

Deep Dive: Get Back to “YOU” Programs 1 & 2

Get Back to You!



When distressing events happen it can feel as though you have “lost” yourself – so isn’t it time to Get Back to You?

<p>Who can take part? I am particularly looking for clients from these groups:</p> <ul style="list-style-type: none">❖ Suffering with PTSD symptoms, such as intrusive memories and/or flashbacks, isolation❖ Struggling to cope after a bereavement❖ Battling unwanted habits, such as comfort eating, which may have an underlying emotional cause	 <p>How to take part?</p>	<p>What does it involve? You will receive:</p> <ul style="list-style-type: none">❖ 3 heavily subsidised therapy sessions which focus on aiding the processing of unresolved traumatic experiences which can become “stuck” in the subconscious and which may contribute to unwanted symptoms, such as habits, flashbacks and negative emotions.❖ The tools to continue your journey “back to you” in your own time and at your own pace
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Funded by UK Government

Background Information

The Get Back to YOU program was devised to help anyone in South Tyneside feeling "stuck" or that they had "lost" themselves in some way - possibly due to traumatic events, a bereavement, an unhealthy relationship or slipping into an addictive habit or an unwanted behaviour.

Typical symptoms screened for during the initial intake conversations were those identifiable to the general public using non-clinical language but which are typical of trauma responses, some examples of which are:

- Feelings of Overwhelm (indicates a “freeze” trauma response)
- Sudden Anger / Loss of Control (indicates a “defiant rage” trauma response)
- Unwanted Addictive Habit (may indicate a coping mechanism to an underlying past trauma)
- Negative Thoughts (“spiralling”, obsessional or paranoid thoughts may indicate a trauma response)
- Sleep Issues (nightmares, difficulty in falling asleep or restless sleep may indicate to an underlying trauma)
- Specific anxiety / Avoidance of Certain Situations or Locations (indicates a “flight” trauma response)

- Loss of Motivation / Interest in Previous Activities (may indicate general low mood associated with a trauma response)

The program was advertised using social media in early March 2024 and filled quickly.

Each session consisted of a trauma-releasing segment (typically 75% of each session), followed by disruption of a negative habitual behaviour or thought pattern and the installation of a new, future- positive, outlook as chosen by the client.

Structure of the Program

Havening Technique™ (www.havening.org) was chosen as the primary trauma processing tool for several reasons:

- it quickly enables the brain to process and release anchored trauma “receptors” from the amygdala, often lessening connected symptoms virtually immediately
- it can be taught very easily to clients as a self-soothing tool which can be utilised discreetly and quickly
- it quickly allows the establishment of rapport between client and practitioner on a subconscious level, thus aiding the acceptance and effectiveness of other techniques used during the sessions to disrupt habitual patterns of behaviour.

The pilot program consisted of 2 heavily subsidised sessions, spaced 10 days to 3 weeks apart.

Session 1 was up to 2 hours long and typically focused on aiding processing of past traumatic events which were significantly affecting the client’s present life in some way e.g. through PTSD symptoms, such as flashbacks or panic attacks or a coping mechanism which had become habitual, such as snacking or alcohol dependence.

Each client was taught Self-Havening and any other of a range of (primarily NLP) techniques utilised during the session, such as “SWISH” which can be used easily and independently of a practitioner. Teaching the client to use Self-Havening on a regular basis aids both reduction of negative emotions plus enables the nervous system as a whole to become more regulated.

Each client was also furnished with a personalised audio recording which may be used for e.g. self-relaxation, promotion of better sleep, positive future visualisation etc.

Session 2 focused upon gathering feedback of any qualitative/quantitative differences in symptoms plus continuation of trauma reprocessing but was typically a shorter session.

All clients were then offered subsequent follow-up sessions at a discounted rate plus an open offer of advice/support over the phone or via email going forward.

Participant feedback was obtained following the second session (see feedback form A in the appendix).

Feedback Following Pilot Program

“Get Back to You” funded program...what did participants say?

“In only a short time, I have **felt better.**”

“I feel **lighter**”

“**Greatly helped** overcome negative emotions & using alcohol as a crutch.”

“**Fast,** seems to work really well without even realising.”

“**Would recommend** to anyone wanting help.”

“These techniques are key to resolving trauma and **regaining my life.**”

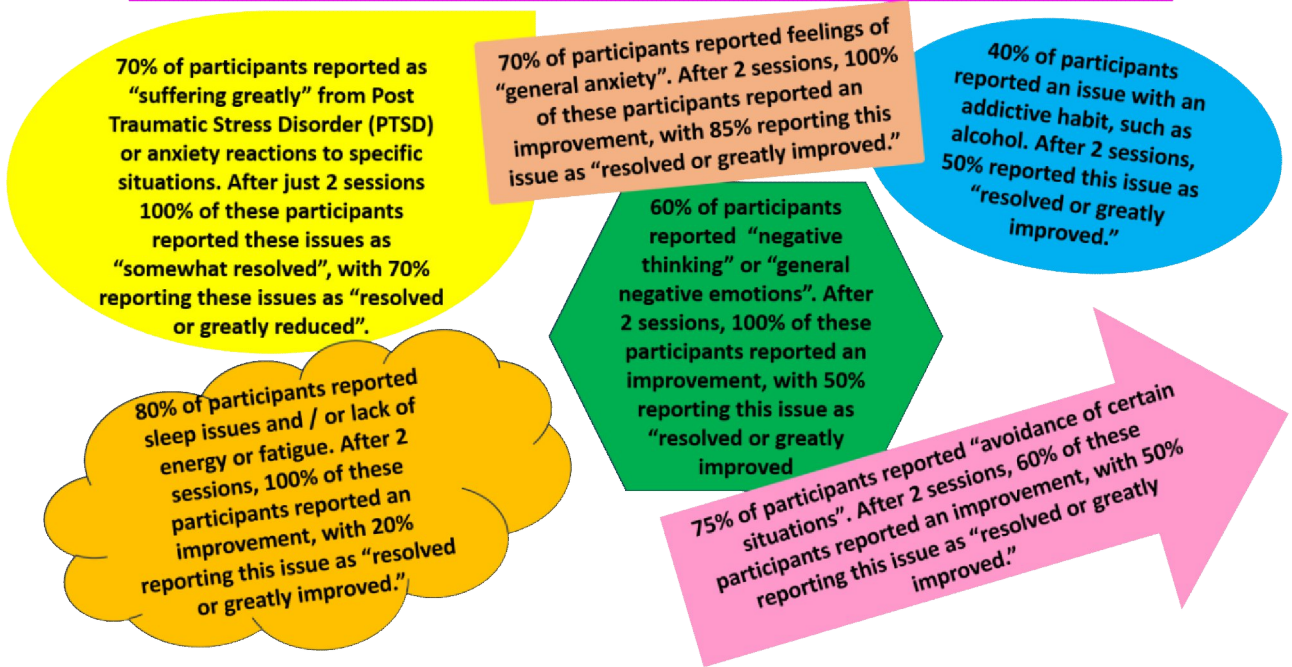
“Extremely effective, both in outcome and speed of treatment”

“Really good, **different** approach”

“After session one I no longer felt the physical symptoms...which is a **big change**”

“Havening has had a **profound positive impact** on my symptoms and quality of life.”

“Get Back to You” funded program...the results are in!



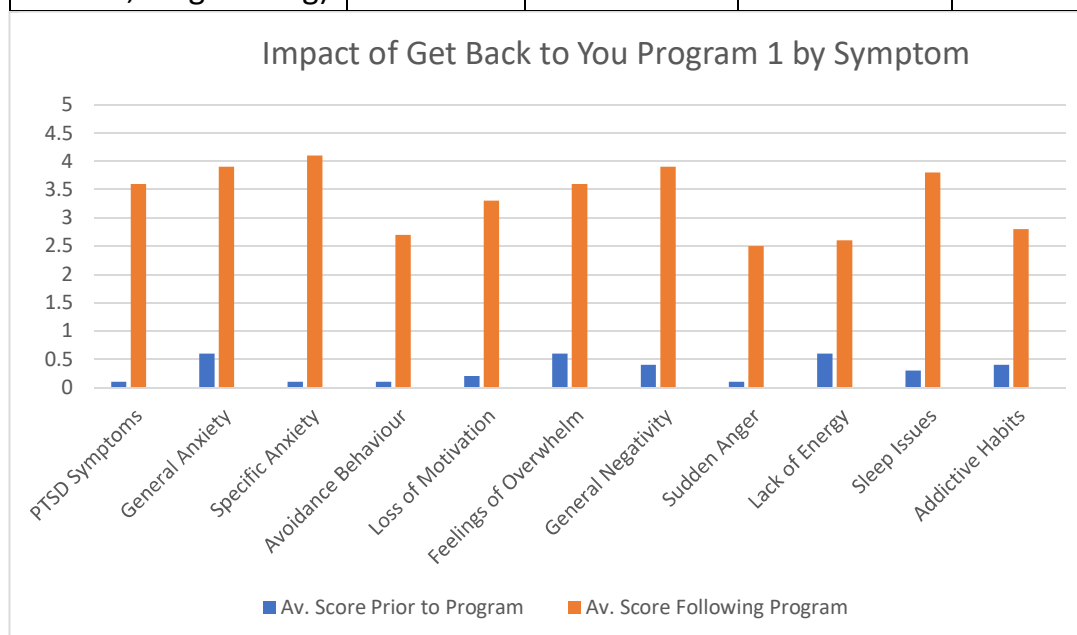
Quantitative Evaluation

Symptoms were scored prior to and following the completion of the program using a scale of 0 – 5, where 0 = Suffering Greatly, 2/3 = Somewhat Resolved or Reduced, 5 = Resolved or Greatly Reduced.

Table 1: Impact of Get Back to You Program by Symptom

Symptom	% of clients affected	Ave. Score prior to program	Ave. score following program	Ave. score overall change
PTSD Symptoms (Flashbacks, intrusive memories which induce panic attacks)	67%	0	3.6	+3.6
General Anxiety	78%	0.6	3.9	+3.3
Specific Anxiety/ Phobic Response	67%	0.0	4.1	+4.1

Avoidance of Certain Situations	78%	0.0	2.7	+2.7
Loss of Interest in Previous Activities	67%	0.2	3.3	+3.1
Feeling of Overwhelm	56%	0.6	3.6	+3.0
General Negative Thinking / Emotions	67%	0.4	3.9	+3.5
Sudden Anger / Loss of Control	22%	0	2.5	+2.5
Lack of Energy / Fatigue	56%	0.6	2.6	+2.0
Sleep Difficulties	33%	0.3	3.8	+3.5
Addictive Habit (e.g. alcohol, substance misuse, binge eating)	44%	0.4	2.8	+2.4



Alterations Following Feedback

2 main improvements were suggested by participants: a more comprehensive explanation of techniques to be used at home (1 participant) and the addition of a 3rd session to consolidate positive changes (7 participants).

The second instalment of the “Get Back to You” program was run in 2 halves, from July to October 2024. The first intake ran throughout July and early August, with the second intake commencing early September through late October.

A 3rd session was added, with the program structure as 2 appointments 7-10 days apart, with a follow-up 3 – 4 weeks later, following careful monitoring and feedback of symptoms / improvement.

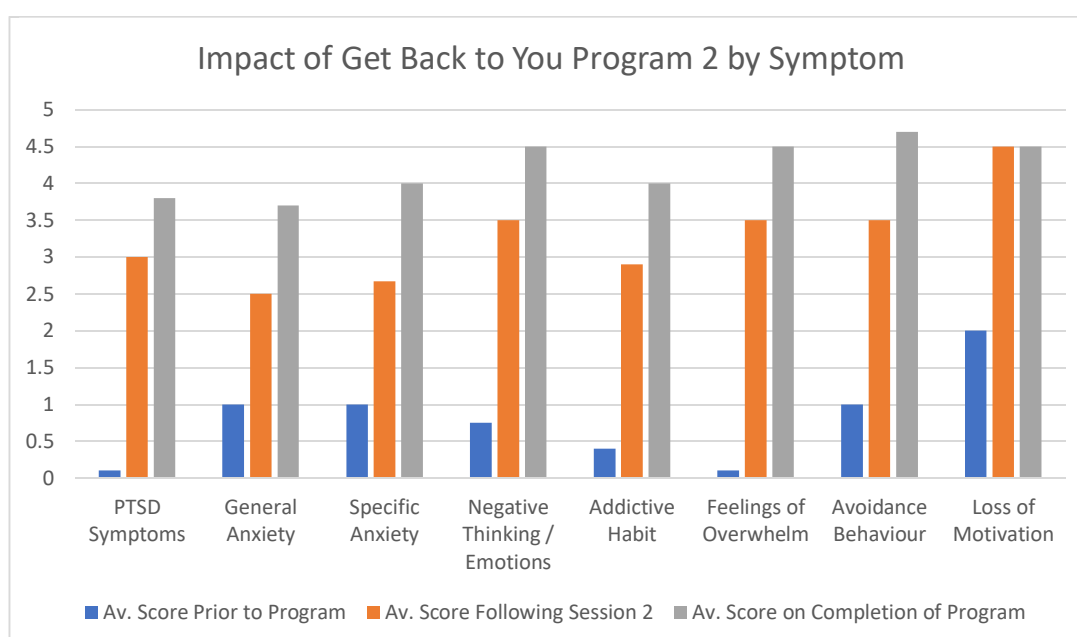
Again, clients were furnished with an audio recording and techniques to use at home, plus the offer of future discounted sessions.

In response to feedback on a more comprehensive explanation of techniques, a more detailed session notes email was sent to each client following each session.

Feedback Following Get Back to You Round 2

Symptom	% of clients affected	Av. Score prior to program	Av. Score halfway through program	Av. score following full program	Av. score overall change
PTSD Symptoms (Flashbacks, intrusive memories which induce panic attacks)	50%	0.1	3.0	3.8	+3.7
General Anxiety	57%	1.0	2.5	3.75	+3.0
Specific Anxiety/ Phobic Response	43%	1.0	2.67	4.0	+3.0
General Negative Thinking / Emotions	29%	0.75	3.5	4.5	+3.75

Addictive Habit (e.g. alcohol, substance misuse, binge eating)	75%	0.4	2.9	4.0	+3.6
Feelings of Overwhelm	63%	0.0	3.5	4.5	+4.5
Avoidance Behaviour	38%	1.0	3.5	4.7	+3.7
Loss of Motivation	29%	2.0	4.5	4.5	+2.5



Comments from clients include:

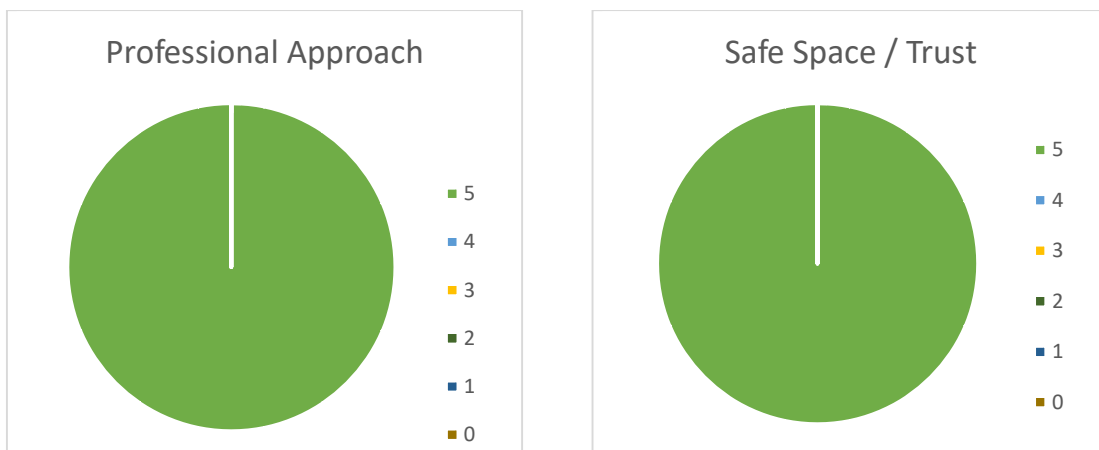
- "I feel like my eating habits have changed...I no longer spend my days wondering what sweet/sugary foods to have next."
- I could not fault this program at all. I notice that I feel generally less anxious on a daily basis."
- "I highly recommend this program...a really amazing experience with a combination of skills."
- "Greatly helped overcome negative emotions and using alcohol as a crutch."
- "Helped me feel stronger and more able to cope with various issues."
- "I no longer feel that food has the same hold over me – cravings and the need to eat for eating's sake have lessened."
- "More able to voice my opinions in a calm and measured way."

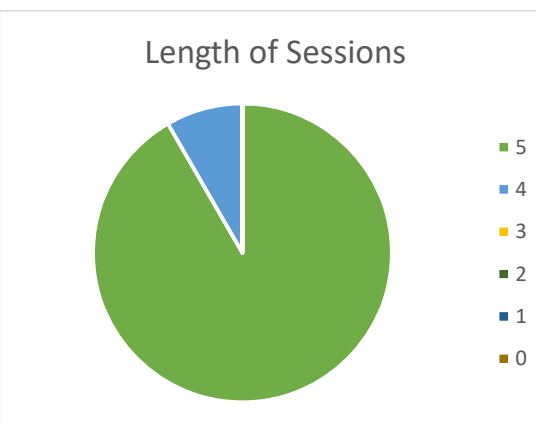
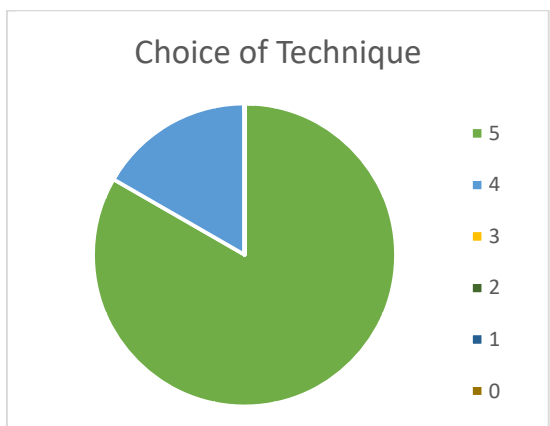
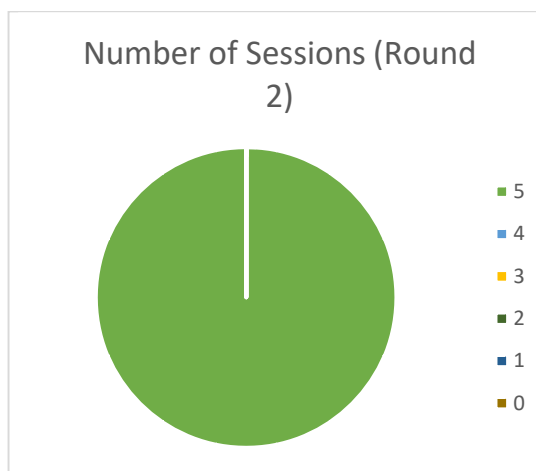
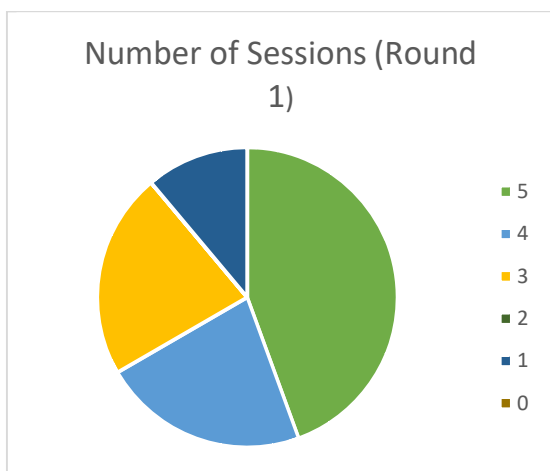
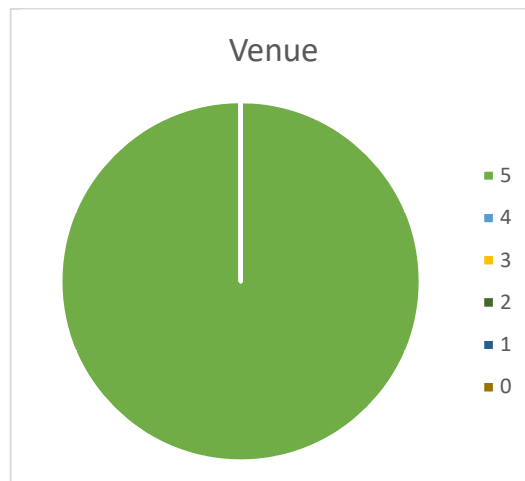
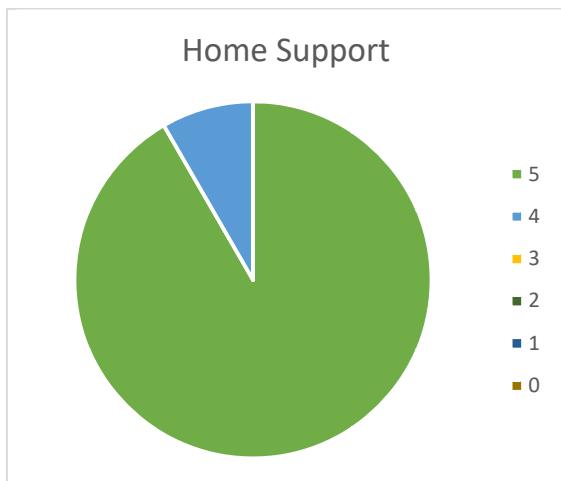
Analysis

It would appear from the above findings that the alterations have improved overall score following program completion as levels of 4 or above were reached more consistently. This format will therefore be recommended for future iterations of the program.

Feedback on the Quality of the Program

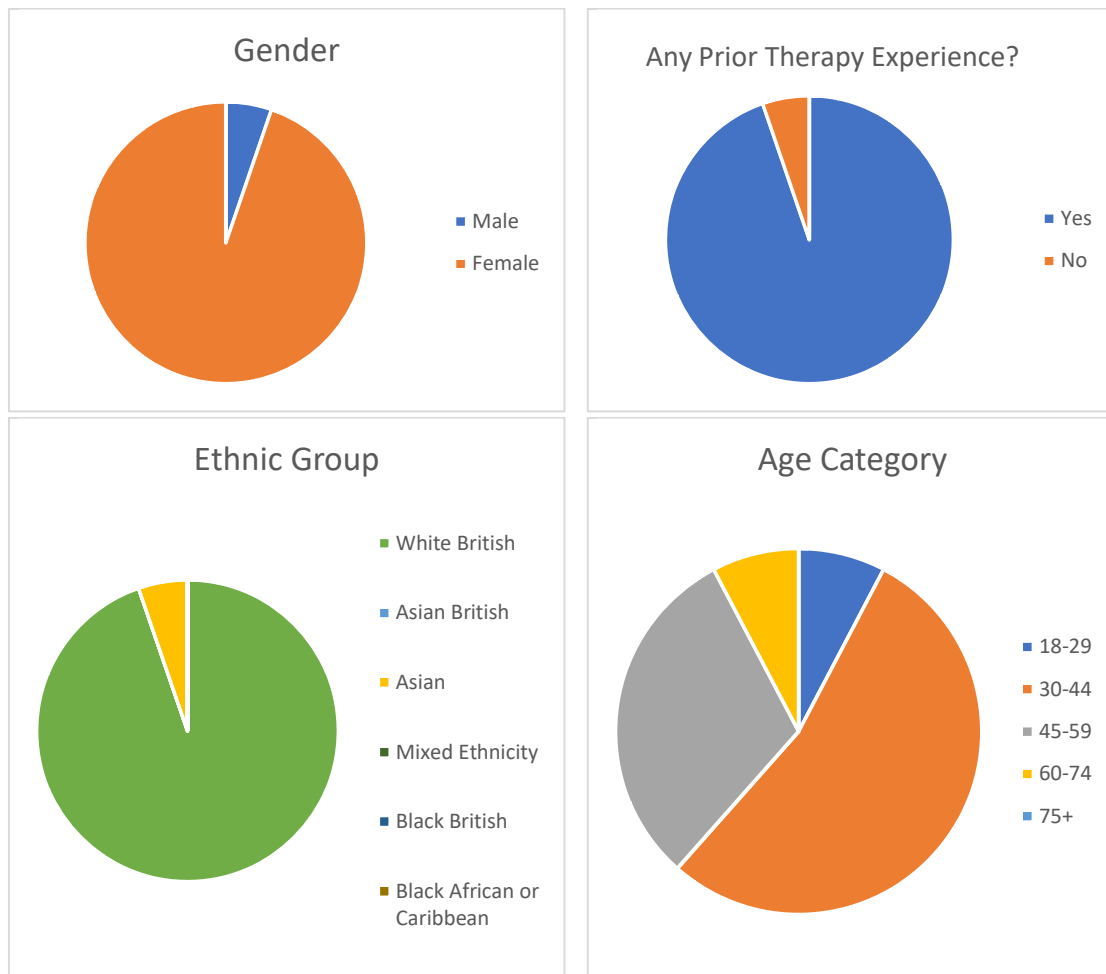
Clients were asked to rate various aspects of the program from a quality viewpoint on a scale of 0 (extremely poor) to 5 (excellent).





➤ 100% of attendees stated that they were **highly likely** to recommend this program, where appropriate.

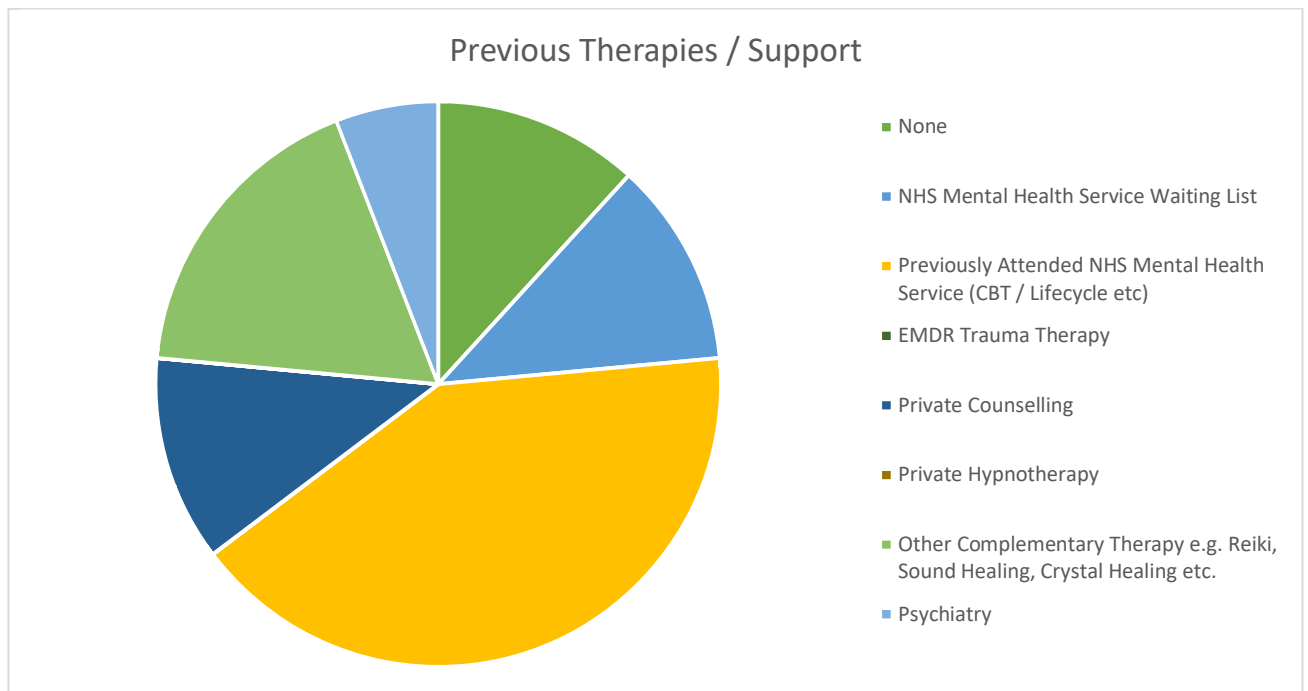
Who Participated in the Program?



The participants were predominantly White British females between the ages of 30 – 49. The programs were advertised through social media, word of mouth and through WHIST, which caters for an ethnically diverse audience (although women only).

Further iterations of the program should aim to target a greater number of men, as well as ethnically diverse participants and will utilise local organisations which predominantly cater for these audiences.

77% of participants had experienced other forms of treatment or therapy. Of the remaining 23%, 15% were on an NHS waiting list for treatment. The chart below shows a breakdown of types of therapy used prior to this program.



How does this program compare to other therapies used?

Participants were asked “If you have previously tried other therapies, how would you compare effectiveness?”

A selection of participants comments are included below. Significantly, 100% of participants who answered this question compared this program very favourably against other therapies.

- “Fast, seems to work really well.”
- “This is a much more effective treatment, I didn’t find the other therapies from the NHS effective at all.”
- This has been a little more challenging...but I have pushed through and feel like things will improve.”
- Havening has had a profound positive impact on my symptoms and quality of life, compared to NHS Lifecycle which I found had no impact and actually dredged some things up which were left unresolved, causing further negative impact.”
- “Really good, different approach.”
- “Havening is easy and effective.”
- “I am able to use these techniques – much more practical.”

Final Thoughts

As of the present time (November '24), both the quantitative and qualitative feedback for the second Get Back to YOU program remains very positive and it is hoped that future funded iterations of this program will be achieved, whether via funding achieved by True Connection NE CIC, profit generated through private clients or events or partnering a local organisation.