Resources/notes from 9/28/21

This document includes the format refresher—which explains how to use the materials discussed in Zoom meetings covering weeks 1 through 3. I recommend looking over the refresher first, then the questions that arose during the meeting of 9/28 are listed numerically, feel free to look over what interests you.

1.Format Refresher (Includes the links to the tools and videos applied to each talk so far) included in this email.
2. Question: How do we support our clients in using the tools we recommend?
3. Question: How to differentiate anxiety and depression from sub-clinical emotional experiences?
4. Question: How is often is testing used?
5. Question: How to engage a youth/adult who is only in treatment because the parent requires it?
6. Question: How to respond to a PTSD client who "doesn't see point in living"?
7. Question: How to address clients who "don't want to feel their feelings"?
8. Question: Treatment tips for dealing with PTSD?
9. Resource list of recommended readings

1. Format refresher: As therapists, we can't share or get a 'buy in" to tools we don't feel confident with or trust ourselves. I strongly recommend that therapists familiarize and practice the tools on our own personal challenges and stress (wise mind, the map and the 4 choices and Feelings are not Facts) prior to sharing with clients. **For best results in gaining the most of these talks—you will want to familiarize yourself with tools that are available on my website as follows:**
Talk #1 7/27/21 Beginning Life Solutions: Taking the first steps toward success. Requires your familiarity with tools located on my website under Telka's Tools, Basic Tools
And on my website page of videos Tools located in Video Tools Begin Here
If you do not have the PDF file I emailed for week#1, I can resend it to you.

Talk #2 8/26/21 Healing Stressful Relationships. Passive? Aggressive? Or Assertive! Requires your familiarity with basic tools plus tools located on my website under Telka's Tools, Relationship Tools And videos tools located in the Relationship Videos section—can't hurt to also watch the parenting videos as well in video section. We will dig deeper into relationship tools in upcoming talks #6 and #10. If you do not have the PDF file for week #2, let me know.

Talk #3 9/28/21 Emotional Healing. Medical mood disorder? Just Emotions? Requires familiarity with all prior tools, plus tools located on my website in the Tools section under Anxiety and Mood Tools plus the Stress Tools Section is helpful here too. Videos to assist these tools include: Anxiety Videos, Depression Videos and the work stress videos are helpful too.
If you do not have the PDf file for week #3, let me know.

Talk #4 Healing Anger- Yours, Mine and Ours is currently scheduled for Oct 26 ,(unless you vote to slow the roll and stay on the first three topics a bit longer). Requires familiarity with all prior tools and videos plus tools located on my site under Telka's Tools, Anger Tools.

Questions from 9/28/21

2. Question: How do we support our clients in using the tools we recommend?

- Begin treatment by explaining that we have an evidenced based strategy for helping them meet their treatment goals and use the map—specifically filling out the map worksheet and also the 4 choices to clarify their expectations and treatment goals, then each week we ask the client to assess where they are on the map, identify choices and develop strategies. Sell your treatment philosophy

by referencing that it has credibility—has proven it works, then share any of your own success stories with the strategies. Therapy must instill hope. We sell hope via education, support and problem-solving tools in the delivery of our mental health services.

- Additional engagement tools are in this 4 page pdf located in my Stress Tools section. And Creating Best Results
- More engagement? Miracle Question
- ALWAYS, allow client to take responsibility for healing. Use may use this analogy: "*Attending therapy is not like getting a hair cut where you just sit in the chair and your stylist does all the work; washing, cutting, drying and styling.. then you walk out of the salon looking your best. Attending therapy is more like having a personal trainer at the gym.. you identify your strength, conditioning and nutrition goals, then together you and the trainer create your workout and wellness program (best plan is includes what you are will to do consistently to get the desired results)—then you do ALL the work.. EVERTHING.. while your trainer says helpful things and encourages your efforts*." I usually add that we will work at their pace, and that my job is to help them align their thoughts and their actions with their values.

3. Question: How to differentiate anxiety and depression from sub-clinical emotional experiences?

- I referenced understanding personality traits, using this tool when considering "normal."
- Emotional health is when your affect/mood/emotions are congruent with life events. If life events are uncomfortable/stressful/traumatic/, then painful, negative and uncomfortable emotions make sense biologically and physically. Using the GAF score, adjustment disorders tend to fall in the 61-80 range and are expected to resolve within 6 months. I was trained that if a GAF score is above 80, treatment is not indicated and may not be covered due to a V code diagnosis.

90-81	Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.
70-61	Some mild symptoms, or some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
50-41	Serious symptoms, or any serious impairment in social, occupation, or school functioning.
30-21	Behavior is considerably influenced by delusions or hallucinations, or serious impairment in communication or judgement.
10-0	Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act with clear expectation of death.

- Analogy for medical verses situational mood problem:
  Do you feel all of these symptoms when you are on vacation? Mood disorders are diseases of the brain and just like other medical conditions, they travel on vacation with you.
- We have two jobs: 1. Teach emotional self-regulation skills to clients who are not able to manage normal, yet painful emotions. 2. Diagnose brain disorders meeting DSM-5 criteria and use evidenced based CBT and other clinical tools to treat.
- Use specific testing to diagnose—I have common tests posted in Anxiety and Mood Tools, Tool #5 on my site but tests and DSM-5 criteria are easily accessible. Use DSM-5 criteria in your evaluation to differentiate:
  "normal" upsetting and stressful emotions congruent with stress,
  "emotions as warning signals" alerting lack of self-care, unhealthy habits and destructive lifestyles,
  "clinical brain diseases" aka DSM-5 mental illness mood disorders.
- Use an ACE score in your evaluation.
- Use the testing materials to teach the client about symptoms of brain diseases. I recommend that you discuss the diagnosis, create a partnership of understanding the diagnosis and treatment prognosis, expectations.
- Also use the tools and videos for each diagnosis to teach clients who have mood disorders how to understand and manage their own illness

4. Question: How often is testing used?

- 1st time is in the evaluation session. If the client is diagnosed with a mood disorder, obtain a release to the PCP or psychiatrist. Some insurances require coordination of care. If you are building your practice, establishing your reputation, building referral sources, you will want to send letters to the docs introducing yourself for coordination of care with all clients.
- Use additional testing based on the individual needs of the client: most tests require consistent symptoms for at least 2 weeks, so testing sooner only makes sense if you have a HUGE change from one week to the next and want to document that change—learn what happened to create such a drastic change. Investigate if you have an over or under report from week prior… or a physical change.
- Medical leave and FMLA clients should be tested at least monthly because you may have to submit evidence of diagnosis to disability insurance or HR department.
- Testing helps you document progress toward either end of treatment or referral for additional services. If you have a high-risk situation or lack of symptom improvement, the tests help document need for the referral for more intense treatment.
- Use testing if new symptoms or new diagnosis is suspected. .. ie: clarify when a bipolar, ADD—or substance use disorder testing may be useful.
- A test when client is doing their best creates baseline for highest functioning level. This is helpful to gage preparation for eventual "graduation" from therapy… also known as discharge. I tell clients they are welcome to return on an "as needed" basis after discharge. Discharge just means good to go but if symptoms return or new issue develops, they are welcome to contact me. Analogy is they are graduating from brief treatment but allowed to take refresher classes for live long learning.

5. Question: How to engage a youth (or adult) who is ONLY in treatment because the (parent, employer, court etc..) requires it?

- Therapy is not probation, not associated with threats or punishment—therapists are health care providers, not probation officers… I like to make that clear because I think societal expectations get that wrong sometimes.
- Adult Mental health clients must give informed consent for medical care, have a diagnosed illness and consent for treatment of that illness including stated treatment goals.
- I tell adults/teens this "*you may be (parent ordered, employer mandated, or court ordered) for therapy, but I am not ordered to work with you…I don't believe it is right to force treatment, I will work with you if therapy is something YOU want.*
- Involuntary, Oppositional Defiant youth have best prognosis with family centered treatment in wrap around service settings.
- Parents struggling with parenting at risk minors may benefit more from education, case management, resource networking, NAMI, support or substance abuse programs or their own mental health rather than forced treatment of involuntary youth.
- Parents struggling with unmotivated young adults in their home have the best prognosis if parents engage in therapy to learn how to launch their adult kids into adulthood.
- Disclosure- I am only working with adults at this point in my career. I never schedule via a third party referral--- not from a doctor's office or a parent or a spouse. I tell referral sources that adults must seek and consent to their own treatment unless they have a disability that requires assistance from their health advocate. My treatment approach is this: "whoever owns the problem must be involved in solving the problem". (If your agency does not support best practice for youth—is there a way to make the poor treatment outcomes their problem so they engage in policy changes that improve outcome?)

6. Question: How to respond to a PTSD client who "doesn't see point in living"?

- This question is very complicated so we may vote to schedule additional conversation around this topic and I invite PTSD specialists to share their opinions on this.

- Let's first determine what this specific PTSD client might have intended with her "what's the point in living" question. More clarification is needed:
  -- is she sharing her PTSD symptom of "foreshortened future" and "negative emotional state" as described in the DSM-5 diagnostic criteria of PTSD? (I provide clients with a copy of the PTSD symptom sheet to help validate the medical model of what is happening to their brain—not their fault. Educating about the diagnosis is part of the treatment)
  --is she requesting a discussion on the meaning of life—as in "what next or what now"-- secondary to a major loss as expression of grief?
  -- is this a representation of her pattern of distorted thoughts seeking a reframing?
  -- is her intention for the therapist to reassure her that she will be ok—she needs a dose of hope and support right now?—needs to know that someone believes in her ability to heal? A conversation about her progress, her strengths and abilities—a reframe into her hero's journey.?
  -- Does she wish to understand her pathway to healing and using the Man's Search For Meaning Model?

7. Question: How to address clients who "don't want to feel their feelings"?

- I reframed this question into *client's who don't know how to feel their feelings or who have low distress tolerance due to trauma…* From a medical model perspective, we know that learning to tolerate emotional distress is something children are taught through positive emotional parenting and role modeling of emotional self-regulation skills. Children and families who have high ACE scores do not have these skills and often also have brain changes from trauma. This is really hard, long-term work helping these families heal… especially when we add the ongoing systemic injustices, poverty and lack of resources. We may want to schedule a Zoom specifically about this and have experts in this area be the presenters. I worked with this population the first 10 years of my now 37 year career… then I decided I wanted less stress in my life and focused on services to people with resources – mainly health care providers, educators and other highly functioning professionals. I do recommend using the tools and videos on my website for teaching emotional self-regulation skills.

8. Question: Treatment tips for dealing with PTSD?

- I did not offer up an in-depth answer to this question other than to reference the hero's journey and the Man's Search For Meaning Model. My brief- solution focused model is not the right fit for chronic or severe mental illness. I am not offering long term therapy anymore. When I treated PTSD, it was back in the 80s to 2007 and a lot has changed since then. I was lucky to have the resources of a treatment team approach in an outpatient hospital setting during those years. Since 2007, as a solo provider, if a referral has debilitating symptoms of PTSD that will not respond to the classic reframing tools and map in my brief treatment model, I refer them elsewhere. Perhaps some of you would like those referrals?

9. Additional resources to compliment discussion of mood disorders and treatment of mood disorders:

Teaching kids and families about moods:

- Greenwood E. (2018) Simple way to understand emotion: My Mixed Emotions. Help your kids handle their feelings
- Huebner, D (2005) *What to Do When You Worry Too Much. A kids Guide to Overcoming Anxiety.*
- McCloud C. (2011) Have You Filled a Bucket Today? Book by Carol McCloud - Stories for Kids - Children's Books MCCloud Buckets, Dippers and Lids https://www.amazon.com/Buckets-Dippers-Lids-Secrets-Happiness/dp/1945369027
  Growing up with a Bucket Full of Happiness: Three Rules for a Happier Life

- Chansky T (2014) *Freeing Your Child from Anxiety*, --- even though written for parents of anxious kids this book is great for anyone interested in tools for dealing with anxiety.

Adult Mood disorder info:

- Burns, D. (2007) When Panic Attacks overcome every conceivable form of anxiety including Chronic worrying Phobias, Panic Attacks Shyness (OCD) (PTSD)
- Miklowitz, D. (2019). *The Bipolar Survival Guide: What you and your family need to know*. Third edition The Guilford Press.
- Gillihan, Seth PhD (2016) Retrain Your Brain, cognitive behavioral therapy in 7 weeks.
- Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder by Paul Mason MS (Author), Randi Kreger
- Grayson, J. (2014). Freedom From Obsessive-Compulsive Disorder: A Personalized Recovery Program For Living With Uncertainty.
- Jeffery Freed and Joan Shapiro MD 4 WEEKS TO AN ORGANIZED LIFE WITH AD/HD

Resources for popular self help books to recommend to clients

Book Cleo Wade Heart Talk: Poetic Wisdom for a Better Life March 6, 2018
Hollis, R. (2018) Girl Wash Your Face
Literally EVERYTHING Brene Brown from Netflix special to all books, podcasts and TedTalks.

Podcasts I love: Hidden Brain, 10% Happier, Adam Grant Work Life.
Brene Brown has 2: Unlocking US, Dare to Lead,

In the Heat of the Moment: Hidden Brain explains the Empathy gap—can't understand why you did what you did when you were in a highly emotional (hot state). Our brains provide two versions of ourselves, the logic choice self (cold self) and the impulsive-"I can't believe I did that" (hot)self. **52 min Aug 9 2021**

Cultivating Purpose Hidden Brain Podcast 52 min 8-2-2021 Having a sense of purpose can be a buffer against the challenges we all face at various stages of life. Purpose can also boost our health and longevity. In the kick-off to our annual You 2.0 series, Cornell University psychologist Anthony Burrow explains why purpose isn't something to be found — it's something we can develop from within.