

**Workshop Manual**

# **Effective Techniques for Dealing with Highly Resistant Clients**

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Mind Management Seminars

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**6 hours**

## Conventional Definitions of Resistance

- "Any client behavior that exhibits a reluctance, on the part of the client, to participate in the tasks of therapy as set forward by the therapist,"
- "...any behavior that indicates covert or overt opposition to the therapist, the counseling process, or the therapist's agenda," (Bischoff & Tracey, 1995, p. 488).

## Alternative Perspectives: The Social Interaction Theorists

Resistance occurs as a result of a "...negative interpersonal dynamic between the therapist and the client" (Otani, 1989, p. 459).

"Resistance is defined as psychological forces aroused in the client that restrain acceptance of influence (acceptance of the counselor's suggestion) and are generated by the way the suggestion is stated and by the characteristics of the counselor stating it" (Strong and Matross, 1973, p. 26).

## Resistance and Influence: Breaking the Negative Cycle

A general hierarchical list of the least forceful to most forceful methods to influence:

least forceful	completely non-directive
	indirectly suggest
	directly suggest
	provide advice/educate
	confront
most forceful	punitive force

Resistance is created when the method of delivering influence is \_\_\_\_\_ with the clients' current propensity to accept the manner in which the influence is delivered.

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# General Principles for Managing Resistance

**Do the Unexpected** \_\_\_\_\_

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**Slow the Pace** \_\_\_\_\_

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**Focus on Details** \_\_\_\_\_

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**Seek Emotionally Compelling Reasons for Change** \_\_\_\_\_

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**Maintain an Attitude of Naïve Puzzlement** \_\_\_\_\_

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**Treat Clients' Resistance with Respect** \_\_\_\_\_

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**Establish Mutually Agree Upon Goals** \_\_\_\_\_

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**Conclusion** \_\_\_\_\_

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**All a client has to do to thwart your efforts is** \_\_\_\_\_.

Adapted from King, 1992

# To Ask or Not to Ask, That is the Question

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## How to Convert Questions Into Curious Commands

Openers	Directives	Add-ons/Softeners	Object of the Inquiry
Can you <b>(unnecessary, eliminate)</b>	tell me describe explain summarize outline clarify share	a bit more about a little about a little more about something about the problems with something more about a little more about something more about	your husband your childhood your medication what the move was like the move the larger picture regarding the move what your dad said your illness your job your relationship with...
Could you <b>(unnecessary, eliminate)</b>	talk give me give me an idea of help me to understand		

# Managing "I Don't Know" Responses

## Responding to "I Don't Know"

The key to responding to "I don't know" is to respond to the \_\_\_\_\_ behind the response. Examples of responses that interpret "I don't know" at face value include:

"At this moment, you are really stumped as you search for an answer."

"You really cannot think of a possible approach that you can take that appears better than what you are doing."

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If client has stated "I don't know" in order to avoid revealing some threatening reality about him/herself, simply empathize about your suspicion:

"It is difficult and scary to actually say aloud the truth about..."

"You are really uncomfortable facing this aspect of your life."

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If you suspect the "I don't know" is a peacekeeping deflection, then respond similarly with an understanding of this perspective.

"You are concerned that if you provide the answer it will cause a lot of controversy and conflict among your family."

"You are reluctant to tell me the answer because you worry about how I might take it."

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## How to Avoid "I Don't Know" Responses

1. Simply omit the question altogether. Instead, respond with the empathic statement.

**Example:** "I sense that you are stuck as to what to do, you have no idea how to begin doing something about your problems, and you are really searching for some new approach that might work."

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## Inquire of a Wise Friend

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## The Classic Pretend Technique

"Pretend you weren't confused, what would you be saying if you knew what you wanted."

"Make up an answer."

"Guess what you think you might say if you did know."

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# NOTES

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## References

- Bischoff, M. M., & Tracey, T. J. G. (1995). Client resistance as predicted by therapist behavior: A study of sequential dependence. *Journal of Counseling Psychology, 42*(4), 487-495.
- Otani, A. (1989). Resistance management techniques of Milton H. Erickson, M.D.: An application to nonhypnotic mental health counseling. *Journal of Mental Health Counseling, 11*(4), 325-334.
- Strong, S. R., & Matross, R. P. (1973). Change process in counseling & psychotherapy. *Journal of Counseling Psychology, 20*(1), 25-37.
- .....

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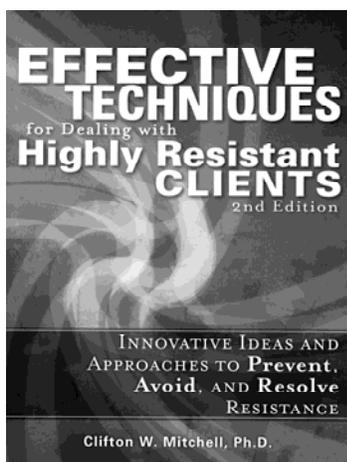
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## Effective Techniques for Dealing with Highly Resistant Clients 2<sup>nd</sup> Ed. Clifton W. Mitchell, Ph.D.

### Hundreds of Innovative Approaches & Ideas To Prevent. Avoid. & Resolve Resistance

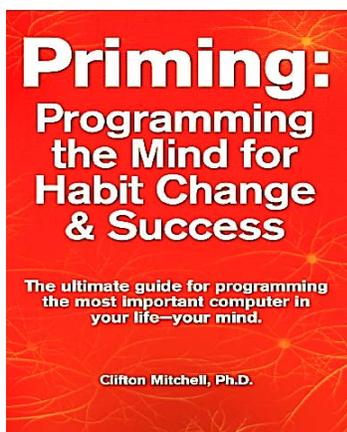
A to-the-point, practically written guide that brings together tangible, stress-reducing approaches and techniques for dealing with your most frustrating clients. An invaluable resource that both the working practitioner and student will turn to when seeking realistic, pragmatic ideas & strategies for overcoming stagnation & creating therapeutic movement.

"This book should have been entitled, '*Everything you didn't learn about doing therapy in graduate school and wished you had.*' It is filled with stress reducing, cutting-edge ideas for managing resistance. A highly practical, must-read for all therapists." **Bill O'Hanlon**, author of *Change 101*

"**Stop resisting and buy this book!** Simply put, it is the most practical book ever written on managing resistance. Your clients will be glad you read it!" **Scott Miller, Ph.D.**, Director, Center for Clinical Excellence

The book matches his training sessions: *unambiguously presented, eminently practical, and highly engaging.*" **Robert E. Wubbolding, Ed.D.**, Director, Center for Reality Therapy

"...by far, the best presentation of the therapeutic relationship I've yet run across." **Tal Parsons**



## Priming: Programming the Mind for Habit Change and Success

The Ultimate Guide to Programming the Most Important Computer in Your Life—Your Mind

Are your self-defeating habits holding you back and interfering with your life satisfaction and success goals?

**Don't Fight Your Bad Habits, Reprogram Them!**

Stop trying to break your bad habits with the agony of raw willpower. Welcome to the world of priming & dominant thoughts where you learn what is really controlling your behavior and how to partner with your subconscious to reprogram your mind-computer in the most convenient, efficient way possible.

Therapists, did you know you are triggering unconscious action with virtually every therapeutic response you make? *Priming* stimulates the unconscious guidance system that controls behavior. Significantly, subconsciously activated goals can be *more powerful* than conscious goals. This book will teach you everything you need to know about the fascinating phenomenon of *priming* and how to proficiently incorporate it into your therapeutic dialogue. Written from a self-improvement perspective, the approach can also be used as a technique in and of itself to help you and your clients dissolve ineffective habits and create new ones.

Available at [www.cliftonmitchell.com](http://www.cliftonmitchell.com) or Amazon

**Priming: Using the Hidden Power  
of Language for Superior  
Client Outcomes and  
Self-Improvement**

**Dr. Clifton Mitchell**

**ABRIDGED HANDOUT**

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**"You do not have to want to stop  
your current behavior in order  
to change, you simply have to  
want something else *more*."**

**Aldo Pucci**

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- 1. You do not like the status quo.**
  - pushes client**
  - less pleasant motivator**
  - but familiar state**
  
- 2. You want something else more.**
  - pulls client**
  - more pleasant**
  - but unfamiliar, threatening**

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**Most clients have not clearly formulated the desire side of the change equation.**

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**The first rule of language is that all language is hypnotic. All words and paralinguage influence.**

**The second rudimentary point is that, if you are talking to another, you cannot, not manipulate.**

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**Brain most complex organ in the universe**

**86,000,000,000 nerve cells (86 billion)**

**86 (billion) to 860,000,000,000 (billion) glial cells**

**Each cell has 1000 to 20,000 connections**

**100 (trillion) to 1,000,000,000,000,000 (quadrillion)**

**neural connections in brain**

**Processes 1 (trillion) to 100,000,000,000,000 (100 trillion) bits of information per second**

**You are only aware of about 2000 bits of info being processed per second**

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Typical neuron fires 5-50 times per second

Ave. 20 yr. old has about 100,000 miles of nerve fibers in brain

In a recent simulation experiment it took the 4<sup>th</sup> fastest computer in the world with 82,944 processors 40 minutes to do what the human brain can do in 1 second.

The brain uses 20-30% of the calories we take in

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The mind move you and your listener in the direction of the *dominant thought*, regardless of whether it is stated in the positive or the negative.

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Instead of Saying... More Effective to Say...

“Don’t fall.” ..... “Walk Carefully, hold the hand rail.”

“Don’t lie to me.” ..... “Tell me the truth, now.”

“Don’t hit your little sister.” ..... “Keep your hands to yourself”

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**Instead of Saying... More Effective to Say...**

"You're not dumb." ..... "You're smart and capable."

"You're gonna fall and break your neck." ..... "Hold on tightly, maintain your balance."

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**Instead of Saying... More Effective to Say...**

"Don't forget to." ..... "Remember to....."

"You can't miss it." ..... "You will see it on your right..."

"Don't hesitate to call." .... "Call when you need me."

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**Instead of Saying... More Effective to Say...**

"You will not fail." ..... "You'll succeed!"

"Don't be nervous." ..... "Remain calm and relaxed."

"I'm really poor at." ..... "Inch by inch everything's a cinch!"

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**Instead of Saying... More Effective to Say...**

"I hope I don't eat ..... "I am healthy, I am thin."  
that chocolate cake."

"I gain weight just ..... "Everything I eat turns to  
looking at food." health and beauty."

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**I shed pounds daily for no  
apparent reason.**

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1. Define what you are currently doing.
2. Define the positive opposite of what you are currently doing with much attention to a properly worded dominant thought.
3. Make a present-tense statement of you *doing* the desired behavior with the precisely worded dominant thought.
4. Repeat the present-tense statement to yourself 500-1000 times a day consistently across time. Give it 2-3 months, once formulated, consistency is the crucial!

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**Priming refers to an increased sensitivity to certain stimuli due to prior experience.**

**Priming occurs when an earlier stimulus influences response to a later stimulus.**

**Priming can occur at the unconscious level or at a conscious level.**

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**Subjects primed with words like “polite” “considerate” “respect”**

**were less likely to interrupt than subjects primed with words like**

**“rude” “obnoxious” “impolite”**

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**Subjects primed with words like “old” “Florida” “wrinkles” “bingo” etc., all associated with elderly**

**1) walked slower after the priming, and, in similar study, if S had much contact w elderly**

**2) performed worse on a memory test than S primed with neutral words w little contact w elderly**

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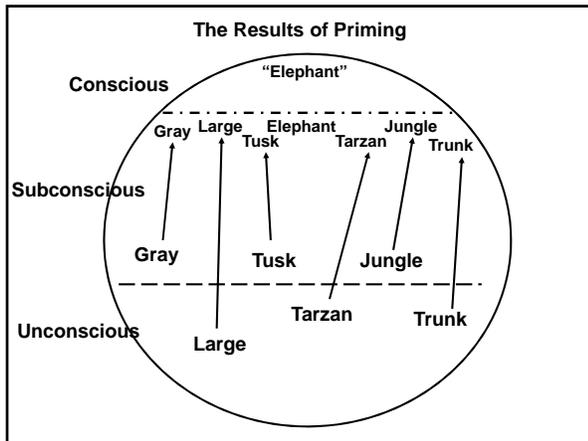
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**We are controlled by an unconscious behavioral guidance system more than we think. And we are unaware of it.**

**Once covertly activated, unconscious goals are more powerful or just as powerful as conscious goals.**

**Goals do not require an act of will to be acquired.**

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- What Does This Mean for the Therapeutic Dialogue?**
- 1. Remember you are constantly priming your clients.**
  - 2. Consistently state the positive opposite of client's negative framing of problems.**
  - 3. Use high level empathic responses that include deficit statements.**
  - 4. Use embedded suggestions/commands in your dialogue.**
  - 5. Carefully observe client reactions when prime clients.**
  - 6. Remember that your job is to plant seeds. Talk to the subconscious.**

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**Power Point Slides  
ABRIDGED FOR HANDOUT**

**Crafting Impactful Therapeutic  
Dialogue Through a  
Conscientious Utilization of  
Priming & Dominant Thought  
Theory**

**Dr. Clifton Mitchell**

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**Language shapes perception.  
Language shapes memory.  
Words create “reality.”**

**You cannot, not manipulate.  
You cannot, not prime.**

**The *only* question is:  
In what direction am I priming my  
clients with my dominant thoughts?**

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**“When you had the urge to drink...”**

**vs.**

**“When you decided to drink...”**

**“When you decided to give into the  
urge to drink.”**

**vs.**

**“When you decided not to fight the  
desire to drink.”**

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**Things Not Shown to Have Significant Impact**

Time in previous treatment  
Tx approach – theory you use  
Evidenced based approach or not  
Degree type or field (Coun., Soc. W., Psych, MFT, D&A)  
Degree level (B.A., M.A., Ph.D.)  
Diagnosis  
Years of experience (most therapist plateau early)  
Whether you did an intake interview formal or informal  
Program CACREP, NASW, APA approved  
48 vs 60 hour program  
Going to trainings like this one  
Use of Treatment Plan UNLESS!....

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**Things Shown to Have Significant Impact**

- Therapeutic Relationship
  - Mutually agreed upon goal
  - Task agreement
  - Rogerian core conditions.
- Client willingness to try new things. (David Burns new scale)
- Hurting & paying/invested.  
(Personally invested literally—collect those co-pays)
- Therapists' belief in efficacy of approach

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**Well-stated empathic statements recognize and include:**

1. The content or facts of the situation.
2. The underlying emotion present or thought to be present  
AND/OR  
The deeper personal meaning behind the client's statement.

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**"You have tried to have a child for quite some time and are experiencing much grief over the possibility that it may not occur."**

**"You are at your wits end with your children and are experiencing much anger at your husband for reinforcing their misbehavior."**

**"You are very distraught over the divorce from your wife. The marriage in which you have invested nine years of your life appears to be coming to an end."**

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**Empathic statement + deficit**

- ...and what you're looking for...
- ...and what you need...
- ...and what you're searching for...
- ...and what you want is...
- ...and what you require is...
- ...and what you desire is...
- ...and what you wish is...
- ...and what you crave is...

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**"You have tried to have a child for quite some time and are experiencing much grief over the possibility that it may not occur. As you talk about it now, it appears you are looking for...**

**...a way to begin resolving the enormous dissonance in you."**

**...other ways to fulfill your desire for a child."**

**...a way to move through your grief and begin readjusting to this reality."**

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"You are at your wits end with your children and are experiencing much anger at your husband for reinforcing their misbehavior. You strongly desire...

...a way to obtain support from you husband and to develop more effective methods of discipline for your children."

...to learn new approaches for managing your children."

...to release the emotional buildup that you carry." (Gives permission to let loose.)

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Benefits of the added deficit statements:

- 1) Displays deeper understanding of the client's situation—improved empathy.
- 2) Provides direction to the dialogue. Breaks up empathic loops.
- 3) If not correct, does not matter. Client will correct & clarify.
- 4) Begins goal creation. Depending on how stated & situation, the prime is the goal.
- 5) Begins priming the client toward new things. Seeds future action.

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**Pacing** is the art of making a statement that tracks and joins the client's actions, thoughts, and/or emotions in the current moment.

**Leading** adds to the pacing statement an idea, suggestion, inquiry, etc. that encourages the client to consider new perspectives and actions.

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General Formula For Creating *Pacing & Leading* Types of Responses

Physical Pace	Current State Pace	Emotional Pace	Lead->Suggestion Prime
As you're sitting here	aware of your	disgust	thinking about... perhaps you might->Prime
As you are sitting here	getting in touch with your	frustration	& pondering the options... wonder what would happen if...->Prime

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**How to Talk Positive to Negative Person without Them Knowing**

**Make an empathic statement and then follow it with a statement of how difficult it is to do..., or imagine..., or comprehend..., or consider... the very behavior the client is having difficulty doing or facing.**

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**"I can tell you're deeply hurt by the loss of your boyfriend, and it's at times like these that it's so hard *to...imagine all of the other men available to date.*"**

**"You've wanted to divorce for a long time, but it's hard *to...comprehend reestablishing yourself with another partner.*"**

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"You're so angry with your \_\_\_\_ that you could really give him/her a piece of your mind. It's at times like these that you just *can't...imagine sitting down and having a mature conversation about this situation.*"

"At this time it appears that you get very nervous before a test, it's hard for you *to...see yourself sitting there calmly taking a test.*"

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**Examples of Embedded Suggestions**

"As you sit there and assess your situation, it is hard *to...imagine yourself doing something different.*"

"Right now, you are struggling *to...consider if a conversation could possibly impact the situation.*"

"As you...consider possibilities of how to handle this situation, it is difficult *to... hear yourself saying an assertive statement.*"

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**All priming statements should always be stated in the positive:**

"Your situation is quite irritating to you and you are lacking the guts to speak out."

**A much better statement would be:**

"Your situation is quite irritating and you're searching for the best words to say in order to have a significant impact."

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**Negative:** "You are hanging on to your grief."  
**Positive:** "You are trying to...discover the best way for you to...move through your grief toward an acceptance."

**Negative:** "It hard for you to not let your anger take control of you."  
**Positive:** "You are seeking to find a means by which you can...remain composed in these situations."

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**Ideally Goals Should:**

- 1) Be in the positive. No stop-doing or not-do goals.**
- 2) Include dominant thought words that trigger desired behaviors.**
- 3) Be in present tense. No will, going to, should, try, etc. (Explain why to client.)**

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**As a direct approach/technique works well for:**

- Motivated clients who enjoy the counseling process and the world of psychology.**
- Clients seeking practical, down-to-earth approaches. (Not enamored by intuitive, psychodynamic discussions in which therapists prone to engage.)**

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1. Explain the approach & theory
2. Inquire as to client's current language
3. Explain problems with current language
4. Jointly develop a dominant thought statement
5. Explain they must repeat
6. Explain the backlash demons they will have to face & positive reactions to expect

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**Demons to Face and Conquer**

1. The negative voice
2. Monkey mind
3. No Instant Gratification

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**Positive Reactions That Will Emerge**

1. Delivering of better dominant thoughts.
2. Subtle urges & intuitive nudges

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### Implementation Intentions

It is one thing to say you want to accomplish a certain task—the goal.

It is another thing to specify the exact moment where a shift in behaviors should be done in order to begin accomplishing that task.

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“Consciously deciding to pursue a goal in advance of doing so enables goal pursuit to occur outside awareness. Relevant cues in the environment will then activate the goal, triggering preexisting behavioral intentions that predict goal pursuit” Anderson, et al.

With implementation intentions “...mental representations of the anticipated situation...become highly activated and thus easily accessible.” Gollwitzer

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One group S prepared by writing the number “3” repeatedly on paper.

Other group prepared by repeating the mental programming statement, “*When the number 3 appears, I will respond particularly fast.*”

Results:

- Both groups responded faster to number “3.”
- S who repeated the mental programming statement did best.

Why?

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## What's in a Word—

Unhappiness, despair, sadness, hopelessness, helplessness, sad, misery, dejection, stagnation, stuckness, miserable, sorrow, discontentment, melancholy, anguish, despondency, gloom, blue, impossibility, desperateness, inactivity, inertia, sluggishness, immobility, unproductivity, regret, disgruntlement, downheartedness, torment, idleness, etc.

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Contentment, meaningful, hopeful, pleased, activity, engagement, productivity, satisfaction, pleasure, gratification, movement, moved, substantial, important, expectant, encouraged, commitment, fulfillment, enjoyment, creative, heartened, invigorated, stimulated, exhilarated, success, amusement, inspired, gladdened, energized, restored, delight, attainment, motivated, etc.

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No word stands alone in the brain. Every word is literally neurologically linked to other words in the brain. When you say a word, associated words are momentarily triggered and stimulated. Is this chain reaction of associated words neural connections fire. This, in turn, creates a momentary domino effect of words each stimulating another. More importantly, these words also trigger preparatory thoughts that trigger action. The priming and ironic process research has confirmed this repeatedly.

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**You should always think of every word you say as a cluster of related words priming that are triggering preparatory thoughts.**

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**Saliency and Accessibility**

**We filter through, sort out, and make sense of our world directly in proportion to the saliency and accessibility of the ideas and words we hold in our head. We do actions directly in proportion to saliency & accessibility of relevant dominant thoughts that prime.**

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**When you say “WE” you**

- 1. turn the session into a group project.**
- 2. take personal responsibility away from the client.**
- 3. misrepresent the therapeutic process and relationship.**

**(A treacherous word with highly resistant clients!)**

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**Goal setters typically like to create new things; problem solvers like to improve on status quo.**

**Goal setters prefer to write a book, problem solvers would prefer to edit a book.**

**Goal setters prefer to score points (offense); problem solvers prefer to keep the opposing team from scoring (defense).**

**Goal setters are concerned with the direction things are going; problem solvers are concerned with what's currently broken and how to fix it.**

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**Boss declares next year's goals, the goals setters are excited while the problem solvers ask when last year's goals are going to be met.**

**Goal setters tend to not see the problems at hand, get bored easily, and fail to tend to details.**

**Problem solvers fail to see the big picture, are leery of the untried, and distrust their instincts in new situations.**

**Goal setters are energized by goals and drained by problems; problem solvers are energized by problems and drained by goals.**

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**“How does that make you feel?”**

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Duncker’s Candle Problem: Use the materials on the table to mount the candle to the wall and illuminate the room.

Two groups of subjects were first told they were participating in an experiment about long-term memory. During this “study” they were primed in two different ways. (Higgins & Chaires, 1980)

<b>Group 1</b>	<b>Group 2</b>
“...a carton <u>of</u> eggs...”	“...a carton <u>and</u> eggs...”
“...a tray <u>of</u> tomatoes...”	“...a tray <u>and</u> tomatoes...”
<b>objects</b> undifferentiated linguistically	<b>objects</b> differentiated linguistically

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**Only 20% of the subjects in the “of” (undifferentiated) group solved the problem within 10 minutes.**

**However, 80% of the subjects in the “and” (differentiated) group solved the problem within 10 minutes.**

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Conscious mind thoughts are more than mere mental ramblings; they are also programming, literally, the subconscious as to how to approach and solve problems. The conscious mind is the control panel we are given to control subconscious mental programming that controls most of our behavior. Words solve problems in more ways than you might think.

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The subconscious is constantly seeking guidance from conscious mind thoughts. You should think of it as an eager puppy sitting there awaiting guidance and direction. Once cued, it immediately begins necessary processes to accomplish what the conscious mind wants.

**However, you must cue it!**

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Thus, one of the therapist's jobs is to cue the subconscious through the meticulous, precise use of words.

Therapy is, to a large degree, priming with dominant thoughts.

**-- Priming the Prime**

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