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NAADAC

ENERGY PSYCHOLOGY TECHNIQUES FOR REDUCING TRAUMA AND
ADDICTION

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>> SAMSON TEKLEMARIAM: Hello, everyone. And welcome to today's webinar on Energy Psychology Techniques for Reducing Trauma & Addiction. Presented by Dr. Tricia Chandler. It's great you can join us today. My name is Samson Teklemariam and I'm the Director of Director of NAADAC. And I'll be the organizer for this training experience. The homepage for NAADAC is www.naadac.org/webinars make sure to bookmark this page so you can stay up-to-date on the latest addiction education.

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You'll notice the screen looks smear to the one that is on the slide. Here's some important instructions. You've entered into what's called a "listen-only" mode. So your mic is automatically muted. And you have trouble hearing the speaker, switch to the telephone option. You can use that orange arrow any time to minimize or maximize the control panel. If you have any questions for the presenter, just type them into the questions box. We'll gather the questions and I will pose them to the presenter during our live Q&A. Any questions we do not get to we'll collect directly from the presenter and post those questions and answer on our website.

Now, let me introduce you to today's presenter. Dr. Tricia Chandler has been working in clinical trauma and co-occurring disorder treatment for 25 years as a licensed professional counselor. Teaching full-time graduate online professional and addiction counseling students for 9 years. She has worked in private practice with individual clients, the in patient setting and outpatient programs for over 25 years. She has created and integrated programs add an extended care facility for women with co-occurring disorders in 2011 and published research finding and peer review journal in

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2015. Dr. Chandler is dedicated providing treatment with using energy psychology, mindfulness base therapy, art therapy and integrated biopsychosocial approach. NAADAC is delighted to provide this webinar to you by this accomplished trainer. So Tricia, if you're ready, I'll hand this over to you.

>> TRICIA CHANDLER: Thank you, Samson. Welcome, everybody. And I'm so happy you were willing to join me for this discussion. I have been in the field, as Samson said, for quite some time. And I consider myself to be an energy psychologist for my entire career. I'm hoping that I can get a handle on this moving my slides in an effective manner. So please hang with me. So our objective to is talk about two particular techniques. Emotional freedom technique, and thought field therapy which are part of energy psychology that has been effectively used with PTSD and trauma clients for quite some time. That is not the only way that energy psychology is used. But this particular type of technique also uses acupressure meridian point for tapping while also using language from Positive Psychology and the client's own anxious and trauma issues to help create emotional calmness, lowering stress from the limbic brain and helping patients decrease in that survival mode when they have experienced trauma. So this is all about introducing you to the fact that you are an energetic human being.

Our physical bodies are more like our vehicle, the car that we drive that houses our spirit, our emotions, our mind, and every aspect of who we are. As an energy psychologist and somebody who worked in the holistic field my entire career, I always considered that we have to address the whole person. When something happens to us, it doesn't happen to one aspect of our life. Everything else is affected. That's how you start to understand the whole mind-body spirit approach to healing.

Donna Eden has been in the emergency medicine field well for over 30 years and I like this statement and I thought this was a great way to start. Because we tend to get really stuck in the idea that we're just 3-D people instead of that energy flows in every single cell of our body and through us and that we can access those pieces to help us overcome trauma, to overcome any kind of emotional dysregulation, and to heal those aspects of our lives.

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I've been an art therapist for 27 years. I've been a Reiki master for 25 years. Those are both energy psychology techniques. Additionally, we have to look at how to coach people do therapy with people to understand what drives coping mechanisms that are effective. And that's where energy psychology can be so helpful.

We view the system as interconnected or bio energetic patterns. And the way to work with this is to understand the neurobiology processes along with the electrode physiology, our consciousness, and our bioenergy systems. Chakras, if you have not heard that term is a Buddhist term that talks about we have energy centers down our spine from the very top of our head to our root Chakra that are actually connected to our endocrine system.

And these Chakras in the endocrine system help our immune system to keep in balance, help our neurotransmission to keep in balance, and in every single system in our body is interconnected and talks to each other.

If you have ever heard of Candace Perch, she put out a book years ago about the consciousness in every cell. And that we have mind in every cell of our being. So we actually talk to ourselves, ourselves talk to one another that our consciousness may not be aware of. And all of these different techniques help, not only the therapist to stay connected, but the clients who start to understand how everything affects everything.

And that we can shift our energy through shifting our consciousness, and through shifting how we are perceiving the moment. These are both self-help techniques and clinical techniques that one can become trained in to assist their own clients in getting out of trauma mode.

Emotional freedom technique, which I'll go into in a minute, and thought field therapy came out of decades of studying this energetic approach and working with it through our biology of acknowledging that our bodies actually are helping us to stay regulated in our emotions and our thoughts.

If we can listen to our body, our body will tell us what we need, what we're allergic to, what is not appropriate for us to be doing, and what things are really good for us to be doing. The tapping techniques that I've been talking about actually speed up

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the process that is used in Cognitive-Behavioral Therapy called exposure response prevention therapy.

And what was studied with that is that first the individual has to bring up the trauma, a thought of trauma. And then work to expose that trauma and to respond to it in a different way.

This has been very effective therapy for decades. However, what has been determined and found through energy psychology techniques is that tapping on certain acupuncture points soothes the limbic response to trauma and get us out of survival brain exponentially quicker.

Some research that has been done with Veterans with significant PTSD responses is that it takes about 8 sessions to completely remove the emotional response when one remembers a trauma. Whereas, the exposure response prevention therapy can take up to 20 or more sessions to get to that point if it gets to that point.

So, the main thing to understand about this is that when we get into trauma, when we experience trauma, our brain goes into survival mode, which is the mesolimbic system. When the mesolimbic system takes over, which it does in survival mode, the executive cognitive functioning no longer is the captain of the ship.

What that means is that we don't really have the capability to slow down and think cognitively and logically to problem solve. So when people go into that limbic system, which is there to protect us in case of needing to survive, that piece of us isn't concerned about what we do tomorrow. The survival mode is "Make sure I don't get eaten by the lion chasing me." That's how old the part of the brain is, that it's part of the behavioral part of the aspect when we were Neanderthal and much, much earlier in human development where we were chased by lions. And that is a very powerful thing to know when you're working with clients that are in that trauma place and have poor coping mechanisms that have led to addiction.

I was really impressed when I went to the national conference last fall, the NAADAC conference that on Monday, and unfortunately, I do not remember this gentleman's name, but he's been an addiction counselor for over 30 years and he was

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the keynote speaker. And the first word out of his mouth made my heartbeat, because he said addiction counselors association had dropped the ball on understanding trauma and mental illness for over 30 years. That when we work with the whole person, we have to understand that those things are intimately related. And to work on just addiction without understanding the underlying trauma that goes with it or pre-dates it, as well as any other mental health issues that have been caused by that, it is to basically put a Band-Aid on a gaping wound that needs sutures. It's not going to be as effective.

And while the last hundred years of looking at pathology really helped us to learn that neuroscience and all of those great things, it did not help us to understand that we have to work with the whole person.

So the beginnings of this research is way back in the 1970s when Dr. Goodheart was exposed to do acupuncture. And really, first time started to realize the body can help with the emotional functioning. And the body could also tell you through muscle testing what it needs and what it doesn't need.

Kinesiology has been around for a very long time. But these doctors started studying it back in the '70s. And it's interesting to note that through their research, emotional trauma, pain relief can be addressed in non-intrusive approaches.

So applied kinesiology typically requires two people. And therapists, counselors, can use this to help clients. And you can also get someone to help you to learn about your own responses. This slide is kind of telling you the process that when the subject stands erect, and they have -- and it really doesn't matter whether it's their right arm or left arm that's held out parallel, but you hold out one arm parallel, and the person doing the muscle testing stands facing the subject, putting one hand on the other shoulder to steady them, and then placing the other hand on the subject's wrist, right above the wrist.

When you are in a good place, and your body views things as being, yes, this is something I want. This is something that I need. Your arm will stay strong when it's pushed down firmly.

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When the subject is asked something that is not true or is not helpful for that individual, the arm will go weak. It will absolutely fall down. And it doesn't matter if you're a 200 pound bodybuilder and I'm a 100 pound woman. Your arm will go weak if your body is telling you know. And that's a pretty powerful tool.

Another way to do this for yourself is actually using a pendulum. But this picture shows the technique for the subject, as well as for the clinician working with the person. I have seen this done in many, many different venues, webinars, that I've been to.

You always ask for the subject's permission if you're doing any kind of energy work with them, because we don't intrude on people. And you establish a baseline by asking something really simple like, what's your name? Or purposely saying the person's name correctly. Or purposely saying a different name. And the body will respond.

To determine if a trapped emotion exist or what that trapped emotion might be, again, this can be something that's used through basic muscle testing.

Food allergies, food choices, anything of those nature can be tested. And you can do it pretty easily to see what things you're actually allergic to or that your body doesn't want or doesn't need.

And that's from anything you consume to anything you read, to anything you want to do in your life, to the problems that you're facing that will show up in those kinds of clinical questioning that can be done using this technique.

Mostly, this is a pre-technique to use before you're going to do emotional freedom technique or whatever to start to understand what the client's issues are. What is causing them distress? What is causing emotional dysregulation? What's the trauma?

And it's non-intrusive. So, all of this stems from being introduced to acupuncture in the Western world in the early '70s. Acupuncture has actually been used in detoxification and to help addiction clients with triggers, cravings, anxiety for, I don't know, I think about 25 to 30 years. In Colorado that I'm familiar with, it's been used in

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one of the most secure lockdown facilities for people with significant co-occurring disorders and addiction issues.

And it's a simple 5 needle technique used in the ear. It's amazing technique. And it has been accepted since 1998 from the national institute of health. This technique is what really encouraged those doctors and psychologists wondering how physiology can be used to help with emotional issues. And that's where they started.

Dr. Diamond and Goodman's team started experimenting with this and learning about the meridian points that have been known in acupuncture for thousands of years. And they started working with that to attempt to resolve emotional and psychiatric issues back in the '70s.

Dr. Hawkins used this method along with orthomolecular medicine to work with people with emotional and mental health issues. Dr. Callahan has been a clinical psychologist, and he was a pioneer of cognitive therapy. When he joined the team, he developed an approach called thought field therapy. And he didn't have any words to go with it. And thought field therapy has been around for quite some time and very effective. And you don't have to use any words. However, there's a lot of different moving your eyes. It actually kind of coordinates with a little bit of EMDR, because there's a lot of precise movements that have to be made while tapping.

So this piece, I will say that I was really impressed to hear a psychologist talk about last year at a conference that they had been going over to Rwanda working 20 years of post trauma from the annihilation that happened there years and years ago.

And now, that little country, everybody uses thought field therapy and has healed significant trauma. She's gone back like nine times to Rwanda over the last 15 years or so. And it's pretty amazing to listen to the success stories of people that were hopeless and helpless around the national problems that happened there.

So, when one is using thought field therapy, you're tapping on specific points that are called meridians on your head, your face, and under your arm. And holding in mind a trauma while just moving through those motions. And it's been shown to be extraordinarily effective in releasing people from being stuck in that trauma brain.

Gary Craig studied TFT, and he is the one who developed in 1995 emotional freedom technique. Craig added phrases that bring up the trauma, and then bring in Positive Psychology comments of self-acceptance. A comment might be "Even though I am so anxious about this, whatever this might be, I still accept myself totally and unconditionally."

That makes a difference, because we're also telling ourselves of our body, our energetic system that we're okay. That we accept ourselves, even if we're feeling that we're not okay in the moment. And through that, you will find that there is always an approach to start letting go of the anxiety and the fear that is keeping us stuck in trauma brain.

And, so, now, this is our polling question and I'm turning it back over to Samson.

>> SAMSON TEKLEMARIAM: Thank you, Dr. Tricia Chandler. Thank you so much. So this is your opportunity to connect with the presenter. You'll see a polling question pop up on your screen in just a moment. The polling question asks: Are you experiencing trauma or vicarious trauma during COVID-19? You'll see four answer options there. It should be available now. Yes, already within the first few seconds, quarter of you have answered. As you're answering that poll, just a reminder you can continue to send in questions in the webinar control panel. We'll try to have a live Q&A towards the end of the webinar and ask your questions in the order in which they are received. Again, any questions we don't get to we'll add to the Q&A document and try to get them posted on our website at a later date. And we're almost at 70%. I'll give you guys 5 more seconds to answer the poll and then we'll turn it back over to our presenter. Perfect. Thank you so much, everyone. I'm going to close the poll now and share the results. And I will turn this back over to Dr. Chandler.

>> TRICIA CHANDLER: All right. Well, for the 6% that said what is vicarious trauma? All of us clinicians who listen to people in trauma and chaos, we absorb it. If we're not energetically protecting ourselves, we can get to the place where we're traumatized about hearing about trauma.

And while we may be experiencing vicarious trauma through our clients, we might also be experiencing our own trauma because of what we're going through nationally and globally right now.

It's kind of an amazing coincidence perhaps that I'm doing this talk today when we have all of a sudden in this last few months become overwhelmed with trauma ourselves. And for vicarious trauma, just cluing into the Internet on a daily basis and seeing 99% of trauma being talked about, the COVID-19, okay. I can't go get my haircut. I can't go anything I want to do done. I have to isolate. All of these things can cause trauma for us, as well as just being exposed to it continually day after day after day can increase our own sense of anxiety and fear about how we're going to move forward and get ourselves stuck in our own limbic system.

Okay. My screen is not moving now. I'll try again. Now it's moving too fast. And so now I wanted to show you the technique of emotional freedom technique, as well as TFT from the standpoint of where one taps. The side of your hand is called the Karate chop area. And this is where you start working. You just tap with your other hand lightly on that area. As you ask your client to think about what is causing fear, anxiety, or trauma.

And ask them, you know, to say, what they think that would be. I'm feeling so anxious, because I'm talking to all these people. How anxious am I? And then you ask them to rate that. If that is their anxiety, their fear, their cravings, you can do this with cravings. You can do this with triggers. Any words that come up from the client are the words you're going to help them use to develop a dialogue to reduce that down from a 10 or a 9, or an 8 to a 1 in the level of anxiety. And you can just take a deep breath. So using the concept of I am so scared. I will never get my life back was a this COVID-19 event. How anxious does that make me feel as I'm tapping on what is called the Karate chop area.

And then, you start moving through the areas of the meridians. And the meridians are the top of the head, in between your eyebrow, just lightly tapping with one finger. On the side of the eye, and it doesn't matter whether it's the right or the left side. Under the eye. Under the nose. Under the chin. And then with both hands, right in that

area underneath your collarbone. And for women, this is like the under arm is right about where your bra would be.

And then back up to the top of the head. And you can do this over and over again. So you start at the top of the head, I'm so anxious. I'm so scared about my life. Being out of control. And you're moving underneath each of these parts as you're talking. And then you get to the under your arm, and then you say, but I completely and totally accept myself. And then you start again. And you start saying things like, well, can I let go a little bit of this anxiety? Can I let go a little bit of this fear? I can't control what's going on in the world.

But I can control what's going on with me. And all of these things being stated as yourself or client, you start tapping and with three rounds of it and with each conclusion, you totally and unconditionally accept myself despite the concerns, fears, I'm still acceptable. That's a very powerful thing to say to yourself. And it's a very powerful thing to start believing as you're saying that. And once you've gone through a few rounds, then the ask the client or you check in with yourself, and you say, okay, where is my anxiety right now? Where is my fear right now? Did it come down from a 10? If it didn't get down to a 1, something else may have come up.

Okay, I'm not afraid dying from the virus, but I'm afraid my family will. Or you'll keep working with those statements. So the association for comprehensive energy psychology has been around since the late '90s. I have worked with a lot of these people who have formed this in a group called international society for study of energy. From that group has come the comprehensive energy psychology. At this point, scientifically, there are over 50 random control trials and 50 pre/post studies that demonstrates ETF and these are anxiety based for treating anxiety, depression, and food cravings along with cortisol changes heart rate availability and blood pressure, and all those things are underlying addiction. So when we bring somebody out of their trauma response, then they can start utilizing a lot of the other therapeutic approaches to dealing with trauma addiction and mental health issues that they couldn't actually really get a handle on while they were still stuck in their limbic brain.

As I've mentioned before, trauma activates the mesolimbic brain and it relegates the cognitive functioning of the backseat. That means we're in a reactionary trend than an active thinking, coping, problem-solving abilities. And unless we can get our clients out of that limbic brain, it will not be as effective. So what has been found is that by doing this tapping approach, the EFT or TFT, it actually soothes the hippocampus, which then brings down the hyperactivity, the persistence of being in a fear-based place.

When trauma activates the limbic brain, and the higher cognitive functioning in the prefrontal cortex is diminished, fear and trauma memories become fixed in the amygdala of the brain, which is part of that reward center of the brain pathway. And when trauma becomes affected in the amygdala, it activates the reward center to try to control and cope with the emotional psychic and physical pain we feel. Therefore, substances and processes that give any form of pleasure to the rewards center of the plane start to be used to distract our psychic pain or emotional pain, and can be engaged in through self medication.

Now, that doesn't really matter whether that's a substance or a process. We are very familiar in the addiction counseling world that addiction can be to anything. It can be to, obviously, illicit substances. It can be to those that are legal, like alcohol. Tobacco. But it also can be to things like gambling, shopping, sex, eating. And those are all somewhat obsessive compulsive behaviors that become fixed because the reward center of the brain has been activated.

So both EMDR and energy psychology techniques work to soothe the hippocampus. And what actually happens, new proteins are being introduced as the amygdala is becoming soothed. And the release is the emotional charge to the trauma memories. When you don't get scared by a memory anymore, it no longer has a hold on you. And that's where we want our clients to be so that they can then understand that they're using coping skills that have gotten them stuck in a different way.

I happen to really be a follower of Dr. Gabor Mate using the whole person approach in working with addiction, because he's work with clients in Canada, on skid row in Vancouver, every single client he ever interviewed told him that they had

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experienced significant childhood abuse, neglect, and trauma. So he calls the Gateway drug "Trauma" and childhood adverse experiences.

Because no child starts out thinking, hey, I want to become an addict when I grow up, or prostitute, or be totally incapable of healing my life. And this all goes back to the study that was done in 1995-1997 where Kaiser Permanente came up with 10 events that contribute to the development of co-occurring disorders.

And those events have to do with abuse, household challenges, neglect, and then in recent years, they have come up with others. Racism, witnessing sibling abuse, violence outside of the home, bullying, involvement in the Foster care system, deportation of a family member, or living in an unsafe neighborhood.

How many of us have had at least one or two of these in our lives? Now, obviously, some of us are more resilient than others. But applying EFT into the addiction field is really not about replacing other recovery approaches. It's about adding this in the beginning, really, to help the person get to where they can then effectively use acceptance commitment therapy, emotional interviewing skills, dialectic behavioral therapy, 12-step programs, and variety of other things involved in Cognitive-Behavioral Therapy.

So what we are understanding now is that we need to be very aware of helping our clients and ourselves when we find ourselves getting into that stuck place in our brain to become less stuck to use these methods to assist clients and ourselves in being able to soothe the hippocampus and to soothe actually polyvagal nerve that sends that message back up to our brainstem and our limbic brain.

So this is a loop that can help physiologically and emotionally and mentally to move people out of the mesolimbic response. Because we know that recovery approaches do happen to have a lot of issues where people have a lot of residism and relapse. We know they haven't completely gotten it yet when that occurs time after time after time.

And, so, with that approach, then we can help our clients to empower themselves to learn better self-care, to address their emotional, mental, and behavioral

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issues, and to begin to practice a greater acceptance of self, which will also help them to heal them.

And at this point, I would like to turn it over to Samson for questions.

>> SAMSON TEKLEMARIAM: Thank you so much. Yes, everyone, so here are some of the references towards the end of the slide. You'll also see them in the handout attachment. Now for Q&A, we have great questions from the audience. First one comes from Neal. Neal asks can you speak to the vagus nerve to the addiction, is this the same system energy psychology system use?

>> TRICIA CHANDLER: Yes, the polyvagal nerve is someone attached to your heart. It's in your heart region. And what they're finding with EFT and TFT is that that actually using that tapping approach actually soothes that polyvagal nerve. And that then sends that energy and that message through our cells back up to the brainstem, which is top of our central nervous system as well as into that Mesolimbic system. And soothing the hippocampus. So it goes like I was saying, it goes both ways. It goes from mental health process or that brain process, but it also goes from the biological physiological process.

>> SAMSON TEKLEMARIAM: Thank you so much for the questions you're sending. Next one comes from Max from Connecticut. Are there special considerations for assisting underserved populations? If so, what can we do?

>> TRICIA CHANDLER: These techniques can be used with any client, the underserved as well as those that have access. There are so many people in this country that don't have access to good mental health care or addiction care. And these techniques can be used very quick and make a big difference in emotional regulation for people. So I believe we definitely need a great deal more therapeutic avenues and access to those avenues all across this country. These techniques can be used as self-care and self-help once they've been taught how to do it.

>> SAMSON TEKLEMARIAM: That's funny. Speaking of self-care and self-help, I'll skip to this one. Teresa asks a question. How does one protect themselves from vicarious trauma? And connected to that, Valerie from Minnesota asked, do you find

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Reiki practice to be helpful from vicarious trauma? So those are connected. Again, Teresa asks how one protects themselves from vicarious trauma and another one is due find yourself Reiki practice helpful?

>> TRICIA CHANDLER: Reiki piece, that I do. That's because I know energetically, I am not the one sending the energy. When I do Reiki, I'm a vessel for cosmic energy, cosmic healing for any of that to happen, and it's just going through me. Now, when I'm in a good space, personally, when my life is going pretty good, I'm very easily able to protect myself from taking on other people's trauma. And it's just as simple. I mean, it can take two seconds. If you bring it to mind, and just say, okay, take a deep breath. I am protected. I have however you present that to yourself. I have my angels around me. I have white light around me. I have cosmic protection. I am here as a clear vessel to assist this individual. And none of it sticks to me. It's really just being conscious of that before you go in and delve into that trauma with that individual. Does that make sense? You only have to be conscious for that minute or that half minute before you say, hi, Joe, tell me about your day. And you can do that with every client.

With Reiki, what we do every single client we work on physically, we go wash our hands and use cold water to just clear someone's energy off of us. Now, in this day and age, please wash your hands, right? But, those types of tools become very clear to you as you delve into understanding that you're an energetic person, and that I'm an energetic person, and when we are connecting face-to-face, we're in each other's energy. So for me to remain clear, I just need to say to myself, this isn't mine E. and I'm not taking it on. And for me, I have great angels. So I always call on my angels. And whatever your belief system is around that. We're always protected. And we're always inter-related to everyone we're around and with.

So it's very important as a clinician of any sort to protect yourself energetically.

>> SAMSON TEKLEMARIAM: Thank you so much. And another question is are there any resources or website where we can see the techniques applied and maybe a recording with different types of clients and co-occurring issues?

>> TRICIA CHANDLER: Absolutely. The association for comprehensive energy psychology actually does training to become certified in these techniques if you're interested in that. If you're interested in understanding it, there are videos on YouTube for all of these different people. Dr. Church, Gary Craig, all of these different folks that have been using this have put out videos on YouTube. So you could go and check it out and see how it's done for free. And get some different impressions, check out two or three different people's approaches to it. But if you do decide you really want to comprehensively become involved in this, think certification training through ACEP. Association for Comprehensive Energy Psychology.

>> SAMSON TEKLEMARIAM: This might be a related question. Gary asks are there any concerns regarding licensure, certification or psychology approach in terms of touching patients and clients and using these techniques?

>> TRICIA CHANDLER: Well, you're not actually touching the client other than if you were the person doing kinesiology. The person is tapping on themselves. So there is no issue with that. Certainly, you ask someone before you say, okay, stick your arm out. I want to do some kinesiology on you. You ask if it's okay for you to touch their wrist. And, again, yes, you can be clinically trained in it through ACEP, and it is very effective. And as I've said, scientifically-based.

>> SAMSON TEKLEMARIAM: And I'll try to see if I can squeeze in one or two more. We had a lot of questions, Dr. Chandler, about understanding the difference between energy psychology as you're describing it and traditional hypnosis or hypnotic distraction techniques. And some even brought up, let me see, hypno induction or Freud's psyche analysis. Maybe explain how to understand the difference or what the differences are between the models and energy psychology?

>> TRICIA CHANDLER: Sure. Hypnotherapy is a tool that's used in psyche analysis. It was actually what Freud started doing first, but he wasn't real good at it, so he went into what is called the free association. But energy technology techniques, energy psychology has nothing to do with hypnosis. It's actually using physiology of the individual's own body to respond to their concerns, fears, emotional dysregulation, whatever that would be. So the two are very different. There's nothing wrong with

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hypnosis. It's a great approach. But we're not asking people to get stuck in their trauma. In fact, they don't really even have to think about it to the extent that they would with cognitive-behavioral techniques. They just have to bring it to mind. And then the physiological tapping, while they're talking themselves about it. and okay, I'm scared. But I still accept myself. These are self-empowering techniques that has nothing to do with hypnotizing somebody or using psycho analysis in any way shape or form. Thank you so much, everyone. You have a lot of questions coming in. Thank you for those. We're going to collect those question and put them on a Q&A document. And we will work with Dr. Handler to get that posted on our website within a week or so.

Speaking of the website, if you're wondering about your CE quiz for this webinar or how to access the event. Every NAADAC has its own webpage. So immediately following this live event you will find the online CE quiz link on the exact same website you used to register for this webinar. Everything you need to know will be permanently hosted at www.NAADAC.org/energy-psychology-webinar. Please tune in if you can if there's some really interesting topics with great presenter next week on Wednesday and Friday. We have two specialty national emergency webinars. One by Dr. Fred Dombrowski and another one by Percilla Zeno. another one is coming up Friday. May 15th from 12 to 2:00 p.m. eastern. If you work with peer recovery specialist or if you're a peer recovery specialist one is aspiring to be or in coaching sponsorship, you can catch up on the rest of the series by going to www.NAADAC.org/peer-recovery-support-webinars. Please join us May 15 from 12 noon eastern to 2:00 p.m. eastern to hear from Phil Valentine. Also currently, NAADAC is offering two specialty online series.

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most respected are also the most vulnerable and as the nation tries to stay in balance, those are trauma related symptoms and history of substance use disorder presented by Duane K.L. France. Addiction treatment specialist and retired combat Vet will help you prepare how to help those we honor. To learn more about this exclusive content, visit the webpage you see at the bottom of this slide.

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Please note there's a short survey. Please take time to give us feedback or any notes you have for us or the presenter and how we can improve your learning experience. Thank you again for participating in this webinar with us. And thank you Dr. Chandler for your valuable expertise. I encourage you all to take some time to browse our website and learn how NAADAC helps others. You can stay connected with us on LinkedIn, Facebook, and Twitter. Be well.