

RCM Podcast – Interview With Trevor Silvester

Howard: I'm tremendously excited today to be sitting here right now with Trevor Silvester; Trevor is the founder of cognitive hypnotherapy and the training director of the Quest Institute. He's trained well over 800 cognitive hypnotherapists and has worked for literally thousands of clients helping them to let go of anything that limits them or reduces their quality of life. Amongst other things he was the editor of the hypnotherapy journal of the national council of hypnotherapy for 9 years and received their Researcher of The Year Award for his groundbreaking book: "Wordweaving: The Science of Suggestion". And whilst I could talk for much longer about his various accolades; I'm keen to hear from the man himself. Tell us a little bit about what you do and how you got started.

Trevor: Yes, sure. I'll start with the beginning. I was a police officer, I was a police officer for 18 years and for the last 7 I was at Hendon Training School as a police instructor. I kind of wandered in there almost by accident you know, a series of happy and unhappy circumstances drove me there, and they were at a particular point where they really investing in Training Staff, so we ended up getting taught Psychology from the university professor, a guy called Mike Eales he was brilliant. We were placed in counseling courses and I did this to get an education, so there's all kinds of things I was really being exposed to that were completely new to me, and I loved the whole aspect of interpersonal work with people and helping them to move through a course that was very challenging. And I felt very limited by the counseling aspect of things; it didn't seem to get anywhere very quickly. So we're looking for something else and I ended up studying... I did a diploma in psychotherapy. It had a module on Hypnotherapy which I just felt like, the minute I was introduced to it, it felt like I'd always known it in a kind of a way, it was like coming home. And then I tripped over NLP and again, just completely blew my mind, I learned more in seven days of NLP training about how to help people to learn, than I had one in the two years in education course. All of that, it just fascinated me how I could help somebody with a fear of exams, in the space of half an hour let go of that fear and increase their exam results, sometimes 25% the very next day. And when you begin to watch people changing in that way, I think it can be quite addictive. And I just knew I was never going to go back to being a police officer.

So I spent 3 years building up a nighttime evening practice outside of work, and then I jumped. I left the police, instead set up a practice and then two years after that my wife, Rebecca, she left the police as well and we set up the Quest Institute to train people in the approach that I developed. And it kind of went from there, that was about 15, 16 years ago and now I have a practice in Harley Street and most... I do three things really, I have a practice in Harley Street, I train people through the Quest Institute to become Cognitive Hypnotherapists and write books so, you know three things I love and I just try to balance them out.

Howard: Fantastic, and I mean you talk about this sort of approach that you developed, cognitive hypnotherapy, how do you describe it to someone who hadn't come across it before?

Trevor: It's not a nutshell description I have to say, it was kind of... it emerged out of this um... as an antidote in many respects, I think, to two things that I saw: I was reading a lot and, I still read a lot, did a lot of training and what I came across were two main things. One was the presence of a lot of certainty put in therapy. How people seemed

to be very sure that their models were the right models and other people's were lesser, so there was this whole bum fight constantly going on about whose techniques were better than others and I thought that was getting in the way of approaches. The minute somebody came out with something new, they built a wall around it, copyrighted it and made you pay thousands to learn it. The thing I loved about NLP was this whole idea of just stealing from anything that worked and refining it down to get the essence of it and then teaching it to other people. And yet even NLP succumbed to that, so there are various forms of NLP.

So I just wanted to trap that kind of idea of continual uncertainty so we have a rolling revolution if you like, where we continually adjust the model of therapy to take in everything we learn along the way and because I think, the second thing was that out of the certainty emerges um.. a kind of a search for a label in every client you get that comes to see you where you do a diagnosis, you attach a label which leads to a treatment plan. So if you're a hypnotherapist, somebody says 'I'm a smoker' and then out comes the smoking script.

If it's a CBT therapist and you have anxiety then you do this, this, this and then this. So this whole side idea of there being 'client centered therapy' was kind of.. It was a misnomer because it wasn't. The client had to enter the therapist's model in order to be helped. And there was a 'one-size-fits-all' approach and it just was an anathema to me really so, what cognitive hypnotherapy really yields is a way of thinking. It was a flexible framework so you listen to the client and we have various models of helping us understand the way that one client thinks differently to another client. We use things from NLP so a visual client might respond better to a certain technique than a kinesthetic client.

We talk about Trance phenomena and so some clients respond better to positive hallucination and negative hallucination, again probably a visual client, compared to sensory distortion. And so we refine our techniques and what we're going to do with our clients according to who the client is. So really it's just a framework that guides you towards whatever intervention would help from whatever other model of therapy there is, so it's not an approach itself, it's a way of thinking about a client that guides you to any technique that you got in a systematic way, so if the client you begin with one technique and it doesn't work, then you understand why it doesn't work and it means that you can jump to another technique, potentially from a completely different approach, even a contradictory approach.

So there's a flow to it, it's a much more creative act.

Howard: And certainly, I know from experience when I've read, you know, the books that you've written on cognitive hypnotherapy that it feels very much like a generative field, it's growing and you're not afraid to pull in different bits from different things flexibly rather than going "This is the model, let's lock it down, let's throw away the key, that's it, nothing else must get in" and that's one of the things that I really like and certainly when I've been interviewing people, certainly on these podcasts one of the themes is that people seem to have almost an irreverence over their own thoughts and beliefs, enough that when something else comes along they want to incorporate or at least experiment and try it out.

Trevor: How else do you stay excited? [00:07:52 Howard: Yeah] We've been doing this for 20 years and I still look forward every single time to my clients' sessions because there's something new. Every client is a puzzle box. What's their problem about? How am I

going to use what they give me? And so it is a continual creative act that I think keeps you young in your thoughts [00:08:09 Howard: Mhmm]. And it keeps you focused on how can we get better at this, because we're not good enough yet by a long long way so, how can we be cocky? I always say to my students: We can't be anything other than humble because in a hundred years' time people are going to look back at what we consider cutting edge and they're going to laugh at us! [00:08:29 Howard: Mhmm] Just like Freud and his psychoanalysis. We've got to be aware that we are just as good as we are at the moment and tomorrow we can be much better but we're not going to be if we take ourselves too seriously.

Howard: Absolutely. I think that's a really nice thing for people to embrace as an attitude and a way forward. And, going back to the idea of labels, because I know, in the kind of work that I do I get people and they come in and they sit down and they've been to or seen someone else or had a clinical assessment and they tell me, they go: "I have depression", or they say, you know: "I have generalized anxiety". How useful do you think labels are?

Trevor: Just because they give me a label doesn't mean I have to have a preconceived idea about it [00:09:15 Howard: Mhmm], so what's going to be useful is knowing what they feel about the label, some people like labels, some people are happier because they've got a label and part of the therapy is going to be about helping them to let go, or being somebody without it. So it's... they're useful shortcuts in some respects but then they're only the lightest and most imprecise signposts I think [00:09:37 Howard: Mhmm]. It's nearly always... whenever somebody comes through the door with, whatever label they're given, it's not ultimately going to be about that, it's going to be about the relationship to themselves. Even sometimes as banal as nail biting [00:09:48 Howard: Mhmm] can go all the way down the rabbit hole to "I don't love myself". Sometimes, it'll just be about the nail biting. But there are ways of distinguishing between the two? But if you just have nail biting as a heading, then you're trying to squash every possible person who has that one behavior into a therapeutic strategy. It's never going to work as effectively as meeting the individual and responding to them.

Howard: I quite agree. In your experience what are the challenges with helping people rapidly? And obviously, one of my themes is to begin to get people to see that change can happen quicker than many people would believe it to be possible.

Trevor: I think that there are challenges that work both ways. From the client's point of view I think there is a certain need to honor their belief system about change. So while you could be really wildly enthusiastic about the possibility of changing them in a single session, if somebody's been dragging around a problem for the last 20 years sometimes it can feel a bit dishonoring to them to suggest that it's so easy to get rid of because then that turns into another problem of how stupid do they feel about that having happened. So you have to kind of balance that out. So when I'm listening to... to their belief systems around change, I'm looking to accommodate it, not necessarily live up to it. You know, somebody says this is deep and complex, it's going to take 15 years for us to do this. I'm not going to strap in for 15 years. I'm going to begin to nudge them towards a slightly shorter time frame perhaps.

Howard: Fourteen years

Trevor: Yeah, maybe fourteen [00:11:19 laughter]

Howard: Fourteen, yeah!

Trevor: That would still be stunningly quick wouldn't it?

Howard: Yeah!

Trevor: So, and I think you can indoctrinate it into this idea largely because of Freud, that it takes 15 years of digging with a spoon before you finally get into the deep stuff. I don't believe the problems are deep, I think they're all surface because the brain needs to find them quickly. The things that we bury deeply are the things that are irrelevant to us [00:11:41 Howard: Mhmm]. We don't have the time, our brains don't have the time to keep us alive to go searching through a filing cabinet, the most relevant things to our survival are readily accessible... in my experience... so often we just have to divert the clients away from the belief that it isn't... for the thing to be able to popup. [00:11:57 Howard: Yeah]

So there are a number of social factors that go against rapid change and also, a thing that I've learned out of my keenness was that sometimes you can scare a client by helping them to change too quickly. And I use this metaphor about how when I used to watch my wife cut bread she would always cut every slice beautifully, and mine would be a complete mess. There would be just crumbs everywhere and I couldn't figure out (apart from being left handed so knives don't quite work as well) I couldn't figure out what I was doing wrong. And finally it clicked that, because I'm a bloke, you know, strength was the factor so the blade would cut at my speed and with Rebecca it was completely different, she cut at the speed of the bread so she recognizes the resistance and she slows it down and I realized clients are the same, you have to cut at the speed of the bread. The client can only change at the speed they're prepared and able to do that. So I'm always about rapid change, I'm a brief therapist. And sometimes rapid change can be one session and sometimes it might be a year and a half for some issues, but I'm always present in the session thinking "Can it be today?" Never kind of slide off into "Oh, this is going to be a long haul" because I might miss something.

Howard: Yeah, one of the things that I've often thought about when I've been working with people is... I almost feel there's um... (Not that I like this phrase) but a battle of trances. You know, people come in and if I'm not careful I can get sucked into... If they're more congruent about their problem than I am congruent about the solution. I kind of get sucked into this kind of feeling of... where... you see for me I know any session I do, hypnosis is happening I just need to make sure it's the right way around.[00:13:49 Trevor: Yes, absolutely]. You know, because sometimes I can walk away and go "Oh my word, they really are screwed!" "They really do have a deep and serious problem". And that used to happen, I think in the earlier days when I was doing stuff, when I didn't realize actually how it was unfolding. Is that something you've come across or found as well?

Trevor: Absolutely, you got to... trance will always occur, and you have got to be the person who's in control of it [00:14:16 Howard: Yeah]. As you say, because you just get sucked into their whirlpool and you end up doing laps with them and the idea is you're meant to be on the bank, helping them to find their way out of it. You're not going to get anywhere by jumping in and just holding them up. And I think that's what some approaches do. It's a challenge.

Howard: It is a challenge and one of the things that strikes me is that we often talk about certainly within therapy or entering their model of the world [00:14:41 Trevor: Hmm] and I think for me this is almost where there's a challenge... an innate challenge or an art form to it which is, how do we totally join their model of the world without getting sucked into the same river as them?

Trevor: Absolutely, yes. And you know... our brain chemistry is against us you know... I'm really interested in the role of mirror neurons [00:15:00 Howard: Mhmm] in therapy and the suggestion that when somebody tells you their story in therapy, your brain is running a simulation of it which is where our solutions emerge and of course, that's I think that is the critical therapeutic error that therapists make, that they listen to somebody talking about "Oh yeah this happened to me and it's terrible". Your brain runs through their system [00:15:22 Howard: Mhmm] that situation and it says "Oh well, the way out of it is this!" and to the therapist the solution becomes insight. It's not an insight; it's an 'outsight'. I think what we need to do is to inoculate ourselves against giving advice and think about "what's the question I could ask that would help the client move in the direction that would gain them their own insight?" It would be like Inception: You drop an idea into the client's mind but it's for them to feel that it's theirs, that's the skill of it not to sit there pontificating.

Howard: How do you do that? How do you enable yourself not to get too sucked in, in terms of the content and be able to ask the questions that would let them find their own solution?

Trevor: That's a great question and my best answer I think is the model of cognitive hypnotherapy is that we are always listening for categories of information. I was very influenced by a quote that Tad James used many years ago which is that "there's no content in content worth knowing" [00:16:21 Howard: Mhmm] and you have to think about that for a while, I probably had to think about it for a couple of years before I actually stopped chanting it and understood it. But it's true, there's nothing about their story that's inherently important, it's... what is the context within which it operates? What is the structure of their thoughts that creates it? What's the process that it leads them through? And what's the consequence to them of it?

And so, I'm training my students to be thinking in that way so they don't get sucked into the story. They're basically thinking two things: What's that about? And by that I mean where is the context here? What's the structural information I can use? What's the process I can interrupt? What's the consequence I can manipulate? And how do I use it? What techniques would be best served? So I'm thinking in the background of my mind, I'm tremendously busy sorting out all of that stuff and of course, I've been going long enough now that it's.. I've reached a kind of unconscious competence level where it just pings and I know what I'm going to do next, and what I have to take my students through is the conscious competence from unconscious incompetence so that they actually they know why they're doing what they're doing. I'm tremendously suspicious of new graduates who say that they are just going by their gut or they're just being intuitive because they haven't trained their intuition enough to be worthwhile yet. They need to be able to go to a supervisor and say "I came to this decision because of this line of questions which led to this answer and this is the information I gave" [00:17:48 Howard: Mhmm]. Somebody with 3 months experience or even a years' experience just goes "Oh well, you know, I just kind of eclectically got it". I'm suspicious, I wonder if they have just lacked the discipline to learn the stuff properly [00:17:59 Howard: Yeah]. When I was an instructor at Hendon I've been on the streets for 10 or 11 years, and so I've... The problem I faced was, I would go into

a class and I would set up a role-play say of... criminal damage [00:18:10 Howard: Mhmm] and then I would say, "Right, so that's an example of criminal damage" and then the students would say "Why is it?" and I couldn't tell them because I knew it was, but I'd forgotten all the points to prove within the law that prove that offense. I had to reverse-engineer my learning to go from unconscious competence back to conscious competence and I think that's a good tool for therapists to remember to do. When they sit back and go "Wow that went really well!" OK, what process did you follow that came to that good conclusion? [00:18:40 Howard: Yeah] Because in continuing to be aware of why you're doing what you're doing, I think you become more precise and you get to understand principles more, and I think that's what it's all about.

What I'm always encouraging people to do is go to any training, any method, any technique that's been taught out there and deconstruct it. Look for other principles that are making this work so that when it doesn't work with another client, which it won't, because no technique works on everybody, you understand why it doesn't work and you'll know how to change it, to just manipulate it in some way to make it work for that particular person because there's nothing, nothing that works for everybody [00:19:18 Howard: Mhmm] and that's one of our major mantras, that there's no hierarchy of power. Some people might think that the Swish Pattern is quite a weak technique compared to Timeline... Using Timeline and regression for example. And that depends on the client; one client might have the whole world change by a simple Swish Pattern and have nothing from a Timeline. [00:19:38 Howard: I've seen it, I've seen it happen]

So we mustn't think about these drawers of super techniques and minor techniques, it's how you mix them with which client.

Howard: So, I think that kind of nudges me towards exploring something else with you which is, I think people who engage in the process of brief solution therapy or looking for helping people and finding the way the structure, the context, the consequence, the process works, I think in many ways for people starting out can be more intimidating a way of working than just doing talking/counseling type stuff, because essentially you can't fail. If you're just chatting and it's just a conversation, you know, the therapist doesn't have to sit there and go "Oh, something didn't work, they didn't respond" And I think there is, for many people, there may be some fear around what would happen if I did something and it didn't work, how do I deal with that? Do I lose credibility as a therapist? I mean what then?

Trevor: If you're worried about whether you'll lose credibility as a therapist you should be getting therapy. It's unfair for people to be paying you, to be guided by your limitations. I think. And also, with solution-focused therapy again it's one of those mistakes our brains make where to go for just working on a solution and avoid any focus on the problem, why do we have to make this choice? We continue to make the error that it's an either/or universe. And again with cognitive hypnotherapy I wanted to get rid of that because it depends on the client. Some people I think can be very strongly past based, they constantly refer to their past as the reason for their present. To ignore that past doesn't honour their way of seeing the world and is also missing a fantastic reservoir of potential change material.

Some people are "I'll only see it when I believe it" they're present focused people so you can do the best work in the world in the therapy room but until they see the change as they will do in subsequent moments (in their "future present" if you like)

they're not going to believe it. And then some people are solution focused, they're future focused and so they're constantly.. The downside of it is they can be living a kind of Billy Liar experience where they don't actually live, they just continue to dream about what might be. So you need to put your emphasis on work there, because you could do any number of great things that changes their present or changes their past but if that doesn't update the way they see their future, nothing is going to shift [00:22:10 Howard: Mhmm].

So again, that's one of the differences that we're going to be listening for as to what are the technique choices or bundle that I'm going to formulate with this one client. So I'm a great fan of solution-focused thinking and I incorporate it into cognitive hypnotherapy but we look at problem state and solution state and then just adjust the balance according to where the weight of change, or evidence for change is going to be with that particular person. Does that make sense?

Howard: It does, and what strikes me is that you're so flexible in your approach...

Trevor: If you let go of the idea you could fail, it allows you to be flexible because if something doesn't work that's just information [00:22:52 Howard: Mhmm]. That whole NLP thing of there is no failure only feedback. If you can tattoo that to the inside of you eyelids and actually live it, the world changes for you, it really does because failure is usually only a fear of other people's opinion so... get some therapy, reduce that as best as you can because if in therapy something doesn't work, you just go back to the same questions again: What's that about? Why didn't it work? How can I use why it didn't work to make something else work better? [00:23:19 Howard: Mhmm] and you just keep on rehashing that until you find the thing that works because you will. Something will work on everybody; you just got to find the thing for that one person.

Howard: So how do you go about when someone rings you, for example, with a particular issue? How do you manage their expectations of what will happen during a session and you know, will they ask about time-frames and long will it take and how is this going to unfold?

Trevor: That used to be the case, I have to say I am in a very lucky situation now where people ring up for an appointment and my wife handles all the bookings and I don't see them until they arrive... and I quite like that, since I'm a completely blank head, I do no preparation at all for any client coming through the door. I usually don't even ask my wife what they say they're coming for. I have my first sessions are an hour and a half, so I've got plenty of time to settle them, to sort them and often to get to an intervention phase as well. And so, I think... I don't really know how to answer that, how do I manage their expectations... I guess what I'm looking for them to realize that this is not a magic pill and just the fact that that they're paying a lot of money for me does not mean that I'm going to wave a magic wand and they're going to walk out... this is going to be a collaboration and I think people often arrive... and I talk about i-loc and e-loc... where to be e-loc is to have an external locus of control so the world is happening to you and the kind of day you have depends on how people respond to you and what happens in your day. And then, there is the i-loc position of, irrespective of what happens in your day, you are free to choose the meaning of it and how you respond to it... and most clients, and I really mean all clients, come to you in an e-loc position. They are looking for you to fix them, pretty much.

And so, that is an opportunity that's a thing to be used so I will use that, without believing in it. I am not their solution but if it gets the ball rolling then fine. But as

soon as I possibly can I'm going to recruit them to the cause, so I give them tasks in-between sessions. I get them to realize that most therapy happens in-between our sessions. And so, this is a joint effort, I encourage them to email me in-between with what they're noticing, all the positive changes from listening to my download that they'll be plugged into it every night, anything and everything because we need them to contribute to what we're doing to the differences that they begin to experience in their life. So after a while they've gone from e-loc to a mixture, and then the last step is to get them to realize they don't need me at all, I want to build in my redundancy, they are i-loc and so part of i-loc might be choosing to come and see me every now and again when they need a certain thing from me and then they let me go again. This is not going to be me holding their hand all the way to their outcome, I expect to lose a client somewhere between 60 to 70% towards what they came to see me for, with them believing that they got what it takes now to get the rest of the way on their own, that is success and sometimes I'm still holding their hand up to the 100%, sometimes I'm not but that's always what I'm after, because I'm really interested in rapid change but only if it's permanent, otherwise it's just a magic trick and it made my ego feel good, and it's left them in no better a situation, probably worse actually because they have lost a bit of hope that they can be helped. It's going to be about permanence. And it'll only be permanent if they're responsible for its continuation.

Howard: I think that's some really, really, really good stuff there and I'm hoping that the listeners as well are finding it as useful as I am. Can you give me a couple of real examples where rapid change has happened and it's lasted?

Trevor: Yes sure, I had a client... This is a recently banal example in one respect but it's quite lovely in another where a student on the course had a fear of heights so strong that she couldn't even stand on a chair [00:27:24 Howard: Mhmm] so I did an intervention with her as a demonstration and the following week she abseiled down the side of the building.

Howard: Amazing

Trevor: That's great... but the even greater thing is that at the end of this month... her, and 15 other people from Quest who were on our mass practitioner course will jump out of a plane at 15,000 ft. together. And that's been in the space of about 3 to 5 months since that original intervention. So that's pretty cool, I think.

Howard: Absolutely amazing! Actually, amazing and I love hearing things like that.

Trevor: Yeah me too, it'll be wonderful to see her, and I'm going to get a vox pop. We'll film a before and after and all that kind of stuff. It's a wonderful thing. Another example I've worked a lot with post-traumatic stress disorder. I think, possibly because of my background in the police. A lot of police officers, a lot of service people, they like to come to somebody with a feeling that they would understand the background of their experiences so I kind of have been involved enough for a long, long time. And, a client who had been out to... (a very keen cyclist)... and she was out cycling with her best friend and her best friend was hit by a van and killed and actually died in the arms of my client. And this client had already had a previous background of PTSD, as bad luck would have it, so it completely affected her in, as you'd expect, in many profound ways including the fact that cycling changed in its entirety. Anytime she got on a bike she went into flashbacks, into a state of anxiety and exactly what you'd have expected it to be in many respects.

Howard: Sure

Trevor: And, I did single intervention with her and two weeks later she went on an 18 mile sponsored bike ride and the only negative feeling she had was sadness, which I think is appropriate. But she didn't have the anxiety, the flashbacks or any of the other stuff that she usually saw me for. So, that kind of thing, you know... I expect to happen when I work with clients and at the same time as I've said, I worked with some people with PTSD, that's taken me a year to 18 months to actually get to where we wanted to get and I've completely failed with others, so there's this whole continuum, we still haven't got the answer to everybody.

Howard: Yeah, I think that's very reassuring as well for people to hear. You know, that there isn't anyone out there that's getting 100% success rates and you know...

Trevor: I don't believe anybody who says they are. I really don't. And the great thing is if you read enough Erickson, he admits to failures too and if that guy is allowed to fail then surely we all are.

Howard: Absolutely, although he always frames it in an interesting way and I think that's a funny quote and I think I said it the last time we spoke where he says, you know: "There's a number of people that I've been able to... I've been able to help everyone that I worked with and there's a few I'm still working on" [00:30:20 laughter]

Trevor: Yes, and there is that. You know, I can think that I've completely bounced off of some people, and yet maybe the time isn't just right for them now. But also, I might just not be the right fit for them and somebody else is. This is a lovely thing... that I think it's perfectly possible that I've got 20 years of experience and somebody can come to see me and despite all of that the fit isn't right and I send them to one of my students with 2 years' experience and they crack him in one. That's a wonderful thing, and what I would do is sit down with my student and say "So, how did you do that?" because that's a lovely place to learn from. You learn as much... I learn that one of the great things about being a teacher as well as a therapist is I think, the therapy helps my teaching and the teaching helps my therapy because I'm hearing people's ignorance on module one of my course... they know nothing about this stuff and so they're not restricted by limitations, and so they can ask you a question that makes me question my own 'concreted-ness' after years of experience and that's wonderful because they're often as right as I am. We can learn from everybody.

Howard: And going back a second because you said you expect them to be able to change, you expect this to happen. How far do you think a therapist's expectations about what's possible, guides the interaction?

Trevor: Massively. If you do not believe you can help somebody to change you shouldn't be seeing them. And I think one of the key things, and something I've observed in 15 years of watching graduates is that the more the graduate involves themselves in personal change for themselves, the more likely they are to be successful as a therapist. Some people just come along and they deal with an academic exercise because they want to help other people, and they're relatively unchanged by the end of the course, those people don't tend to last. But the people who actually say "These are the things about me that I need to work on" and continue to work at them... You know I still have therapy from bits that come up and bite me on the bum, and they are not the big things that used to but you know, why let anything hold you back. So, you know I'm jumping out of a plane, I've had a fear of heights in the past, I'm still

not completely clear of it, I'm doing stuff to make sure I jump out of that plane, I'm not taking it for granted. And it gives you a massive reservoir of belief in the possibility of change because I know what it's felt like to have a panic attack standing on something that's 8 feet off the ground, and I know what it's like to stand in the same place and wonder what the hell that was about then.

So if you can sit there with that belief system then it's just a question of what haven't I discovered yet, for you, that's going to make the change in you but no-one stays the same. If they don't come to therapy they're not staying the same, they're likely to be getting worse, we... with a butterfly effect we are not who we're going to be yet, and it's a question of are we making ourselves up in the form that makes us happy? Or are we making ourselves up in the form that leads to continuing and increasing unhappiness. That's what I'm about really, nudging people towards the better choice.

Howard: I think that's a really nice way of looking at it, nudging people towards the better choice. I think it's very elegant. So... whose work would you say... whose methodologies have had the biggest impact on you and the way in which you work?

Trevor: Lovely. Well, obviously I have got to say Erickson, just for his insight that people aren't broken and you are not the fixer and people have all the resources they need to get better. You find everything... the solution is within them. I love that. Obviously I love his language. Bandler and Grinder for the genius of modeling and everything that really came from that change of ideas that NLP has led to. I love that, very grateful for them as well. Steven Wolinski completely changed the way that I saw trance, that actually trance is present in everyday life, it's not a special state and that actually when clients come to see you, when they tell you their problem they're telling you their trance and actually our job is to de-hypnotize people from their problem trance, that's..

My life changed just from that one book "Trances people live". It was brilliant. Funnily enough also, Gil Boyne was one of the biggest influences even though he was... he ended up as a great friend of mine and hoped that one day I would grow out of NLP, he was a real direct authoritarian hypnotherapist who would place hand behind the neck of somebody and shout "Sleep!" and pull them onto their shoulder and.. He had a stage hypnosis background. And he believed people had to be told everything about how to get better, but I went along on his masterclass and I thought "Well, if NLP is right I should be able to model everything that's contrary to that belief system in his work". And I could, and I also had to accept that his direct authoritarian work was doing fantastic things in a short space of time and that really was a moment when the penny dropped that up until then it was "Erickson good" and anyone not Erickson "bad". And I realized "Actually, Gil Boyne and Erickson are at opposite ends of a continuum, both doing great work so, what's the synthesizing feature here?" And for me it's the client. Which system, which combination works best with whom... So, I could go on, I could go on and on about his influence but they're probably the big ones.

Howard: Well, I mean one of the things that I'm hoping that people will do when they hear people like yourself talk about these influences is that they'll go and they'll start reading more from these people and looking into more of these people and having their own set of self-discovery.

Trevor: Oh, I do hope so! Read "Monsters and Magical Sticks" by Steven Heller, I don't know if you ever knew any NLP people but it seemed to use around the same point in time,

and it seemed to be on a parallel line and just beautiful in the way that he is so flexible and so light in his approach. I could give... I'm a book addict really so I could bore you senseless with book titles. And also I like to say that Tad James and David Shephard as my principal early NLP influences, you know they were the guys that actually taught me NLP and they're massively influential in their skill, in their precision of NLP, there is nothing wishy-washy about whether you knew something or didn't and I think it gave me a fantastic grounding.

Howard: I know when we last spoke you were talking about some of the other work that you've been doing. Is it with Slimpods?

Trevor: Oh yes, yes!

Howard: And what that means to people with diabetes and I just want to know whether you're prepared to share some of those thoughts because I think it makes for an interesting discussion around perhaps why organizations often... and individuals are so resistant to change.

Trevor: Well, yes thank you. I work with a company called "ThinkingSlimmer" who do predominantly weight loss products and these products are on my Wordweaving downloads so people listen to them at night, they only last for 10 minutes and actually we've recently taken them through a 6 month double-blind randomized study and I think that it's the first time ever that it's been shown that they were successful. Hypnotic suggestion actually works... which is a quite a nice place to get to in a way. And the loveliest thing about it wasn't just the fact that they had to lose weight, they actually just liked themselves better at the end of the 6 months listening to them, which is I think, is much more important. So, I've got a lot of people out there listening to things for weight loss which is wonderful, it's a great community I think.

But an interesting byproduct of it was that a number of people with type-2 diabetes just reported that from the changes they were making as a result of listening to Slimpods that they were able to come off of insulin and actually be able to control their problem through diet which is pretty sensational! And so, Sandra Roycroft-Davis the head of ThinkingSlimmer and myself went along to Diabetes UK to talk about the possibility of rolling out a study where we would supply the Slimpods... in fact I was going to do a specific... I have done a specific diabetes download to see if people could regulate and again, we have got to be very responsible about this. I am not saying we've got the cure for diabetes, what I'm suggesting is that there are people out there who have the possibility that they could control their own, they could be their solution to diabetes, probably not everybody, certainly not everybody but certainly some. And the very first thing they said was "There's no cure for diabetes" and they would not sway from that initial set-point and we've come across that a lot but if you think about it what is the future for Diabetes UK if there's a cure for diabetes? They disappear and I think it's the major organizations that after a while they begin to exist for their own existence rather than for the thing they were set up for. I saw that in the police service and I see it now within the police service that after a while it's about protecting the police service not about serving the public and not from an individual level just as an emergent property of that organization and they lose trust in their own opinions, they get led by politicians and you know, we're not getting served. Politics at large is exactly the same thing.

Howard: Just like a secondary gain for the organization.

Trevor: Absolutely, the government is another example of it, isn't it? Governments serves itself, it doesn't serve the people.

Howard: It's, I think it's such a shame that there are things that are out there, that is strong evidence for... that there are case studies for... that we can provide proof for and that people aren't willing to explore.

Trevor: Yes, Can I just say that we just in the two year study in cognitive hypnotherapy on its efficacy because you know, what's the point of saying "This is great!" and still falling through... the CBTs has its problems because they put their therapy through the ring and from the resulting studies they could say it's 52% effective in these areas and as a result, NICE accepted them and they got 700 million pounds of public funding. Hypnotherapy is nowhere even close to that situation because there is no evidence to support its usefulness and in this evidence based world we continue to be a complementary approach and we wanted to change that so we began a study and it's going on 3 years ago now when we first began it... using instruments that the NHS use.

Pencil studies or pencil measures that clients use to assess whether the therapy has worked. There's a wellness measure and there's one for anxiety and one for depression. So we're using the very things that doctors are using in their surgeries and we are about to get published in the Mental Health Review Journal that shows that in our pilot study with an average of six sessions, cognitive hypnotherapists were able to work with anxiety and depression and were effective with a percentage I think of 73%... on an average of six sessions, against the CBT's of about 52%. Now, as with any with any pilot study, and again we want to be responsible, we're not going to come straight out and say "Oh look! We're better than CBT" but I wanted to open up a debate, with NICE, to say "Look, there is something here that is worth you considering it now". Because there's nothing inherently wrong with hypnotherapy that prevents it from being taken seriously, it's just that everybody is defending their hypnotherapy. So of course, so am I because now we call it Cognitive hypnotherapy and we're putting a fence around it and we're inviting everybody in but it needs to be something that has a framework because if Cognitive Hypnotherapy is represented by everybody then it means nothing. If everyone is doing their version of cognitive hypnotherapy then it's nothing so we have to have a certain bounds around what is it that you say you're doing which has been a bit of a challenge... I have to say... because people love to say "Oh I'll do that but I'll add this"... and by adding "this" they haven't understood cognitive hypnotherapy yet because it's not a thing so we have to think about everything.

Howard: Personally I hope that the research has begun to nudge people in the right direction... nudging those who need nudging in the right direction because primarily aren't we all in the business of making sure the best help is available for people who need it.

Trevor: Yeah, absolutely right.

Howard: Is there anything else that we haven't covered or that you think would be useful for people at home... for listeners to be able to hear about these ideas of rapid change?

Trevor: Um... I think it's... If I was to leave anything it's just this idea of therapy being a permanent revolution and to do anything you can do to avoid certainty. The minute you think... There's a lovely quote, I think it's Bill O'Hanlon who says "Whenever a diagnosis of a client comes to mind, I go away and lie down until it goes away again".

And that's what I'd push people to do, and you know that one of my favorite sayings is by Paul Saffo about "strong beliefs but hold them weakly". Let them go the minute the belief no longer serves you, otherwise you become concrete and if you look at the history of therapy there are more dogmas and churches out there than there are actually living, breathing, moving therapists and so I made an appeal in my book on cognitive hypnotherapy for it to remain a constant revolution. If somebody comes to see me and says "This works and I can show that it works" and it doesn't fit in our model then we change our model, we don't ignore that particular thing. It's got to be as Bruce Lee would say, we've got to be water, we've got to flow, we mustn't get stuck.

Howard: Great, and also as I said early, the recommendations and the books that you mentioned, we will put them up on the site as well. And even if Trevor doesn't say it himself I absolutely, thoroughly recommend all three of Trevor's cognitive hypnotherapy books. I think everyone should get them and buy them and read them and devour them really, they're absolutely amazing...

Trevor: And "Wordweaving" is just going through its fifth reprint, and we're just about to put it on Kindle in celebration so, the second one "Question is the answer" that'll be on Kindle by January as well.

Howard: Absolutely great, so it'll be easy to get a hold of it. So if people are listening to the podcast and are keen to hear more from you, where should they go? How should they get in touch?

Trevor: My website is probably best if you're interested in training and the general background of Cog-Hyp then probably <http://www.thequestinstitute.co.uk> , I do have a therapy page <http://www.trevorsilvester.com> as well and they're probably the two best places. There's also the cognitive hypnotherapy website as well that you can go to also, which keeps you in touch with the latest stuff that's going on. And of course there's Facebook page and twitter as well, all that social media nonsense.

Howard: Fantastic, well we'll put all the links again under the information so people can get a hold of you easily as well, and thank you again on behalf of myself, on behalf of all the people tuning in, we really appreciate your time today and going through all that, it's been absolutely fascinating, thank you!