



THE

FATIGUE

SUPER

CONFERENCE

**Case study: How psychology impacts recovery**

Guest: Jess Thompson

**Alex:** Welcome to the Fatigue Super Conference. And, for this discussion, I'm talking with Jess Thompson, who is director of psychology here at the Optimum Health Clinic. Jess leads a team of practitioners, working with really the whole range of people with fatigue-related conditions. We do a lot of work with people with severe chronic fatigue, ME fibromyalgia, but also people which are struggling with energy and how fatigue is part of the picture but, perhaps it's not absolutely debilitating in terms of their lives.

**Alex:** And, over the last quite a lot of years, sixteen years I think it is, the Optimum Health Clinic psychology approach has really evolved. Through a combination of obviously studying research, studying different approaches and different ways of working as a kind of amalgamation of the best of what's out there. But also in a sense we've developed our own, bit of our own, language in a sense. Our own kind of vocabulary in terms of how we do things. And really our own model which has become really a kind of, an integration and kind of amalgamation, but also a lot of clarity that's come from the process of doing that.

**Alex:** And, we have a very strong emphasis on what works in a real world, clinical setting. And one of the things that I realize is sometimes there are things that we know work, in a clinical environment, and the reason why they work is something that evolves in our understanding sometimes. That there are ways we might've explained things a decade ago, we may explain quite differently now. Even though the intervention and the way that we're working is still the same.

**Alex:** So we thought it would be good to just do a session kind of taking a step back and looking at what are the different facets, or aspects of fatigue that we work from a psychology point of view. And I think that'll give people a bit more of a sense of why psychology could be so critical and so important. And, just before we come to it, well firstly welcome, thank you Jess for being with me.

**Jess:** You're welcome.

**Alex:** Okay, getting carried away. Maybe as a starting point, for people who are perhaps completely new to the idea of psychology in fatigue, and perhaps have been told, this is all in your head. And that's clearly not what's happening, and often that makes people quite resistant to the idea of psychology. Maybe just say a bit about why psychology is important. I know also we should say that both you and I have had our own journey of recovery from chronic fatigue.

**Alex:** But, yeah. Maybe say a bit about why psychology is important.

**Jess:** Sure. Certainly for me in my journey of recovery, I was really resistant to the idea that psychology could be involved. Which is funny now considering what I do.

**Jess:** The sense that it could be created by me, by my mind, by the way that I was thinking, felt actually really, really, challenging to me. So I was very resistant to it initially. It wasn't until I understood actually the mind and the body are so linked, that it made sense to me that actually in order for my body to heal, I needed to be in a healing state. And the way to get into a healing state was to actually reduce stress. And that a lot of my stress was created by the way that I was thinking and the meaning I was making of things.

**Alex:** And I've certainly known in my experience, one of the few things that actually gave me energy was people telling that my experience wasn't real. It was an odd reaction that stated for those kind of statements.

**Jess:** Yeah.

**Alex:** But I think there's also, as we know, a reality here that, fatigue is such a complex jigsaw with so many pieces, that anyone that's on a wholehearted path to recovery needs to be looking at as many different parts of that picture as possible. And this is certainly one of the, can be for some people, the most important piece. For others could be a more minor piece, but for almost everyone is part of the jigsaw.

**Alex:** Should we start a little bit with talking about what we call predisposing factors, in terms of psychology subtypes in what they are and how they can have an impact in terms of weakening someone's sys-

**Alex:** We talk about a boat analogy with loads on a boat, and it's no one load that sinks the boat. But they can be either loads on that boat in advance, or they can be at least factors that perpetuates what's happening.

**Jess:** Sure, so the psychological subtypes we've identified are the achiever type. So this is somebody who has a tendency to push themselves really hard,

they're very goal orientated. And may actually as a result of that have ignored their body. We talk about the helper subtype. These are people who have a tendency to put other people's needs above their own. So they are constantly looking out for everybody else, helping everybody else. And as a result, tend to ignore their own needs. And often actually aren't in connection with their own feelings at all. They're far too busy worrying about how everybody else feels.

**Jess:** The anxiety subtype. This is somebody who approaches the world from a really fearful place, often beginning in childhood. They've never felt quite safe and have a constant sense of anxiety. And the trauma subtype. This is somebody, there's two different trauma subtypes. There's kind of developmental trauma, where somebody may have experienced lots of adverse childhood experiences. And then there's kind of big "T" trauma, which is where they may have experienced a traumatic event which has caused them to be in a state of maladaptive stress.

**Alex:** And in a sense the way that we're talking about these is that in a sense they are what we call energy-depleting psychologies. There are certain ways of relating to ourselves, and relating to the world where we're kind of constantly depleting our resources, right? So let's say someone has a helper pattern, and before they crashed or burnt out with fatigue, let's say they get back from work one day and their body says, I'm tired, I need to go to bed and rest. Then the phone rings and one of their friends is going through a break up and they end up spending until 2:00 in the morning on the phone helping that person. And, no one event necessarily is the issue, but when that's a pattern of behaviour, where someone is consistently ignoring what their body is communicating and prioritizing either helping others, or achieving outcomes, then that has a very depleting impact over time.

**Jess:** Absolutely. And often it's a combination of these subtypes actually that creates the problem. Along with kind of physical subtypes too.

**Alex:** Yeah. And it's worth then saying just in terms of, I guess to complete on the model that there's what we call predisposing factors. And that can be, we talk about psychology subtypes here, could also be that there's a set of physical subtypes you talk about. And for some people there's a gradual onset of getting ill that those factors together over time, going back to that analogy of loads on a boat, become too much weight and the boat starts to take on water and can start to sink.

**Alex:** For others there can be a trigger event. There can be an additional big, final load that comes on top. And that can be a virus, it can be a major life event. It can be a number of different things. It's that kind of trigger event. And often people can get overly focused on that thing that happened at the

time they get sick. So Phil might say, well I got the Epstein-barr virus, and that's why I got chronic fatigue. And they're not realizing that there's all of these other factors in the buildup which have been depleting and draining their system.

**Alex:** So that building, that overall picture, is obviously really important. Should we then come on to a bit about what we call the mal-adaptive stress response? Cause interestingly, when someone starts to crash, and in fact, on a case study we recorded together talking about the trauma, a case study of someone experiencing trauma of diagnosis. This could be a whole new load on someone's system.

**Jess:** Yeah, absolutely. So when the boat is overloaded by the various different factors that we're talking about, and begins to sink, a person will begin to experience physical symptoms. And that in itself is really stressful, really frightening. So, their system's already been in a state of stress as a result of the subtypes. And then they start to experience physical symptoms, and the stress response goes up even further. Because they're experiencing symptoms they don't understand. Often, there isn't a clear prognosis. They don't really know what's wrong with them or why it's wrong with them.

**Jess:** And this creates more stress in the system, which can then become kind of locked in. So the body is in a constant state of fight/flight/freeze. And we think of this response, to the illness, response to symptoms as being a bit like a heavy net which holds the boat under water. The boat sunk as a result of all of the predisposing factors, the perpetuating factor is the person's understandable response to the illness. Which is, for that system to get stuck in state of mal-adaptive stress.

**Alex:** And I remember when we first started using this phrase of mal-adaptive stress response. That it was, we used to talk about a kind of, a stress response in kind of, oh you know it's stressed. And people would say well, we're all stressed. Then what we kind of realized, it is what it says on the tin.

**Alex:** It's mal-adaptive that it's a stress response that is not actually serving a value. That normally stressors become, so walking down the street and we step out into the road, haven't seen the enormous London bus coming, kind of flying towards us. And we need that hit of stress hormones to get out of the way and respond to that. What we're talking about here is a stress response where we are constantly reacting to our symptoms, our circumstance. The unconscious asking questions like, what's wrong with me? Why is it wrong with me? Will I recover? Should I rest? Should I push myself? How will I feel tomorrow? Can I go to my friend's wedding next month? What do people think of me?

**Alex:** There's all of this stuff that then goes on, which then gradually rises up one's stress levels. And maybe just, you want to touch on the, sometimes people will hear this and they'll go, oh my god you are totally describing me. And others, you know, will sit in the, kind of in a clinic room, almost bouncing off the walls, and say I'm not stressed. So maybe say a bit about people's ability to self-identify when this is happening.

**Jess:** Yeah, sure. I think, as you say for some people it's really clear, it's obvious. They recognize the thought patterns that we're talking about which are perpetuating the stress. And for other people it may be that they've normalized the response to the symptoms so much. They don't even recognize that there is a thought, or a stress related to it. It's just become normal. And I think that some of that can be because they have a very firmly held belief that psychology isn't involved in what's happening to them, but it's a purely physical thing. So they don't even consider the fact that we can have these thoughts and these feelings which are perpetuating the stress response.

**Alex:** The analogy that I know we sometimes use, it's almost like taking a frog and putting it in a glass of boiling water and it jumps out. You put it in a glass of cold water and you gradually heat it up, and it doesn't notice the change in temperature, stays in there and gets fried. Now this is not an experiment we've actually personally done but, it's what people tell us. It's the same thing, right? In terms of often with stress levels in fatigue r-

**Alex:** Well, in life generally but particularly in fatigue rated conditions. And then, I guess another piece here is that people can feel tired but wired. Like they can be exhausted, but actually kind of overstimulated and not able to switch off.

**Jess:** Mm, yeah. Absolutely, this is a very common, it's a stage of the illness where you are absolutely exhausted in a wired state. But again, people can normalize that. They've been in that state for so long, perhaps as a result of the predisposing factors. Certainly the perpetuating factors, it just is normal for them to be in that state. It's almost like their body and brain have forgotten there's another state that we can be in.

**Alex:** So then there's come to, as we, this context to the background here that as we're working with clients, be it, and we'll talk a bit later about some of the different ways that we work with clients, be it the ninety day programs, there's an in-person option. Or individual psychology program which is more of a kind of Skype or telephone based kind of program. But, how important is people having this understanding, like we will often, we'll go through their case and then we'll help them understand how some of these ingredients are playing out. How important is that for people?

**Jess:** It's really crucial. Because this condition is so widely misunderstood, and fatigue is widely misunderstood. Giving people an understanding of how they've ended up where they've ended up, can help to give them back a sense of control over the situation. It helps them to feel much more empowered. That they understand that it's a process that's happened that's led them to where they are, therefore this process can be reversed.

**Jess:** Rather than them feeling that this is an illness that has happened to them which they have no control over, no choice over, and there's nothing they can do about. So it's crucially important that they have a really good understanding of causative factors of the illness.

**Alex:** And that's obviously a key piece, and it's not the final piece. You know there's then the actual practical changing of this, right? So maybe say a bit about some of the tools that we use to start to work with almost literally re-training the nervous system, re-wiring how someone's system is responding.

**Jess:** Sure. So we tend to work in layers, recognizing that the net that's holding the boat under the water needs to be removed before there's any point in working on the actual loads that were on the boat in the first place. So the first thing that we do is we look at the person's thinking and feeling responses to the symptoms that they're experiencing. Helping them to recognize that thoughts about symptoms will actually perpetuate the stress response.

**Jess:** And that thoughts each have their own kind of biochemical signature in the body. And most of their symptom related thoughts and activity related thoughts will be leading to that chemical signature of stress. And in order for them to actually begin the recovery process they need to help their bodies be in a state of healing.

**Jess:** So we're looking for thoughts that actually lead to a chemical signature of healing, without the stress chemicals. The first thing that we do is look at their thoughts about symptoms, and teach them to understand what thoughts are. That thoughts aren't reality, thoughts aren't facts so that we can step back from thoughts. And that we actually have choices about the thoughts that we have.

**Jess:** And so we work with a process called the stop process, which as an NLP technique for kind of pattern break.

**Alex:** And let's, it's one of those ones that's quite difficult to explain without actually kind of demonstrating it. But, maybe, well maybe I'll just throw a couple questions at you on this one. So, in a sense what we're doing is we're

helping people recognize how they've wired their brain and their nervous system, right?

**Alex:** So they have this thought, that leads to that outcome. There's a kind of wiring that's in there, but we can look at it from the point of view of neuroplasticity that there's actually, literally, kind of wiring in the brain that they've trained a certain response. So, you're talking about cultivating awareness. We're then using that awareness, but when these patterns start to happen, that people have a way of literally stopping those thought processes, and shifting their process.

**Alex:** And it's a kind of habitual pattern break of, it's almost like if you've got a dog that wants to keep jumping on the sofa, you have to tell it enough times not to that after a while it learns. But every so often it might look at you, look at the sofa, and kind of think, can I get away with it?

**Alex:** But you have to kind of train a different response. And the way that the wiring in the brain works is, if enough times if you're going from point A to point B, you catch it along the way and take it to point C. If you do that enough times, after a while, the brain starts to learn a different way of responding. And that's really what we're talking about here, that we need to understand these thought processes, get awareness. If you can see it you don't have to be it, it gives you the distance.

**Alex:** And then teaching, training, a new habituated response. And sometimes that can be take some time, and other times it can be quite radical, right? In terms of how people respond to that.

**Jess:** Absolutely. It can be a really key piece for some people. Actually once they've worked on that net and they've reduced that stress response, they've retrained their brain to think in a different way about symptoms, their boat can actually come back up to the surface. Because maybe actually they have had other interventions or, enough rest for their boat to actually be able to do that.

**Alex:** So for some people that is, that can be actually be a key part of the answer. It can be the thing which, sometimes there are people that have been ill for many years, done lots of things that haven't quite worked, then suddenly you switch off this nervous system and it's like, the whole thing self corrects. And it can appear like a miracle sometimes.

**Alex:** For other people it's a much slower, and it's a more challenging, and multi-factorial kind of process. So say a bit about, once that net's been kind of lifted, and if that boat's not immediately kind of popping up, what are some of the other pieces that would then be brought in at this point?

**Jess:** So at this point we also start to look at the subtypes that we talked about before. So we look at their way of being in the world, and whether that is still creating stress in the system. And we also start to look at the deeper, underlying, emotional factors which may have weighed their boat down.

**Jess:** We use emotional freedom technique in order to, we teach this to people. So we really act as coaches. So we're teaching people the tools and techniques and the practical strategies they need to be able to do the work themselves. So we'll work with them in sessions, but they'll also go away and do work themselves on the various subtypes that we've identified. That are kind of causing the system to still be in stress.

**Alex:** And I think that's an important distinction, actually, between why the way that we work is different to a traditional, let's say psycho-therapeutic environment. Where generally the change happens in the therapy room, and therefore the more sessions you have, the more change it appears that you might be able to instigate.

**Alex:** But actually, I mean when we work, yes change happens in sessions. But really, as you're saying, it's teaching tools and techniques to empower people to then go and, because we're not there 24/7. We're there when we're having sessions and what happens the rest of the time is really what's so important, right?

**Alex:** And actually, as you touched on, dealing with the subtypes could be crucial because you can calm down, get the net off and kind of calm down the nervous system. A bit of energy comes back and all that energy gets spent on back achieving, back pushing, back trying to help everyone. Or that actually we're trying so hard to get well, there's so much effort-ing that's going into that, that we're not even getting any energy coming back because we're just in a kind of loop of constantly pushing and then crashing.

**Jess:** Absolutely. People often apply the same subtype they have to the recovery process. So if they're an achiever type they'll apply that kind of pushing themselves to achieve recovery when they're recovering. And that in itself creates more stress.

**Jess:** But those are the sorts of things that we start to look at after we remove the net. We also teach people about the stages of the illness. So we kind of create a road map for them to help them to understand where they are on the map and what they need to do to get to the next place. And it's different in each stage, in terms of what they need to do, what they need to focus on, and how to move from one stage to the next stage.



**Jess:** Different tools and techniques work best at different times. And we're very much there to guide people and help them to know, you know which tool, which time, what type of tiredness, what type of fatigue they're experiencing. Therefore what the kind of most effective tool or strategy would be for them. We're like a kind of satellite navigation system, really. We've walked this path ourselves. We've also seen lots of people walk the path. We're kind of able to help them to see where they are, and what they need to do next.

**Alex:** We're kind of like the Google maps of recovery, right? I think actually just to touch on the concepts of stages, actually. Cause I think when we first conceptualized that model back in 2005 or 2006 I think it was, that we couldn't understand why certain people did really well on certain interventions, and others did really badly. And it just, it didn't seem to make sense. The understanding of different systems and subtypes and that sort of thing didn't really explain it. And then it was this kind of recognition that there were these different stages.

**Alex:** And just to touch on those, stage one being the kind of crash stage, and at stage one we need lots of deep rest and body needs time and yes we need to calm the system, but ultimately it's rest that tends to help support with that progression. Stage two is where energy starts to come back, stage two is the tired and wired stage. And often when energy starts to come back, it actually goes to the nervous system. So there's a kind of perverse sign of progress. People can start to feel worse. And they start to feel worse because they're more agitated, they have more anxiety, they stay, gone from sleeping sixteen hours a day to not being able to sleep.

**Alex:** And then therefore the tools that are important at stage one, lots of rest, you know take time, deep rest. At stage two, we often need to start doing a bit more activity to start to ground that energy. And then stage three, being the reintegration stage where we're starting to come back into the world, that that's where those underlying subtypes- helper pattern, achiever pattern, anxiety pattern, and trauma, those kind of things need to start being addressed.

**Alex:** And whereas at stage two often the goal is, can we get into a healing state whilst somewhat isolated from the world? There's a whole new challenge at stage three we're coming back into the world. And all these provocations, and tendencies, and things to kind of go into old patterns, that we have to really bring that into the world. So this recognition and definition of these subtypes has been crucial really in terms of helping people navigate that.

**Alex:** And I guess maybe just to touch on this a bit more, what you were saying around being a kind of satellite guidance system, of the role of helping clients become their own best kind of coach in a sense. Maybe, you know we talk about being captain of the ship of your own recovery.

**Jess:** Yeah, absolutely. So when clients understand that there are different stages to the illness, it helps to give them that sense of control and empowerment. And they begin to recognize, okay if I'm in stage two, my focus needs to be calming the nervous system, and these are the tools and strategies I've been taught to do that. So they take control. They realize that they have the, all the knowledge and understanding the need in order to be able to do that.

**Jess:** When they move into stage three, there's a kind of new way of working with it. We're still often using the same tools, which is great cause they've become really skilled at using those in stage two. So when they're in stage three and their old patterns pop up, again they know that they have the control, they know that okay this has happened, stress response has gone up, energy fatigue has come back in, I need to do this, this, and this.

**Jess:** So, we give them that sense of control and understanding really, to help them to be the captain of their own ship.

**Alex:** And then at this point for some people, that's kind of what needs to be, that needs to be done. And for other people, it almost, some of the underlying factors become all the more clear in terms of their needing to be addressed. And that can also involve underlying emotional kind of factors, trauma. Just say a bit about how we might then start to change tack a little bit, and work with some of that.

**Jess:** Yeah, sure. So in stage three the person's going back into the world, so they're starting to reengage socially, reengage with their family, reengage with work, their old predisposing patterns will come up. And helping them to recognize that it was those factors that kind of came together that partly created the condition, means that they understand that actually they can't be back in the world in the same way as they were before they became ill.

**Jess:** We don't have to change completely in order to be well. Often it's about balance. So it's about helping people to experiment with their way of being in the world. To bring it into a place where their body can remain in a state of calm healing, without going into state of stress. That often involves some experimentation. It involves balancing with boundaries. It involves trying out different ways of being, in order to find the way that feels right for them.

**Jess:** Emotionally this can trigger actually quite a sense of loss for the identity they had before the illness. They almost need to grieve that. That actually that isn't something that they can go back to. Very often because they've been led to understand why that wasn't working for them, yes they need to grieve it, but they also really understand why, and that helps them, to motivate them to change, to find a different way of being.

**Alex:** But there was a paper, and I can't remember all the details, but I published in *Psychology and Health*. It must've been in 2012 or something. Where we, it was actually based on my undergrad thesis where I interviewed, I think it was ten people that had had different experiences of chronic fatigue, or ME. And what was interesting is that those that had recovered talked about this idea of, they didn't use these words, but what they were really talking about was post-traumatic growth.

**Alex:** And the idea that actually, you can go through something as different as fatigue, in its many different forms, and different levels of intensity, and life be richer, better, on the other side. But that's a hard thing to see when you're in it. And it's a somewhat patronizing or condescending thing to say to someone that's in a difficult place. But there is that identity change, of that shift in how one sees the world which is one of the fruits of a journey like this. Despite the fact that it can be a challenge.

**Alex:** I think, what I'm hoping people are getting a sense of as we explore this, that there is a very clear and deliberate sequence to the way that we do things. And there are always times when people need a different approach to the standard sequence, and there is some nuance and flexibility in that. But really what you're talking about is, we need to kind of calm the system down. We then need to understand the subtype kind of factors that are going on. People need to figure out what stage they're at and how to kind of work with that.

**Alex:** We also haven't really touched on kind of pacing and bouncing the boundaries. But this idea of working out how much someone can do, establishing a baseline, and then not just expanding that cause your mind says, right I need to be doing more. But as your body is healing, and is ready to do more, how to bounce the boundaries to increase activity in a careful, considered, gentle way. Just to kind of find the edge and gently stretch it. And that's also part of that coaching relationship that we're applying as practitioners, right?

**Alex:** Where we're kind of, there's a understanding about, back to what you were saying about the kind of navigation system, finding out well where someone is, kind of road mapping, right you're here. This is likely to be the next challenge, this is the thing you need to look out for, this is the bit we're

going to focus on now cause that's going to help you get there. But there's a kind of, how people find their path through that becomes really important.

**Alex:** And then of course it can also be, in the case study, one of the case studies we talked about, dealing with trauma as well. And the role of that.

**Jess:** Yeah, absolutely. Trauma can sometimes block progress. You can get to a certain point, and then realize that the nervous system isn't calming down. You've worked in all the usual ways to stabilize and help people to understand how to calm the system down, but the trauma is still creating stress. In which case you wouldn't follow the usual pathway. You'd always do the stabilizing first, but then you may need to work on the trauma to really help the person's systems come down into that healing state. Before they can actually start to bounce the boundaries and reintegrate into the world.

**Alex:** So let's say a little bit about, if someone is working with a practitioner, on the psychology side at The Optimum Health Clinic, what, say a bit about the different kind of paths that we'll kind of work with people, and what they can expect from that.

**Jess:** Sure. So we have two main ways of working. One way is the ninety day program. This is a live workshop. This is for people where it geographically makes sense. And they can come to the clinic, and be there for three days in which they learn what we've just gone through. So they learn the model of the illness, they understand what's happened to them, and they're taught the tools and techniques. So then they have one to one guidance over a period of ninety days to help them to kind of implement what they've learned.

**Jess:** The other way of working that we have is individual psychology program. We do this via telephone or via Skype. So we can work with people anywhere in the world, and do work with people all over the world. The same kind of model is taught to them. Basically it's all of the same information, the same understanding, the same guidance, the same tools, the same strategies. But it's delivered one to one, over a period of time, so over a period of four hours.

**Jess:** Often after the ninety day program, and after the individual psychology program, people need ongoing, further ad hoc sessions to continue to work through, to get them to recovery.

**Alex:** And maybe say a little bit about what helps someone be successful as a client. What do we expect from clients in terms of their engagement and their being kind of proactive in the process?

**Jess:** Yeah, sure, I think certainly a level of kind of taking ownership of their own recovery journey. Realizing that actually there isn't a magic wand that we can wave that can make them better. That they need to implement everything that they learn, and the tools, and the strategies, in between sessions. So taking responsibility is a big one. A level of tenacity and determination, for sure. It's never a smooth curve recovering from fatigue related conditions. It always fluctuates, it goes up and down.

**Jess:** So actually, somebody who can be in a bit of a dip, and still access the kind of resources that they need in themselves to get them back on the recovery path again. Also, a kind of willingness. A willingness to experiment, a willingness to kind of experiment with different ways of being in the world.

**Alex:** And it's also worth saying that there's a lot of additional support outside of sessions, right. That we have a lot of video instruction through secrets to recovery, and they have access to to support that process. So it's, it's as much as it is a therapeutic relationship and a kind of self responsibility, it's also kind of partly an educational path, really. In terms of having as much support and resources in supporting this process.

**Jess:** Absolutely.

**Alex:** Just as a kind of final question. For someone that's watching this that's thinking, you know this sounds really overwhelming, and different. Perhaps they've been listening and going yeah, that's me, that's me, that's me. And in a sense there's hope and excitement, but also a sense, this sounds quite overwhelming. Maybe say a bit about how we kind of help people do this in a way which isn't overwhelming.

**Jess:** Yeah, sure. Well firstly, if somebody's watching this and they're thinking, that's me, that's me, that's me, well that's great, you know. There's work we can do to help you, if you're identifying with all the things we're talking about. Secondly, we know that this is a process, that this takes time. And we know it can feel overwhelming which is why we do things specifically in an order.

**Jess:** So it's why we talk about the different layers. So we teach people the tools with the kind of surface level, current stuff that's going on first, until they become confident with the tools, and then we start to work on the deeper level stuff. So whilst it can feel like there's a lot of information to take in, it can feel overwhelming, we are there to guide you, to help you, to support you, and to teach you how to put all of the information together, this understanding together. To take the steps you need to take, on your recovery path.

**Alex:** And that, sorry that just also reminds me, maybe just say something about the team. So we have a team of psychology practitioners. Maybe just say a few words. Obviously you and I are a bit biased, but say a few words about them.

**Jess:** Yes we have our fabulous team of practitioners. We all work collaboratively, we all work together. So we often come together to discuss cases together. We have a different experience.

**Jess:** All of the practitioners that work in the team have had their own experience of chronic fatigue syndrome or a fatigue related condition. And they've all used the protocol that we use at The Optimum Health Clinic to recover. They have a kind of inside understanding, from their own person experience. And they've also helped literally hundreds of other people on the journey to recovery.

**Jess:** So between the seven of us we have a real kind of wealth of experience in this condition, both personally, but also professionally.

**Alex:** I think it's a fascinating thing having people go from being patient, to being student, to becoming practitioner. And as you say, with each practitioner having worked with hundreds of people as an organization, having worked with thousands, and thousands of people, there's just an enormous wealth of experience that comes from that.

**Jess:** Absolutely.

**Alex:** And maybe to say if people that do want to find out more, we have a free information pack at The Optimum Health Clinic, which has an awesome documentary film with patient's recovery stories. It actually has **Jess's** story as part of that information pack. Which is why we haven't done her recovery story as part of the conference.

**Alex:** And there's a report in there which explains The Optimum Health Clinic approach, in a bit more detail, what we've been talking about. People can get that at [theoptimumhealthclinic.com](http://theoptimumhealthclinic.com). The next thing is after people request that information packet they want to find out more, people can have a free fifteen minute chat with one of the practitioners in the psychology team, and the nutrition team.

**Alex:** That might be with **Jess**. Might be one of her team. That's obviously a great way, maybe just say a bit about what happens in those fifteen minute chats. People I think could be nervous that it's just going to be us trying to sell them what we do. It's actually kind of the opposite sometimes.

**Jess:** Yeah.

**Alex:** But maybe just say a bit about what the process is of those chats.

**Jess:** Sure. So if somebody would like to have a fifteen minute chat, they speak to a new patient coordinator first, who takes a detailed history of their case. They then get passed on to, as you said, nutrition or psychology, or both. And then the fifteen minute chat, really what we're trying to do is assess and understand that person's unique experience with the condition, in order that we can decide whether coming to us for treatment is the right course of action.

**Jess:** Often it is, sometimes it's not. And in the chat they have the opportunity to ask any questions they want to ask, and with talk through the ways in which we work. And give them the options of either ninety day program, or individual psychology program.

**Alex:** Yeah I think people are sometimes surprised if they have a chat and we say actually I think you should go and do this other thing. Doesn't happen that often, but it does happen. And we've learned over the years the people that we know that we can help, and those that were not necessarily in the best place to help in.

**Jess:** Absolutely, that's part of our role.

**Alex:** Yeah with, I think it was something like four thousand, five thousand inquiries a year, we're not, we don't need patients, we want to help people that we can help. And really that's a really helpful way on both sides of getting that information.

**Jess:** Absolutely.

**Alex:** Jess thank you so much. It's always a pleasure and it's, I always feel great pride in the work that you and the team do, so thank you so much for talking about this today.

**Jess:** You're welcome.