

SENIOR MENTORS & PRACTITIONERS TRAINING QUESTIONS & ANSWERS 24TH OCTOBER 2025

QUESTIONS ANSWERED:

1. Should I do more groundwork before parts integration, and how do I handle conflict between the parts?

Before attempting parts integration, it is often beneficial to do some groundwork to help the client connect with their internal experience and clarify what each part is doing. This groundwork helps to identify the real underlying conflict rather than just surface emotions like anxiety.

One effective approach is to explore the benefits of the parts or emotions that seem to be causing discomfort. For example, asking the client what they gain from feeling anxious or “at war” can reveal protective or coping functions of the part. This helps to depersonalise the emotion and create some distance, so the client can see it as an experience rather than an inherent part of themselves. Techniques like assigning a form, colour, texture, or personality to the emotion can help make it more tangible and manageable before integration.

When handling conflict between the parts, the goal is to facilitate understanding rather than forcing resolution. You can ask each part what it wants or fears, allow them to express themselves, and acknowledge the protective role each part may play. This encourages internal

communication and cooperation, rather than suppressing one part or escalating inner conflict.

An effective parts integration involves preparation through exploration, distancing, and understanding. By identifying the deeper needs and fears of each part, you create a safe space where conflict can be resolved and integration can naturally occur, rather than being rushed or forced.

2. What is the reason a person startles all the time?

A person who startles easily is often experiencing a trauma response. The startle reflex—where someone jumps or reacts suddenly to small sounds, movements, or surprises—is the body’s automatic survival mechanism being overactivated. It signals that the nervous system is still on alert, interpreting ordinary stimuli as potential threats. In such cases, the underlying core belief or fear often linked to the response is, “I’m in trouble.” This internal message keeps the body in a state of vigilance, ready to react. Even though the conscious mind may know there’s no real danger, the body continues to respond as if there is.

To calm this trauma response, one can gently retrain the nervous system through self-soothing practices. Holding the fear finger and breathing slowly while saying affirmations like “I’m not in trouble” helps signal safety to the body. Repeating this softly allows the fear to relax and the shoulders to release tension. It can also help to hear these reassuring words spoken by trusted voices around you, reinforcing the sense of safety. Ultimately, the startle response arises from the body’s memory

of being unsafe or reprimanded in the past. By addressing it with compassion and consistent grounding—reminding yourself “I’m safe now, I’m not in trouble”—the nervous system gradually resets and returns to a state of calm awareness

3. Is EFT Fast Track different from Clinical EFT, and is the batch training considered Clinical EFT?

The EFT Fast Track and Clinical EFT trainings differ primarily in their depth, supervision, and mentoring components. In Clinical EFT, participants go beyond standard practitioner training. It includes mentoring, supervision, and video review, which give practitioners a “clinical edge.” Their sessions are observed, evaluated, and discussed, and they receive individualised feedback—helping refine their skills in real therapeutic settings.

Clinical EFT also involves higher-level questioning, deeper exploration through Trauma Reversal work, and additional training in Inner Child Matrix (ICM). This combination makes it more rigorous and comprehensive. On the other hand, EFT Fast Track provides foundational EFT practitioner training without the extended clinical mentoring. It’s designed to equip participants to begin practice efficiently, but doesn’t include the additional supervision and advanced modules required for clinical recognition.

Therefore, the batch training currently offered is considered Clinical EFT, as it integrates deeper mentoring, supervision, trauma work, and



ICM training—making it more intensive and clinically grounded than the Fast Track version.