reducing fear, acting like a reset for spiralling thoughts. These techniques are accessible even in deep despair, requiring minimal energy. Someone might start with a few minutes of breath awareness, inhaling into tense areas like a tight chest and exhaling to release. Over time, progressing to humming or light movement shifts stuck energy. For example, a client might notice a slight easing of chest tightness after a session. Energy Flow® doesn't erase pain but offers a lifeline, fostering a sense of control. Combine with practices like EFT for deeper healing, and encourage self-compassion—small, inconsistent efforts are enough to rebuild resilience.

#### **8. What's the difference between the 'Who Am I' experience and the death and rebirth process, and how are they applied?**

The 'Who Am I' experience is a meditative journey to connect with your source energy—the core essence beyond roles or identities. It fosters a sense of unity with something greater, often bringing peace or clarity, and is used to anchor someone during confusion. In contrast, the death and rebirth process is a deeper visualisation, akin to astral travelling, where one imagines leaving the body to explore life's purpose or gain perspective. It involves letting go of old patterns or identities (symbolic death) to create space for renewal (rebirth). For example, a client might visualise drifting into a vast awareness and returning with insight about their direction.

The 'Who Am I' practice is gentler, ideal for fostering connection, while the death and rebirth process suits those ready for existential exploration. Both require a safe space, but the latter needs extra care—facilitators must ensure emotional safety, checking readiness and guiding gently to avoid overwhelm. The process follows a structure: **open the sacred space** with relaxation and breath; **descent (ego death)** by exhaling old identities; **breath and somatic release** with sighing exhales; **crossing the threshold** to imagine drifting beyond the body; **glimpse of the other side** to experience guides or awareness; **rebirth** with fuller breaths and open arms; **integration** by grounding and reflecting on what died or was born; and **closing the ritual** by honoring the soul.

#### 9. Is the death and rebirth process suitable for everyone, particularly those who've experienced recent loss or suicidal thoughts?

The death and rebirth process can be transformative for those in deep despair, like during grief or suicidal thoughts, as it mirrors their emotional state—acknowledging the “death” of hope while guiding toward renewal. By visualising a crossing over and return, it offers agency, helping someone see beyond pain. For example, a client might feel empowered by choosing to “return” with a new perspective. However, it's not universally suitable. For those with recent loss or fragility, the imagery of “death” could be triggering. Always check emotional readiness beforehand, asking about recent losses or vulnerabilities. If there's hesitation, adapt with lighter practices like

Energy Flow® or skip it. Safety is key—assign someone to hold space, monitor the group, and follow the client’s pace, ensuring they feel supported and in control.

### **10. How should a facilitator prepare a group for a visualisation like astral travelling or crossing over?**

Preparing a group for a visualisation like astral travelling or the death and rebirth process requires a safe, supportive environment. **Safety in the unknown** is critical—explain that it’s an exploration, not a requirement, and experiences vary (vivid imagery or just relaxation). Start with **gentle pacing**, using grounding exercises like deep breathing or Energy Flow® techniques (e.g., finger-hold breathing) to settle the nervous system. For example, guide participants to place hands on their heart for comfort. Assign trusted individuals to oversee the group, ensuring everyone’s wellbeing without interfering unless needed. Emphasise **normalisation**—affirm that varied responses are part of this recognised spiritual process, not a failing. Use **compassionate witnessing** by staying present without pushing for outcomes, saying, “It’s safe to explore, and you can return anytime.” Guide gently during the visualisation, allowing silence for personal experiences. Afterwards, facilitate **integration** by grounding with feet on the earth and reflecting on prompts like, “What felt meaningful?” If emotions arise, offer

support through breathing or one-on-one check-ins, ensuring everyone feels seen and held.

### **11. How does Emotional Freedom Technique (EFT) assist in addressing the Dark Night of the Soul?**

Emotional Freedom Technique (EFT), or tapping, calms the emotional turbulence of the Dark Night of the Soul by releasing stuck energy through meridian points. It involves tapping while verbalising feelings, like “Even though I feel hopeless, I accept myself.” This acknowledges emotions like despair or fear, reducing their intensity. For example, tapping on the collarbone while saying, “I’m scared I’ll never feel better,” helps process emotions somatically, grounding the person. EFT is particularly effective for looping thoughts or overwhelming anxiety, common in this crisis. It might feel repetitive initially, but daily tapping creates space for clarity. For instance, a client might tap for five minutes and notice a slight easing of panic. Combine with Energy Flow® or inner child work for deeper impact. **Validation** is key—affirm, “It makes sense you feel this way; this is part of your soul’s transformation.” Guide clients gently, ensuring they feel safe to express raw emotions, and avoid rushing answers, allowing them to sit in the **liminal space** of transformation.

### **12. How does inner child work contribute to healing from existential crises like the Dark Night of the Soul?**

Inner Child Matrix (ICM) reconnects individuals with younger selves holding unresolved pain, which often surfaces during the Dark Night of the Soul. This crisis unearths wounds like abandonment or betrayal from childhood, contributing to feelings of emptiness or identity loss. ICM involves dialoguing with these younger parts, offering love or safety they lacked. For example, visualising a scared five-year-old self and asking, “What do you need?” might lead to offering comfort, like imagining holding their hand. This can release grief or uncover strengths, restoring wholeness.

During a crisis, ICM anchors someone to their core self, countering the sense of “I don’t know who I am.” For instance, a client might realise their fear of connection stems from early rejection, allowing them to rewrite that narrative. If too intense alone, a facilitator can provide safety. **Containment** is crucial—don’t rush answers; let the client sit with what arises. Combine with Energy Flow® for grounding. This work nurtures fragmented parts with compassion, helping clients emerge more integrated and resilient.

### **13. What if a client struggles to visualise the ‘other side’ during the death and rebirth process?**

It’s normal for clients to struggle with visualising the ‘other side’ during the death and rebirth process—some see vivid landscapes, others feel silence or nothing, and all are valid. **Normalisation** is key—reassure them, “There’s no right way; just notice what comes up, even if it’s quiet.” If visualisation is hard, guide them to focus on sensations or

emotions, asking, “What do you feel in your body?” This keeps them engaged without pressure. For example, a client might feel a subtle warmth, which is enough.

The absence of imagery can be an insight—perhaps they’re not ready, or the process is unfolding subtly. **Compassionate witnessing** helps—stay present without pushing for outcomes. After, ground with Energy Flow® techniques like finger-hold breathing or placing feet on the earth, and reflect with prompts like, “What died? What was born?” Check in to process their experience, validating any frustration. **Agency** is vital—remind them they’re in control and can try lighter tools if needed, trusting their unique journey.

#### **14. Why is practitioner self-awareness critical when working with heavy topics like the Dark Night of the Soul?**

Practitioner self-awareness is essential to hold a clear, compassionate space for clients navigating the Dark Night of the Soul. Heavy topics can trigger your own unresolved emotions, which, if unaddressed, might lead to projecting or rushing clients toward resolution. For example, a client’s despair might echo your own past pain, causing discomfort that clouds your presence. Self-awareness helps you recognise these triggers through practices like journaling or personal Energy Flow® sessions, ensuring you stay centred.

Regular self-care, like humming or tapping, prevents burnout and keeps you grounded. For instance, after a heavy session, five minutes of finger-hold breathing can reset your energy. This work deepens empathy—you

understand the client's pain through your own reflection, building trust. **Compassionate witnessing** means showing up with humility, not imposing your narrative. By tending to your emotional edges, you create a safe space where clients can explore their **liminal space**, knowing their process is honoured without judgement.

### 15. What are the signs that someone is beginning to emerge from the Dark Night of the Soul?

Emerging from the Dark Night of the Soul is gradual, marked by subtle shifts. Signs include a flicker of hope, like enjoying a small moment (a sunrise or a kind word), or renewed energy for activities like a short walk. Physically, sleep or appetite may improve, easing the weight of **emotional collapse**. Emotionally, there's a softening—acceptance of the unknown or a willingness to explore meaning, countering **existential despair**. Spiritually, a connection to faith or purpose might return, even faintly, addressing **spiritual emptiness**.

For example, a client might journal about a newfound sense of choice, indicating a shift from **identity dissolution**. **Integration** involves **meaning-making**—reflect on these shifts through prompts like, “What feels different now?” Affirm progress gently, saying, “I notice you're engaging more; that's powerful.” Avoid rushing them out of the **liminal space**; celebrate resilience without minimising their journey. These small signs weave into deeper transformation, restoring **joy** over time.

## 16. How can breathing techniques help someone feeling trapped in hopelessness during the Dark Night of the Soul?

Breathing techniques, like those in Energy Flow<sup>®</sup>, are a lifeline for someone trapped in the hopelessness of the Dark Night of the Soul, addressing **emotional collapse** by calming the nervous system. Finger-hold breathing—holding each finger while inhaling deeply and exhaling slowly—soothes anxiety. For example, holding the thumb for a minute can feel grounding. Circular breathing, with open-mouth inhales into tense areas (like a knotted stomach) and sighing exhales, releases trapped energy, easing **spiritual emptiness**.

These are accessible even in despair—five breaths can create a pause in the storm. **Grounding** orients clients to their body, reducing overwhelm. For instance, a client might notice a lighter chest after breathing.

Encourage small steps without pressure for consistency; **validation** like, “It makes sense you feel heavy—this is part of your transformation,” is key. Pair with touch, like hands on the heart, to amplify calm. These practices build **agency**, reminding clients of their inner resources to navigate the crisis.

## 17. What’s the best way to handle fear that arises during spiritual processes like the death and rebirth visualisation?

Fear during processes like the death and rebirth visualisation is natural, as they touch existential themes. **Compassionate witnessing** involves welcoming fear without judgement—tap on EFT points while saying, “Even though I’m scared, I’m safe.” For example, tapping on the wrist

while acknowledging fear of the unknown can soften its grip. **Grounding** with hands on the heart or slow nasal inhales and mouth exhales calms the nervous system. **Validation** like, “It makes sense to feel scared; this is deep work,” reassures clients.

If fear overwhelms, pause and affirm **agency**—“You’re in control; we can stop anytime.” Reflect on the fear’s role, perhaps asking, “What’s this protecting?” This invites insight without forcing change. For facilitators, stay present, using ENERGY FLOW® to ground yourself. Over time, fear reveals gifts, like courage. **Containment** ensures the client isn’t rushed—let them sit in the **liminal space**, trusting their process unfolds safely.

### 18. Can the Dark Night of the Soul occur multiple times, and how might it differ each time?

Yes, the Dark Night of the Soul can recur, as life’s transitions trigger new layers of existential questioning, manifesting as **spiritual emptiness**, **identity dissolution**, or **existential despair**. A first Dark Night might follow a personal loss, feeling like raw grief, while a later one, perhaps from a career shift, might bring quieter questioning of purpose. Each differs in intensity or focus—later experiences may feel less overwhelming with tools like Energy Flow® or EFT, which address **emotional collapse**.

View each as growth, not failure, shedding outdated identities.

**Normalisation** helps—affirm, “This is a recognised spiritual process.” For example, journaling past Dark Nights can reveal resilience, countering **loss of joy**. Support with **gentle pacing**, using Energy Flow® to ground,

and **integration** through reflection on new meanings. Each journey is unique, deepening authenticity and purpose over time.

### **19. How can someone integrate learnings from a Dark Night of the Soul into daily life?**

Integrating learnings from the Dark Night of the Soul is a gentle process requiring **meaning-making** to counter **spiritual emptiness** and **existential despair**. Journal insights with prompts like, “What truths emerged?” to anchor shifts. For example, noting newfound courage addresses **identity dissolution**. Daily Energy Flow® practices, like five minutes of finger-hold breathing, maintain grounding, easing **emotional collapse**. Practise gratitude for small joys—a warm meal or a smile—restoring **loss of joy**.

Nourish with healthy food, rest, and movement to support emotional processing. Share insights with trusted others if comfortable, but honour privacy. Gentle pacing avoids rushing—small rituals, like lighting a candle, foster agency. Over time, these acts weave transformation into life, reshaping identity with authenticity. Compassionate witnessing of your journey ensures learnings unfold naturally, building a richer existence.

## **MODULE 8 TRAUMA REVERSE QUESTIONS & ANSWERS 23<sup>RD</sup>**

**SEPTEMBER 2025**

### **MAIN TOPICS COVERED:**

#### **16. Why is a trauma history important?**

Understanding a client's trauma history is a vital part of overall healing. Trauma often shapes how a person experiences the world, copes with stress, and relates to others. By exploring this history with care, practitioners gain valuable insights into the roots of present challenges and the pathways to healing.

Taking a trauma history helps the practitioner understand:

- A. The client's presenting issues and symptoms.
- B. Possible roots in childhood or past experiences.
- C. Patterns of coping (fight, flight, freeze, fawn).
- D. The client's current support systems and resources.

Unlike a medical history, however, a trauma history must be approached with sensitivity and pacing. The focus is not on

collecting every detail, but on gently mapping areas that may need healing, while always safeguarding the client's sense of safety and empowerment.

In essence, a trauma history is less about facts and more about understanding the client's story in context. When taken with compassion and care, it becomes a tool for guiding the healing journey—helping the practitioner support the client in moving from survival patterns toward greater resilience and wellbeing.

### **17. What is the purpose of a trauma intake?**

A trauma intake is more than filling out forms or collecting background details. It is the first step in building a safe and supportive client-practitioner relationship.

- A. Goes beyond information gathering.
- B. Helps establish safety, trust, and collaboration from the very beginning.
- C. Recognises that a rushed or overly clinical intake can feel triggering for trauma survivors.
- D. When done well, it sets the tone for a safe and healing journey.

The true purpose of a trauma intake is not paperwork—it is to create the foundation for healing. By approaching intake with sensitivity and care, the practitioner signals to the client: “You are safe here, and we will walk this path together.”

## **18. What are the principles of a trauma intake?**

A trauma-informed intake requires more than gathering background information. It is about creating a foundation of trust and safety so that the client feels supported from the very first session. The following principles guide this process:

- A. Safety before story: Prioritise regulation and rapport over collecting facts.
- B. Client choice: Empower clients to decide what, how much, and when to share.
- C. Curiosity, not interrogation: Ask open, gentle questions without pressure.
- D. Focus on impact, not detail: Explore how experiences shaped them rather than graphic events.
- E. Resource throughout: Balance difficult questions with grounding and strengths.
- F. Compassionate presence: Your tone, pacing, and attunement matter more than any form.

By following these principles, intake becomes less about filling boxes and more about building a relationship of trust and safety. This sets the stage for deeper healing, ensuring the client feels respected, resourced, and empowered right from the start.

## **19. What is the intake process: step by step?**

A trauma-informed intake is not just about gathering facts. It is a gentle

unfolding process that builds safety, trust, and clarity while honouring the client's pace. Below is a step-by-step guide to conducting intake with sensitivity and presence.

A. Welcoming & setting the container:

- Begin with warmth and regulation (breathing, grounding, or light conversation).
- Script: This is your space. You can share as much or as little as feels right. We'll go at your pace.
- Explain confidentiality and consent clearly.

B. Presenting concerns:

- Ask: What feels most important for you to work on right now?
- Explore current symptoms (anxiety, sleep, pain, flashbacks, relationship difficulties).
- Avoid rushing to a "diagnosis" — listen for themes and language the client uses.

C. Mapping trauma history (lightly):

- Use broad, non-invasive questions:
  - I. Were there times in childhood when you felt unseen, unsafe, or unloved?
  - II. Have there been experiences in life that felt overwhelming or too much?

- Focus on categories (loss, neglect, betrayal, accidents, abuse) rather than details.
- Note patterns, not events.

D. Current coping & supports:

- Ask about resources: What helps you feel safe or calm when you're stressed?
- Explore support networks: Who do you turn to when you need comfort?
- Identify strengths, hobbies, spirituality, or practices they already use.

E. Body & nervous system awareness:

- Ask: When stress or trauma shows up, how does it feel in your body?
- Notice signs of dysregulation during intake (shallow breath, fidgeting, freeze).
- Gently resource if needed (pause, grounding exercise).

F. Medical & psychological care:

- Explore current treatments, medication, or diagnoses with sensitivity.
- Clarify if they are under psychiatric care or other therapies (collaborative care).

G. Client's goals & vision:

- Ask future-oriented questions:
  - I. If healing were possible, what would life look like for you?
  - II. How would you feel in your body if trauma no longer weighed you down?
- This anchors hope and begins shaping direction for the work.

The intake process is not a checklist to complete, but a relationship-building journey. By moving step by step—with presence, pacing, and compassion—you create a container of safety where healing can begin to unfold.

## **20. How to carry out a sample session flow (90 min intake)?**

A 90-minute intake session provides enough time to build safety, gather essential information, and set the tone for future work. The following flow balances structure with flexibility, ensuring that the client feels supported and not rushed.

- A. 0–15 min: Welcome, grounding, confidentiality, agenda.
- B. 15–40 min: Presenting concerns + current symptoms.
- C. 40–65 min: Trauma history (light mapping) + coping patterns.
- D. 65–80 min: Supports, resources, body awareness, goals.
- E. 80–90 min: Summarise, validate client's courage, explain next steps.

This sample flow offers a roadmap for intake, while leaving space for the practitioner's intuition and the client's pace. By ending with affirmation and clarity, the session closes on a note of safety, hope, and collaboration.

## **21. How to close the intake?**

Closing an intake session thoughtfully is just as important as the opening. It ensures the client leaves feeling safe, grounded, and supported, rather than overwhelmed or uncertain.

- A. Always end with grounding: Breathwork, safe place visualisation, or body awareness.
- B. Summarise strengths: I hear how much resilience you've carried through difficult times.
- C. Explain the path forward gently:
  - Map out a treatment plan.
  - Explain that the sessions will happen step by step.
  - At the client's pace.

A thoughtful closing reinforces safety, validates the client's courage, and plants seeds of hope. It ensures the client leaves the session feeling resourced, supported, and clear about the journey ahead.

## **22. What includes the practitioner checklist during intake?**

An intake with a trauma client is more than completing forms—it is the first step in the healing journey. When approached with safety,

compassion, and empowerment, the intake itself becomes the first healing intervention.

- A. Did I establish safety and choice from the start?
- B. Did I pace according to the client's nervous system?
- C. Did I balance difficult questions with resourcing?
- D. Did I avoid unnecessary detail or retraumatisation?
- E. Did I validate the client's strengths and resilience?

Using this checklist ensures the practitioner remains present, attuned, and trauma-informed throughout intake. It transforms the session from a procedural step into a healing-oriented experience, setting a strong foundation for all future work.

### **23. What is a trauma history questionnaire?**

A trauma history questionnaire (THQ) is a structured tool designed to help practitioners gather essential information about a client's life experiences, symptoms, and support systems in a trauma-informed and sensitive way.

Unlike a standard medical intake, the THQ:

- A. Focuses on patterns and impacts rather than graphic details.
- B. Prioritises safety, pacing, and client choice at every step.
- C. Balances exploration of trauma with resources, strengths, and grounding practices.
- D. Serves not only as an assessment tool but also as the first step in healing.

- E. The questionnaire is divided into sections that guide the process:
- F. Presenting concerns – Why the client is seeking support, current symptoms.
- G. Early life experiences – Childhood environment, caregivers, feelings of safety or neglect.
- H. Significant life events – Loss, harm, betrayal, accidents, or health-related trauma.
- I. Trauma patterns & responses – Coping styles (fight, flight, freeze, fawn), body sensations, triggers.
- J. Current life & supports – Sources of emotional support, coping practices, or stress behaviours.
- K. Health & care – Current treatments, medications, mental health conditions, and medical history.
- L. Client's goals & hopes – Desired changes, vision of healing, what wholeness means personally.
- M. Practitioner notes – Observations, coping strategies, regulation, signs of overwhelm.

The trauma history questionnaire is not about extracting every detail. It is a gentle, structured guide that turns intake into the beginning of the healing journey. Here's the link to the Trauma History Questionnaire (THQ): <https://vitalitylivingcollege.info/wp-content/uploads/2025/09/Trauma-History-Questionnaire-V2-22.09.2025.pdf>

## **24. What is a trauma reverse practitioner training self-assessment questionnaire?**

The trauma reverse practitioner training self-assessment questionnaire is a structured reflection tool that helps practitioners evaluate their competency across multiple domains. It is designed to support professional growth, ethical practice, and self-awareness. By rating yourself honestly, you can identify strengths, celebrate progress, and highlight areas needing further development. The questionnaire also encourages practitioners to balance technical expertise with compassion, organisation, and integrity — ensuring client safety and healing remain central.

- A. **Organisational skills:** Organisational skills are essential for running professional and effective sessions. This includes sending clear invitation messages and appointment letters to set the tone, using intake forms and consultation calls to gather information, and managing time so sessions flow naturally. Accurate documentation and strict data protection ensure client information is safe, while self-care and celebrating client progress help maintain practitioner wellbeing and sustain motivation.
- B. **Interpersonal skills:** Strong interpersonal skills create a safe, supportive, and empowering environment for clients. Maintaining boundaries, being non-judgmental, and practising non-discrimination are crucial for trust. Empathy, active listening, and motivating clients foster connection and validate their

experiences. Observing cues carefully and asking gentle, open questions enhances understanding, while safeguarding and self-awareness protect both client and practitioner during sessions.

- C. Developmental skills: Developmental skills support continuous professional growth and competence. Seeking guidance, engaging in professional groups, and applying learnings from training strengthen skillsets. Practising EFT, ICM, and Energy Flow<sup>®</sup> techniques regularly ensures proficiency, while balancing self-care and personal peace helps maintain resilience, focus, and effectiveness in trauma-informed practice.
- D. Technical skills trauma reverse practitioner: Technical skills equip practitioners to work confidently with trauma-specific challenges. This includes addressing sensitive topics such as verbal abuse, domestic violence, sexual abuse, suicide, grief, and dark night of the soul experiences. Integrating methods like EFT, ICM, and Energy Flow<sup>®</sup> allows sessions to flow smoothly and supports clients' healing processes effectively.
- E. Ethical principles: Ethical principles ensure safe, professional, and respectful practice. Prioritising client welfare and confidentiality protects clients, while collaboration and credibility strengthen practitioner integrity. Empowering clients, encouraging engagement, and maintaining professional conduct through informed consent, non-solicitation, and certification renewal guidelines uphold the highest standards of trauma-informed care.

F. Working professionally: Working professionally involves integrity, accountability, and adherence to standards. Practitioners must operate within their competence and provide a safe, supportive environment. Compliance with local laws and insurance requirements demonstrates responsibility, while ethical marketing and avoiding medical or psychological diagnoses protect clients. Collaboration, making appropriate referrals, and maintaining secure records ensure client safety and foster trust in the practitioner's practice.

In essence, the questionnaire is not just an evaluation form — it is part of the practitioner's learning journey. It provides structure for continuous growth, guides practitioners to seek support where needed, and reinforces ethical, safe, and empowering practice. By engaging with it sincerely, practitioners strengthen both their professional capability and their ability to hold a healing space for clients. Here's the link to the Trauma Reverse Practitioner Training Self-Assessment Questionnaire: <https://vitalitylivingcollege.info/wp-content/uploads/2025/09/Trauma-Reverse-Self-Assessment-Questionnaire-23.09.2025.pdf>

## **25. What is the questions mastery self-assessment questionnaire?**

The questions mastery self-assessment questionnaire is designed to help therapists reflect on their skills in holding space, asking effective questions, applying therapeutic techniques, and navigating client challenges. By honestly evaluating strengths and areas for growth,

practitioners can enhance their presence, intuition, and overall effectiveness in guiding clients through trauma-informed or therapeutic sessions. This tool supports continuous professional development while ensuring client safety, trust, and empowerment.

- A. The therapist's energy: A therapist's energy sets the tone for the entire session. Holding space with calm, focused attention allows clients to feel safe and supported. Presence ensures you are fully attuned to the client's needs, while silence provides room for reflection and processing. Intuition guides therapists to notice subtle cues, adjust pacing, and respond sensitively to emotional or somatic signals.
- B. Questioning skills: Effective questioning is central to understanding and guiding clients. Using W questions (who, what, where, when, why) uncovers key context, while open questions encourage exploration and closed questions gather specific information. Specific and funnel questions help narrow focus, and probing, recall, and hypothetical questions deepen insight. Recap, reassurance, and acknowledgement reinforce understanding, validate the client, and maintain trust throughout the session.
- C. Therapeutic skills: Therapeutic skills enable a practitioner to support clients across emotional and physical challenges. This includes working with emotions such as anger, anxiety, depression, fear, grief, and loss. It also involves addressing issues related to illness, health, relationships, physical pain, self-worth,

shame, stress, and trauma. Practitioners must combine empathy, presence, and skill to help clients process and integrate these experiences safely.

- D. Navigating challenges: Clients may present with patterns that complicate progress. Navigating challenges requires recognising and responding to resistance, numbness, emotional shutdown, overthinking, looping stories, emotional flooding, defensiveness, and discomfort with stillness. Therapists must manage projection, transference, boundary testing, avoidance, conflicting inner parts, lack of somatic awareness, and stuckness. Additional challenges include therapist triggers, client desire for quick fixes, difficulty building rapport, distrust, minimising pain, and challenges in articulating feelings. Skillful navigation of these dynamics ensures the session remains safe, supportive, and productive.

This self-assessment is not about perfection but about reflective growth. By evaluating energy, questioning, therapeutic skills, and the ability to navigate challenges, therapists can identify strengths to leverage and areas for development. Regular use of this tool enhances professional competence, deepens client connection, and ensures trauma-informed, ethical, and effective practice. Here's the link to the Questions Mastery Self-Assessment Questionnaire: <https://vitalitylivingcollege.info/wp-content/uploads/2025/09/Questions-Mastery-Self-Assessment-Questionnaire-23.09.2025.pdf>

## **26. What is a trauma reverse practitioner questions summary?**

The trauma reverse practitioner questions summary is a reflective guide designed to support trauma healing through Emotional Freedom Techniques (EFT) and Inner Child Matrix (ICM). It provides structured, body-based and reflective questions to help clients safely explore memories, beliefs, sensations, and patterns tied to trauma. The focus is on fostering self-awareness, emotional regulation, and compassion, while allowing clients to reconnect with their inner child and transform their relationship to past experiences.

- A. Verbal abuse: This section helps clients explore the echoes of verbal abuse from their past. Questions guide them to identify whose voice their inner critic mimics, recognise triggering words, and notice bodily sensations tied to these memories. Using EFT, clients locate where they carry the weight of verbal abuse and examine automatic responses (fight, flight, freeze, fawn). ICM prompts reflection on beliefs formed from harsh words, what the younger self would want to hear, and practices to restore safety and self-expression.
- B. Domestic violence: Clients reflect on their sense of safety at home, physical and emotional responses to conflict, and patterns of people-pleasing or avoidance. EFT helps locate memories of harm in the body and observe physiological reactions during conflict, while ICM explores underlying beliefs such as “I don’t matter” or “I’m unsafe.” Clients are invited to identify safer ways

to respond, strengthen boundaries, and cultivate awareness of lingering effects in their present life.

- C. Sexual abuse: This section focuses on bodily sensations, emotional responses, and coping patterns related to experiences of sexual abuse. EFT guides clients to notice where trauma is stored in the body, automatic responses to intimacy, and the words or silences that still resonate. ICM emphasizes beliefs tied to these experiences, what the younger self needs to hear, and strategies to reconnect safely with the body, restore trust in closeness, and practice self-kindness.
- D. Suicidal ideation: Here, clients explore moments of overwhelming despair and the bodily, emotional, and cognitive experiences that arise. EFT helps locate physical sensations tied to the urge to disappear and notice internal conflicts between wanting relief and staying alive. ICM encourages compassionate dialogue with the part of self-feeling hopeless, identifying beliefs such as “I am a burden,” and recognising small threads of safety or reasons to continue, cultivating hope and grounding.
- E. Grief and loss: This section facilitates exploration of the body’s response to absence, heavy emotions, and unfinished business. EFT identifies where grief is most strongly felt in the body and observes reactions like numbness or withdrawal. ICM guides clients to recognise beliefs about themselves (e.g., “I am alone”), reflect on what the younger self would need to hear, and find comfort or connection even amidst loss. The focus is on gentle

acknowledgement of grief and building presence and self-compassion.

- F. Dark night of the soul: Clients are invited to explore experiences of deep emptiness, loss of meaning, or despair. EFT helps locate sensations tied to heaviness or hopelessness and observe bodily responses to moments of despair. ICM explores beliefs about self and the Divine, what the struggling part of self would need to hear, and ways to reconnect with hope, grounding, and subtle shifts toward light or presence. The practice emphasises resilience, self-compassion, and noticing even small threads of inner support.

This questions summary is a tool for safe, reflective exploration of trauma. By combining EFT and ICM, it supports clients in accessing bodily sensations, beliefs, and emotional patterns while promoting empowerment and self-compassion. Therapists use these prompts to guide sessions with care, ensuring clients feel grounded, supported, and capable of reclaiming agency over their experiences. Regular use encourages healing, insight, and reconnection with the self in a trauma-informed, body-centred approach. Here's the link to the Trauma Reverse Practitioner Questions Summary: <https://vitalitylivingcollege.info/wp-content/uploads/2025/09/Trauma-Reverse-Practitioner-Questions-Summary-23.09.2025.pdf>

## **ADDITIONAL QUESTIONS:**

### **9. Do we share this form (trauma history questionnaire) with the client? Or just use it ourselves in the consultation call?**

The trauma history questionnaire is for the practitioner only—it's not shared with the client. Use it as a verbal guide during the intake to explore trauma safely, notice patterns, and ask open-ended questions. It helps structure the conversation while keeping the client comfortable, empowered, and in control of what they share.

### **10.If my client is more comfortable and expressive when writing vs talking?**

Yes, if your client feels safer or more comfortable writing, you can adapt and let them respond in writing. The key is to follow their pace and preference—the intake process is about their safety and empowerment, not rigidly following a format. You can use the questionnaire as a

prompt for written reflection, then discuss or explore what they choose to share verbally.

## **MODULE 9 TRAUMA REVERSE QUESTIONS & ANSWERS 24<sup>TH</sup>**

### **SEPTEMBER 2025**

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

##### **27. What is a client self-reflection form?**

A client self-reflection form is a supportive tool used in therapeutic and coaching settings to help clients explore their own experiences, emotions, and needs. Unlike formal assessments, this form focuses on self-expression and personal awareness, giving clients the chance to reflect on their history, current challenges, coping patterns, and hopes for healing.

It is not diagnostic but rather a guidance aid for both the client and practitioner. Clients share only what feels comfortable, maintaining full control over their process. Purpose of the Form:

A. Encourage self-awareness

- Helps clients reflect on emotions, life events, and personal history.
- Allows them to see patterns in how stress or trauma affects their lives.

B. Guide the practitioner

- Provides context for the practitioner to understand the client's needs.
- Highlights areas that may need sensitive handling or deeper support.

C. Promote safety and choice

- Reinforces that clients share only what feels safe.
- Ensures healing proceeds at the client's pace.

Sections of the form

- Why You're Here – Explores the client's immediate reasons for seeking support.
- Growing Up – Encourages reflection on childhood environment, care, and experiences.
- Life Experiences – Notes significant events such as loss, separation, or trauma.
- How Trauma Shows Up – Identifies emotional and physical reactions to stress.
- Support & Coping – Recognises sources of support, calming strategies, or unhealthy coping patterns.

- Health & Care – Records any medical care, therapy, medication, or health conditions.
- Your Hopes – Clarifies what the client wishes to gain from healing (e.g., calm, confidence, joy).

#### Why it matters

- I. Creates a foundation of trust and clarity between client and practitioner.
- II. Encourages the client to take an active role in their own healing journey.
- III. Provides a gentle, structured way to begin deeper therapeutic work.

In summary, a client self-reflection form is a safe and structured tool that allows clients to reflect on their life experiences, emotional responses, coping strategies, and hopes for healing. It supports both client empowerment and practitioner guidance in the healing process. Here's the link to the Client Self-Reflection Form:

<https://vitalitylivingcollege.info/wp-content/uploads/2025/09/Client-Self-Reflection-Form-24.09.2025.pdf>

#### **28. What are Jungian questions?**

Jungian questions are a way of accessing the unconscious through imagery, symbols, and archetypes. Rooted in Carl Jung's depth psychology, these questions are designed to open dialogue with the deeper layers of the psyche. Rather than focusing only on cognitive or

surface-level responses, they invite images, dreams, and body memories to emerge. This process allows clients to explore trauma, pain, and inner conflict in a symbolic and transformative way.

Examples of Jungian questions:

- A. When you sit with your pain, what image or symbol comes to mind?
  - The psyche speaks in images, dreams, and archetypes, making symbols a natural doorway to unconscious material.
- B. If your trauma had a voice, what would it say to you right now?
  - Giving the wound a voice externalises it and allows for dialogue with hidden parts of the self.
- C. What part of you was left behind in that experience?
  - This invites recognition of the “split-off” or dissociated self.
- D. What does your body remember that your mind tries to forget?
  - Such a question connects somatic memory to unconscious material.
- E. If this wound were a teacher, what lesson might it be offering?
  - This reframes suffering as carrying meaning and the potential for growth.
- F. Where does life still call you, even in the midst of this suffering?
  - It reorients the client toward vitality, purpose, and the Self.
- G. What is the shadow here — the part of you that was hidden, denied, or rejected?

- This brings awareness to shadow aspects formed by trauma.
- H. What dream or recurring image keeps returning to you — and how might it be guiding you?
- Dreams are seen as direct messages from the unconscious guiding the healing process.
- I. If you could re-enter that moment with the strength and wisdom you have today, what would you do differently?
- This invites re-parenting and re-imagining through active imagination.
- J. Who might you become if you were no longer defined by this wound?
- It encourages envisioning transformation and wholeness beyond trauma.

Jungian questions are not merely therapeutic tools; they are invitations to dialogue with the unconscious and reclaim lost aspects of the self. By engaging with symbols, dreams, shadow, and body memory, clients are able to reframe suffering as a source of wisdom and growth. Ultimately, these questions help individuals move from fragmentation toward integration, reconnecting with vitality, meaning, and the wholeness of the Self.

## **29. What is a case study example of working with anxiety and hypervigilance?**

Here's a clear case study example of working with anxiety and hypervigilance,

A. Client profile: A 32-year-old woman presented with constant anxiety, racing thoughts, and difficulty sleeping. She described being “on edge all the time.”

B. Process:

- Energy Flow<sup>®</sup>: Breathing, hair combing, forehead pulling, finger hold breathing to restore calm, bringing her into parasympathetic regulation.
- Began with EFT tapping for regulation. Stress level dropped from 8/10 to 4/10.
- Explored the feeling of being unsafe → traced back to childhood, where her father's anger left her in fear.
- ICM: Connected with her 7-year-old self hiding under the bed. Guided her adult self to reassure the child: “You are safe now. It's not your fault.”
- Energy Flow<sup>®</sup> & EFT used to release the fear stored in her chest.

C. Outcome: By the end of the session, her stress level was 1/10. She reported a “quietness” in her body that she hadn't felt in years.

This case illustrates how combining Energy Flow<sup>®</sup>, EFT, and ICM can help regulate anxiety, address underlying childhood trauma, and restore a sense of safety in the body. The integration of somatic release with inner child reassurance supported a lasting shift from hypervigilance to calm presence.

### **30. What is a case study example of working with grief and loss?**

Here's a structured case study example of working with grief and loss:

- A. Client profile: A 47-year-old man grieving the loss of his mother. He carried heaviness in his chest and described it as “a stone I can't move.”
- B. Process:
  - EFT tapping on “this stone in my chest.”
  - ICM: Inner child surfaced at age 10, standing at his mother's hospital bed, feeling helpless.
  - Reparenting: Adult self-embraced the child and reminded him that love remains even when the body is gone.
  - Energy Flow<sup>®</sup> mindful movement used to open the chest and heart meridian.
  - Breathwork eased tightness.

C. Outcome: He described the heaviness shifting into warmth. Left the session feeling connected to his mother's love rather than paralysed by loss.

This case illustrates how EFT, ICM, Energy Flow<sup>®</sup>, and breathwork can be integrated to address grief. By moving from somatic heaviness to emotional warmth, the client transformed his relationship with loss — carrying love forward rather than being weighed down by absence.

### **31. What is a case study example of working with chronic pain?**

Here's a clear case study example of working with chronic pain:

A. Client profile: A 55-year-old woman with chronic back pain unrelieved by medical treatments.

B. Process:

- EFT on frustration and hopelessness about the pain.
- ICM: Younger self at age 12, carrying heavy schoolbags, feeling overburdened.
- Reparenting: Adult self-affirmed, "You don't have to carry everything alone anymore."
- EFT tapping released emotions of burden and helplessness.
- Energy Flow<sup>®</sup> lymphatic stimulation and mindful movement reduced tension in the lower back and provided pain relief.

C. Outcome: Pain reduced from 7/10 to 3/10. Client reported feeling “lighter” emotionally and physically. With continued sessions, pain episodes became less frequent.

This case demonstrates how integrating EFT, ICM, and Energy Flow® can address both the emotional and physical dimensions of chronic pain. By linking present symptoms to past experiences of burden, the client was able to release stored emotions, shift her inner narrative, and find tangible relief in her body.

### **32. What is a case study example of working with sexual abuse and shame?**

Here’s a structured case study example of working with sexual abuse and shame.

A. Client profile: A 29-year-old woman with a history of sexual abuse in her late teens. She carried deep shame, pelvic tension, and avoided intimacy.

B. Process:

- Energy Flow®:
  - I. Meridian point activation along the kidney and spleen lines to release fear and restore grounding.
  - II. Breathwork into the pelvis softened locked tension.

III. Mindful movement with gentle hip opening restored a sense of agency in her body.

- EFT tapping: On “this shame in my body, this feeling that it was my fault.” Stress dropped from 9/10 to 5/10.
- ICM: Connected with her 16-year-old self, frozen in silence. Adult self-reassured her: “It was never your fault. You are safe now.” Inner child guided into a safe sanctuary.

C. Outcome: Pelvic tension released. She said, “For the first time, I feel my body belongs to me.”

This case illustrates how an integrative approach combining Energy Flow®, EFT, and ICM can address the intertwined physical, emotional, and psychological consequences of sexual abuse. By restoring grounding, releasing somatic tension, and healing inner child wounds, the client began to transform shame into self-ownership and embodied safety.

### **33. What is a case study example of working with a dark night of the soul or spiritual crisis?**

Here’s a structured case study example of working with a spiritual crisis or “dark night of the soul,”:

A. Client profile: A 41-year-old man experiencing existential despair and insomnia, saying he felt “abandoned by God.”

B. Process:

- Energy Flow®:

- I. Meridian point activation along the heart and crown pathways to reconnect to higher energy.
  - II. Breathwork with long exhale calmed the nervous system.
  - III. Mindful chest-opening movement created space for expansion and hope.
- EFT tapping: On “this emptiness, this feeling that nothing makes sense.” Stress dropped from 8/10 to 4/10.
  - ICM: Inner child (age 9) surfaced, alone in church believing he had to earn love. Adult self-held him, affirming: “You are already loved, exactly as you are.”

C. Outcome: Released tears, felt a “warm current” in his chest. Said, “I don’t feel abandoned anymore — I feel held.”

This case demonstrates how integrating Energy Flow<sup>®</sup>, EFT, and ICM can support clients experiencing spiritual crises. By addressing both somatic and emotional blocks and reconnecting with inner and higher guidance, clients can shift from despair to a sense of being held, safe, and spiritually supported.

### **34. What is a case study example of working with domestic violence and fear of conflict?**

Here’s a structured case study example of working with domestic violence trauma and fear of conflict:

A. Client profile: A 36-year-old woman, survivor of years of domestic violence. Though now safe, she was triggered by loud voices and prone to panic.

B. Process:

- Energy Flow<sup>®</sup>:
  - I. Meridian point activation along lung and stomach meridians to release fear and strengthen boundaries.
  - II. Breathwork for vagal regulation (slow rhythmic inhale/exhale) to downshift from hyperarousal.
  - III. Grounding stance mindful movement (feet rooted, spine aligned) to rebuild inner safety.
- EFT tapping: On “this fear in my chest when voices get loud.” Stress dropped from 10/10 to 6/10.
- ICM: Connected with 8-year-old self-hiding during parental fights. Adult self-soothed her: “You don’t have to hide anymore. You are safe now.” Inner child moved to a safe home in her imagination.

C. Outcome: Stress dropped to 2/10. She reported, “For the first time, I can imagine being around conflict without freezing.”

This case illustrates how integrating Energy Flow<sup>®</sup>, EFT, and ICM can help survivors of domestic violence address both the emotional and somatic imprint of trauma. Through somatic regulation, emotional release, and reparenting, clients can reclaim safety, resilience, and agency in response to previously triggering situations.

### **35. What are the core principles, and how are they applied in practice?**

Effective trauma-informed practice requires more than technical skill; it demands a framework rooted in ethics, sensitivity, and respect for the client. Core principles guide practitioners to ensure sessions are safe, supportive, and empowering, while nurturing trust and facilitating meaningful healing. The following outlines key principles and how they are applied in practice.

#### **A. Balanced and sensitive pacing**

- Always prioritise the client’s well-being over the agenda of “achieving results.”
- Gentle exposure and clearing body imprints versus reliving the trauma or unnecessary detail (strategy).
- Trust your intuition, and check your intuition with your client.

#### **B. Respect autonomy**

- Clients are the experts of their own experience.
- Offer choice at every step: Would you like to continue, or pause here?

#### **C. Confidentiality**

- Protect client information with utmost care.
- Only share with supervision or legal necessity, never casually.

#### **D. Informed consent**

- Explain methods clearly before beginning.

- Ensure the client understands what the process involves and feels free to decline.

#### E. Competence

- Practise only within the scope of your training.
- Refer to medical or psychological professionals when needed.

Applying these principles consistently ensures that trauma work is ethical, safe, and client-centred. Balanced pacing, respect for autonomy, confidentiality, informed consent, and professional competence collectively build trust, empower clients, and support meaningful transformation while maintaining practitioner integrity.

### **36. What are the process steps for conducting practice sessions?**

Effective practice sessions require careful planning, clear communication, and structured follow-up. Following a systematic process ensures the participant's needs are met while maintaining professional standards and self-care for the practitioner.

- A. Send the invitation message: Start by inviting the client to join the program or session.
- B. Send the transformation program intake form: Provide a form to collect background details, goals, and expectations from the participant.

- C. Acknowledge, book the consultation call, and review the Intake Form: Confirm receipt of the form, schedule a consultation call, and review the information submitted.
- D. Conduct the consultation call: Speak with the participant to understand their needs, clarify expectations, and build rapport.
- E. Send the appointment letter: Share a formal confirmation of the session (date, time, details).
- F. Prepare before the appointment: Gather all required materials, resources, and session plans in advance.
- G. Let the session flow & keep an eye on the time: Conduct the session smoothly, ensuring that the planned agenda is covered within the allocated time.
- H. Briefly document the session: Note key outcomes, challenges, and any follow-up actions from the session.
- I. Self-care after the session: Take time for relaxation and recovery to avoid burnout.
- J. Celebrate: Acknowledge the completion of the session and celebrate the progress made.

Following these steps ensures that practice sessions are organised, client-centred, and effective. By combining preparation, structured delivery, documentation, and self-care, practitioners create a professional and supportive environment that fosters growth, learning, and meaningful transformation.

## **MODULE 10 TRAUMA REVERSE QUESTIONS & ANSWERS 25<sup>TH</sup>**

**SEPTEMBER 2025**

### **MAIN TOPICS COVERED:**

**1. How can I begin to explore deeper aspects of my client's trauma in a gentle way?**

Approaching a client's trauma requires a delicate balance of sensitivity and curiosity to create a safe, non-judgemental space. One effective way is to use carefully crafted, open-ended questions that invite reflection without overwhelming the client. For example, you might ask, "When you sit with your pain, what image or symbol comes to your mind?" or "If your trauma had a voice, what would it say to you right now?" These questions encourage clients to explore their inner world through imagery or personification, fostering a gentle connection to their

experiences. Always deliver these with a soft tone, ensuring the client feels in control of the pace and depth of exploration. It's helpful to check in regularly, perhaps asking, "Does this feel okay to explore?" to maintain trust. By creating this compassionate environment, you allow clients to uncover layers of their trauma naturally, feeling seen and supported throughout.

## **2. What might happen if parts of ourselves feel disconnected after a difficult experience?**

Experiencing disconnection after a challenging event is a common response, often leaving individuals feeling fragmented or as though a piece of themselves is missing. This can manifest as a sense of lost confidence, trust, or joy, and acknowledging this can be a comforting first step toward healing. A thoughtful question like "What part of you was left behind in that experience?" invites clients to identify these fragmented aspects—perhaps a younger self or a sense of safety—without pushing them into discomfort. In practice, you might guide them to visualise this part, offering it kindness or reassurance, which can help reintegrate it. This process requires patience, as it's about meeting the client where they are, honouring their unique journey, and gently encouraging wholeness through empathetic dialogue and trauma-informed techniques.

### **3. How does the body hold onto memories that the mind might push away?**

Our bodies often store memories of past experiences in ways our conscious minds may try to suppress, acting as a silent archive of emotions and sensations. This can show up as physical tension, chronic discomfort, or even instinctive reactions, and recognising this can bring clarity and relief. A question like “What does your body remember that your mind tries to forget?” invites clients to tune into physical cues, such as tightness in the chest or a knot in the stomach, fostering awareness of these embodied memories. As a practitioner, you might guide them to notice these sensations with curiosity, perhaps using grounding techniques like deep breathing to stay present. Always ensure the client feels safe to explore this connection, checking in on their comfort level and proceeding at a pace that feels manageable, helping to bridge the mind-body divide with care.

### **4. Can trauma be seen as something that teaches us, rather than just hurts?**

Reframing trauma as a potential teacher can be a powerful shift, though it's vital to first honour the pain it has caused, as healing begins with validation. Asking, “If this wound were a teacher, what lesson might it be offering?” encourages clients to explore growth possibilities, such as newfound resilience, self-compassion, or a deeper understanding of their strengths. Another question, “Where is life still calling you, even in the midst of this suffering?” invites them to consider how life continues

to offer purpose or connection despite the hurt. This approach should be introduced gently, ensuring the client feels ready to explore this perspective. By framing these questions with warmth and patience, you help clients see their experiences as part of a broader journey, fostering hope while respecting their emotional boundaries.

**5. What role do hidden or denied aspects of ourselves play in healing?**

Hidden or denied parts of ourselves, often referred to as the “shadow,” are aspects we may suppress due to shame, fear, or societal conditioning. These might include traits like anger or vulnerability that we’ve learned to reject. Exploring these with a question like “What is the shadow here—the part of you that was hidden, denied, or rejected?” can illuminate these aspects without judgement, helping clients integrate them into their sense of self. This process is about creating a safe space where clients feel accepted, allowing them to acknowledge these parts with kindness. For example, if a client judges themselves for feeling weak, you might explore how this perceived weakness reflects a natural human response. This compassionate integration reduces internal conflict, promoting healing and a more authentic self.

**6. How can recurring dreams or images guide someone through trauma?**

Recurring dreams or images often carry profound messages from the subconscious, acting as gentle guides toward understanding unresolved emotions or experiences. Asking, “What dream or recurring image keeps returning to you, and how might it be guiding you?” invites clients to

explore these symbols with curiosity, perhaps uncovering insights about their healing path. For instance, a recurring image of a locked door might symbolise a barrier to self-acceptance. As a practitioner, you can encourage clients to journal or discuss these images, exploring their emotional resonance in a safe, supportive environment. Always approach this with sensitivity, ensuring the client feels empowered to interpret these symbols at their own pace, fostering a deeper connection to their inner wisdom.

**7. If someone could revisit a past moment with today's wisdom, what might change?**

Revisiting past moments with current strength and wisdom can be a transformative exercise, offering a sense of empowerment and closure. A question like "If you could re-enter that moment with the strength and wisdom you have today, what would you do differently?" encourages clients to visualise responding to past events with newfound resilience, perhaps offering comfort to their younger self or making a different choice. This can help reframe painful memories, fostering a sense of agency. Guide this exploration with care, ensuring the client feels safe to imagine alternative outcomes without pressure, and validate their growth by acknowledging how far they've come. This approach nurtures self-compassion and a renewed perspective on their journey.

**8. Who could a person become without being defined by their wounds?**

This question opens a hopeful pathway, inviting clients to envision a life where their wounds no longer shape their identity. Asking, “Who might you become if you were no longer defined by this wound?” encourages exploration of their potential—perhaps a more confident, joyful, or purposeful self. This can be deeply uplifting, as it shifts focus from pain to possibility. Support this by creating a space where clients feel safe to dream big, perhaps through visualisation or journaling exercises. Acknowledge their resilience and unique strengths, reinforcing that healing is a journey of rediscovery. Always approach this with encouragement, ensuring the client feels ready to explore this liberating perspective.

### **9. What underlying factors contribute to addictive patterns, and how can we address them?**

Addictive patterns often arise from deep emotional needs that haven’t been met, and approaching this with empathy is crucial to avoid judgement. Research highlights three key factors: a sense of not feeling enough, conditioning from childhood to suppress authenticity, and a lack of tools to regulate emotions. To address these, create a safe therapeutic space where clients can explore their sense of worth through affirmations or reflective exercises, like journaling about moments they felt enough. Encourage authentic expression by validating their emotions and teaching healthy regulation techniques, such as mindfulness or EFT (Emotional Freedom Techniques). This

gradual process helps clients reconnect with themselves, reducing reliance on coping mechanisms and fostering lasting change.

### **10. How does authenticity tie into overcoming challenges like addiction or trauma?**

Authenticity is at the heart of healing, as it allows individuals to reconnect with their true selves, often suppressed by early conditioning or trauma. When people feel safe to express their emotions honestly—without projecting onto others—they begin to dismantle old coping mechanisms like addiction. Questions like “What does it feel like to be your authentic self?” can guide clients toward this. Additionally, discovering a sense of purpose acts as a compass, giving direction and reducing the need for external validation. Create a supportive environment where clients feel safe to explore their truth, perhaps through inner child work or reflective discussions, ensuring they feel empowered to live authentically.

### **11. What is the ‘shadow’ in personal development, and why does it matter?**

The shadow refers to the unacknowledged or suppressed parts of ourselves—traits, emotions, or behaviours we’ve hidden due to fear, shame, or societal expectations. These might include qualities we judge in others, like arrogance or vulnerability, which often mirror unaccepted aspects of ourselves. Asking, “What is the shadow here—the part of you that was hidden, denied, or rejected?” helps clients explore these

aspects with compassion. This matters because unaddressed shadows can manifest as triggers or self-sabotage in client work or personal life. Through gentle techniques like parts work or journaling, you can help clients integrate these aspects, fostering wholeness and reducing unconscious patterns, all within a safe, non-judgemental space.

## **12. How can I integrate various therapeutic techniques into my practice?**

Integrating multiple therapeutic techniques allows you to tailor your approach to each client's unique needs, creating a flexible and effective practice. Begin by creating a treatment map that synthesises key methods, such as energy flow techniques, inner child work, questioning mastery, and trauma-informed approaches. This map acts as a reference, outlining how to blend these tools in sessions—for example, using EFT to release emotional blocks before exploring inner child imagery. Practice these integrations in supervised settings, like clinics, to build confidence. Regularly seek feedback from peers or mentors to refine your approach, and always prioritise the client's comfort, ensuring techniques align with their readiness and goals.

## **13. What steps should I take after completing a trauma-informed training programme?**

Completing a trauma-informed training is a significant milestone, reflecting your commitment to supporting others with care. Next, focus on applying your skills practically: conduct practice sessions with peers or volunteers, documenting key insights and techniques used to track

your progress. Engage in supervision clinics to receive constructive feedback, which helps refine your approach. Update client intake forms and consultation processes to reflect trauma-sensitive practices, ensuring they're clear and consent-focused. Access resources like manuals or treatment maps to reinforce learning, and consider joining alumni groups for ongoing support. Celebrate your growth, and take it one step at a time to build confidence in your practice.

#### **14. Why is documentation in client sessions important, and what should it include?**

Documentation is a cornerstone of ethical, reflective practice, helping you track progress, maintain professionalism, and refine your skills. It doesn't need to be exhaustive—focus on concise notes that capture key session insights, such as the client's emotional state, techniques applied (e.g., EFT or questioning), and any significant shifts observed. Include reflections on what worked or areas for improvement, while ensuring confidentiality and secure storage. This practice not only supports your development but also ensures accountability and continuity in client care. Keep it simple and client-focused, allowing the process to enhance your work without disrupting the session's flow.

#### **15. How can I handle feeling overwhelmed by the amount of information from training?**

Feeling overwhelmed by new information is entirely natural—it's a sign you're engaging deeply with rich material. Start by grounding yourself: take time to reflect through journaling or discussing key takeaways with peers, which can help process the content. Break learning into manageable chunks by revisiting summaries or treatment maps, focusing on one technique at a time, like practicing EFT before moving to inner child work. Seek support through supervision or alumni groups, where you can ask questions and share experiences. Be gentle with yourself; growth is a gradual process, and reaching out for guidance reflects your commitment to doing this work well.

#### **16. Why is a personal development plan useful in this field?**

A personal development plan is a powerful tool for nurturing your growth as a practitioner and individual, ensuring you remain balanced while supporting others. It might include specific goals, like regular self-practice with techniques like EFT, attending supervision clinics, or mentoring peers in small groups. Discussing your plan in a sharing circle can spark insights and accountability. By prioritising your own well-being—through self-reflection or stress management—you enhance your ability to hold space for clients with empathy and clarity. This plan keeps you aligned with your values and professional aspirations, fostering sustainable growth in this meaningful work.

#### **17. What ethical considerations should I keep in mind when working with trauma?**

Ethics are the foundation of safe, trauma-informed practice, ensuring clients feel respected and empowered. Prioritise informed consent, checking in regularly to confirm the client's comfort with the process. Use simplified approaches, like avoiding full trauma histories if a lighter version suffices, to prevent overwhelm. Document sessions responsibly, noting key insights while safeguarding confidentiality. Engage in ongoing certification processes, such as video audits or practice requirements, to maintain high standards. Always foster agency by empowering clients to guide the pace and depth of their work, creating a space of trust, safety, and non-judgement where healing can unfold naturally.

**18. What is the difference between neutrality and empathy in therapy?**

Neutrality and empathy represent two distinct yet complementary stances in therapeutic practice, each with unique implications for the client-therapist relationship. Neutrality, originating from classical psychoanalysis, positions the therapist as a 'blank screen'—impartial and non-reactive, withholding personal opinions or emotions to encourage client projections and explore unconscious processes without bias. This helps manage transference or countertransference but risks creating emotional distance, potentially perceived as detachment or coldness, which can weaken trust and engagement, as noted in research highlighting its limited effectiveness in modern contexts.

In contrast, empathy involves actively understanding and reflecting the client's inner emotional world—their feelings, perspectives, and meanings—fostering a profound sense of safety and validation. As Carl

Rogers emphasised, it's a core condition for change alongside congruence and unconditional positive regard, promoting openness and a robust therapeutic alliance. Meta-analyses, such as Elliott et al. (2011), confirm empathy as a moderate to strong predictor of positive outcomes, including symptom reduction and improved satisfaction across modalities like CBT and person-centred therapy.

The key difference lies in their impact: neutrality prioritises objectivity to avoid influencing the client's narrative, while empathy prioritises relational warmth to build connection and empowerment. Striking a balance—termed 'empathic neutrality'—allows therapists to maintain boundaries while attuning emotionally, asking themselves, 'What is the highest and best needed right now for the client?' This attuned approach, supported by evolving research, enhances healing by blending compassion with professional clarity, ensuring clients feel truly seen without the therapist imposing their own agenda.