STAYING IN FOCUS
THE FOCUSING INSTITUTE NEWSLETTER
VOLUME VII, NUMBER 2 APPLICATIONS OF FOCUSING MAY 2007

FOCUSING IN A MEDICAL PRACTICE

*By **JUAN B. PRADO FLORES**, M.D., Mexico*

I have been using Focusing in my medical practice for a number of years in order to attend to my patients in a more holistic way. I have learned that the number one patient I need to attend to is myself. From this necessary experience, I can understand the repercussions of disease, not only in the sick person but in the family members involved.

Surprisingly, taking on medical problems through Focusing has positive effects not only on the patient, but on the whole context of his or her relationships and circumstances. With Focusing, one of the doctor's most relevant functions is to help people get in touch with the powerful healing forces within their own bodies, which Focusing evidently makes more powerful. With enormous gratitude and admiration for Dr. Gendlin and for those who have been teaching me this process, and those who have helped me share it, I submit the following experiences:

Dr. Flores was trained in Focusing by Revs. Ed Mc Mahon and Pete Campbell. He has an article in the new edition of the FOLIO. Dr. Flores can be reached at jubpra@yahoo.com

ROMINA

Rominia is eight years old. She has a severe earache. Her very tense parents bring her to my office. The three of them haven't slept all night. The father blames the child because she had gotten chilled the day before. The mother is angry with her husband for blaming Romina, and is also very worried. The little girl complains about her earache. She's pale, scared and crying. It's evident that her eardrum is very swollen. I tell Romina that when I am in pain or scared, when I'm sad or feeling guilty, I go inside my body, where these feelings are; I treat them tenderly and that helps them change and feel better. I ask her if she can do the same with her pain. "Maybe like when you hug your favorite stuffed animal," I say. She shyly answers "OK." I ask her to try putting her hand gently on her sore ear, and to see if it's OK to shut her eyes so she won't be distracted. She nods and does this for a few moments. Suddenly she opens her eyes and says: "I want to go to the bathroom." "All right," I tell her. "Maybe you can continue being with your sore ear until you come back." She comes back, her hand on her ear. I'm surprised because I thought that she wasn't paying much attention to my suggestions. We follow the Focusing steps, and I see her physically change. I ask her how she feels. She answers, "Better." While I write the prescription, she lies down and falls asleep on her grumpy father's lap!

The next day she phoned and with a cheerful voice told me that her pain disappeared the day before. She thanks me for helping her. One week later I can see that her ear is perfectly healthy.

ROSALIA

I receive a phone call from Rosalia, the mother of an eight-month-old baby that had just fallen and hit his head and is desperately crying. I examine him and see that there is no neurological damage, nor any other problem,

but he is still screaming. So I ask the worried mother, "And how do you feel?" She starts crying, so I decide to try Focusing with her while she carries the baby around the narrow office, trying in vain to calm him.

She suffers from convulsions. She had taken her medication and laid down on the bed next to the baby. She had fallen asleep without putting the baby in his crib and had woken up with the sound of the baby's head hitting the floor and his cries. Everything was there--fear, guilt, anger and much 'more.'

Meanwhile--following my suggestions--she tries to be with how all of this feels in a loving way, without trying to change anything, without judging or interpreting, only giving it her warm presence, allowing the painful experience behind all of this to express itself. The baby calms down and falls asleep in her arms. While Focusing, she has seen a large light and a small light. They have given new meaning to the situation.

I see her face glow with an inner radiance. I tell myself that if I hadn't been watching her, I just wouldn't believe it. They leave. Later she calls to tell me that besides being her son's pediatrician, she feels I'm a close friend.

SILVIA AND FAMILY

One Friday night, I attend a very sick newborn. I tell the parents to take him immediately to the Intensive Care Unit at the hospital.

Notes from his chart: Background: the mother became pregnant when she was planning to go back to school to continue her studies. She didn't want this pregnancy and developed severe gastritis, intense back pain, and persistent vulvovaginitis.

Symptoms: The baby sleeps too much and doesn't breast feed. "His cry is hoarse and weak," says the mother. She has taken him to the emergency room several times, but "they scold me for not being able to feed my baby." She is anguished and feeling very guilty.

Weight at birth 2,85 kg. Now: 2 kg. He has lost 30% of his body weight. Temperature: 39.9ºC. At the hospital, he develops convulsions that do not respond to treatment.

Silvia's mother phones to tell me that the baby refuses to eat, "as if he doesn't want to live." She tells me that Sylvia suffered many losses when she was a child. Her sister and father died. "Her husband doesn't even come near the baby."

I feel that Focusing can help, so I tell the grandmother that I need to speak to the baby's mother. In my notes the next day, I write: "Silvia Focused and left feeling better".

When the baby is 24 days old, the family returns to my office. His progress has been surprisingly good: Weight: 2.885 grams. The mother is breast feeding him! There is no neurological damage. I only notice a slight irritability and hyperreflexia, which disappear in the next month.

A few years later I ask Silvia if the Focusing session helped her. Her answer was, "Doctor, it saved all three of us!" She included her husband, who since then has been especially close to his wife and child. I ask Silvia if she would be willing to write about her experience to share with others.

She writes:

> ***When my son was thirteen days old, he had a high fever and wouldn't eat. The doctor told us that we had to take him to the hospital right away. When I heard this, I got very upset. I felt guilty, afraid, sad, and didn't know what to do.***
>
> ***I had already taken him to the emergency room four times since he was born. Each time, the doctors had told me he was all right but a bit dehydrated. They said I didn't know how to feed him correctly.***
>
> ***Once my baby was hospitalized, I didn't want to visit him. I was very afraid, and I didn't know how to help. I could only watch and cry.***
>
> ***My pediatrician asked me, "How do you feel with all of this?" I told him that I felt terrible--guilty and afraid of losing my child. He asked me,"Where do you feel all of this?" "Here, in my heart." He asked me if I could go there and tell that feeling that it had a right to be there, and to ask if it wanted to tell me something.***
>
> ***When I did this, many things came to my mind. I remembered when an uncle of mine was very sick in the hospital and died. I remembered the problems I had with my husband, and how***

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FOCUSING LEADS TO A NEW STRESS TEST

*By **MELINDA DARER,** USA, Assistant Director, The Focusing Institute*

Words can not express the pain I felt when my 17 year old was diagnosed with a life-threatening heart condition two years ago. I felt a basic animal instinct wanting to protect my child from any kind of discomfort or pain.

My son Adam loves basketball. In fact he was on the school basketball team when two years ago, Adam came to us and said he felt his heart hurt, that it beat very, very fast when he played basketball. After six months of looking we found someone we could work with, a top doctor in New York. Our initial impression of the doctor was that he wore these really cool sneakers. But more importantly he related to Adam, and he let me ask all the questions I wanted.

Over the next year, Dr. Pass put him on medication and tried to perform two procedures to cure the condition. The attempts were done about eight months apart involving hospital stays of up to a week. To do the procedure, they had to try to recreate the rapid heart beat or tachycardia in the lab with radio frequency waves. But, both times they failed. Furthermore Adam's condition was then diagnosed with a more life-threatening condition called CVT.

Over the next several years, he saw Dr. Pass every six months, and the routine was always the same. He would see the doctor, and then we were told to make an appointment to come back to the hospital for a stress test. But it would only be a standard treadmill test which never resulted in replicating Adam's symptoms. Adam always asked the doctor when he could play basketball, but Dr. Pass said he would not allow him to play. Adam would get mad at us for not letting him play. We felt we couldn't put his life at risk. There was a sadness there about Adam not being able to be a normal kid and do the kinds of things boys like to do. Also, he is quiet and introverted. Basketball would be a very important physical and team outlet for him.

This past January, Dr. Pass suggested we see if the arrhythmia had disappeared on its own, took him off his medication, and had him do normal activity, including basketball while wearing a 24 hour Holter monitor, but this showed that he still had extra rapid heart beats. However, with further questioning he explained that if Adam could have an episode during a stress test at the hospital, he could get much more information. There are more leads to the heart during the stress test than on a Holter monitor, showing exactly where in the heart the arrhythmia is coming from. Up to now the diagnosis assumed it was coming from several places which made it life threatening.

Previously, when Adam had a stress test, on or off the medication, he never had an episode of a rapid heart beat. I knew it was a waste of time and would not give the doctor the information he needed. I also knew that Adam's rapid heart beat came from a start-stop motion, like in playing basketball or moving wood up a hill. I had a felt sense that something was wrong with how he was being assessed,

Melinda Darer, USA, Assistant Director of the Focusing Institute and mother of Adam.

As I Focused on my felt sense there was an emerging understanding that the episodes were generated by stopping and starting--that therefore they would never get an episode by the method they were using, which did not involve stopping and starting,

Having gotten this clarity from Focusing, I had the courage to go back and forth with the doctor on how the stress test would be useless unless it mimicked what Adam experienced in real life. The doctor didn't know what to do.

At first, I did not know what to do either, but I was determined that we would have to do something different this time, so the doctor could get a reading that reflected the reality of the situation.

Following my own implicit "knowing" I called the head of the exercise physiology lab and asked him to think with me. I explained the whole situation. Through the conversation, I was able to generate questions from my sense of the situation. I asked him if there was anywhere in the hospital that Adam could play basketball and be hooked up. He said no. I asked could he do

something different in the exercise stress test that could mimic playing basketball. He was quiet and said possibly. They have always had a standard protocol when doing this. However he was willing to have Adam sprint and then slow him way down and then sprint again and slow him down again. It is worth noting that the Director of the physiology lab was willing to listen to me and modified the test that he had performed thousands of times in the same way.

Adam started walking very slowly on the treadmill. Then they increased the speed until he was running a fast pace, then he was slowed down to a very slow walk. As we were doing this, the Director of the lab looked at us and smiled and said he wasn't sure what he was doing.

The third time they had him sprint and slow down, Adam did have an episode of tachycardia, which is what we wanted. It felt bizarre to be happy that he was having an episode. The Director, the cardiologist on call and the other technicians crowded around the screen to see what was happening. Everyone was so excited and happy to see that his heart was beating abnormally fast.

When the doctor called us later that afternoon, he said that he had misdiagnosed Adam. The rapid heart beats were coming from only one place in the heart, certainly good news.

The cardiologist said that Adam should resume his medication, come back in a week and take the same stress test, exactly the same way as before, with running and then slowing way down, running and then slowing down, etc. If Adam didn't have an episode of tachycardia, then the doctor would let him play basketball.

We went back to the hospital for another controlled stress test to prove that the medication protected him.

Dr. Pass wrote a letter to Adam's school saying that he could play basketball as long as he was on medication.

Tears still come to my eyes when I remember Adam walking in the house with a pair of new basketball shoes. For the first time in two years Adam was able to play on the school basketball team!

The future remains unclear, but I experience repeatedly that in the medical profession many routines are worthless because they do not consider the individual. It is very frustrating in dealing with a stressful situation. We could not relax and feel like we were in good hands with even the "best" medical professionals. Being able to stay connected to my own felt sense of the whole situation meant I could think and make distinctions that freed us from a useless routine and helped to develop what was needed. This doctor and the director of the lab now have a new stress test for this condition which will make their practice better and save worry for patients. It takes courage and self-confidence to speak up, and yet it is so easy when we take a deep breath and listen to the felt sense.

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I had given up my studies because of my pregnancy. The doctor asked again, "Where do you feel this that has come?" I answered, "In my hands." He said, "See if you can go there, be with it, and ask if it wants to say anything else." "Doctor, I don't want to be with my son. I want someone else to take care of him. I love him, but I don't want to be tied to him." A long time went by, how long I don't know. Then the doctor asked me how I felt. "Better. I want to visit my baby in the hospital," I answered.

When I arrived, my son had medical appliances all over his body. But when I entered the room, I felt different from the last time. Now, I wanted to see him. I wanted him to know that we needed him with us, that we loved him very much, that we wanted him to get better so we could all go home.

I read him a story, "El Rancho de Pancho." I described the scenes in a lively way, and I noticed that he started to laugh so much that his tummy was shaking. That made me very happy.

Soon my baby left the ICU and spent a few days in recovery. I took care of him every day, there in the hospital, and I slept next to him every night. All of this was painful, but since that day when I left the doctor's office, I felt that I needed to take care of my baby, and it's a blessing to have him with me now.

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THE FOCUSING INSTITUTE NEWSLETTER
DIRECTOR MARY HENDRICKS
EDITOR DIONIS GRIFFIN
DESIGN EDITOR RICKI MORSE
A TRI-ANNUAL PUBLICATION OF
THE FOCUSING INSTITUTE
34 EAST LANE, SPRING VALLEY, NY 10977
www.focusing.org

FOCUS ON: *JOAN KLAGSBRUN, PH.D.* *Coordinator USA*

*Interview by **DAVID SMITH**, Trainer USA*

D: Joan, how did you first become involved with Focusing?

J: In 1976, I was a young psychologist, sitting in a library in Cambridge, Mass., trying to write my doctoral dissertation. I had one of those moments where I just couldn't bear my dissertation any more. I got up and wandered into the stacks, and my attention landed on a book entitled *Experiencing and the Creation of Meaning* by Eugene Gendlin. I sat down at that carrel and, in my eagerness to avoid my own work, spent a couple of hours reading this intriguing book. While I found Gendlin's philosophical language, and the complexity of his ideas, hard to grasp, I was drawn to his concept of experiencing, and to the notion that there is implicit meaning that comes directly from what we can sense in our bodies. I knew the author was on to something really important. Afterwards, I returned to my thesis, and that, I thought, was the end of it. But life is quirky. A week later, I opened my mailbox and found a brochure for a summer program at Naropa Institute. One of the featured speakers was Eugene Gendlin, who was going to teach something called Focusing. I looked him up, and, sure enough, this was the same Gendlin whose book I had picked up in the library. I decided, on the spur of the moment, to go.

There was a large crowd at the introductory presentation on Focusing. Immediately I was taken with Gene. He was brilliant, warm, authentic, and remarkably present with each person to whom he spoke. I sat in the front row and must have seemed quite enthusiastic, because afterwards Gene came up to me and said, "This really speaks to you, doesn't it?" And I replied, without thinking, "Yes, I feel as if Focusing is like Gestalt therapy for introverts. Which makes it just right for me." We laughed. And so, for the five days he was there, I arranged to have several meetings with him, and he kind of tutored me in this new and incredibly meaningful practice.

D: So, where did you go from there?

J: At the end of the Naropa program, I told Gene, "I feel like learning Focusing more would really change my life and my practice. I wish you lived on the East Coast." Gene replied that he was going to be spending a two-year sabbatical in New York City, and, if I were willing to come there, he would supervise me.

So I commuted to New York twice a month, and after a few meetings, Gene-- being a community maker--invited me to join other people in what became an informal Changes group. We met in the apartment he and Mary were living in, overlooking the East river in Manhattan. I met many Focusers there including Neil Friedman, who became a colleague and with whom I have co-taught Focusing trainings for therapists over the past decade.

D: Can you talk about the ways Focusing has been present in your practice over the thirty years since that meeting?

J: As soon as I learned Focusing, I became passionate to teach it and to integrate it into my therapy practice. Since it was so life-changing for me--so revelatory--I felt compelled to share it with others. So right away I brought the practice of Focusing to professional conferences, to my graduate students, and to my clients. I also began a Changes group that first year in Boston. And I have been training and certifying Focusing-oriented psychotherapists, educators, and health care professionals ever since.

As time passed, I developed new professional interests, but Focusing has remained central to my work. For example, when I began to teach clergy, ways to use Focusing in a spiritual context became more apparent. I came to appreciate Focusing's power to help people open to spiritual experience, and to foster a spiritual way of being in the world.

I had begun to see more clients in my practice who faced serious illness. Working with this population, I discovered

Joan's current research is sponsored by Lesley University and The Healing Gardens in Boston, USA. A copy of the research protocol can be obtained from The Focusing Institute.

Focusing as a healing practice. It seems to provide three key ingredients necessary for healing: first, the capacity to be with the illness experience--to gently and compassionately sit with what is most challenging, most disturbing or even most instructive about the illness or disability. Second, to allow people to connect with the part of them that knows they are more than their illness. And third, Focusing helps people who are ill find the next right healing direction or life-forward step. I talk with my clients about "finding health in the midst of illness"--it's the title of a book I'm working on--and I've found that Focusing truly offers people a way to find a sense of wholeness during their journeys with illness.

Another goal of mine, a kind of long-term priority, is introducing Focusing to the professional world of psychotherapy and behavioral medicine. I've presented Focusing at many psychotherapy and mind/body medicine conferences in the US, as well as in Australia, New Zealand and Europe. I'm also working to have Focusing courses become an accepted part of the curriculum in the university graduate school programs in which I teach. My hope is that eventually Focusing will be offered as an integral part of academic programs in psychology, social work, theology, nursing and medicine. I want to help make that happen.

D: Can you speak more about your work with people with illness?

J: Both of my parents died when I was in my mid thirties, and their premature deaths gave me my first experience of dealing with serious illness. I became more interested in how one could learn to care for those who were ill more holistically--including on psychological and spiritual levels--so I took training in hospice work. That training experience propelled me to develop a program of teaching Focusing and listening to hospice workers. From there I began to introduce Focusing techniques to people in my practice who were ill. I found that it was particularly useful for these clients to get some welcome respite from the stress of managing an unwelcome illness.

D: You're doing some research to explore the helpfulness of Focusing for people with illness, isn't that right? Can you talk about that work?

J: When I began working with people with cancer, I was very intrigued by Doralee Grindler-Katonah's research. She had done a pilot study for her doctoral dissertation using just the first step of Focusing with people with cancer. In her study she found that those who regularly practiced the first Focusing step over a number of weeks, showed less depression, a better body image and better overall mood, as measured on questionnaires, than individuals in a control group.

So I created a research study with some colleagues building on what Doralee had found. The study integrated Focusing with expressive arts in working with women with cancer. However, it was hard to tease out which of the exciting findings were due to the poetry, dance and the art-making, and which were the result of the Focusing.

So, currently, with the help of six terrific Focusing Trainers, I'm directing a second study involving women with breast cancer. We are looking at what Focusing alone can do in terms of changing quality of life for these women. We've chosen a few measures to assess attitude, spirituality, anxiety and depression. We'll compare the results of six weeks of individual Focusing sessions to those participants who received no Focusing.

In addition, we've added an interesting variable. At their first meeting, each participant meets with a trained Focuser in person, but thereafter, they meet on the telephone. We know that people with cancer travel to enough appointments at hospitals and with doctors. When you're not feeling well, the last thing you want to do is travel to another appointment. So we will see if Focusing with a trainer on the telephone can help patients relieve their stress and connect to a sense of well-being, without ever leaving their home. Being able to get this level of help on the telephone might help distinguish Focusing from other complementary methods.

D: It's a nice story, how a book found by chance in a library carrel thirty years ago set the course of your life's work. How does it all feel to you now?

J: I hadn't thought of it that way before, but I do feel enormously lucky and indebted to Gene Gendlin whose work opened a new and wonderful life path for me. I also feel grateful to so many fellow Focusers who have become my most cherished colleagues and friends. It is a blessing to have work that continues to feel deep and meaningful over the span of so many years. In fact, Focusing feels just as exciting to practice and to teach now as it did when I first learned it.

In the next years my hope is to mentor others who will continue to develop this work and make it their own. We in this community have something to share with others that is remarkably precious. Focusing seems to have the unusual capacity to make human beings more human--something I believe the world badly needs.

COPING WITH PAIN AND BODILY DISCOMFORT: AN EXPERIENTIAL TRAINING PROGRAM

*By **Dieter Mueller**, Focusing Coordinator, Germany*

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In September 2005 we cooperated with Germany's biggest health insurance company (AOK). They wanted two psychologists--myself and Heijo Feuerstein--to create and offer a program for people suffering from chronic physical pain. This program needed to have a preventive character which meant it should reduce medical treatment and the use of pain pills and empower patients to use self-help strategies.

They selected us because we have had widespread experience in working with chronic pain. We already offer workshops to clients in our Focusing Centre. I have worked for 15 years in different hospitals where I supervise the staff of pain departments.

We were lucky that the insurance didn't have any ready programs in this field. It meant we could develop something fresh. The structure that we had to follow was to train within two days (i.e., two full Saturdays within two months), plus an introductory evening before and a follow-up evening six weeks after.

This series was to be offered three times within the next two years as a pilot study in a particular area of Germany, and it was to be accompanied by an evaluation program. If we could prove outcomes as mentioned above, this program could then be offered all over Germany and also for other health insurances.

We wanted this program to be different from existing programs. We wanted to use Focusing to enhance the wisdom of the body and to integrate other concepts in a Focusing oriented way. Since we wanted to split into small groups (two clients working with one trainer), we first had to develop a group of Focusing trainers. We offered special training for them and together we developed the training for the clients.

Last year we held the first workshop at the insurance company. Articles in the newspaper and the AOK newsletter announced our training. We were excited about the people who came. Some were in wheel chairs; some couldn't sit but walked around; some had to lie on the floor, and others could only sit on large plastic balls. We had a woman of 82 and a man of 24, people from Russia and Italy who spoke little German, but most were in their forties or fifties and hadn't been able to work for months or years. We had 26 participants and 11 trainers.

THE INTRODUCTORY EVENING

We started with a tuning in, a small relaxation exercise, and asked them to ask their body if it was ready to stay in the room for the next two hours and what it would need to profit from the evening.

During a whole group Focusing, we asked them if they could be friendly to the part in their body that hurt so much or caused so many problems. At the end we discussed whether they had managed be friendly to their body. Most of them could not. But those who could, felt somehow better than before. We used this result to explain our concept that we were not planning to give these instructions in a whole group; we would work person to person.

We demonstrated the same Focusing exercise in a one-on-one setting and showed the differences and the possibilities of talking back and forth and customizing techniques to the special needs of the person in pain.

Finally we gave a PowerPoint presentation, *What is Focusing?,* and we explained what we were going to do during the two days of training, first three, and then six weeks later. We explained that the program aimed to develop their private ways of coping with bodily discomfort, to reduce the depressive reaction to pain and to improve a caring relationship with their body; also to re-establish good interpersonal relationships so that their lives could be

"something worthwhile."

THE FIRST SATURDAY

We started with a tuning in, suggesting that the participants see what happened when they told their body that they would take care of it during the whole day.

In groups of three, we listened to everybody's pain history in an empathic Focusing way. Afterwards we Focused on how it felt to be listened to. (We had one trainer for every two participants.)

In the afternoon we taught relaxation exercises, also 'clearing a space' and the Focusing steps. We encouraged the participants to look for bodily well-being in spite of the pain, and to find a friendly attitude towards the pain. We coached them through difficult feelings. At the end we offered them a CD with the main exercises on it.

THE SECOND SATURDAY

We started again with a tuning in. Participants were invited to ask their body if it was OK with the care they gave it during the last four weeks. We started the small groups with an interview, letting each one tell what happened during the last four weeks, how they used the training and the CD, and if there was any change. It was important for us to listen to the problems that came in the way and to reinforce the steps they already did.

Each group rehearsed the Focusing steps, and each participant focused on "the pain in my life."

The main topic then became the experiential exercises from behavioural and family therapy. These exercises were published in The Folio (Volume 18, Number 1, 1999). In summary, the small groups focused on thoughts during pain, asserting that negative thoughts make pain more painful and showing how to develop positive thoughts even during pain. We offered to check their behaviour. Many habits should change in order to treat our body better, but it is difficult. What is in the way of our habit change? How can we enhance more adequate behaviour? We offered to look at their family and their relationships and to check if there was something there that made their pain worse.

At the end of the day we gave them another CD with more exercises and encouraged the group to go on with their training at home and to meet in small groups without trainers.

THE FOLLOW UP EVENING SIX WEEKS LATER

We discussed progress and blocks during the self-help period and asked for feed- back. We offered personal coaching that evening for each participant.

The feedback was very encouraging for us. Nearly all the participants felt better; they were happy to be listened to, because usually no one can stand this helpless situation, even the doctors usually offer no more than 5 to 10 minutes, just time enough to get their pain pills.

At every meeting--in other words, four times--we offered them a package of questionnaires for the evaluation component. Among other evaluation scales, we used Prohaska`s TTM ("Stages of coping with pain"), the MDBF to check the changes of mood, the FF-STABS to assess the change of pain. We developed questionnaires about the different exercises, and we especially wanted to know what changes happened in their method of coping with pain.

We have only the data of one group now, but some effects are already significant. After the training, participants tended to go into action to cope with pain. We could show that they had a lessening of symptoms. The Insurance saw that the patients used more self-help exercises instead of going to the doctor and that there was a reduction in the amount of pain pills.

Meantime we have finished the second Training with a new group of nineteen clients and it looks to be as successful as the first. The Insurance didn`t pay for the first training, but gave us the equipment, rooms, food, and did all the paperwork. After the big success we had with the first training they offered us payment. They broke their rule, to pay for only one trainer for every twelve participants, because they understood the necessity of creating small groups. They offered payment for one trainer for every four participants which meant they paid for five trainers for our nineteen clients and also paid travel costs.

As we actually wanted two trainers for every four clients, we developed a system whereby we had, in each group of four, a trainer and a trainer-in-training who didn't get paid the first time but next time would. Sounds complicated, but it worked very well.

We need to collect data for sixty participants, and then we will be accepted generally. This will mean that our trainers can offer the program and insurance companies will pay. Payment of around $50 per hour is not too bad.