

# CAMFT's 2015 FALL SYMPOSIUM

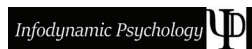
SUNDAY, NOVEMBER 15, 2015 | 9:00 A.M. - 4:30 P.M. (6 CE CREDITS)



## “INTEGRATION OF POETRY THERAPY IN THE TREATMENT OF TRAUMA”

Presented by Elaine Brady, PhD,  
LMFT, CAS, CSAT-S

*Thank you to our Co-sponsors!*





CAMFT Symposium 11/15/15

## Integration of Poetry Therapy in the Treatment of Trauma

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Certified Addiction Therapist    Certified Sex Addiction Therapist

Founder & Director



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Treating Internet and Sex Addiction*

1190 S. Bascom Av., Ste 130  
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networkrecovery.com

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## Course Overview

- 9-9:30am      Course Introduction and Overview
- 9:30-10am    Childhood trauma & its impact
- 10-10:30am   Bessel van der Kolk's model of  
                      "traumatic memory" transformation
- 10:30-10:45   Break
- 10:45-12pm   Poetry Therapy and Trauma  
                      Treatment
- 12-1pm        Lunch

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## Course Overview

- 1-2pm        Evoking Emotions and Memories;  
                      Experiential exercises
- 2-2:30        Developmental Model of Trauma and  
                      Addictive Behavior- Kasl
- 2:30-2:45    Break
- 2:45 -4        Rewriting the Life Script; Experiential  
                      exercises
- 4-4:30        Q&A, Evaluations, Resources

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## Learning Goals

- Recognize adult representations of childhood trauma
- Understand the concepts & process of “traumatic memory” transformation
- Understand the Developmental Model of Trauma and Addictive Behaviors

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## Learning Goals

- Familiar with unique characteristics of Expressive Therapies
- Be familiar with the short-and long-term effects of poetry therapy
- Understand the four stages of poetry therapy
- Safely integrate & utilize poetry in the psychotherapeutic process

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## *Defining Moments*

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## *Childhood* *Trauma*

Exposure to overwhelming amount of stress  
that evokes intense fear, hopelessness,  
helplessness and horror.

Exceeds the child's ability to cope with or  
integrate the emotions involved with that  
experience.

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Why should I care about  
childhood trauma!?

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The Substance Abuse and Mental Health Services  
Administration (SAMHSA) chose *Trauma and  
Justice* as one of its Strategic Initiatives (2015).

Promotes a trauma-informed approach-  
From, "What's wrong with this person?"  
To, "What happened to this person?"

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### Trauma-Informed Mental Health Care in California, 2014

"Trauma is an almost universally shared  
experience of people receiving treatment  
for mental health and substance use  
disorders."

"Every major diagnostic category in the  
DSM-IV can be related to trauma."

<http://www.dhcs.ca.gov/services/MH/Documents/CMHPCTraumaReportMay2015.pdf>

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### Trauma-Informed Mental Health Care in California, 2014

"Trauma is Not a secondary issue, it is  
the Central problem."

"It is essential that mental health  
providers screen for and intervene early  
with trauma-based interventions."

<http://www.dhcs.ca.gov/services/MH/Documents/CMHPCTraumaReportMay2015.pdf> pg 5

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### Adverse Childhood Experiences (ACE) Study

Centers for Disease Control (CDC) and Kaiser  
Permanente retrospective study of childhood  
experiences & adult mental/physical health.

17,421 adults at Kaiser's Depart. of Preventive  
Medicine (routine health screenings) in San  
Diego, CA, 2004.

<http://www.acestudy.org/>

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## Types of Traumatic Stress

- Acute - a single traumatic event
- Chronic- ongoing or multiple traumatic events
- Complex- refers to both exposure to chronic trauma- usually caused by adults entrusted with the child's care- and the impact of such exposure on the child.

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## Adverse Childhood Experiences (ACEs)

Growing up in a household with:

- Emotional or physical neglect
- Recurrent physical, sexual or emotional abuse
- Domestic violence between parents
- An alcohol or drug abuser
- An incarcerated household member
- Someone who is chronically depressed, suicidal, institutionalized or mentally ill
- Only one or no biological parents



(2004, <http://www.acestudy.org/>)

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## Adverse Childhood Experiences (ACEs)

- Nearly 2/3 (66%) of all participants reported at least 1 ACE
- More than 1 in 5 (20%) reported 3+



(2004, <http://www.acestudy.org/>)

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## Impact Variables

- Age and developmental stage
- Child's perception of the danger faced
- Victim or a witness
- Child's relationship to the victim or perpetrator
- Past experience with trauma
- Presence of supportive adults

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## Age-Related Reactions

Preschool and young school-age children (5-7): helplessness, generalized anxiety, regression in speech and toileting skills, sleep disturbance, nightmares, trauma reenactment in play/behav.

School-age children (8-12): anxiety &/or depression; concern for safety of self/family; preoccupation with own behavior- guilt/shame; physical symptoms; interruption of developmental stages; impairment in social, emotional, academic performance; sleep disturbance, nightmares; reckless or aggressive behavior.

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## Age-Related Reactions

Adolescents: shame, guilt, fear, vulnerability, may cause increasing withdrawal from family and friends; fantasies about revenge and retribution; may cause a radical shift in world view; may engage in self-destructive or accident-prone behaviors.

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## Importance of the Adverse Childhood Experiences Study

- ACEs are surprisingly common – 44% subjects reported physical, psychological and/or sexual abuse as children.
- Happen even in “the best of families.”
- Can have long-term, damaging consequences for children and society
- Impact is not resolved with time alone

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## Long-Term Consequences of Unresolved Trauma



(2004, <http://www.acestudy.org/>)

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## Disrupted Neurodevelopment

Trauma causes profound alterations in the pattern of activation in stress-mediating neural systems, resulting in compromised function and psychopathology:

- Cognition
- Affect regulation
- Fine motor regulation; startle response
- Heart rate, blood pressure regulation functioning.



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## Long-term Impact



The higher the ACE score, the greater the risk of heart disease, lung disease, liver disease, suicide, HIV and STDs, and other risks for the leading causes of death.

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## Long-term Impact of Childhood Trauma

Early-childhood trauma is strongly associated with:

- Mental health problems
- Chemical dependence and behavioral addictions
- PTSD
- Anger and aggression

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- Self-harming behaviors (cutting, burning, high risk activities, etc.)
- Dissociative- emotionally numbed out, psychic defense mechanisms (e.g. minimize, denial, repressed memories, amnesia)
- Significant relationship difficulties; attachment disorder

We have come to recognize these symptoms as *Complex Post Traumatic Stress Disorder* – signifying the trauma as *Interpersonal* as opposed to a random event or natural disaster

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
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## Childhood Sexual Abuse



Compounds trauma (2 x's)! Often inflicted by the most loved and needed, has pervasive, powerful and long-standing impact on how people construct their identities, lives and relationships.



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## Gender & Trauma

Women are twice as likely to suffer PTSD as men.

Perhaps due to specific trauma types:  
More women experience childhood sexual abuse & sexual assault

Men- accidents, nonsexual assaults, witnessing death or injury, disaster or fire, and combat or war

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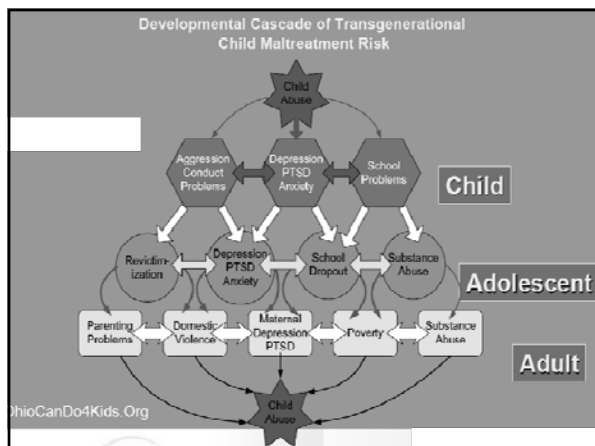
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Several studies in recent years have shown that Post Traumatic Stress Disorder (PTSD) is quite common in the general population, particularly among psychiatric patients.

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### Prevalence

- 1-9% in general population<sup>1</sup>
- 15%+ in psychiatric population<sup>2</sup>
- 80% mental health clinics<sup>3</sup>
- 80% women in CD treatment<sup>4</sup>
- 90% dual- diagnosis pts reported significant trauma exposure<sup>5</sup>

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You WILL see these clients-

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Even if you don't!



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## Stealth Problem

- ACE Study found 44% of adults reported abuse
- Adult retrospective studies show that 1 in 4 women (25%) and 1 in 6 (16%) men have experienced abusive sexual experiences before age 18.<sup>1</sup> ACE- 24.7 W 16.0 M
- Yet, only 16% of men with documented histories of sexual abuse considered themselves to have been sexually abused, compared to 64% of women.



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## When Do They Tell?

- 73% of child victims don't tell for at least a year.
- 45% don't tell for at least 5 years.
- Many never tell (1/3f).
- Males are far less likely to tell than females



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## Why Don't They Tell?

- Fear
- Self-blame/shame
- Family loyalty
- Psychic defense mechanisms-
  - minimize
  - denial
  - repression
  - amnesia
  - dissociation

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## There is a Pain- So Utter

Emily Dickinson

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## A Wounded Deer: The Effects of Incest on the Life and Poetry of Emily Dickinson

by Wendy K. Perriman

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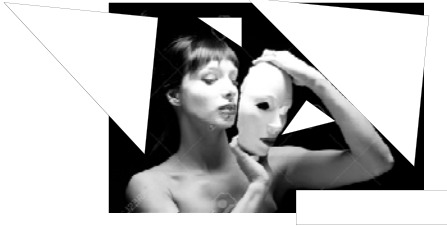
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### "Disguised Presentation"

Many clinicians acknowledge that significant trauma concerns are frequently overlooked in professional settings.



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### The National Association of State Mental Health Programs Position Statement

*"Asking persons who enter mental health systems, if they are experiencing or have experienced trauma in their lives is becoming a standard of care."*

NASMHPD 2005

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### Trauma-Informed Screening and Assessment

- Trauma-informed *screening* refers to a brief, focused inquiry to determine whether an individual has experienced specific traumatic events
- Trauma *assessment* is a more in-depth exploration of the nature and severity of the traumatic events, the impact of those events, and current trauma-related symptoms.

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## Assessment Tools

Psychological Assessment of Adult Posttraumatic States, by John Briere, PhD

The National Child Traumatic Stress Network  
<http://www.nctsn.org/content/standardized-measures-assess-complex-trauma>

National Center for PTSD  
[http://www.ptsd.va.gov/professional/assessment/all\\_measures.asp](http://www.ptsd.va.gov/professional/assessment/all_measures.asp)

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## Treatment Concepts & Models



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## Bessel van der Kolk "Traumatic Memory Transformation"\*

Traumatic memory is defined as unassimilated scraps of overwhelming experience, which need to be integrated into mental patterns and transformed into narrative language.

\* van der Kolk, et. al, "The Intrusive Past, The Flexibility of Memory and the Engraving of Trauma," *Trauma: Explorations in Memory*, ed. Cathy Caruth (Baltimore: The John Hopkins University Press, 1995).

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His study supported the idea that:

"It is in the very nature of traumatic memory to be dissociated, and to be initially stored as sensory fragments without a coherent semantic component."

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Traumatic memory consists of images, sensations, affective and behavioral states that are invariable and do not change over time.

These memories are highly state-dependent and *often cannot be evoked at will.*

van der Kolk & van der Hart, 1991

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**Traumatic Memory Transformation**

Therapeutic process by which the survivor or patient is able to safely re-access feelings and memories so that they can then be reintegrated in a healthier context.

*Most basically, recounted memory as the action of writing a new life story .*

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## Stages of Trauma Transformation

1. Stabilization
2. Deconditioning of anxiety
3. Identification of pervasive impact on identity, behavior and world view; accessing emotions and memory
4. Renovation and reintegration of life story
5. Rehabilitation

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### Stage 1. Stabilization

- Address problematic symptomatology (substance/behavioral addictions, self-harm issues, mental health, etc.)
- Establish safety and stability in client's body, relationships, and life
- ID & develop inner strengths & resources
- Develop emotion-regulation skills



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
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### Stage 2. Deconditioning of anxiety

- Establish safety in therapeutic relationship
- Gradual introduction of techniques designed to access emotions/memories
- Gradual introduction of self-expressive modalities: non-verbal to verbal



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### Stage 3. Identification of pervasive impact on identity, behavior and world view

- Psychoeducational
- Reading/viewing regulated material; caution re. triggering content

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### Stage 4. Reframing and Reintegration of Life Story




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Goal: Transform life story from victimhood to Hero/ine




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Stage 5. Rehabilitation

- Building emotional/life coping skills

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*Trauma and Recovery*  
by Judith Herman, 1997

Stage 1: Personal safety, genuine self-care, address CD/mental health issues, and build emotion-regulation capacities (DBT).

Stage 2: 'Remembrance and mourning.'

Stage 3: Reconnecting with people, meaningful activities, and other aspects of life.

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*Trauma and Recovery*  
Judith Herman

Common to All Stages: address psychological themes and dynamics'

- Powerlessness
- Shame and guilt
- Distrust
- Reenacting abusive patterns in current relationships

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### Traumatic Memory Transformation

#### Memory/Emotions Retrieval- Building Safety

Guided visualization  
Happiest childhood memory

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### Traumatic Memory Transformation

#### Memory/Emotions Retrieval

What is your happiest childhood memory?  
What made it so special?  
Write it down.  
Poem?

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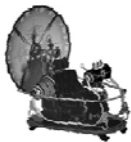
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#### Memory/Emotions Retrieval

What is your unhappiest childhood memory?  
What made it so bad?  
Write it down.  
If much/all of your memories of childhood  
are not available, write about what that  
feels like.  
Poem?

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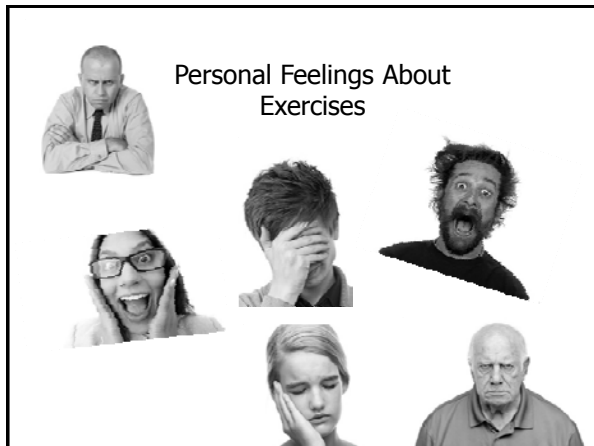
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## Essential Points

Poetry therapy effective modality for:

- a. treating trauma
- b. evoking emotions & memories not readily available through traditional "talk" therapy
- c. rewriting the "Self" story from victim to survivor
- d. therapists who practice an integrated approach to tx don't need to master a form of expressive therapy to be able to utilize it effectively

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## Art & Science of Psychotherapy



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Psychotherapy is a synthesis of scientific technique and artistic expression- creative application of techniques, approaches, and strategies.

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Apollo- Greek God of  
Poetry & Medicine



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**HISTORY**



- 1751- Pennsylvania Hospital, 1<sup>st</sup> hosp. in U. S., utilized reading & writing as part of treatment and published of mental patients writings.
- 1792- Dr. Benjamin Rush, (Father of American Psychiatry), utilized poem writing & and published pts. poems
- 1916- term "bibliotherapy" 1<sup>st</sup> used
- 1960's- "poetry therapy," becomes popular
- 1969- Association for Poetry Therapy founded

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*"Not I, but the poet discovered the  
unconscious,"  
Freud*



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## Ani Buk

Art therapist and trainer of volunteers for *Doctors of the World*- a haven for victims of torture and other abuse

Three main categories of trauma symptoms:

1. Re-experiencing- nightmares or flashbacks; trauma reenactment/repetition compulsion
2. Increased arousal- sleep disturbance, irritability, and lack of concentration.
3. Avoidance and numbing- memory repression/amnesia; feeling estranged from others

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Found that *avoidance and numbing* interfered most with establishing a therapeutic relationship.

Found the creative art therapies were especially successful with trauma victims because the victim's horror was often literally and figuratively unspeakable.



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## Efficacy

- A growing body of literature has demonstrated the beneficial effects that writing about traumatic or stressful events has on physical and emotional health.

- associated with both *short-term* increases in distress, negative mood and physical symptoms, and a decrease in positive mood and *long-term* decreases in mental and physical health problems' (Pennebaker & Beall, 1986: p. 280).

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- a metaanalysis of studies using writing in the treatment of trauma, revealed that writing that promoted *deeper emotional expression* was the most beneficial (Smyth, 1998).

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### Efficacy

- Although many report being upset by the writing experience, they also found it valuable and meaningful (Pennebaker, 1997*b*)
- Long-term benefits to mental health (Pennebaker et al, 1988; Pérez et al, 1999; Park & Blumberg, 2002; Lepore, 1997) and reduction of post-traumatic intrusion and avoidance symptoms (Klein & Boals, 2001).

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## **More Defining Moments**

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## ***Expressive Arts***



Refers to a therapeutic approach that integrates a wide range of arts modalities in the service of human growth, development and healing.



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## ***Expressive Arts***

Within which clients can explore and potentially transform emotional, social, spiritual, and relational issues; identify strengths; and experience new insights.



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## ***Writing Therapy***

A term which may encompass journaling, poetry therapy, and bibliotherapy (guidance in the solution of personal problems through directed writing and reading)



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## *Expressive Arts*

Have been used successfully in almost all psychotherapeutic contexts.

By tapping into the imagination, a person can discover his/her own body, feelings, emotions, and better understand his/her own thought process's.

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### Unique Characteristics of Expressive Therapies

1. Self-expression: may actually speed up the process of self-exploration (Gladding, 1992)
2. Active participation: can actually energize individuals, redirect attention and focus, & alleviate emotional stress- allowing clients to fully concentrate on issues, goals, & behaviors.

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### Unique Characteristics of Expressive Therapies

3. Imagination: generate self-expression, experimentation, and subsequent verbal reflection
4. Mind-body connections: The National Center for Complementary and Alternative Medicine (NCCAM) considers expressive therapies to be mind-body interventions because they, "capitalize on the use of the senses to effect change."

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### Knill et al. (1995)- Integrated Therapy

Proposed that those who took an integrated approach did not need to master all forms of expressive therapy.

They observed that it was more important to have a focus on the artistic tradition that all expressive therapies have in common:

*Human Imagination*



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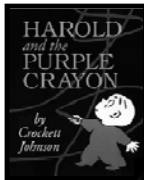
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Knill concluded that using more than one modality in therapy was *more efficacious* and helped therapists *avoid the trap* Maslow cautioned against-

"If the only tool you have is a hammer, every problem starts to look like a nail."



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Milton Erickson-  
psychiatrist who specialized in  
medical hypnosis and family therapy.

"Through the use of metaphors and  
imagery, unconscious material is able to  
surface."

Strongly influenced fields of brief,  
strategic, systems, solution focused, and  
neuro-linguistic programming.

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Most people walk through  
the world in a trance of  
disempowerment.  
Our work is to transform  
that into a trance of  
empowerment.

~ Dr. Milton H. Erickson ~

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*Advantages*

1. Creates safer distance for client to discuss issues
2. Less threatening way for therapist to bring up issues, point out problems, or confront inconsistencies in a resistant client
3. Reduces any sense of isolation

Expressive Therapies History, Theory, and Practice,  
C. Alchiodi, 2005.

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## *Advantages*

4. Helps clients:
- trigger memories
  - express emotion
  - validate feelings
  - define ideas
  - put experiences in context
  - scrutinize assumptions
  - learn vicariously
  - connect with others
  - become more aware of personal choices

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## Limitations to Use

- Highly resistant client- explore basis, various modalities
- Those with extensive experience in modality
- Therapists tendency to interpret
- Therapists use of "favorite" modality or "cookie-cutter" technique in a "1 shoe fits all fashion"

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## Training?

- Some argue for significant experience & training.
- many expressive therapy techniques have been used to complement a wide range of psychotherapy and counseling theories, including psychoanalytic, object relations, cognitive-behavioral, humanistic, transpersonal, and others (Malchiodi, 1998, 2003)
- Carson & Becker (2004) note that there is a need for "counselors to be continually cultivating and nurturing their own creativity"

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## Scope of Practice

American Art Therapy Assoc. (AATA)  
American Music Therapy Association (AMTA)  
American Dance Therapy Association (ADTA)  
National Drama Therapy Association (NADT)  
National Poetry Therapy Association (NAPT)  
Association of Play Therapy (APT)

All provide helpful guidelines

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## Training & Organizations

California Institute of Integral Studies, M.A.- SF, CA.  
JFKU- 60-hour expressive arts certificate  
Institute for Poetic Medicine, John Fox, CPT  
<http://www.poeticmedicine.com/>  
Phyllis Klein, MFT, CPT, Palo Alto, CA

National Association for Poetry Therapy  
[Naptadmin@poetrytherapy.org](mailto:Naptadmin@poetrytherapy.org)  
International Federation for Biblio/Poetry Therapy  
<http://ifbpt.org/obtaining-a-credential/getting-trained/>

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## Q & A

Lunch  
12-1pm



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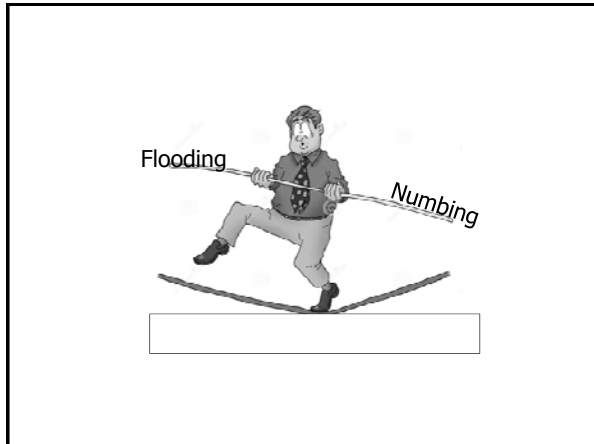
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### Build safety and comfort

- Establish therapeutic relationship

Guided visualization/skill building

- Happiest memory
- Safe place
- Protector
- Emotional regulation tools



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### Safe Place



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## Protector



Future Self

Family Member

Teacher, Coach, Counselor,  
Sponsor, Minister

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## Protector



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## Four Stages of Poetry Therapy

- 1) Selection/Recognition
- 2) Examination
- 3) Juxtaposition
- 4) Application to the Self

Hynes & Wedl,, *Bibliotherapy*. 1990.

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## 1. Selection

- Have a clear purpose: validate feelings, promote self-disclosure, facilitate interaction, universalize an experience
- Connect to session content, ongoing themes, major issues
- Match content/emotional intensity of piece to client's ability to remain open to/tolerate; graduated introduction- build safety and comfort

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## Recognition/Self-application

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## Recognition/Self-application



- Understanding of a person or experience
- Client must be able to recognize and identify with the selection
- Trigger may be a single word or line
- May not be content cl relates to-
- Being read to
- Rhythm of piece; self-soothing
- Group remarks

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## Self-application



- Unacknowledged feelings
- Self knowledge- experience others reactions; "normalize" own feelings; challenges "black-white" thinking
- Catharsis- release of hidden or suppressed or feelings
- Individualized process- some may jump right into emotional content, while others may need to, or only be able to, engage initially on superficial level

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## Reading

- Therapist reads, allows space, processes
- Therapist reads, asks if client would like to read it aloud, allows space, processes

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## 2) Examination

Client explores specific details & significance of their reactions with the therapist.



Therapist encourages feelings & memories to emerge. Allows for client's defensive distancing from material.

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- What emotions do you think are being conveyed in this poem?
- What feelings come up for you around this poem? Where in your body?
- What thoughts...
- What memories....
- Is there a particular word, line or stanza that really stood out for you?
- What meaning does it have for you?
- Would you like to write your own thoughts, feelings down? poem?

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### 3) Juxtaposition

- Explore the significant interplay between contrasts and comparisons. . . looking at an experience from a directly opposite view can provide an awareness that may become the basis for changes in attitude and behavior
- Reframing life experiences- from victim> survivor> thriver (hero/heroine's journey)
- In group- occurs when other participants express their opinions. Pt becomes able to accept different perspectives & disagreement, improving a sense of interpersonal relationship; supports individuation.

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### 4) Application to the Self



- Therapist works with client to integrate newly accessed feelings/memories into imbedded belief/identity system; world view, & everyday life deeper self-understanding. . .
- It is important for the client to see the connection between the individual and the literature, and to apply the new knowledge to his/her own self in the real world.

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## 5) Closure

- Closure provides a time for a review of what has been learned
- Clarification of relevance of insights to imbedded belief/identity systems; world view, & everyday life
- Access emotional stability and review self-care tools
- Homework, plan for next session

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## Resources

The Healing Fountain: Poetry Therapy for Life's Journey, Chavis & Weisberger (eds.), 2003. ID's poems & guides thru. their use.

Biblio/Poetry Therapy The Interactive Process: A Handbook, McCarty Hynes and Mary Hynes-Berry (North Star Press, 1994).

Poetry Therapy: Theory & Practice, Mazza, 2003.  
Forged In Fire- Girl on Fire, Brady, 2015.

Google- poems about.....; poetry index by subject

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## Resources

Poetry in the Therapeutic Experience, A. Lerner, 1978.

Poetic Medicine: The Healing Art of Poem-Making, John Fox, 1978.

Writing Down the Bones: Freeing the Writer Within, Natalie Goldberg, 2005.

Bird by Bird: Some Instructions on Writing and Life, Anne Lamott, 1995.

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## Resources

Treating Addicted Survivors of Trauma,  
Evans & Sullivan, 1995.

- Argues for an integrated treatment approach that addresses both illnesses concurrently.
- Asserts that abuse-related (trauma) issues need to be addressed in early tx- not delayed until abstinence is achieved.

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## *Experiential Exercises*



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## Build safety and comfort

- Happiest memory
- Safe place
- Protector
- Emotional regulation tools

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Build Safety and Comfort

Happiest Memory

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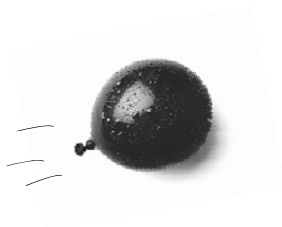
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Happiest Memory



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Fat red balloon  
bulged to bursting

Hidden  
water

Thin skin quivers with  
liquid fun



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THIRSTY

Quivering orb  
flies eagerly  
through thin air  
thirsty  
for revenge



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Poetry as a Tool for

Evoking Emotions & Memories  
Psycho-educational

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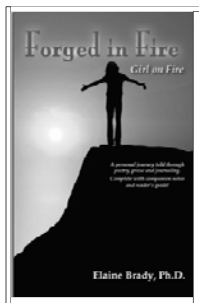
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***Forged In Fire- Girl on Fire***



Now available online: [amazon.com](https://www.amazon.com)

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### *Forged In Fire- Girl on Fire*

- Novel in Verse (poetry, prose, journaling)-  
evoking emotions and memories
- Psycho-educational/Companion Notes:
  - a. short-long term impact of childhood abuse
  - b. developmental model of SA-CoSA (Kasl)
  - c. progressive nature of addiction
  - d. stages of recovery

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### Psycho-educational

Developmental model for  
Sex Addiction and Co-Sex Addiction  
***Women, Sex & Addiction***  
**Charolette Kasl, 1989**  
**page 45**

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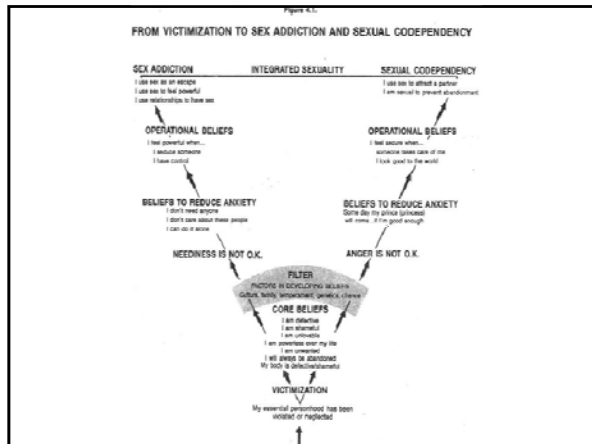
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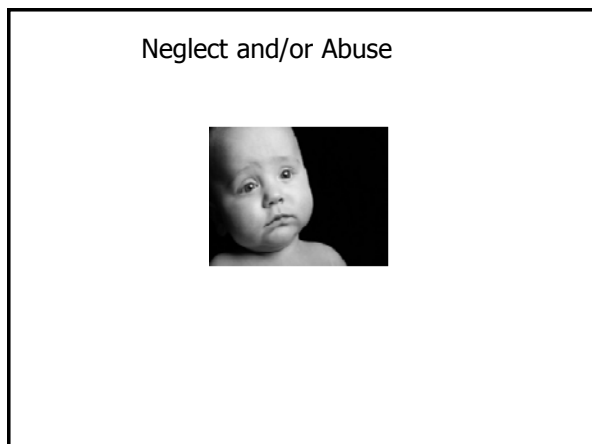
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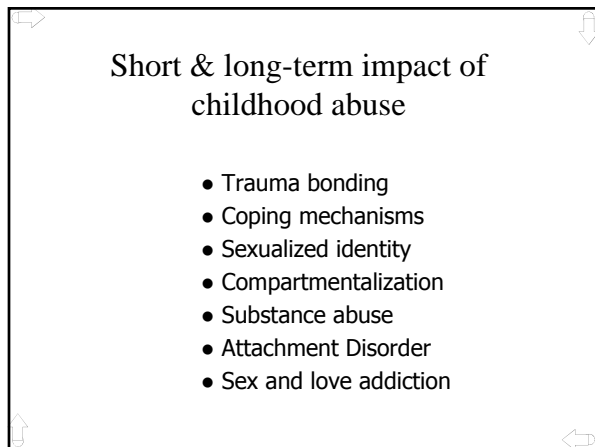
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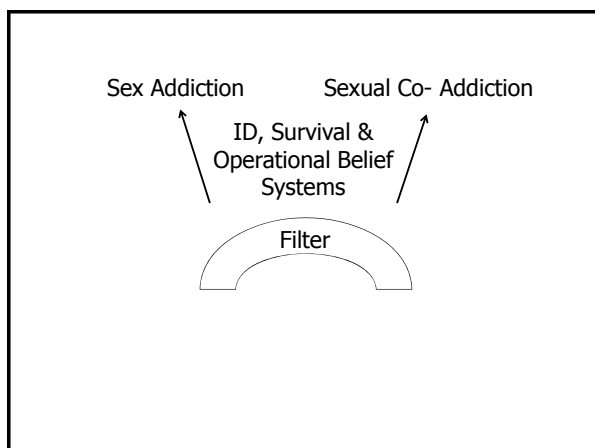
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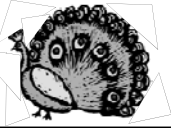
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## ADDICTION

The Behavior Meets Four  
Primary Criteria- P.C.O.C.



**Progressive  
Compulsive  
Obsessive  
Consequences**

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## BREAK !!



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## Evoking Emotions & Memories

1. Empty Cup
2. The Only Touch
3. Growin' Up

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EMPTY CUP

The Only Touch

Growin' Up

Evoked Emotions

Evoked Memories

Personal Poem



Psycho-educational  
Clinical/Companion Notes  
pg 195

What survival mechanism did  
Sammie resort to in *Growin' Up*?

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How do you think that might show  
up in her life/relationships as she  
grows up?

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Psycho-educational

4. The Bad One  
5. Alone  
6. Train Wreck

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*The Bad One*



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Clinical/Companion Notes  
pg 197

1. What is Sammie's current mood state?  
2. What symptoms of her abuse are being demonstrated here?  
3. What family "role" has she taken on?  
4. What beliefs about herself and her behavior do you think she might be forming?  
5. What are your thoughts about her anger towards her mother?

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## Symptoms: *The Bad One*

- rage
- acting out- "always in trouble"
- v grades
- stealing
- desperate peer bonding; dysfunctional attachment
- running away
- amnesia
- hypersexual behavior
- rebellion against authority figure (mother)
- core identity- "I'm bad."

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## *Alone*



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## Clinical/Companion Notes pg 202

- Trauma Bonding
- Conditioned Emotional Responses (CERs)
- PTSD Disorder of Abandonment
- Self-medicating with alcohol

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## Symptoms: *Alone*

- alcohol use/abuse to escape feelings
- abandonment issues
- Conditioned Emotional Responses (CERs)- classically conditioned association between being alone and danger

Core Injunction: Protects one from harm by another; compels a person to carry out a certain act.

"I will never let one person control my sexuality again."

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## *Train Wreck*



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## Clinical/Companion Notes

pg 215

1. What impression do you get of Sammie's relationship pattern from this poem?
2. What does *Train Wreck* reveal about her current level of "Readiness to Change?" (Precontemplation, Contemplation, Preparation, Action, Maintenance, and Termination)

Prochaska, J.O., Norcross, J.C., Diclemente, C.C. (1994). *Changing for Good*. New York: Avon Books.

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## Symptoms: *Train Wreck*

- Hitting bottom
- Spiritually “lost”
- Sick and tired
- 1<sup>st</sup> step onto the Heroine’s Journey

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## Stage 4. Reframing and Reintegration of Life Story

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Goal: Transform life story from victimhood to Hero/ine

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## Wizard of Oz



- *The hero's journey as a developmental metaphor in counseling*, Journal of Humanistic Counseling, Education and Development, Fall 2005
- *The Wizard of Us*, Jane Houston
- *The Wisdom of Oz: Reflections of a Jungian Sandplay Psychotherapist*, Gita Morena, Ph.D.

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### 1. THE ORDINARY WORLD

- Black-White world; vast emptiness, impoverished
- Crisis-  in danger
- Not heard- aunt & uncle, farm hands too busy
- Scapegoat- causes distraction, trouble



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### 2. CALL TO ADVENTURE

“Find yourself a place where you won’t get into any trouble.”

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3. REFUSAL OF THE CALL  
4. MEETING THE MENTOR

- Runs away, meets the mentor, who warns her of dangers along the path
- Returns home, but it is empty & she is wounded



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5. CROSSING THE THRESHOLD  
6. TESTS, ALLIES AND ENEMIES  
7. APPROACH  
8. THE ORDEAL.  
9. THE REWARD  
10. THE ROAD BACK  
11. THE RESURRECTION  
12. RETURN WITH THE ELIXIR

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Forged

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**Japanese Bowl**  
By Peter Mayer



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**Resources**

National Association for Poetry Therapy  
[www.poetrytherapy.org](http://www.poetrytherapy.org)

National Coalition of Creative Arts  
Therapies Associations  
[www.ncata.com](http://www.ncata.com)

Institute for Poetic Medicine  
[www.poeticmedicine.com](http://www.poeticmedicine.com)

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**Offerings by Dr. Brady**

"Cybersex Addiction: Assessment and Initial  
Treatment."

CAMFT's 2016 Annual Conference,  
Saturday, May 14, 2016 at Hilton Los Angeles

JFK Classes, San Jose, CA

*Forged In Fire- Girl on Fire*  
[amazon.com](http://amazon.com)

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Offerings by Dr. Brady

*Forged In Fire- Redemption*  
*Sign up for notification!*

Consultations, trainings, presentations.  
 Classes- JFKU

elainebrady.com  
 networkrecovery.com

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Q & A

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*That's All Folks!*

**Good Luck  
 &  
 Best Wishes!**

*Elaine Brady, Ph.D., M.F.T., CAS, CSAT-S*  
 networkrecovery.com  
 elainebrady.com

Individual, couples, & group counseling  
 Professional consultation & training

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