INTEGRATIVE FUNCTIONAL PSYCHOTHERAPY™

IFP™

A whole-person approach to human transformation — working with the body, the mind, and the story you tell about yourself.

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Integrative Functional Psychotherapy™ (IFP™)

A whole-person approach to human transformation.

This guide explains what IFP™ is, why a whole-person approach matters, why it was created, and how treatment is structured — layer by layer, with the rationale and the kinds of interventions used at each stage. It includes the full clinical model as a diagram, an explanation of why conscious awareness sits at the centre of the work, and closes with a short checklist to help you think about whether this approach is right for you. Whether you're managing a diagnosed difficulty or simply sense that something isn't quite fitting and want a genuine life overhaul, this guide is written for you.

> "You don't need fixing. You need understanding — and then you need the tools to act on it."

We are not floating heads with feelings.

Most talking therapy — even very good talking therapy — treats the mind as though it operates on its own: separate from a body, a nervous system, a gut, a set of daily habits. In reality, we are bodies and brains and nervous systems and hormones and histories, all tangled together in one complicated human experience. Treating the mind in isolation misses most of the picture.

Established therapies such as **CBT**, **EMDR**, and **ACT** are genuinely effective, evidence-based approaches, and they form part of IFP™. But even the best psychological therapy in the world can fall flat if the body underneath it is in a constant state of dysregulation. You cannot think your way out of a nervous system stuck in fight-or-flight. You cannot easily reframe a thought when your blood sugar is crashing. You cannot fully process trauma if your physiology is signalling "unsafe" around the clock.

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Chronic stress measurably changes hippocampal volume and suppresses prefrontal cortex function — the part of the brain responsible for rational thought and self-regulation.

~90%

of the body's serotonin is produced in the gut. Gut health is not a wellness trend — it is directly linked to mood, cognition, and stress response.

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Sleep deprivation amplifies the brain's threat-detection response, making everyday stress feel bigger and harder to regulate.

This is the gap IFP™ is built to close. Someone's anxiety might not be caused by negative thoughts alone — it could be rooted in blood sugar instability, poor sleep, an overworked nervous system, or unresolved trauma. Someone's low mood might not simply be a "chemical imbalance" — it might be the downstream effect of an imbalanced life: nutrient deficiency, chronic under-recovery, a body that has been running on empty for years. IFP™ starts from the position that these are not separate problems competing for attention. They are one system, and they need to be understood together.

> "You cannot talk your way out of a body that is still signalling danger. Real, lasting change has to work with the whole system — not just the thoughts sitting on top of it."

None of this requires a diagnosis to be relevant. It applies just as much if you're functioning perfectly well by every outside measure — holding down the job, keeping the show on the road, nothing anyone would call a "problem" — and still have a quiet, persistent sense that something isn't fitting. A whole-person approach doesn't need a clinical label to justify it. It simply needs honesty that something in the system wants to change.

This does not mean throwing out traditional therapy — it means expanding it. IFP™ keeps everything that works about CBT and EMDR, and adds the missing piece: a structured, clinically grounded way of looking at the body, behaviour, and lifestyle factors that either support real change, or quietly undermine it — whether that change is recovery from a specific difficulty, or a genuine overhaul of how you're living.

I spent over 17 years
inside a system I knew was incomplete.

I'm Lauren Bell — a psychotherapist working under the name The Yorkshire Therapist, with over 17 years' experience in NHS and private mental health services, training in CBT, EMDR, and functional medicine principles, and BABCP accreditation. I created IFP™ because I kept watching brilliant, capable people fail to get fully better in a system that was only ever treating half the problem.

I saw people doing everything asked of them — attending every session, taking the medication, practising the techniques, doing genuinely good work on their thoughts and beliefs — and still feeling like something was missing. Because CBT is very good at belief work. What wasn't happening was the dot-connecting: nobody was asking about their sleep, their gut health, their nutrition, the microplastics and hormone-disrupting chemicals in the products they used every day, or the mould and damp sitting quietly in their home — and nobody was linking any of that back to the thoughts, beliefs, and sense of self already being worked on in the therapy room.

> "I was the professional who understood mental health. I'd studied the science. And I was still stuck in my own version of the same loop I saw in my clients every day."

That realisation came from my own experience, not just my clients'. Alongside a demanding clinical career, I was managing chronic back pain and sciatica, and — like a lot of the people I was treating — doing "all the right things" and still feeling flat, depleted, and stuck. It took stepping back and researching properly, well outside the boundaries of standard psychological training, before I started to understand why. Through functional medicine principles, strength training, and a genuinely whole-person approach to my own recovery, I rebuilt my energy, my resilience, and the way I think about care. I still live with some of that pain — but I manage it now without it running my life, and without relying on quick fixes.

That experience changed how I work. It taught me that the body and mind are always in conversation with each other, that symptoms are messengers rather than enemies, and that people deserve more than a six-session package and a diagnosis code. **IFP™ is my answer to that.** It integrates the psychological therapies I already knew worked — CBT and EMDR — with the functional medicine principles that filled in everything they were missing. It is not a replacement for evidence-based psychotherapy. It is what evidence-based psychotherapy looks like when it stops ignoring the body it's supposed to be treating.

My mission is straightforward: to make whole-person support more honest, more accessible, and more effective — for people who've tried therapy before and still feel stuck, for people who've been told "it's all in your head" when their whole body has been telling a different story, for anyone who suspects the standard model is only addressing part of the puzzle, and just as much for people who have no diagnosis at all, are managing perfectly well on paper, and simply know that something needs to change.

One system, understood as a whole.

IFP™ treats the whole person — body, mind, behaviour, and lifestyle — as one interconnected picture, rather than a set of symptoms to be managed in isolation. That's true whether you're working through a specific, named difficulty, or you're simply aware that something about how you're living isn't working anymore and you want to properly overhaul it. It brings together three established approaches so that treatment addresses not just what you think, but what's driving what you think.

CBT
Works with the thoughts, beliefs, and behavioural patterns keeping you stuck.

EMDR
Processes the experiences and memories still driving how you react today.

FUNCTIONAL MEDICINE PRINCIPLES
Looks at the physical foundations — sleep, nutrition, nervous system — that support or undermine change.

It starts with a formulation, not a label

Rather than fitting you into a diagnostic category and offering a standard package of care, IFP™ begins by building a **formulation** — a whole-person map of what's actually driving how you feel and how you're living. That means looking across four domains, together:

Body
Sleep, nutrition, nervous system state, hormones, energy, and physical health.

Mind
Thoughts, beliefs, and the deeper patterns that shape how you interpret things.

Behaviour
The habits, coping strategies, and loops keeping the pattern going.

Lifestyle
Environment, relationships, and how far your daily life reflects what matters to you.

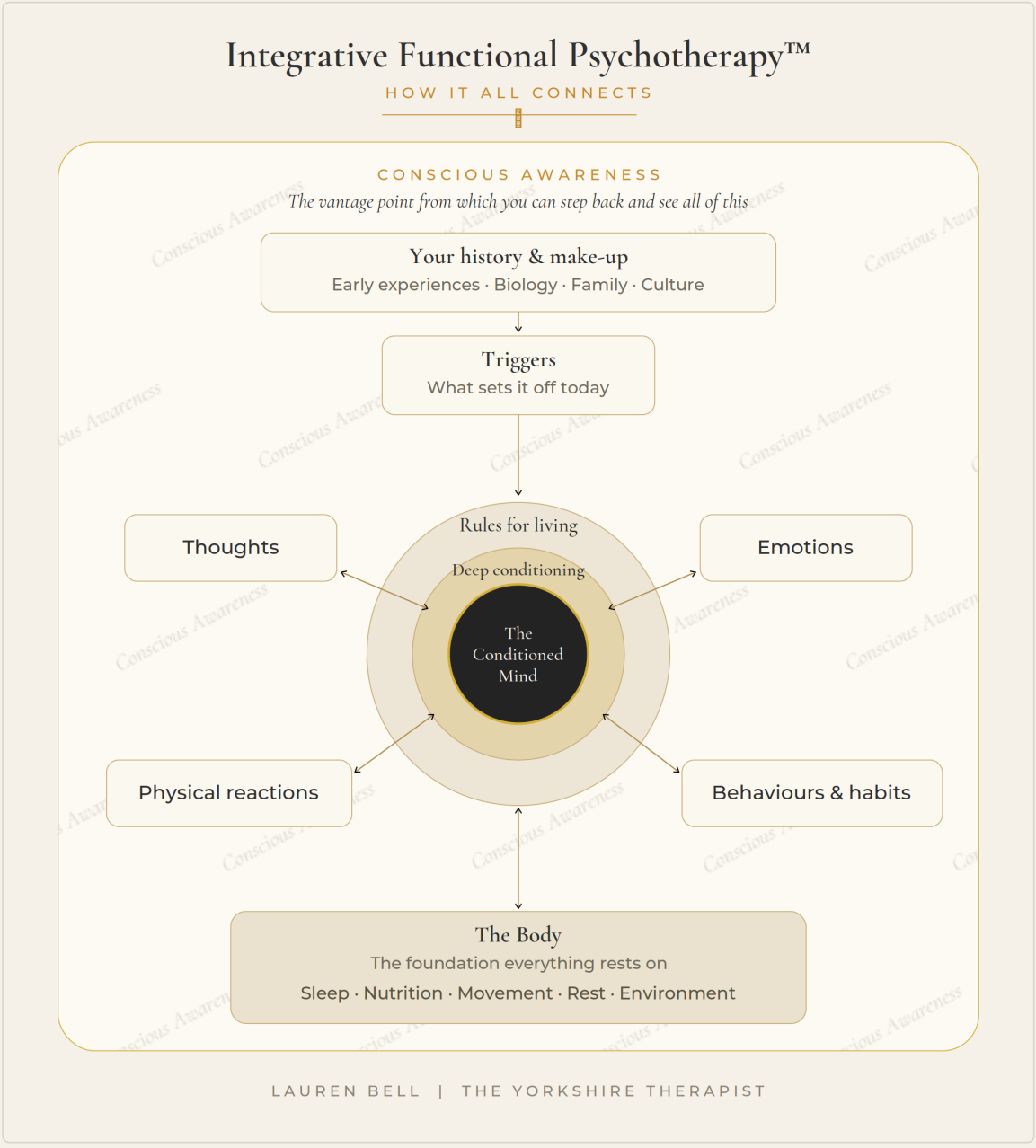
Two people with very similar symptoms can need completely different treatment plans, because what's driving those symptoms can be entirely different underneath. The formulation is what tells us where to start — and it's why IFP™ doesn't follow a rigid script. It follows the sequence your particular pattern actually needs.

A treatment arc, not a checklist

That said, one principle holds across almost every case: **you can't think your way out of a dysregulated body.** So treatment is structured as a three-layer arc — body first, then mind and pattern, then authorship — with each layer building the ground the next one stands on. The following pages walk through each layer: why it comes where it does, and the kinds of interventions used within it.

Your formulation, as a picture.

This is the map IFP™ builds with you. Your history and biological make-up feed into **The Conditioned Mind** — the deep conditioning and "rules for living" that quietly interpret everything for you. Present-day triggers activate it, and it drives what shows up on the surface: your thoughts, emotions, physical reactions, and behaviours — each one feeding back into the pattern that produced it. The Body sits underneath as the foundation the whole system rests on. And holding all of it is **Conscious Awareness** — the vantage point this guide comes back to on page 9.



FOUNDATION

I The Body Is a Temple

Why we start here

If your nervous system is stuck in a permanent stress response, no amount of cognitive insight will hold for long. This layer builds the physical foundation that makes the rest of the work possible — regulating the nervous system, stabilising energy and sleep, and giving the prefrontal cortex (the part of the brain responsible for reflection and flexible thinking) the resources it needs to actually engage with therapy. Skipping this layer is one of the most common reasons good therapy doesn't hold.

Interventions we might use

Sleep architecture work
Consistent wake time, morning light exposure, an evening screen curfew, and — where needed — structured approaches such as stimulus control, shown to be as effective as medication for persistent sleep difficulty.

Nervous system downregulation
Breathing-based techniques such as the physiological sigh and extended-exhale breathing, progressive muscle relaxation, and grounding practices to shift the body out of fight-or-flight in real time.

Nutritional psychoeducation
Understanding the link between blood sugar stability and anxiety-like symptoms; practical, non-prescriptive guidance on meal regularity and protein intake. Where more is needed, referral to a nutritional therapist or dietitian.

Movement, matched to capacity
From gentle daily walking through to graduated strength training, chosen for where your body actually is — never a generic exercise prescription.

> "My body was driving more of this than I realised — and I had tools to influence it. These weren't just coping techniques. They were changing my physiology."

FREEDOM

2 Escape the Conditioned Mind

Why this comes next

With the body more settled and the prefrontal cortex better resourced, we turn to the beliefs, patterns, and conditioning running quietly in the background — the "rules for living" that were often adaptive once, and are now outdated. This layer is where CBT and EMDR do most of their work: understanding where these patterns came from, and loosening their grip.

Interventions we might use

Core belief and schema work
Identifying the deep beliefs driving patterns of thought, emotion, and behaviour, using established CBT techniques — thought records, evidence reviews, and behavioural experiments — with psychoeducation about where these beliefs came from.

EMDR
Reprocessing specific experiences and memories that are still actively shaping how you react today, where trauma is part of the picture.

Defusion techniques (ACT)
Practical exercises — such as observing a difficult thought rather than fusing with it, or giving your inner critic a name and a voice — to change your relationship with intrusive or critical thinking, rather than fighting it.

Compassion-focused work
Where shame and self-criticism are central, building the capacity for self-compassion through compassionate mind training and imagery.

Distress tolerance skills
DBT-derived tools for tolerating difficult emotional states without avoidance or impulsive reaction, where emotional dysregulation is part of the pattern.

> "I don't have to believe everything I think. My thoughts are patterns my brain learned — not truth, not identity, not permanent."

AUTHORSHIP

3 Author Your Own Story

Why this comes last

Once the body is more regulated and the old patterns have loosened, the final layer is about stepping back far enough to see your own story clearly — and consciously choosing, values first, who you want to be from here. This is the difference between reacting to the narrative you were given, and authoring your own. It only holds once the first two layers have done their work.

Interventions we might use

Values clarification (ACT)
Identifying what genuinely matters to you — independent of should-statements or other people's expectations — and building a concrete bridge between your current life and a values-led one.

Narrative therapy
Where a story of inadequacy or failure has taken hold, techniques to separate you from the problem and help construct a more complex, compassionate, and accurate account of who you are.

Identity integration work
For the point where cognitive, physical, and behavioural change has happened but your sense of self hasn't caught up yet: who is this person becoming, and what new "rules for living" replace the old ones?

Meaning and reconnection work
Reconnecting with purpose, creativity, and community where these have been quietly abandoned under pressure — and, where relevant, making sense of loss or disruption as part of a fuller life story.

> "I don't just understand this — I live it. I have a system, not just insight, and I know what to do when life tries to pull me back."

The one thing
that changes everything else.

Consciousness is the part of this work that fascinates me most.

Not as a philosophical curiosity, but as the single most practical lever available to you. Everything else in this guide — the body work, the belief work, the pattern-breaking — creates the conditions for change. Conscious awareness is what actually does it.

Here's the idea in its simplest form: for most of your life, you are the thought, the reaction, the pattern. A trigger fires, the conditioned mind responds, and you experience that response as simply "how things are" — as you, rather than as something happening to you. But there is a moment available to every person — usually small, easy to miss, and completely trainable — where you notice that you are having the thought, rather than simply having it. The instant you can say "I am aware that I am anxious right now" rather than just being swallowed by the anxiety, something has changed. You have stepped outside the pattern, even briefly. And a pattern you can observe is a pattern you can start to direct.

> "Once you can recognise that you are aware, you stop being written by your conditioning — and you can start writing it yourself."

This is not a mystical claim. It is one of the most consistently evidenced mechanisms in modern psychotherapy — what CBT and mindfulness-based approaches call **decentering**, and what ACT calls the **observing self**, or "self-as-context": the part of you that notices your thoughts and feelings without being identical to them. It's the same mechanism underneath cognitive defusion, mindfulness-based relapse prevention, and compassion-focused therapy. IFP™ doesn't invent this idea — it puts it at the centre, on purpose, because in my clinical experience it is the difference between people who understand their pattern and people who actually stop living inside it.

This is why Conscious Awareness sits as the field around the whole formulation on page 5, and why the final layer of treatment is named for it. Layers One and Two — the body work and the pattern work — build your capacity to access that vantage point reliably, even under stress. Layer Three is where you learn to use it deliberately: to notice the story you've been running, question whether it's actually true or simply familiar, and consciously choose what you do next. That is the shift from being a character inside your own conditioning to becoming **the architect of it** — the author, not just the narrator.

The whole journey, in one place.

Foundation, then freedom, then authorship — each layer building the ground the next stands on, with Conscious Awareness running through all three rather than sitting apart from them. This is the arc pages 6 to 9 have just walked through, in full.

Not a diagnosis.
Just a moment of honesty.

This isn't a clinical or diagnostic tool — it's a simple set of prompts to help you reflect on whether this whole-person approach might be a good fit. Read through and notice which ones land.

- [ ] I'm functioning day to day — but something still feels off, and I can't quite name what.
- [ ] I've tried therapy, medication, or self-help before, and while it may have helped, it hasn't fully stuck.
- [ ] I'm exhausted in a way that sleep doesn't seem to fix.
- [ ] I suspect my body and my mind are more connected than most treatment I've had accounts for.
- [ ] I'm tired of quick fixes, and I want to understand what's actually driving how I feel — not just manage the symptoms.
- [ ] I'm willing to look seriously at my sleep, food, and movement — not just my thoughts.
- [ ] I have a nagging sense that I'm not quite myself anymore, or haven't been for a while.
- [ ] I've done some "insight work" before, but it didn't hold when life got genuinely difficult.
- [ ] I want to feel like the author of my life — not just a character reacting to it.
- [ ] I'm a capable, high-functioning person, and that's exactly why nobody has asked how I'm really doing.

> If several of these resonated, IFP™ was very likely built with you in mind. That doesn't mean something is wrong with you — it means the whole picture hasn't been looked at yet.

Two ways to work with this model.

IFP™ is the clinical framework underneath everything I offer. Depending on what fits your life right now, there are two routes into it:

1:1 Therapy

Individual sessions built entirely around your own formulation — the pace, focus, and sequencing shaped to your specific pattern, working directly with me.

Recalibrate & Rise (RISE)

A structured group programme applying the same IFP™ model over a series of weeks — for people who want the framework in a more accessible, cost-effective format.

About your therapist

IFP™ was developed by Lauren Bell, a BABCP-accredited psychotherapist with over 17 years of NHS and private practice experience. She holds a BSc in Psychology and Criminology and postgraduate qualifications in CBT and Low Intensity Interventions, alongside further training in EMDR and functional medicine principles. She works under the name The Yorkshire Therapist.

WHAT TO EXPECT FIRST

An initial conversation to understand what's going on for you right now, followed by the formulation process — building your own whole-person map before any plan is agreed.

WHERE TO FIND OUT MORE

Visit theyorkshiretherapist.co.uk for details on 1:1 availability and the next RISE cohort, or get in touch directly to ask which route is the right fit for you.

> You're not broken. You're complex. And you deserve care that sees all of you.