

COMPANION KIT · CHAPTER 16

# My Mind-Gut Practice Toolkit

A 4-week plan, a practical checklist and a daily diary for mind-gut practice, with a ten-minute thought check and a page to review how it went. Print it, or fill it in on screen.

### Start
Read the safety notes on the first page.

### Track
Follow the plan and fill in the diary each day.

### Review
Use the last page to decide what to do next.

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# My Mind-Gut Practice Toolkit

For adults. General information and diary pages to use alongside advice from your own doctor, nurse or pharmacist. Never stop or change a prescribed medicine without the prescriber's agreement. Read the safety page before using this workbook.

### PRACTISE ONLY WHEN SAFE

Not while driving, cycling, operating machinery or anywhere reduced attention could be unsafe. Keep breathing gentle; no breath holds or forced deep breaths. Stop if dizzy, breathless or distressed, and return to normal breathing.

### MENTAL-HEALTH PRECAUTIONS

With trauma/dissociation, ask your care team before self-guided imagery/audio. With psychosis/schizophrenia or epilepsy, seek medical advice before hypnosis/imagery recordings. Stop any practice that increases distress; open eyes and orient to the room.

### WHEN TO GET HELP

Severe depression or self-harm thoughts need mental-health care; emergency help if unable to stay safe. Blood/black stool, unexplained weight loss, anaemia, night-waking symptoms or new persistent bowel changes need assessment.

### WHAT THESE PRACTICES CAN DO

The book's relaxation routine is expert-advice self-help, not a validated hypnotherapy programme or full CBT. Belching/rumination require diagnosis; home breathing is not the same as therapist biofeedback. Keep other care in place.

**My main question / professional already involved**

# A 4-week plan

**HOW TO USE THIS PLAN**

Choose the steps that suit you. You do not need to do all of them.

## Week 1 · Learn a comfortable pattern

Try short slow, unforced breathing practices if suitable. About four seconds in/six out is optional, not a target to force. Record comfort and minutes.

## Week 2 · Add relaxation only if appropriate

Consider the book's gentle relaxation after the safety screen. Eyes-open and external-focus options are valid. Do not continue a distressing practice.

## Week 3 · Choose, do not pile on

Try one suitable mindful pause, muscle relaxation or thought check. No need to lengthen the out-breath or complete every practice.

## Week 4 and day 29 · Review

Keep the practices that help. Compare weeks one and four; ask about IBS-specific CBT or gut-directed hypnotherapy if needed. A workbook is not a replacement for those treatments.

**The one step I choose first**

**Review date and who I will contact if needed**

# My practical checklist

Tick what you have done and note what to do next.

- [ ] My doctor has checked my gut symptoms, and I have no red flags
- [ ] I understand that brain-gut therapies treat a real signalling problem
- [ ] I practise diaphragmatic breathing 3 minutes, three times a day
- [ ] I use slow belly breathing after the meals that set me off
- [ ] I do the 15-minute gut-directed relaxation most days
- [ ] I tried the muscle relaxation, the mindful pause or a thought check
- [ ] I keep my breathing practices slow and gentle
- [ ] I know when hypnotherapy may not be safe, and who to call in a crisis
- [ ] I asked my doctor about IBS-specific CBT or gut-directed hypnotherapy, if needed
- [ ] I keep a tracker and reviewed it on day 29

**One question this checklist raised**

# My repeatable diary

Print a fresh page whenever you need one.

## Today

**Date and week of the plan**

**Gut symptom score (0 to 10)**

**Stress level (0 to 10)**

**Sleep (hours and quality)**

**Bowel movements: number and Bristol type (1-2 hard, 3-4 comfortable, 5-7 loose)**

**Notes: what helped, what to change, what to ask my doctor**

## Practices done (minutes)

**Diaphragmatic breathing**

**Breathing after meals**

**15-minute gut-directed relaxation**

**Muscle relaxation or mindful pause**

**Thought check**

**Therapy session or app**

## Weekly review

**Average gut score this week**

**Average stress score this week**

**One thing that helped**

**One thought I noticed when symptoms flared**

# Overview · days 1–14

A short summary of your diary. Leave a gap on days you do not record.

Scores are your own notes. A pattern here cannot show a food intolerance, a medicine effect or an IBS type.

| Day / date | Practice / minutes | Gut symptoms 0–10 | Stress 0–10 | Comfort / notes |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

**What helped, what was difficult, and what else might explain a change?**

# Overview · days 15–28

A short summary of your diary. Leave a gap on days you do not record.

Scores are your own notes. A pattern here cannot show a food intolerance, a medicine effect or an IBS type.

| Day / date | Practice / minutes | Gut symptoms 0–10 | Stress 0–10 | Comfort / notes |
|---|---|---|---|---|
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
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| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |

**What helped, what was difficult, and what else might explain a change?**

# Ten-minute gut-worry thought check

A self-help exercise. Stop if you feel more distressed.

### 1 minute · Situation

What was happening when I noticed symptoms or worry?

### 2 minutes · Exact thought

What did my mind say? How strongly did I believe it, 0–100?

### 3 minutes · Evidence

What supports the thought, and what does not? Include uncertainty.

### 2 minutes · A balanced thought

A fairer alternative, and belief in the original thought now, 0–100.

### 2 minutes · One small action

A manageable next step, without forcing exposure or replacing professional support.

# Review and next steps

Warning signs always need earlier care.

### What changed, if anything?

Compare similar days and note gaps; no improvement is also useful information.

### What might explain it?

Food, stress, sleep, medicines, timing and natural variation may overlap.

### What I will keep or stop recording

Choose a manageable routine; stop burdensome tracking or a practice that causes distress.

### What needs a professional conversation?

Questions, care contact, agreed action and follow-up date.