NAADAC, STRENGTH-BASED MIND-BODY PRACTICE: BUILDING INTERNAL RESOURCES

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[The broadcast is now starting. All attendees are in "listen-only" mode]

>> SAMSON TEKLEMARIAM: Hello, everyone. And welcome to today's webinar on Strength-Based Mind-Body Practice Building Internal Resources presented by Dr. Alyssa Weiss Quittner and Dr. Andy Brown. It's great that you can join us today. My name is Samson Teklemariam. And I am the director of training and professional development for NAADAC, The Association for Addiction Professionals.

I'll be the organizer for today's event.

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If you have any questions for the presenter, just type them into the questions box of the GoToWebinar control panel. It looks just like the one you see right here on a slide. We'll gather those questions, and if time permits, I will pose those questions to the presenter. Otherwise, we'll get the answers from the presenter and post those questions and answers on our website later on.

Now, let me tell you about today's very skilled presenters. First, Alyssa Weiss Quittner is a full-time Professor in marriage and family therapy. And she has served as an adjunct Professor in various universities across the U.S. and other countries.

While Alyssa's specialty in families with special needs, she also provides counseling to individuals, couples, and groups. She has a background in the field of

special education where she holds a master's degree in early childhood special education.

Dr. Weiss Quittner has presented at local, regional, state, national, and at the international level. She has published on various family therapy topics. She is certified as a hypnotherapist and certified in Snoezelen therapy.

And Dr. Andy Brown is a full-time professor in mental health counseling. His special at this in traumatology. And he provides counseling to individuals, couples, and families. He has a background in the field of health and wellness. Andy uses a mixture of psychological therapies as else a theoretically eclectic counselor.

Andy also holds advanced certification in behavioral coaching, strength and conditioning, traumatology, hypnotherapy, as well as level one and level two certifications in EMDR, Eye Movement Desensitization & Reprocessing and brainspotting.

NAADAC is delighted to provide this webinar presented by these two wonderful professionals.

So Alyssa and Andy, if you're ready, I will hand this over to you.

>> DR. ALYSSA WEISS QUITTNER: Thank you. Hi, everyone. I'm Alyssa. Welcome. So first thing I want to discuss is our learning objectives. Let me go back. The first one is participants will be able to explore the benefits of integrating mind, body, work into clinical practice. The second one, the participants will be able to implement mind-body techniques. Our third one is you'll be able to develop a personal framework along the integrated mind-body therapies.

So you'll be exposed to all these today in our webinar. And now, I want to introduce my co-presenter Andy.

>> DR. ANDY BROWN: Yes. Thank you, Alyssa. It's nice to be here. Just some considerations, things to think about as we kind of make this journey today, when we're thinking about strength-based, mind-body practices and building internal resources and what have you, we want to think about safety and connectiveness and personal functioning as well as reconnection.

Now, we're not just talking about with client but also with the therapists because some of the unique things that we're going to talk about today have a vicarious positive impact on the therapist.

Okay. So I know it's afternoon. You probably just finished lunch at some point. So what you really want to do is start off with a quiz. So we want to start off with just a polling question here. Um, do you use mind-body interventions? So simple yes or no. The good thing is there's no wrong answer here. We just want to get an idea of who our audience is.

>> SAMSON TEKLEMARIAM: Thank you, Andy. Everyone, yes, you will see this poll just launch on your screen in just a moment. Um, thank you for your quick responses. We have about 40% of our audience responding. I'll give you about 20 more seconds. The question again is, do you use mind-body interventions? Yes or no.

All right. Thank you, everyone. So yeah, the poll just blanked out halfway. We got half of the responses, but it didn't look like it was enough to show us the results. Um, we have some that came up in the Q&A. And we will have to go to the next polling question. Somehow it just got cut off about halfway. I'll turn this back over to Andy and Alyssa. And if you can just explain the second polling question. The first polling question, we weren't able to get it.

>> DR. ANDY BROWN: Sure. Let's go to the next question here. For some reason it doesn't seem to want to forward.

>> DR. ALYSSA WEISS QUITTNER: Let me see if I can do it for you. No. My won't move either. there we go.

>> SAMSON TEKLEMARIAM: It's moving.

>> DR. ANDY BROWN: Thank you very much. So polling question number 2, do you currently see trauma clients? Yes or no.

>> SAMSON TEKLEMARIAM: All right. Same thing. We'll go ahead and launch this. There we go. You should see it pop-up on your screen. Everyone, we're collecting responses for this one. So we have -- there you go. Now it is coming in. About 70, almost 70%. We'll give you about 10 more seconds.

Great. Thank you, everyone. So that's just less than 30 seconds. Over three-quarters of our audience responded. Thank you, everyone. We'll close the result. We'll close the poll and share the results on the screen. And I will turn this back over to our presenters.

>> DR. ANDY BROWN: Wonderful. Thank you. And I wish that all my tests came back with results that quickly. And then I can give those results to the students that quickly. That's wonderful.

It seems like majority of our audience has some background in treating trauma. And of course, as addiction specialists, what you're aware of, is so much of the foundation or the potential ideology of addiction with some people resonate back to some sort of trauma.

And for those of you that don't currently treat trauma, that's okay, too because, with the protocols that we're going to be talking about and dealing with today, this may give you kind of an overview of some of the things out there and available should you want to begin to treat trauma or trauma clients.

Okay, now, let me see if I can get this going again. All right. Here we go.

Power Therapies. So, now we're going to start off talking about, when we talk about strength-based mind-body practices, we're going to use both Power Therapies, and we're going to use some traditional therapies that we talked about. And for some people you may already be using some Power Therapies. Other individuals, this may become new information for you. I'll try to give something for everyone whether you're using it or whether you haven't.

We'll probably start off with EMDR. Some of the Power Therapies, and Power Therapies was a term coined by Charles Figley. And he probably, with-- called the foremost researchers in traumatology in America that I'm aware of. And EMDR, the desensitization reprocessing, brainspotting, TFT which is thoughts fields therapy by Callahan, which combined Western and Eastern methods to focus on specific areas of the body that hold stress and pain and trauma. Hypnotherapy, one of the oldest protocols that we have we're going to spend a little bit more time on today, used back as

far as like the 1600s in some shape, form or fashion for the treatment of trauma even before we called it trauma obviously. And V/KD which is vision, kinetic disassociation protocol. This relies on processing the event in a removed or disassociated way. This makes things, it makes trauma accessible for people that are very fragile in the same way that hypnotherapy does.

All these protocols are called Power Therapies because they're quicker. It doesn't mean that our traditional therapies are ineffective. Obviously research shows and demonstrates that methods like cognitive behavioral therapy, trauma focused CBT and the DBT, some of these other protocols, some of these other theories work with trauma. Power Therapies are known as Power Therapies because they're quicker.

So, um, again, this is something that's debated a lot in the classroom when I'm in front of students and what not. What about these traditional therapies we're learning so much about? And I'm like, don't throw the baby out with the bath water. These work as well. But I like to try to introduce the the Power Therapies to students as we're going through, particularly talking about trauma and strength-based approaches.

So we're going to start off with Eye Movement Desensitization & Reprocessing. That's a mouthful. Eye Movement, Desensitization, and Reprocessing, EMDR. Just a quick overview here, this was developed by Francine Shapiro in 1987. She actually passed away just a-- maybe a few weeks ago, not long ago. And um, she, the EMDR is used by over 100,000 licensed mental health therapists, therapists of different types, over 52 different countries. EMDR is the most studied technique for trauma out there currently from 1987 on which is really impressive when you consider that some of other protocols and other theories outdate this by several decades. But there's been so much research. To say it's evidence-based is a massive understatement.

The interesting thing, when I began to use EMDR in 2004, I was very much treated as the new kid on the block, and up know, this is something that's kind of cutting edge. And we're unsure if it's going to work or what have you.

more and more of my colleagues now and friends and students and stuff become EMDR certified or gone through the training. But it's still something that in the textbooks

and what have you is not treated as like a therapy in the same way that you would see cognitive behavioral therapy, personal-centered therapy, these kinds of things. It's definitely seen as kind of the new kid on the block.

Key concepts. It's multimodal. What that means are there are different interplays with EMDR. There's cognitive, behavioral, somatic. There's schematic, mind-body connections which is one of the main things we're talking about today, strength-based, mind-body practices. Effective and self-assessment components. So there are these different kinds of things that bleed into the EMDR therapy. It's very much client-driven.

One of the things that I begin with, with my clients, is that I say that, "you're in control: You're in control with what happens in therapy, and you're in control with what happens in EMDR. And you can stop at any time." It all forms bilateral stimulation which is one of-- we're going to talk about the recipe of Power Therapies and strength-based techniques.

And one of the primary cornerstones is bilateral stimulation. We're going to talk a little bit more about that as we kind of move forward. Um, it's equal to classic CBT but it operates more quickly. Again, it's effective. It's quicker. And it has a better resolution rate and long-term treatment rate. So in other words, when someone comes back and looks at research over a period of time, it has more lasting effects than our traditional therapies.

EMDR uses bilateral stimulation. And I'm definitely not going to read through this slide. But I'm going to take this opportunity to kind of talk through some of the important pieces of not just EMDR but also some of the core important aspects of the Power Therapies.

So first of all, when we think of Power Therapies and we're thinking about trauma and these different significant things that you might treat as addiction specialists, we think of primarily of the amygdala in the brain. And the amygdala, of course, actually means almond, like if we were to break that down in its Greek form because it looks kind of like an almond. And if you balled up your first and you put your thumb in the

middle and you looked at the side of your first where the thumb is, is about where the amygdala would be in your brain. And the threat where your knuckles are would be your prefrontal cortex. The amygdala acts as a protector. It fires the fight, flight, or freeze mechanism or what I call the bell ringer of the brain.

If you've ever been by a fire station when the alarm goes off, you'll notice that all the firemen and women in there jump to attention. And the whole house comes alive. And that's what happens with the amygdala in the brain if there is something that happens that triggers that response. Something that comes up, trauma, like an event, something that raises anxiety or what have you, it fires the amygdala. That operates the sympathetic nervous system which brings the whole body to life basically and gets everything prepared to fight, flight, or freeze, depending on the case.

The amygdala, of course, primarily works for protection but also with bonding and coupling of emotional stimuli and sex and what have you. So when you think of maybe that fond memory that you have of loved ones around the holidays or maybe the smell of pie or something along those lines that you smell during the holidays. And then let's say you walk into a restaurant, you smell that, and it takes you back to that memory that you had, or that you have during the holidays. That comes from the amygdala. That bonds those emotional and physiological responses together.

The reciprocal's also true. If you walk by someone who is wearing a perfume or cologne of what maybe an ex that you had that you didn't necessarily think fondly of. And it find of riles you up. That's also very much the amygdala.

So with EMDR and with some of these other protocols, you also have the initiation of the parasympathetic nervous system.

So when we think about the amygdala, of course, it's the centerpiece of trauma. It's the -- in the brain of the trauma center, we'll say. And what we try to do, if you want to kind of want to conceptualize trauma treatment and treating anxiety and these kinds of things, we want to take the sympathetic nervous system off line. We want to bring the amygdala off line. And we do that by firing the parasympathetic nervous system. Now, the sympathetic nervous system, when you think about it firing. And I know it's

afternoon. It's after lunch. And oh, my gosh, this gave's talking anatomy. I didn't need something extra to go sleep with. But I'll try to keep it as real as possible here.

So when you think about the sympathetic nervous system, the primary feeds for that are like norepinephrine, epinephrine, cortisol, these kinds of things. So if you kind of visualize Red Bull or that huge cup of coffee that you get in the morning or the energy drinks, these kinds of things.

I just saw a commercial like Starbucks got a double shot thing that they're selling in a can now that's supposed to have 200 something milligrams of caffeine or something obnoxious like that. I don't think I will ever sleep again. But anyway, those are the things that are firing the parasympathetic nervous system. So when we use these strength based protocols for anxiety, trauma, these kinds of things, they actually work in firing the parasympathetic nervous system which takes the sympathetic nervous system off line.

Remember with the sympathetic nervous system, we've got Red Bull. We've got cortisol norepinephrine, epinephrine. So with the parasympathetic which is the opposite side, the parasympathetic nervous system is fired with acetylcholine which is kind of like a glass of milk and a warm chocolate chip cookie for the brain and the body. It calms things down.

So the EMDR specifically, what happens is, as oar doing any of the bilateral stimulations, it causes an ocular block in the brain and releases the acetylcholine which fires the parasympathetic nervous system. Now, keep in mind the parasympathetic nervous system and the sympathetic nervous system are binary. So you can't fire both at the same time. So our encouragement, and what we're trying to encourage clients to do is to fire the parasympathetic nervous system. That causes a relaxation response. That's one of the core elements of these Power Therapies that kind of help to make them work.

So in moving forward, we're looking at bilateral stimulation which again is like one of the core elements. Bilateral stimulation is simply this. You can touch one side of the body. And if you remember, if you touch the right side of the body, the left side of the

brain initiates. If you touch the left side of the body, the right side of the brain initiates. Do alternating taps physiologically. And it initiates different parts of the brain. That's a bilateral stimulation.

With EMDR, you also do this with eye movements. Eye movements back and forth. That initiates the bilateral stimulation. You can also do that auditory. So I have headsets in my office for people who are not auditorily impaired. They have these earphones on. And there's an alternating beep that goes back and forth that initiates that parasympathetic nervous system.

Now, interesting thing, and you definitely can't ask for a refund after this. But with bilateral stimulation. It's an intervention within itself. And if you go to ITunes or some of these places where you can download your music, and you type in EMDR or bilateral stimulation, they have already music set in there that have these bilateral stimulation components in it.

Sometimes I've downloaded these, like several albums worth. With my clients that are struggling with anxiety or trauma and that are incredibly fragile, sometimes I will begin session, I'll have them plug in. I have extra ear phones. And we'll listen to three minutes of the bilateral stimulation and have them doing breathing techniques and relaxing the body. That will all really suffice and find the parasympathetic nervous system. And it will bring down their sub scale quite significantly before we begin treatment which is very helpful.

Bilateral hypnotherapy, I'm going to talk about hypnotherapy kind of overshoots of hypnotherapy.

And Dr. Weiss Quittner is going to pick up from there a little bit later on in the presentation.

Bilateral hypnotherapy is a combination of bilateral stimulation and hypnotherapy. Now, if you remember, hypnotherapy has been used as far back as the 1600s for trauma treatment and different types of medical treatments.

Hypnotherapy within itself is traced back to 4,000BC in the sleep temples in Egypt. And I'm all about bringing back the sleep temples. I think that would be a cool

thing to do like during lunch or whatever. But yeah, I'm not going to go out for a burger. I'm going to hit the sleep temple and sleep for an hour, and will be back. I think that would be a cool thing to do.

If you like to kind of follow along, this is not, you know, hypnotizing. I'm not inducing anyone in any shape, form, or fashion. But this is kind of a power thing that I do with clients. This is kind of a unique thing for them to go home with and to actually reproduce and to go through time and time again because it's strength based. And it helps with mind-body connectiveness.

This is something we do after we induce someone with hypnotherapy that we actually help to install this so that it becomes more accessible to the client. Keep in mind, with hypnotherapy, basically a rule of thumb is whatever you can do with therapy, you can do quicker with hypnotherapy. This happens because you're able to kind of actually move the conscious mind aside and work specific limb with the subconscious mind. That's why it's so effective particularly in treating addictions. Even though I don't treat smoking cessation, I have people call me all the time because they've had friends that have gotten off of smoking and this kind of habit and that kind of habit using hypnotherapy.

But definitely something that's really powerful when treating addictive clients. The other thing, and this is important for you all, just like a plug here. I realized in treating clients particularly -- and my heart goes out to you all for treating substance abuse and addictions and what not because the recidivism rate and the impact that it has not just on the clients but you as the therapist. And the thing about the strength-based techniques that I really like, the thing about hypnotherapy that I really like is it has a vicarious positive effect on the therapist.

So instead of getting in a tug-of-war with the client, you're working with the client's strengths. And you're also producing things that, when heard, actually encourage you, not just the client.

So going back here to the bilateral hypnotherapy on protocol, I want you to bring up a powerful image of yourself. So just take a moment and get comfortable in your

chair, not too comfortable, but comfortable in your chair. And think of a powerful image of yourself. Make sure it's you. So you don't want to think about Wonder Woman or Superman or Aquaman or whoever kind of comes up. But you want to think of a powerful image of yourself.

Now, when someone's under, when I have them under like in hypnotherapy, I ask them to lift the finger. With you, I would just say, you know, just imagine that powerful imagine of yourself. And now, bring up a consistent feeling that aligns with that new positive and strategy and powerful image of yourself. So what feeling align was that new powerful image that you have of yourself in your brain? Think about that for a moment.

And now bring up a brief affirmation that best aligns with that new feeling and that new image of yourself. So here we're basically integrating different parts of the brain in this process of building a new image that's connected not just with the image. Because remember, that's largely held in the right part of the brain. But we're also tapping in the other parts of the brain because you're actually having to think about the feeling that aligns with that and also a brief affirmation.

And what I have clients do, when they lay down at night or, if they're having a stressful day, to go back to this exercise. Repetition breeds permanence. And so this is something that I feel very strongly about. In hypnotherapy, when I am doing the therapy with the client, I actually have them record the session on their smartphone and then go back through it in between sessions because we no that repetition breeds permanence.

Also ten minutes of a trans state is equivalent to about three hours of a power nap. So it's an amazing boost. People feel good when they leave. And again because of the words that you're using, the strength-based, positive feeling based words and images that you're producing with the client, actually co-absorb with you in your subconscious as well.

Okay, moving right along here hopefully. So now I'd like to kind of turn things over to Dr. Weiss Quittner for another, more traditional type of strength-based technique

called Solution Focus Brief Therapy. That also kind of shares some strengths with motivational interviewing that I know is used a lot in the addictions community.

>> DR. ALYSSA WEISS QUITTNER: Hi. Thank you, Dr. Brown. I was all relaxed in my chair. I had to wake up. Thank you.

Yeah, so I want to talk about Solution Focus Brief Therapy and the influence with Milton Erickson.

The first thing he was influenced by the MRI model of brief therapy. And Steve and sue came up with this model. And they were out in Palo Alto where they were working also with Milton Erickson with MRI model-- and they broke away to this model. It has a lot of techniques with Erickson who was known inform using hypnotherapy. He was an American therapy who specialized in hypnosis.

Solution focus is a strength based and client focused. And the therapist takes the one step down approach where he or she is not the expert. The client is the expert and the client invites the therapist into their system.

Another thing which is very important is a solution focused therapist focuses on what the clients can do rather than what they cannot do. They want them to discover their strengths. A lot of the issues is when the client is so involved in the problem they can't see outside of. They lose the fact that they have the strengths.

So whether is it not a problem? When have they seen things that they were able to do?

So they have the ability to not only construct a new version but to use these skills for the future.

So some implementation and techniques. So they're going to look for previous solutions. So there's a conscious effort in solution focused base therapy to stay focus on solution dialogues. Language is very important in this model. It, using positive language, validation, compliments. It's a conscious effort to grow out of concern about the role of the language in creating or sustaining reality. Solution focus therapy views

language as a medium through which personal medium, understanding and expresses and socially constructed in the. What they would like to see in their future. Who else would notice that something was different. Another technique is the scaling question. So that's also helpful to find goals as well with the client to scale if someone's working with anxiety what level is your anxiety on a scale of one to ten. The other ones are exception questions.

When was the last time you weren't interested? What was going on? And how are you not anxious? What is the difference between being your anxiety now versus the last time? As I spoke earlier that Milton Erickson. He's approach parts from the traditional hypnosis in a variety of ways. His process of hypnosis-- he stresses the importance of interactive therapeutic religious ship and purposeful engagement of resources-- he will first join with the client, develop that therapeutic relationship before he begins hypnosis like any of us as clinicians. He did not have a rigid protocol. He paid very close attention to the person in front of him. And he worked out what would suit their needs.

So each client was based on individual needs and his approach was different according to the client.

He was also supreme flexible and adapting his approach to each client. He would be direct and authoritarian and aggressive at time but would be permissive and indirect and soothing.

He saw problems as a process in an unhealthful way of going about things the client had developed. It was possible for him to change the entire pattern of the problem. That was the goal. He wanted them to look at the problem differently.

He believed that individual's unconscious contained all the resources necessary to bring the cure at that present moment. That's how solution focus does it, too. Once you change your outlook on how you're viewing the situation.

One of the messages he always said was the unconscious is hypnosis. He recognized hypnosis as a therapeutic tool. Small changes can lead to bigger changes and-- they felt the same way that once you make a little change, a big change occurs.

So here we have about hypnosis which is an altered state of consciousness where it's in a state of hyper suggestibility. And the first one to use hypnosis is James Braid.

So we talk about suggestibility testing and why it's done. And the purpose of it is to find whether the client is suggestible to hypnosis. And we prepare the client for that.

There's the authoritative which is direct assertive and immediate and the passive way, nonassertive, none resist enter and encouraging. As we talked with Erickson, sometimes he could be authoritative and -- it depends on the client. He would interview the type of client he had and base his way of starting the hypnosis on that effect.

So we have an active I'm going to do with Dr. Brown. It's called the lemon convincer. It's a script and a great tool to use with your clients. And it's a suggestibility to see how suggestible they are to hypnosis.

Dr. Brown, are you ready?

>> DR. ANDY BROWN: Yes, I am available and ready.

>> DR. ALYSSA WEISS QUITTNER: So if you don't mind, let your eyes gently close when you take a deep breathe. Imagine that you're at home in your kitchen. Look around the room and pay attention to the sounds, the sights, and the light. Listen for the hum of the refrigerator. Walk over to the refrigerator and as you do, pay attention to your footsteps. As you walk across the floor, you may or may not hear your steps on the floor. Open the door to the refrigerator.

Feel the cool air as it spills out onto your body. Hear the hiss that the vacuum releases as you open the door. Now, today, whether you normally have won or not today, there's a lemon in your refrigerator. Look at that lemon. Pay attention to its color as you reach in and take the lemon. Notice the texture, the temperature, the size, and the shape.

Now, take the lemon over to a place where you would normally cut up fruits or vegetables. Take out your favorite knife. Now, slice the lemon. You may slice it lengthwise from end to end or down the center. If you slice from end to end, then make a second slice creating a wedge. If you slice it down the center, make another slice,

creating a ring, and cutting the ring in half. You may have noticed the juice as it oozes out in the cutting area. Reach down and take either the wedge or the raft and bring it up and smell the fragrance. You may notice memories being created.

Now, open your mouth and take a big bite into that lemon. Feel and taste the juice as it squirts on your teeth and on your tongue. Experience the increased salivation. And notice the tart and tangy feeling at the corners of your jaw. Now, swallow the lemon juice. Okay, can you open your eyes?

>> Yes.

>> What did you notice when I was reading that?

>> Um, I definitely, it's really interesting because I can actually hear my refrigerator from where I'm sitting with my computer. And it was humming, so it made this nice auditory parallel that was going on.

But, um, with the lemon, I could feel the coldness of the lemon. That was the interesting thing. And when you sliced the recommend only, I could almost hear the slicing on the cutting board but when I took the bite that's when I had the most profound effect. I thought I would have more salivation. But it was really like a light cringe or what have you. Which I imagine most people-- I'm curious. As you were reading through this, if you noticed any physiological effect on you.

>> DR. ALYSSA WEISS QUITTNER: I started to get into it. So I started picturing myself walking to the refrigerator and getting a lemon and cutting it. I cringed with the thought of putting, you know, tasting it, the tart. I did cringe with that. So.

>> DR. ANDY BROWN: I knew where you were going with the lemon, of course. But I was almost like resistant because I was like, I don't want to bite into the lemon because it's such a strong tart and sensation that goes along with biting a lemon.

>> DR. ALYSSA WEISS QUITTNER: And they say that sometimes-- I've done it before, some clients had increased salivation. Just the thought of it. It's what your mind possesses with your body when you get into it and focus. You see if they're suggestible to the hypnosis. As Dr. Brown said he was trying to fight T he was trying to fight the

lemon. So some people are just able to go with it, and sometimes they try to fight it. That's when you have to decide if the client is, you know, to do the hypnosis with them.

>> DR. ANDY BROWN: And keep in mind. If you went through this with us and you didn't have any physiological effect, that actually means you have passed away-- I'm kidding. It doesn't mean you're not suggestible. That's why we have different types of suggestibility tests.

What we're looking for is a response from the client, that the client has a reactivity and what not to any of these suggestibility tests.

What this shows us is, if the client is suggestible, once we induce them and we take them down into a tranced state. That they will be open to suggestions.

So had we were coming up with suggestions that we relay to the client when they're in a trans state, those come the client and from the client and not just the therapist. And gives you an idea if, let's say that you want to stop eating chocolate. I don't know why anybody would. But let's say you want to stop eating chocolate. We wouldn't come up with a suggestion that you no longer like chocolate.

Because the first thin you do whether you got off the couch is you stop by the store and get chocolate. Your subconscious-- you can't lie to your subconscious. No BS zone. You have to find things that are truthful for the client. And the truth is maybe the client wants to have looser fitting clothes. Maybe the client wants to live longer. Maybe the client wants to have fewer cavities. Whatever the truth is, is whether you're going to use in your suggestions when helping during the trans state.

Empowering the client would be suggestions. They build new neuro path ways around old problems.

So if you've got a client in a bar and start to smoke. And there's a reciprocal pattern of drinking and smoking. What we're doing is laying new neuro path way, off road off of that ramp. The first time the client does that, the first time the client drinks and takes a drag of cigarette, it lays a foundation. You picture people removing trees to lay down a path yay.

The trees are removed. The next time the client does it, they lay gravel down. And the next time they do it, they pave the road. And before you know it, after they've done it for a while. They've got a four lane freeway going through.

They have a powerful pathway being build. With hypnotherapy, what they're doing is building an off branch off of the super highway. The more that they strengthen those off-ramps, the more they become permanent, the more they become accessible for the client.

>> Thank you. That completes our presentation. Thank you for joining with us.

>> DR. ANDY BROWN: Yes, I think now we have a Q&A segment.

>> SAMSON TEKLEMARIAM: Yes, thank you, Andy and Alyssa for that excellent information. We have a few minutes to take questions. Let me go ahead and organize those. I can go ahead and tell you our first question that came in early on was from mark Harris. And mark Harris askings a cultural type question dealing with trauma.

He asks, what kind of modalities traumas occurring with native African population.

>> Alyssa, would you like to begin this?

>> DR. ALYSSA WEISS QUITTNER: I can. Can you say it again so I can make sure I get all of the --

>> SAMSON TEKLEMARIAM: What kind of modalities are best to use with multigenerational trauma occurring with native and African American populations?

>> DR. ALYSSA WEISS QUITTNER: I first start with setting up the client and myself. And jump right into the trauma because that can also be retraumatizing with the client. I work that way and getting to know them so I go figure out what the next step would be. Um, I also try to see if they're suggestible to the hypnosis as well. I'm trying to think what else I do. What about you, Andy?

>> DR. ANDY BROWN: First of all, really good question, multi-culture question, by the way. What I would say is, what we're aware of, 30% of the counseling office

have to do with the relationship. The first thing is really making sure that you have that strong connectiveness with the client. That's important with any of the protocols.

And having used EMDR in some of these different protocols, there's some resistance around some types of protocols. Let's say, with some of my African American clients that I treated, and I treat military based clients and first responders and what not. They're not always crazy about hypnotherapy. I've had more openness with EMDR, with that client base. And that doesn't mean that I don't have people that come in.

I certainly treat different cultures. It's something I notice within myself and my own practice, I always offer it. I do psycho education around it. But I have had more people from different diverse cultural backgrounds really become more open to EMDR.

But keeping in mind that some of these culturals that you speak off, they have say challenge getting into therapy in general because they come from family systems that are not incredibly supportive of therapy. I'm incredibly sensitive to that.

>> SAMSON TEKLEMARIAM: Thank you both. This we is quicker. What is MRI? This is from Steven--

>> DR. ALYSSA WEISS QUITTNER: MRI is the mental research institute. It started out in Palo Alto. When I first learned about MRI, I thought it was the MRI machine and my Professor turned around and asked me what it was. I was like, oh, the magnetic resonance. She knew we well. It's not that, Alyssa. It was the mental research institute in Palo Alto and Erickson. And a lot of the MRI does with reframing, helping the client reframe the situation, some types of interventions were the paradoxal intervention, making it very-- they would come up like, you know, your child would stay up late and won't go to bed. They tell the client, okay, let them stay up whenever they want. When they fall on their face, then they know when to go to sleep. So that's what MRI is.

>> SAMSON TEKLEMARIAM: David from Great Rapids, Michigan, he asks, what interventions would you recommend for clinicians who do all of their work in group settings?

>> DR. ANDY BROWN: Sure. If you were doing all group sessions, of course, some of the protocols, particularly like EMDR, you wouldn't be able to do like a full EMDR session with a group.

However, there is a possibility to integrate, bilateral stimulation in a group setting, particularly for relaxation, depending on what type of group you were running. Psycho ED group. Those things.

If you were running a traditional processing group, I would look morality a strength based approach, similar to what Dr. Alyssa Weiss Quittner. If you're giving into that, I'm thinking inpatient, where you're giving a short period of time. You can integrate some of the strength protocols into the processing piece.

>> Samson Teklemariam: Perfect. Thank you so much. We have time for one more questions. All the questions you asked, we will put in a Q&A document that we'll sent to Dr. Alyssa and Dr. Andy, and they will respond to those questions and posted online within two weeks. Keep the questions coming in.

One last question, this is from Henry Steinberger. How is grief solution focus therapy part of the mind life body approach. It sounds more cognitive. Where does the body come?

>> DR. ALYSSA WEISS QUITTNER: With the types of questions you ask that can elicit the different responses. If you're going to be working with somebody that wanted to, let's say quit smoking, you would ask them, what is it like when you take the first puff? Is they're focusing on bringing it into their lungs, taking it out of their lungs. You ask them what would your lungs say to you when you take the first breath? Another question is, with the smell of your car, what would it look like when you get into your car and it does not have that smoke smell. So you're having them focus on the different smells, how their body feels.

Another way to do it is if you're dealing with somebody with weight reduction. You would want to know how does -- what would it feel like, when you button your clothes. What does it feel like when you put on the, when you get to your ideal weight, what would it be like to go shopping, feel like pulling up your pair of jeans or buttoning the shirt? Or with food intake, what is it like when you take the first bite of a hamburger or chocolate cake. What would it look like if you changed your eating patterns?

>> SAMSON TEKLEMARIAM: Thank you so much again Andy and Alyssa. And the answers our presenters gave. For the questions we did not get to, you will see those answers posted online within about two weeks or less.

Just to remind you that everything you need to know about the particular presentation is on the NAADAC website. You can watch the recording after the live event, download the PowerPoint slides, take the CE quiz. The address on this webinar is on the top of the screen here. www.NAADAC.org/strength-based-mind-body-practice-webinar. You can go to this page today or any time in the future to get information related to this webinar.

Here are the instructions again in case you missed them earlier. In order to receive a CE certificate make sure you follow these four steps. You would like copy of the slides they are provided in your control webinar here. You will see them on the website that you see with Strength-Based Mind-Body Practice Building Internal Resources webinar there, you can take the CE quiz. It should be available 30 minutes to an hour after this webinar closes. Immediately after the webinar on pop-up on your screen is a brief survey. Take that survey to give us an evaluation of the training you received and evaluation of your go to webinar experience as well. It shouldn't take you more than one minute or so. It will pop-up.

Upcoming webinars, part one of six of a six-part personality training series on addiction treatment in military and veteran culture starts this Saturday, August 24, 2019-- facilitated by Brian France. The director of Veteran Services of family services-- join the series to learn more how to better understand the unique needs of the veteran members and families.

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