

**“A must read for any professional trainer or psychotherapist”**

**L. Michael Hall PhD**

# **RESOLVE**

**A New Model of Therapy**

**Dr Richard Bolstad**

**Foreword by Joseph O'Connor**

***RESOLVE***  
*A New Model of Therapy*

**Dr Richard Bolstad**



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# *Chapter 1*

## *How You'll be Able to Use This Book*

### *The Need for Effective New Models*

This book is written for all those who are passionately interested in finding verifiable ways to assist human beings, as they create a life worth living. While the RESOLVE model is useful in any situation where people want to make major changes, this book emerged out of the work I did in 1998 and 1999 in the city of Sarajevo. At that time, my late partner Margot Hamblett and I were invited to teach our model of therapy to groups of psychiatrists and aid workers, who were working with Bosnian and Kosovar survivors of perhaps the worst trauma that human beings can face.

We were accustomed to teaching counsellors, health professionals and others in the comfort of a custom-designed training venue. We were used to having several weeks gradually to introduce our ways of thinking and our new techniques, from the field of NLP (or Neuro-Linguistic Programming). In Sarajevo, we worked in a hospital meeting room with shell damage still evident around the walls. We had two days, and a group of people who needed immediate and practical help. The psychiatrists themselves had lived through the terror of the war, and wanted the skills to deal with their own distress as much as with their clients. We did not speak Bosnian, and we had no personal experience of the war. We needed to be able to demonstrate that the techniques we taught were:

- Backed up by research supporting their rationale and their clinical effectiveness
- Able to be learned quickly and applied with success in real-life conditions
- Integrated into a compassionate therapeutic relationship

- Compatible with therapists' current therapeutic modalities, which ranged from psychoanalysis to cognitive behavioural therapy

After only two days' training, over three-quarters of those professionals who trained with us in Sarajevo said they now planned to use the methods we taught. For example, Dr Cerny Kulenovic described the model as "Definitely useful. We used it on ourselves and we treated our colleagues too. We got the predicted effects ... We were well informed and gained very good results in the second day. A new treatment which was economical, short and successful." Dr Mehmedika Suljic Enka agreed: "This training gives more practice in dealing with survivors of traumatic experiences or clients with phobias. Used with my own similar problem, it helped to relieve my fear, and I realised how I can help other people. I have improved my knowledge in psychiatry."

But that was not the most important feedback we got. The most powerful experience we had in Sarajevo involved ordinary people whom we had the privilege of taking through the RESOLVE model of therapy. Let's give you one example. A woman whom we will call Fatima began her session with Margot quite tearful, announcing in English, "I hate the war; and I hate talking about it!" She explained that she had had nightmares every night since the war, when many of her friends and family had been killed in front of her. Sounds were powerful triggers for her traumatic memories, and the sound of explosions sent her into sheer panic. The previous week someone had organised a fireworks display in Sarajevo. Rationally, she knew she was safe, but her panic put her right back in the war situation. She ran into a nearby house and hid in their basement until the display was over. Such experiences were deeply humiliating to her, and felt quite uncontrollable. After attempting unsuccessfully to explain the background of our method to her (her knowledge of English was limited), Margot simply took her straight through the model you'll learn in this book, in this case specifically directed at healing her post-traumatic stress response. At the end of the session, Margot asked her to think of the fireworks and find out how it felt now. She laughed. Next, she invited Fatima to remember some of the worst times from the war, and check how those memories were. She gazed ahead with a shocked expression. "So how is it?" Margot asked. "Well," she said, with a

smile, "I'm seeing the pictures, and it's as if they're just over there, and I'm here." The entire process had taken twenty minutes. On our return visit in 1999 Fatima reported that she had had no further panic attacks or nightmares, and had actually forgotten how seriously they once disabled her. She was delighted with the change in her life.

Like the psychiatrists in Sarajevo, you probably want to know how this is possible. But, much more, you'll want to know how you can get these results yourself. Consider one of our trainees, a New Zealand counsellor named Jeff, who was previously trained in Gestalt and Client-Centred therapeutic modalities. It was a step away from the mainstream for Jeff to choose to study NLP, the modality that is central to the RESOLVE model. After using the RESOLVE process for some time, he agreed: "As a psychotherapist, my obligation is to help clients change in the ways they request. I know of no other psychotherapeutic tools more likely to accomplish this ... Professionally, my work has just taken off. What a gift it is to be able to remove a person's phobia, relieve a past trauma, halt an eating disorder, end a sense of abandonment, enhance self-esteem, instil a sense of purpose in someone's life – and much more. The possibilities seem endless the better I get at using these understandings of how human beings function."

## ***NLP and the Context of Psychotherapy***

Neuro-Linguistic Programming itself is a discipline studying how people achieve success in fields as diverse as sport, education, management and healthcare. Its original developers proposed in 1980 that NLP would provide the user with "a set of tools that will enable him or her to analyze and incorporate or modify any sequence of behavior that they may observe in another human being". (Dilts et al., 1980, p. 3.) This set of tools involve an analysis of a human being's internal and external communications (linguistics) and their effects (programming) on the functioning of the brain (neurology). Centrally, NLP analyses the structure and sequence of the person's internal experiences: their internal images, sounds, self-talk, feelings, tastes and smells. The tools used in NLP are more fully described in Chapter 2. The use of these tools to analyse how someone achieves success is called in NLP "modelling".

## Chapter 4

# RESOLVE

### *The RESOLVE Model and the Relationship of Changework*

The ten categories of therapeutic intervention discussed in Chapter 3 cover the key NLP “techniques”. But NLP as a “psychotherapeutic” modality is much more than this collection of techniques. The NLP trainer Steve Andreas says (1999), “I think that someone who uses the NLP methods exceptionally well has several ways of gathering all the different skills and techniques under a single overarching framework of understanding.” In this section I explain the framework that I use. A framework for the process of therapy is recognition that therapy is not a prepackaged product, but a *relationship*, which has a beginning, a middle and an end. Several such frameworks exist in the psychotherapy field.

Sigmund Freud used the metaphor of chess for this relationship sequence (Olinick, 1980, pp. 3–4), and referred to the opening game (where the therapeutic alliance is established), the middle game (where the actual analysis of the transference occurs) and the end game (completing treatment). Edward Whitmont explores Jungian therapy using the metaphor of a quest (Whitmont, 1969, pp. 305–10). He suggests that the stages of this quest are:

- Uncovering feelings in the personal unconscious
- The “long pull”, exploring the labyrinth of the unconscious
- An impasse, a turning point where the individual “ego” gives up trying to control the process, and transformation occurs
- The establishment of a new relationship between the ego and the self as a result of this transformation

In psychodrama, a metaphor from the theatre (Blatner, 1988, pp. 42–101) is used to identify the three stages of:

- **Warm-up**, in which the director warms up to their own role, then the group warm up to each other and to the task, then a protagonist/client is selected and warms up to their role and contract with the director
- **Action**, in which the problem is presented, auxiliary actors are engaged, resistances are dealt with, action explores the protagonist's issues, often leading to catharsis, and, finally, surplus reality enables the exploration of other possibilities in the drama
- **Working through/integration**, in which the protagonist explores how they want to act in real life, they and the group share their responses to the psychodrama, and the session is closed by dealing with "re-entry" to real life, checking what support is needed and what unfinished business is left, and saying goodbye

Gestalt writers have used the cycle of Gestalt formation as a model for the process of therapy from the client's perspective (e.g. Clarkson, 1989, pp. 36–40). This cycle moves through:

- **Sensation** (the client feels some discomfort in their life)
- **Awareness** (they begin to pay attention to what is going wrong)
- **Mobilisation** (they arrange psychotherapy and confront the issues)
- **Action** (they build a therapeutic relationship and explore the issues)
- **Contact** (they reach the deeper conflict underlying their problems)
- **Satisfaction** (having resolved this conflict they enjoy integrating the learnings into their life)
- **Withdrawal** (they prepare to leave the counselling relationship)

The notion of beginning with superficial issues and gradually working to deeper ones occurs in a number of such models. Aaron Beck identifies the stages of cognitive behavioural therapy similarly (Beck and Emery, 1985, pp. 178–80):

- **Setting an agenda:** The therapist restates the person's concern until they agree on what needs to change

- **Designing and enacting a treatment plan:** In sequence it (1) provides symptomatic relief, (2) teaches how to identify distorted thought patterns, (3) teaches how to respond to these patterns and (4) identifies and modifies deeper patterns
- **Concluding:** The session concludes with some feedback and the setting of homework assignments to practise the new skills

Robert Carkhuff developed a training-based model of “helping” or psychotherapy (Carkhuff and Berenson, 1977, p. 249). The phases are:

- **Prehelping:** At this stage the helper simply attends and listens to the person’s concern
- **Exploring:** The helper “responds” by restating the person’s concern to check it is accurately understood
- **Understanding:** The helper then “personalises” their restatements, focusing on what the person wants and how they have been blocking themselves from achieving that; this includes the helper sharing their own responses to the person
- **Acting:** Finally, the helper is involved in “initiating” by guiding the person through setting goals, planning action to reach those goals and acting

There are three insights that all these models share. One is the understanding that what a helper does at the start of the process of change needs to be different from what they do in the middle of the process. The first steps involve building a relationship within which the central steps can occur. Second, all these models share the understanding that, as the middle process of therapy continues, deeper issues are able to be dealt with. There is a building of strength through the process of therapy. Third, the end of the process of therapy needs to be different from the middle. It is focused on the person’s new life, with the changes they have made in therapy. The last steps involve completing or finishing the relationship that has been built up.

## *How People Change on Their Own*

Brief Motivational Interviewing is another multistaged model for helping people make life changes. Unlike the models we have considered so far, though, it did not emerge out of studies of psychotherapy, but those of people’s own individual response to the

need to change (Finney and Moos, 1998, p. 157). James Prochaska, John Norcross and Carlo Diclemente interviewed 200 people who quit smoking on their own, to find out what happened (Prochaska et al., 1994). How did these people change a behaviour that psychotherapists have found so hard to alter? The researchers followed up with studies of people who had given up a number of other self-defeating behaviours, finding the same patterns.

Their results confirm that people are quite good at changing their own behaviour *in certain circumstances*. This is even true where the behaviour is a serious “addiction”. Over two-thirds of those addicted people who stop drinking alcohol do so on their own with no help. Ninety-five per cent of the 30 million Americans who have quit smoking in the last decade or so did so without medical or AA-style help (Prochaska et al., 1994, p. 36). These people have better long-term success than those who choose treatment programmes: 81 per cent of those who stop drinking on their own will abstain for the next ten years, compared with only 32 per cent of those who are going to AA (Trimpey, 1996, p. 78; Ragge, 1998, p. 24). What has happened in the lives of successful self-changers? Research on 2,700 British smokers showed that, at the time they stop, they often change their job, alter their relationship or otherwise solve some lifestyle problem. Also, they stop when they “lose faith in what they used to think smoking did for them” while creating “a powerful new set of beliefs that non-smoking is, of itself, a desirable and rewarding state.” (Marsh, 1984).

The same seems to hold true for lifestyle-based “addictions”. In 1982, Stanley Schachter announced the results of a long-term study into obesity. He set out in the early 1970s with the idea that, while most overweight people can lose weight, few ever keep it off. In two separate community-based studies, what he actually found was that 62 per cent of obese people succeeded in taking off an average of 34.7 pounds and keeping this weight off for an average of 11.2 years. Those who never entered weight-loss programmes showed better long-term weight loss. Incidentally, he stumbled on the truth that many smokers give up smoking on their own. He followed up this variable, too, and again found that those who attended treatment programmes did not do as well as those who gave up on their own (Schachter, 1982, pp. 436–44).

The *RESOLVE* framework integrates NLP's effective brief therapy and the personal encounter of psychotherapy. Using techniques that access the deeper structures of the brain for fast, permanent change, *RESOLVE* demonstrates how to:

- identify techniques that work for each client
- create a relationship that empowers rather than merely conveys understanding
- introduce changes in life-approach that make therapeutic change last
- access inner skills, strategies and strengths so that change is faster and makes sense
- ensure that change occurs in the deeper brain structures where older patterns of behaviour were first laid down
- recognise stages in the therapeutic process, and respond most effectively to that stage.

Richard Bolstad gives examples from his work with PTSD in Bosnia-Herzegovina, and case studies from his clinical practice in New Zealand and elsewhere. His framework is clear, easy to follow, and can be used by anyone wanting to make fundamental life changes quickly and effectively.

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“A must read for any professional trainer or psychotherapist who wants to stay informed.”

L. Michael Hall PhD, Cognitive-Behavioural psychologist,  
author and international trainer

“A well-researched, well-paced and well-written book which deserves a wider readership for bringing together many strands of therapeutic intervention into a well-structured model. Well done!”

Denis Bridoux, NLP and Neuro-Semantics therapist and trainer

“RESOLVE stands in its own right as a template for empowering change.”

Michael Mallows, psychotherapist and co-author of *Peace Of Mind Is A Piece Of Cake*

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Dr Richard Bolstad is a certified trainer with the International NLP Association. He has a doctorate in clinical hypnotherapy and is a member of the New Zealand Association of Psychotherapists. He has taught the *RESOLVE* model to psychotherapists and counsellors around the world. He is a co-author of the acclaimed book, *The Structure of Personality*.

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