PSYC 339

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Feb 20, 2025

# Welcome

This is the course book for **PYSC 339: Mental Health and Adjustment**. This book is divided into thematic units of study to help you engage with the materials. The course resources and learning activities are designed not only to help prepare you for the course assessments, but also to give you opportunities to practice various skills.

**<Begin note-with-icon>**

Please read the full course syllabus located on the Course Home page in Moodle. It includes key information about the course schedule, assignments, and policies.

**<End note-with-icon>**

## Course Activities

Below is some key information on features you may see throughout the course.

**<Begin learning-activity>**

**Estimated Time:**

This box will prompt you to engage in course concepts by:

* Viewing resources and reflecting on your experience and/or learning.
* Checking your understanding to make sure you are ready for what follows. Ways to check your learning might include self-check quizzes or questions for discussion.

**<Begin note-with-icon>**

Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End note-with-icon>**

**<End learning-activity>**

Below is an accordion.

**<Begin accordion>**

**Title:** This is an accordion. Click/tap this banner to show/hide the content.

An accordion may contain extra content such as worked examples or sample answers.

**<End accordion>**

# 1. Work with Trauma

## Overview

Unit 1 explores the complexity of trauma, why it happens, and how to deal with it when it shows up in our work. This unit is designed to provide you with some research, theory, and practical resources so that you will feel confident and competent when you encounter trauma at work or in daily life. Although you will not be expected to become an expert on every topic we will examine, it is imperative that you be able to locate information when confronted with it in order not to become overwhelmed by the amount and sources of information available.

### Topics

This unit is divided into the following topics:

1. What is Trauma?
2. Why/How does it happen?
3. How do we work with it?

### Unit Learning Outcomes

When you have completed this unit, you will be able to:

* Demonstrate knowledge of some of the major Trauma researchers
* Distinguish between emotional abuse, physical abuse, and sexual abuse
* Identify some of the signs and triggers of trauma
* Begin to conceptualize a trauma case
* Use the validation skill outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Read…
2. Watch…
3. Explore…
4. Complete the ungraded quiz.

**<Begin note-with-icon>**

Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End note-with-icon>**

**<End learning-activity>**

### Assessment

Please see the Assessment section in Moodle for assignment details.

### Resources

Here are the resources you will need to complete this unit.

* Other online resources will be provided in the unit.

## 1.1 What is Trauma?

This first unit will lead you to explore some of the research on trauma. Topic 1, will help you not only to gain a basic understanding of the varying types of trauma and how to define them, but also to identify the main researchers in the field. Learning about the prominent researchers in this field will give you a good foundation and direction to fall back on as you go further in your studies and as you encounter trauma in your day-to-day activities.

The resources provided for this topic will discuss the areas of the brain it affects and how it differs from stress. Van der Kolk’s famous ‘The Body Keeps the Score’ book will also be discussed, and we will conclude this section with some definitions and key terms you should know.

### 1.1.1 Trauma

Trauma is a very difficult mental health issue to work with. A trauma is a painful, confusing, intergenerational, illogical, interfering, irrational, and shocking experience. The treatment of trauma requires more than a series of four to five sessions; it can be a lengthy and complex process with advances and setbacks.

A trauma can manifest itself in many different ways; both Dr. Spinazzola and Dr. Bessel Van der Kolk are prominent researchers in the field of trauma. They are known to emphasize that it is not the traumatic incident that remains with people/effects, but rather the unprocessed emotions and having to go through the trauma alone that remain with them. This is also emphasized by LaFrance, the co-creator of Emotionally Focused Therapy.

The culture of our society is so geared towards avoiding pain at any cost that when it does emerge, we attempt to shut it down and conceal it before it causes too much damage. It is in the avoidance of the pain, in the avoidance of the traumatic event, that the darkness and maladaptive coping skills emerge, which are often what bring people into therapy.

In the course of working with trauma as therapists, we have the tendency to desire a quick fix or to avoid entering into the dark pit of pain. It can be difficult to navigate this fine line between going too far and experiencing secondary trauma and avoiding feeling the pain with our clients. As a consequence, we would like to warn you that some of the stories and case studies we will be discussing in this course may be triggering or difficult to listen to. Take note of your ability to engage with the material as the intention is not to create dysregulation within you.

### 1.1.2 Activity: What is Trauma?

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

View the following videos and listen to one of the most prominent trauma researchers: Bessel Van der Kolk, then answer the questions. You may want to watch the first clip more than once since a lot of information is packed into a short timeframe.

<https://www.youtube-nocookie.com/embed/BJfmfkDQb14>

<https://www.youtube-nocookie.com/embed/LKWUmwxi1ZI>

**Questions to consider**

You will be able to check your understanding of the topic by considering these questions.

1. What is the difference between stress and trauma?
2. How does Bessel Van der kolk define trauma?
3. Why does it make a difference whether or not PTSD develops if a caregiver or parent is there for us after a traumatic event occurs?
4. What does Van der kolk name the primitive/survival part of the brain?
5. What emotions do traumatized people have trouble experiencing?
6. What are the three areas that are affected in those who have experienced childhood trauma?

**<End learning-activity>**

### 1.1.3 Activity: Reading | The Body Keeps the Score Prologue

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

[The Body Keeps the Score Prologue](assets/u1/BKTS_Prologue.pdf) will provide you a good introduction to trauma and Dr. Van der Kolk’s experience/work with it.

**Questions to consider**

You will be able to check your understanding of the topic by considering these questions.

1. What are some examples of how trauma not only affects the individual, but also those around the individual?
2. What types of physiological changes does trauma reproduce?
3. What are the three approaches used in helping heal traumatized individuals?

**<End learning-activity>**

### 1.1.4 Activity: Optional reading | The Body Keeps the Score Chapter 3

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

If you plan to work with traumatized individuals, [The Body Keeps the Score, Chapter 3](assets/u1/TBKTS_Ch.3.pdf), is an excellent suggested resource for you.

**Highlights from the reading are described in the following paragraphs:**

One of their main findings through the study they conducted on examining the brain in MRI’s is that trauma is preverbal. While the research participants were having their brains scanned, they were also being triggered by their individual traumas. Through this scan they discovered that the Broca’s area of the brain (where speech resides) was shut down/dark. This is a major finding as it tells us that the connection between speech and what is happening is disconnected. Along the same lines, they discovered that when something happens to remind traumatized people of their trauma, their right brain responds as if the event was happening in the present while their left side of the brain is shut down which can block the realization that the event is not happening now. This is all experienced in the bodily felt sense. This therefore means that the experience of trauma itself can get in the way of talking about the trauma. This piece of information is so crucial to know as therapists as the process of change in the therapy room often involves talking.

Van der Kolk also describes trauma succinctly in this chapter. He describes trauma as something that happens to you that makes you so upset that it overwhelms you and there is nothing you can do to help yourself function in the face of the particular event. Trauma is how you respond to it.

**<End learning-activity>**

### 1.1.5 Activity: A Note on Childhood Trauma/ACE’s

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

There are two sections to this activity. In the first clip, Dr. van der Kolk explains how trauma manifests in children, and in the second, Pediatrician Nadine Burke Harris shares during a Ted Talk explaining the importance of acknowledging childhood trauma and how it impacts our physical well-being.

<https://www.youtube-nocookie.com/embed/UxPAt-Esv8Q>

Pediatrician Nadine Burke Harris explains that the repeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain. Watch the follow video: [How childhood trauma affects health across a lifetime | Nadine Burke Harris](https://youtu.be/95ovIJ3dsNk)

<https://www.youtube-nocookie.com/embed/95ovIJ3dsNk>

**Questions to Consider**

You will be able to check your understanding of the topic by considering these questions.

1. How does PTSD manifest in children?
2. What areas of the brain does trauma affect?
3. Why are children more sensitive to brain change from trauma?

To gain a better understanding of your own past experiences, you can take the following short ACE quiz. It is important to note that participation in this activity is not mandatory, nor will you be asked to share your experiences. Please proceed with caution and awareness as the questions and discoveries may be triggering. [https://stopabusecampaign.org/](https://stopabusecampaign.org/take-your-ace-test/)

**<End learning-activity>**

### 1.1.6 Activity: Terminology

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

This activity will introduce you to some of the concepts and terminology used in this field by looking up some of the following terms. The following website is recommended to do the search, [https://www.complextrauma.org/glossary/](https://www.complextrauma.org/glossary). By doing the search yourself, you are more likely to remember the definitions. Try to write out or type out the definitions instead of just copying them and pasting them. This section aims to define these terms at the end of this section rather than at the beginning so you will recognize some of them and have a context from the chapters you have read.

**Questions to Consider**

Download the file with your answers before closing the browser. This is just a tool, please note that if you close or refresh the page your work will be lost.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=449>

**<End learning-activity>**

## 1.2 Why and how does Trauma happen?

To develop a preliminary understanding of why trauma occurs, you have learned defining terms in the previous topic. This topic will focus on why and how PTSD develops and persists, we can tend to focus on the ‘why’ of abuse, however this is not something to discuss in the beginning. The learning activities included in this topic will allow you to explore the reasons why, even when an event or series of events occurred in the past, the brain and body can perceive the event as if it were happening right now. Furthermore, the resources will discuss what happens to our brains when trauma occurs and persists over time. Despite some repetition in the different sources, the expectation is that you will retain more of the information by digesting it from various sources and formats.

### 1.2.1 Activity: Reading | The Body Keeps the Score

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Despite being potentially overwhelming, this chapter is extremely informative regarding what happens to the brain when trauma occurs. Please use the following questions to guide your reading, as they will assist you in focusing on the most important information.

Visit the document in the following link and read Chapter 4: [A., V. der K. B. (2015). The body keeps the score: Brain, mind, and body in the healing of trauma. Penguin.](assets/u1/TBKS_Ch_4.pdf)

When you can’t be fully here, you go to the places where you did feel alive-even if those places are filled with horror and misery. p.73

**Questions to consider**

You will be able to check your understanding of the topic by considering the following questions.

1. What happens to the brain when the normal response is blocked?
2. What are the five things our brains need to do in order to ensure our survival?
3. What does ‘neurons that fire together, wire together’ mean?
4. What are frontal lobes responsible for?
5. What are mirror neurons?
6. What is the difference between top down regulation and bottom up regulation?
7. Why can flashbacks and reliving the trauma almost be worse than experiencing the trauma?
8. What parts of the brain need to be ‘online’ in order to visit the past traumatic memories?

**<End learning-activity>**

### 1.2.2 Activity: Reading | In the Realm of Hungry Ghosts

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Gabor Mate’s book, In the Realm of Hungry Ghosts, focuses on addiction. You may want to spend some time reading **Chapters 17 and 18** to better understand how addiction and trauma are intertwined.

Mate is famous for saying, “don’t ask why the addiction, but why the pain.” He would state that every person who has an addiction has experienced trauma. Thus, we will read a few chapters from the book that describe how the brain develops and works. Observe how Gabor Mate describes both physical trauma and emotional trauma. The need for strong attachment figures from a young age has been discussed and will continue to be discussed-this section explains the effects on the brain and brain development. Our next unit on addiction will benefit from investigating the effects on the brain.

Maté Gabor, & Levine, P. (2020). In the realm of hungry ghosts: Close encounters with addiction. North Atlantic Books.

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. How much smaller do mistreated children’s brains tend to be?
2. What part of the brain tends to be smaller in trauma survivors? What is this part of the brain responsible for?
3. What is the stress hormone called?
4. What does early stress establish in a child?
5. How does early abuse and neglect affect interpersonal relationships?
6. What are three universal factors that lead to stress?

**<End learning-activity>**

### 1.2.3 Activity: Optional Website Reading | The Effects of Complex Trauma on Brain Development

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Complextrauma.org is an excellent website to familiarize yourself with for research and information about trauma, as well as for resources and opportunities. In addition to defining some terms on this site, I invite you to read this explanation on the impact trauma has on the brain. Hopefully, some of this information will sound familiar to you.

Visit this link: [https://www.complextrauma.org/](https://www.complextrauma.org/complex-trauma/the-effects-of-complex-trauma-on-brain-development/)

**<End learning-activity>**

### 1.2.4 Activity: Optional Reading | Treating Adult Survivors of Childhood Emotional Abuse and Neglect (Pgs.3-12)

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Literature in this section discusses emotional abuse/neglect and psychological trauma. Emotional and psychological trauma is a relatively new and complex area of trauma study and it is crucial that we learn how this affects the systems in which we live, work, and commune. As you read this section, keep their working definition of complex trauma in the back of your mind. The authors describe complex trauma as:

1. An escalating and recurrent form of trauma, primarily affecting families or intimate relationships.
2. Survival must take precedence over normal psycho-biological development. “…a dualistic, pernicious, and progressive relationship between exposure and adaptation.” (p.9)

Read pages 3 to 12 of [Hopper, E. K., Grossman, F. K., Spinazzola, J., & Zucker, M. (2021). Treating adult survivors of childhood emotional abuse and neglect: Component-based psychotherapy. The Guilford Press.](assets/u1/Survivors_of_Emotional_Abuse_and_Neglect.pdf)

### 1.2.5 Questions to consider

You will be able to check your understanding of the topic by considering the following questions.

1. Can you describe the difference between emotional abuse versus emotional neglect?
2. Why does psychological maltreatment in the home still largely remain in a gray area? What factors make it hard to identify/intervene?
3. What is psychological abuse the strongest predictor of?
4. How does Curtois (2004) define complex trauma?
5. What is the difference between Type I trauma and Type II trauma?
6. What does PTSD, CPTSD and DTD stand for?

**<End learning-activity>**

## 1.3 How do we work with Trauma?

During this topic, you will become familiar with and comfortable with one main therapeutic approach. The purpose is to give you some practical skills and applications, rather than just a variety of theories that you will need to study further in order to implement. Consequently, this topic may feel more overwhelming than the following, due to the repetition of the same information with a slightly different application. In this section, we will begin by learning about Emotion Focused Family Therapy and then we will apply it specifically to the treatment of trauma.

There are many therapy modalities that are specifically designed for trauma. EFFT is an all encompassing modality and not trauma specific. In your very last activity you will be provided with a list of trauma informed therapies that you can pursue at your own leisure. If you come into contact with someone who has complex trauma/PTSD at this stage of your studies, it is best to refer them to someone who is qualified and trained to work with PTSD.

“In our view, successful complex trauma intervention in real-life practice-particularly when conducted with adult survivors of the kind of pervasive and profound deprivation and debasement that comes from living through chronic and severe emotional abuse and neglect in childhood-can almost never be accomplished through adoption of a singular clinical target, follow a consistently linear process, or result from adherence to one specific clinical technique. In contrast, it is tangled, precarious work, work that is predictable in its unpredictability, that inevitably requires the therapists’ extensive use of themselves in the treatment process and that simultaneously demands attention to the body and all that usually goes unspoken in trauma and psychotherapy. (Hopper, Grossman etc, 2021, pg. 14-15)

### 1.3.1 Activity: Optional Reading | Treating Adult Survivors of Childhood Emotional Abuse and Neglect Article

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Read the following article for a description on a New Framework for treating childhood emotional abuse and neglect. This article will be describing Component Based Psychotherapy. This is not essential for you to know as we will be focussing on learning Emotionally Focused Family Therapy in our time together, but if you are interested in working with Trauma or have been, I would recommend reading this article. [Treating Adult Survivors of Childhood Emotional Abuse and Neglect](assets/u1/Survivors_of_Emotional_Abuse_and_Neglect.pdf)

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. What are the three predominant paradigms that have emerged regarding traumatic stress inquiry and research?
2. What does CBP stand for? What are some preliminary characteristics of the model?

**<End learning-activity>**

### 1.3.2 Activity: Optional Reading | Complex Trauma and the Christian Context

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

An Adult with complex trauma history, frequently experience disrupted systems of meaning, which can lead to adversely affected belief systems. The experiences of shame, betrayal, meaning-making, and mourning experienced by adult survivors of childhood trauma often complicate their spiritual and/or religious beliefs. The goal of this activity is to provide you with a better understanding of how a complex trauma treatment is applied within a Christian context.

Source: [Pressley, J., & Spinazzola, J. (2015). Beyond survival: Application of a complex trauma treatment model in the Christian context. Journal of Psychology and Theology, 43(1), 8–22.](assets/u1/Beyond_Survival.pdf)

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. Why is it vital for therapists to ‘know thyself’ as this article highlights? How can a therapist’s own religion/faith get in the way of trauma therapy?
2. What is the importance of relational rupture and repair? What are the reasons for allowing therapeutic ruptures to occur?
3. Why is the skill of validation important?
4. Why would it be beneficial to explore a client’s view of God and God’s view of themselves?
5. What is MBCT and how can it be beneficial?
6. Why is it easy in a Christian environment to confuse dysregulated behavior with willful sin?

**<End learning-activity>**

### 1.3.3 Activity: Reading | Emotion Focused Family Therapy

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

* Read Pages 3-48 of EFFT (Emotion Focused Family Therapy). The purpose of this unit is to process this new model and make our own deductions regarding how this model may be applied to the treatment of trauma.
* Lafrance, A., Henderson, K. A., & Mayman, S. (2020). Emotion-focused family terapy: A transdiagnostic model for caregiver-focused interventions. American Psychological Association. Purchase online.

**Questions to Consider**

You will be able to check your understanding of the topic by considering the following questions.

1. What is EFFT?
2. What are the core principles of EFFT?
3. What are ’advanced caregiving skills?
4. What are the 6 pillars of EFFT?
5. What are some of the themes that research of EFFT has shown?
6. What does the bridge responsible for emotion regulation connect? (which parts of the brain)
7. What are some of the benefits of emotion coaching?
8. What happens over time when emotion coaching is present?
9. What is a super feeler?
10. What are the five steps of emotion coaching?
11. What is the two step model of emotion coaching?
12. What is the ‘good house’, ‘bad house’ metaphor?

**<End learning-activity>**

“When you come from a place where you were not allowed to know what you know or feel what you feel, it can be extraordinarily difficult to find a language for yourself and your inner experience. The presence of a compassionate, safe and reflective therapist is essential to help you discover who you are and what is going on inside. This is never an easy process, and the main task of the therapist is to create physiological stability and the necessary safety to activate the ‘watchtower of the mind’ (van der Kolk, 2014), where we can compassionately observe ourselves and examine our warring fears, longings and impulses (Hopper, Grossman, Spinazzola, Zucker et al, 2021, xiii).”

These chapters of EFFT contain a great deal of information to process and absorb. As a result, we will not spend much time applying the specific interventions to trauma scenarios in this section.

Please do your own application in the case study below as well as the corresponding forum discussion question. The case study of David provides an opportunity for you to practice the skill of validation. Don’t worry if this seems confusing. This scenario will be discussed in class. Also consider how this model could be applied to trauma work theoretically. We will work on specific interventions with our unit topics in future units.

### 1.3.4 Activity: Optional Exploration | Trauma Informed therapies

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Look up the following modalities to see what types of treatment options are available and notice which modalities resonate with you and why. These modalities do not require in-depth knowledge. Again, the aim is to provide you with a foundation so that when you come across trauma in your work environment, you will already know which modality resonates with you and which you would benefit from further training.

1. [EMDR](https://www.youtube.com/watch?v=M2ra8p4MSOk)
2. [Narrative Exposure Therapy (NET)](https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy)
3. [Somatic Experiencing Therapy](https://www.youtube.com/watch?v=L0PsQFoz48g&t=33s)
4. [Internal Family Systems & CBP & AEDP & STAIR/MPE](https://www.complextrauma.org/treatment/complex-trauma-treatments-for-adults/)
5. [ARC Therapy](https://arcframework.org/what-is-arc/)

**<End learning-activity>**

### 1.3.5 Activity: Case Study

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Take note of the following questions as you read the following case study. An overview of David, the client, is provided in this case study, followed by snapshots of his therapy.

[Open Case Study (PDF)](assets/u1/CaseStudy.pdf)

**Case Study Notes**

Take notes using the tool below. You can download your notes, please consider that if you close your browser, your answers will be lost.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=456>

**<End learning-activity>**

## 1.4 Resources

### 1.4.1 Topic 1: What is Trauma?

**Videos**

* [What is trauma? The author of “The Body Keeps the Score” explains | Bessel van der Kolk | Big Think](https://youtu.be/BJfmfkDQb14)
* [Three Ways Trauma Can Change The Brain](https://www.youtube.com/watch?v=LKWUmwxi1ZI)
* [How childhood trauma affects health across a lifetime | Nadine Burke Harris](https://www.youtube.com/watch?v=95ovIJ3dsNk&t=288s)

**Readings**

* A., V. der K. B. (2015). The body keeps the score: Brain, mind, and body in the healing of trauma. Penguin. (PDFs provided)

**Websites**

* [complextrauma.org | Glossary](https://www.complextrauma.org/glossary/)

### 1.4.2 Topic 2: Why and how does Trauma happen?

**Videos**

* There are no recommended videos for Topic 2.

**Readings**

* A., V. der K. B. (2015). The body keeps the score: Brain, mind, and body in the healing of trauma. Penguin. (PDFs provided)
* Maté Gabor, & Levine, P. (2020). In the realm of hungry ghosts: Close encounters with addiction. North Atlantic Books.
* [Hopper, E. K., Grossman, F. K., Spinazzola, J., & Zucker, M. (2021). Treating adult survivors of childhood emotional abuse and neglect: Component-based psychotherapy. The Guilford Press.](assets/u1/Survivors_of_Emotional_Abuse_and_Neglect.pdf)

**Websites**

* [complextrauma.org | The effects of complex trauma on brain development](https://www.complextrauma.org/complex-trauma/the-effects-of-complex-trauma-on-brain-development/)

### 1.4.3 Topic 3: How do we work with Trauma?

**Videos**

* [EMDR Therapy: Demonstration & Step-by-Step Walkthrough](https://www.youtube.com/watch?v=M2ra8p4MSOk)
* [Origin of Somatic Experiencing](https://youtu.be/L0PsQFoz48g)

**Readings**

* [Hopper, E. K., Grossman, F. K., Spinazzola, J., & Zucker, M. (2021). Treating adult survivors of childhood emotional abuse and neglect: Component-based psychotherapy. The Guilford Press.](assets/u1/Survivors_of_Emotional_Abuse_and_Neglect.pdf)
* Lafrance, A., Henderson, K. A., & Mayman, S. (2020). Emotion-focused family therapy: A transdiagnostic model for caregiver-focused interventions. American Psychological Association.
* [Pressley, J., & Spinazzola, J. (2015). Beyond survival: Application of a complex trauma treatment model in the Christian context. Journal of Psychology and Theology, 43(1), 8–22.](assets/u1/Beyond_Survival.pdf)
* Schwartz, R. C. (2001). Introduction to the Internal Family Systems Model. Trailheads Publications.

**Websites**

* [ptsd guideline](https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy)
* [complextrauma.org | Treatments for Adults - Accelerated Experiential Dynamic Psychotherapy (AEDP)](https://www.complextrauma.org/treatment/complex-trauma-treatments-for-adults/)
* [stopabusecampaign.com](https://stopabusecampaign.org/take-your-ace-test/)
* [arcframwork.org | What is ARC](https://arcframework.org/what-is-arc/)

## Summary

In this first unit, you have been introduced to a couple of researchers in the field of trauma as well as developed your ability to conceptualize a case that involves trauma. During this unit, we were only able to touch on the surface of the research that has been conducted in this area. We hope that you will leave this workshop with an understanding of where to turn for assistance, what resources you can access, and how to interact with trauma in therapy.

**<Begin checking-your-learning>**

Before you move on to the next unit, you may want to check that you are able to:

* Demonstrate knowledge of some of the major Trauma researchers
* Distinguish between emotional abuse, physical abuse, and sexual abuse
* Identify some of the signs and triggers of trauma
* Begin to conceptualize a trauma case
* Use the validation skill outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

**<End checking-your-learning>**

# 2. Work with Addictions

## Overview

Unit 1 explores the complexity of trauma, why it happens, and how to deal with it when it shows up in our work. This unit is designed to provide you with some research, theory, and practical resources so that you will feel confident and competent when you encounter trauma at work or in daily life. Although you will not be expected to become an expert on every topic we will examine, it is imperative that you be able to locate information when confronted with it in order not to become overwhelmed by the amount and sources of information available.

### Topics

This unit is divided into the following topics:

1. What is addiction?
2. How/Why does it develop?
3. How do we work with it?

### Unit Learning Outcomes

When you have completed this unit, you will be able to:

* Identify and discuss some of the major authors in the field of addiction
* Interpret the phrase, “Not why the addiction, but why the pain?”
* Conceptualize an addictions case
* Practice the skill of validation as outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Read…
2. Watch…
3. Explore…
4. Complete the ungraded quiz.

**<Begin note-with-icon>**

Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End note-with-icon>**

**<End learning-activity>**

### Assessment

Please see the Assessment section in Moodle for assignment details.

### Resources

Here are the resources you will need to complete this unit.

* Other online resources will be provided in the unit.

## 2.1 What is Addiction?

An addiction is a chronic brain disorder with rewards, motivation, and memory components. Basically, it refers to a tendency to seek a reward in a compulsive or obsessive manner without taking into account the consequences. The previous is just one definition of it.

In the long run, addiction can significantly interfere with a person’s daily activities. Those who suffer from addiction may also experience cycles of relapse and remission. It is therefore possible for them to cycle between intensified and mild usage. Over time, addictions often worsen despite these cycles. These types of problems can cause permanent health complications, as well as having serious consequences, such as bankruptcy, alienation from family, and rejection by society.

There is a wide variety of resources available on the topic of addiction; they describe the types of addiction, their triggers, what the signs and causes of addiction are, as well as the stages and their complications.

There are many definitions of addiction available online. Through the Learning Activities, we will explore some of the most important terms in this field as well as hear from some of the leading researchers.

### 2.1.1 Activity: Reading | In the Realm of Hungry Ghosts

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Read pages 1-3, & Chapters 11-16. In the Realm of Hungry Ghosts, Gabor Mate’s entire book, is a very important and valuable book. For the sake of time available for this course, it is recommended that you complete specific readings. It is strongly recommended that you follow along with the questions provided below as the chapters are quite substantial in and of themselves. As a result, you will be able to retain more information.

Additionally, before you read this chapter, take a moment to consider your own definition of addictions and what automatic thoughts or assumptions you have about people struggling with addictions.

!! Note that the learning activities in this course are ungraded, unless specified. They are designed to help you succeed in your assessments in this course, so you are strongly encouraged to complete them.

**Questions to Consider**

You will be able to check your understanding of the topic by considering these questions.

1. What is our present day definition of addiction?
2. What are the four components of addiction? (p.129)
3. Why do all addictions also have a biological dimension to them?
4. Why is it unhelpful to view addiction as a disease?
5. What did the study done with Vietnam War Veterans show?
6. What is the significance of ‘Rat Park’?
7. What three factors need to coincide in order for a substance addiction to develop?
8. What does having a diminished amount of dopamine receptors in the brain mean? Why would someone with a lower amount of dopamine receptors be at a higher risk for addiction?
9. What are the short term effects of drugs on the brain and what are the long term effects?
10. Take note of the story of Claire at the end of Chapter 16 and how her story is described using the information that we have recently learned.

**<End learning-activity>**

### 2.1.2 Activity: Watch | A Visual Portrayal

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Please take a moment to watch the following video. Please be aware that this video may evoke some strong emotions.

<https://www.youtube-nocookie.com/embed/HUngLgGRJpo>

**Journal Opportunity**

It is important to note that closing this active browser will not save your responses, so you will need to save/download your document before closing it.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=458>

**<End learning-activity>**

### 2.1.3 Activity: Key terms

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Take a moment to read some of the terms below. The purpose of reviewing the definitions specifically is to reinforce the information presented in this topic.

1. **Tolerance:** decreased reaction to the process or substance after repeated use. Increasing uptake may only increase the tolerance.
2. **Relationship between Opioids and Oxytocin:** oxytocin helps us to not become tolerant of our own natural opiates. When endorphins lock onto opiate receptors they trigger the chemistry of love and connection, helping us be the social creatures we are.
3. **Dopamine Receptors:** a decreased presence of these is correlated with more of an uptake of substances or addictive behaviors.
4. **Dopamine system:** most active during the initiation and establishment of drug intake and other addictive behaviors and is key in reinforcing patterns of all drugs of abuse.
5. **Opiates:** Don’t take away pain, but reduce our consciousness of it as unpleasant stimuli. Are responsible for the pleasure reward aspects of addiction
6. **Reinforcement:** the triggering of VTA (ventral tegmental apparatus) activation and dopamine release in the NA (nucleus accumbens)
7. **Prefrontal cortex:** is responsible for the impulse control center, executive functioning and where social behaviors are learned. This becomes impaired in an addicted brain.
8. **Orbitofrontal cortex:** decision making, inhibiting impulses, initiating cravings and balancing short-term objectives against longer term consequences in the process of decision making. Images show that the OFC works abnormally in drug users.
9. **Salience attribution:** the assignment of great value to a false need and the depreciation of true ones.
10. **Epigenetics:** the effects are most powerful in early development. the ability for genes to turn on and off based on environmental factors. “As a result of life events, chemicals attach themselves to DNA and direct gene activities.” p. 204
11. **Gene expression:** how a gene acts.
12. **Process addictions/Behavior Addictions:** Gambling, shopping, food, love, sex, internet, dangerous activities, thrill seeking activities, pornography
13. **Substance Addictions:** alcohol, drugs, pain pills, tobacco

**<End learning-activity>**

### 2.1.4 Activity: Optional Reading | A Biblical Reflection

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

*Read Deuteronomy 4:15-16, Isaiah 44:9, and Colossians 3:5*

The Bible talks about how an idol is anything that takes priority over our ability and willingness to worship and serve God. An idol can ‘replace’ God in our lives and our relationship with whatever we have made an idol in our lives; it becomes more important than our relationship with God. An addiction could be considered an idol as when one is in the midst of an addiction, it becomes the sole priority and as we have read, even one’s basic health may be pushed aside for the sake of engaging in the addiction.

In addition, we have read that the same neural pathways in the brain are involved in addictions and attachments. According to Genesis 2:18-23, we were created for attachment. As we have discussed previously, addiction can fill a hole inside of us when we lack the type of attachment that God intended, the secure base that allows us to fail and be okay. This is especially true for people who are trying to numb or eliminate intolerable pain.

Consider how far our world has fallen from God’s intended design for us and how far we have fallen from that design. **How does this context affect your perception of those suffering from addiction?** **Does it make a difference?**

**<End learning-activity>**

## 2.2 How/Why does addiction develop?

Among the most common causes of addiction development mentioned in the literature are chronic stress, trauma, mental illness, and a family history of addiction. Researchers are still uncertain what causes addiction, or how it develops as risks vary from person to person.

The purpose of this section is to discuss the six basic theories of addiction, followed by an analysis of Gabor Mate’s analysis of how and why addiction develops. To conclude, we will examine some brain scans of addicted individuals and discuss the various categories of addicts that can be identified by these brain scans.

### 2.2.1 Activity: Website | Six fundamental theories

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Gabor Mate’s work with and view of addiction and the how/why it forms is a biopsychosocial one. This view is backed up by the most research and brain science, so we are focusing primarily on it. To better understand how and why addiction develops, it is worthwhile to examine the other 5 theories.

Take a look at the following presentation that discusses the theories.

<https://www.nwosu.edu/uploads//academics/social-sciences/bjcc/cbrp-training/theories-of-addiction.pdf>

**<End learning-activity>**

### 2.2.2 Activity: Reading | In the Realm of Hungry Ghosts - Chapter 17-19

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In this section, we will explore the reasons and mechanisms behind addiction. You will continue reading In the Realm of Hungry Ghosts through Chapter 19 in order to gain further insight into addiction and how it manifests in the brain for this activity. You have already read chapters 17 & 18 during the last unit. You can take this opportunity to review the information or just read Chapter 19 if you feel like you have a good handle on the information.

**Questions to consider**

You will be able to check your understanding of the topic by considering these questions.

1. What is epigenetics and its significance?
2. What can we focus on in regards to prevention?
3. At what stage can one already begin to have a predisposition to alcohol ‘programmed’ in them?
4. When/where is the amount and density of dopamine receptors determined?

**<End learning-activity>**

### 2.2.3 Activity: Optional Website Exploration | Brain Imaging with Dr. Amen

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

On the Amen Clinics website, you will find information on addiction and how they use brain imaging to identify what type of addict a person is. Despite the fact that this presentation of addiction is based on a medical model rather than a therapeutic model, it is valuable information nonetheless. You should keep scrolling down- sometimes it seems as though there is no additional information to be reviewed, but there is.

Visit the link below to learn more about Brain Imaging for this activity.

[What are Drugs and Alcohol Addiction?](https://www.amenclinics.com/conditions/drugs-and-alcohol-addiction/)

**<End learning-activity>**

## 2.3 Working with Addictions

It may be difficult for individuals who have been affected by addiction for a considerable amount of time to determine moral leanings, personal boundaries, and what kinds of behaviors are normative, rather than simply performative and survival-based. Public policy and literature are increasingly recognizing that addiction is a maladaptive response to trauma. It is estimated that approximately two-thirds of those seeking treatment for alcohol and substance abuse issues have been affected by trauma. There is no doubt that addiction is extremely difficult to navigate and overcome, and not everyone is able to succeed for long periods of time.

Addiction is a complex issue that can be addressed with many theories and models, but EFFT remains the main approach/theory that will be discussed in this unit. During the following Learning activities you will learn about Gabor Mate’s insights into the healing process and what he calls ‘Compassionate Inquiry’ which pairs nicely with EFFT. Through Compassionate Inquiry, the client gains an understanding of how the unconscious dynamics in their lives can be released.

### 2.3.1 Activity: Reading | In the Realm of Hungry Ghosts - Chapter 29-33

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In order to develop a healthy brain, two realms must be considered; the external world, the environment and support, as well as the internal world, your own self awareness and ability to be mindful. In the following chapters, we will explore the concept of wellness and sobriety (versus abstinence), as well as how to maintain both. Take note of the correlations between the EFFT principles as you read.

**<End learning-activity>**

### 2.3.2 Activity: Reading | EFFT Chapters 2-3 & pages 153-154

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

According to Chapter 19 in Gabor Mate’s book, there are many things that one cannot control, such as genetic makeup, temperament, where one is born, etc. Thus, it is important to focus on things that can be controlled.

Two areas are highlighted by EFFT: family environment and emotional processing. This diagram provides a good visual and was created by Adele LaFrance and Natasha Files (2018) for presentation purposes.

**<Begin fig-image>**

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**Has Lightbox:** yes  
**Source Text:**   
**Source URL:**   
**Author:** Jasmine Pang  
**Author URL:**   
**Copyright:**   
**License Text:**   
**License URL:**

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As we learned in our previous unit, Gabor Mate also emphasizes the importance of caregivers and community in the recovery process, which fits well with the EFFT model that emphasizes parental and caregiver involvement in mental health issues. Family environment and emotional processing are the two areas we can ‘control’, and if we work on both, the healing process will be extremely powerful.

**<Begin note-with-icon>**

During class you will be doing an activity that revolves around the skill of emotion coaching/validation, so make sure you read Chapter 2 and 3.

**<End note-with-icon>**

**<End learning-activity>**

### 2.3.3 Activity: Video | Visual of Emotion Coaching

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

An excellent illustration of what EFFT’s emotion coaching aims to accomplish is Dr. Siegel’s hand model. The purpose of emotion coaching is to build a bridge between the prefrontal cortex and the limbic system over time. The hand metaphor can be a very effective way to explain the concept to parents and to our clients.

Watch the following video of Dr. Daniel Siegel presenting a Hand Model of the Brain.

<https://www.youtube-nocookie.com/embed/gm9CIJ74Oxw>

**<End learning-activity>**

### 2.3.4 Activity: Reflect | Looking back

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In order to do the reflection for this activity. Go back and read the first chapter of In the Realm of Hungry Ghosts. Take in the Vancouver Downtown Eastside as Gabor Mate describes it.

**Reflect:**

* What comes up for you?
* In comparison to your previous attitude towards this area of town and its residents, do you feel any different now?

**<End learning-activity>**

### 2.3.5 Activity: Validation Exercise

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

For this activity, read Chapter 4 of the book “In the Realm of Hungry Ghosts”. You will practice how to write a proper validation statement to explain why Serena has been using and continues to use, or if you would like you can write a validation statement to explain her inability to see her own inner strength and innate perfection. Most likely, these will sound too scripted and strange, but this is an integral part of the learning process.

**This exercise can be broken down into two steps:**

To begin with, it would look something like this…

* *No wonder/It makes sense why you continue to use because…. because… because…*

or

* *It makes sense to me why you would be struggling with seeing your own inner strength and value because… because… because…*

Then make sure you add the second part of the emotional support and then practical support.

* *I want you to know that…*
* *Why don’t we start by…*

There are examples in the Behavior Coaching section of the EFFT manual that are similar to Serena’s situation.

**<End learning-activity>**

If you are interested in accessing more resources, feel free to peruse the following websites:

* <https://www.recoverynation.com/>
* <https://www.smartrecovery.org/>

## 2.4 Unit 2 Resources

### 2.4.1 Topic 1: What is Addiction?

**Videos**

* [Nuggets | Filmbilder & Friends](https://youtu.be/HUngLgGRJpo)

**Readings**

* Maté Gabor. (2018). In the realm of hungry ghosts: Close encounters with addiction. North Atlantic Books.
* Bible | Deuteronomy 4:15-16, Isaiah 44:9, and Colossians 3:5

**Websites**

* There are no recommended websites for Topic 1.

### 2.4.2 Topic 2: How/Why Does Addiction Develop?

**Videos**

* There are no recommended videos for Topic 2.

**Readings**

* Maté Gabor. (2018). In the realm of hungry ghosts: Close encounters with addiction. North Atlantic Books.

**Websites**

* [Theories of Addiction](https://www.nwosu.edu/uploads//academics/social-sciences/bjcc/cbrp-training/theories-of-addiction.pdf)
* [Amen Clinics | Drugs and Alcohol Addiction](https://www.amenclinics.com/conditions/drugs-and-alcohol-addiction/)

### 2.4.3 Topic 3: Working with Addictions

**Videos**

* [Dr Daniel Siegel presenting a Hand Model of the Brain](https://youtu.be/gm9CIJ74Oxw)

**Readings**

* Maté Gabor. (2018). In the realm of hungry ghosts: Close encounters with addiction. North Atlantic Books.

**Websites**

* [Recovery Nation](https://www.recoverynation.com/)
* [Smart Recovery](https://www.smartrecovery.org/)

## Summary

You have learned what addictions are, how and when they develop, and how to deal with them. Additionally, this unit examined the connection between addiction and trauma. For the summary of this unit. I invite you to watch the following two clips. The information in these two clips is the most important information to retain.

<https://www.youtube-nocookie.com/embed/T5sOh4gKPIg>

<https://www.youtube-nocookie.com/embed/PY9DcIMGxMs>

**<Begin checking-your-learning>**

Before you move on to the next unit, you may want to check that you are able to:

* Identify and discuss some of the major authors in the field of addiction
* Interpret the phrase, “Not why the addiction, but why the pain?”
* Conceptualize an addictions case
* Practice the skill of validation as outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

**<End checking-your-learning>**

# 3. Work with Grief, Loss and Death

## Overview

In this unit we will spend some time discussing a subject that we tend to avoid; death accompanied by grieving. Grieving can be challenging in a culture that often ignores loss and avoids discussing its impact, as H. Norman Wright points out at the start of his book, which you’ll have the opportunity to read later in this unit. “When we add this silence to the fact that most of us have never been taught about the process and normalcy of grief and death, no wonder we struggle” (p. 1).

Our fear and pain surrounding death are intensified by the uncertainty it brings, raising questions that lack definitive answers. For those with faith, this belief can provide some comfort—a sense of peace about what comes after death. However, this comfort does not eliminate the pain of losing a loved one, the suffering that may precede death, or the lingering questions and anxieties that often accompany it. As we’ve discussed in earlier units, the experience of suffering and pain is something we naturally strive to avoid at all costs.

As with the previous unit, this one also deals with trauma. In the same way that death can cause trauma to the body, it can cause suffering to the brain of those who are left behind as well. This unit will not go into detail about how the brain is affected, but keep in mind what you learned from the first unit about trauma and the brain.

### Topics

This unit is divided into the following topics:

1. Identify some of the major researchers in the area of Grief and Loss
2. Examine the societal and cultural view of death and dying and how it affects the individual
3. Identify one’s own relationship to death and interact with it
4. Conceive of a scenario where someone is experiencing grief and loss
5. Practice the skill of validation as outlined in EFFT
6. Develop a preliminary treatment plan and know where to find resources and further specialized training

### Unit Learning Outcomes

When you have completed this unit, you will be able to:

* Identify and discuss some of the major authors in the field of addiction
* Interpret the phrase, “Not why the addiction, but why the pain?”
* Conceptualize an addictions case
* Practice the skill of validation as outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Read…
2. Watch…
3. Explore…
4. Complete the ungraded quiz.

**<Begin note-with-icon>**

Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End note-with-icon>**

**<End learning-activity>**

### Assessment

Please see the Assessment section in Moodle for assignment details.

### Resources

Here are the resources you will need to complete this unit.

* Other online resources will be provided in the unit.

## 3.1 What is Grief?

When a person endures a loss, they will inevitably experience grief. At some point in our lives, we all face grief. The nature of the loss shapes an individual’s grieving experience. Loss can occur in many forms: the death of a loved one, the end of a meaningful relationship, losing a job, facing a disability, or enduring the illness of a loved one. Whether the grief stems from a loved one’s passing or a terminal diagnosis, it is a powerful, sometimes overwhelming emotion. Grief can leave a person feeling numb or disconnected from daily life. To better cope with grief at various stages, experts recommend learning about the grieving process. Understanding the underlying causes of significant emotions, such as guilt over a loss, can help in navigating them.

### 3.1.1 Activity: Watch | What is grief?

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Julia Samuel talks about what grieving is and what the process is like. Note that she brings up a similar concept to what we read about in previous units: it’s not so much the event surrounding the death, but having to go through the process on our own without community.

<https://www.youtube-nocookie.com/embed/eEsxoO1gVks>

<https://www.youtube-nocookie.com/embed/fNNU-ajnG-s>

**What is it like to be a dying patient?** An older video by Elisabeth Kubler-Ross explains what matters most in the end and what it is like to die.

<https://www.youtube-nocookie.com/embed/H6yvJ_MWnJE>

**What Dying looks like:** Katherine Mannix explains what the signs we see towards the end of life actually mean. It is really important for you to understand this for your own experience of death, as well as when you are interacting with clients to provide them with some psychoeducation.

<https://www.youtube-nocookie.com/embed/CruBRZh8quc>

**<End learning-activity>**

### 3.1.2 Activity: Watch | What is grief?

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Julia Samuel talks about what grieving is and what the process is like. Note that she brings up a similar concept to what we read about in previous units: it’s not so much the event surrounding the death, but having to go through the process on our own without community.

<https://www.youtube-nocookie.com/embed/eEsxoO1gVks>

<https://www.youtube-nocookie.com/embed/fNNU-ajnG-s>

**What is it like to be a dying patient?** An older video by Elisabeth Kubler-Ross explains what matters most in the end and what it is like to die.

<https://www.youtube-nocookie.com/embed/H6yvJ_MWnJE>

**What Dying looks like:** Katherine Mannix explains what the signs we see towards the end of life actually mean. It is really important for you to understand this for your own experience of death, as well as when you are interacting with clients to provide them with some psychoeducation.

<https://www.youtube-nocookie.com/embed/CruBRZh8quc>

**<End learning-activity>**

### 3.1.3 Activity: Watch | Kubler-Ross’ 5 Stages of Grief

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

One of the first models in this field was the 5 stages of grief, which we will cover in this section. It is important to acknowledge and learn from our past, even if not everyone uses this model.

Please watch Elisabeth Kubler Ross’ Five Stages of Grief. She was a major influence on how hospice care is structured today. Prior to watching this clip, it is important to note that the model was developed for dying patients, not for those who are left behind/the mourners. It may be more appropriate to apply this model to clients who are dying rather than those who are grieving.

I also invite you to read the following excerpts from Kubler-Ross’ book “On Death and Dying”. This part of the activity is **OPTIONAL**

* p. 37-53, 76-86, 105-117, 132

TWU has purchased an online version for our use and it can be accessed here:

* Online Version[On Death and Dying](https://search-ebscohost-com.twu.idm.oclc.org/login.aspx?direct=true&db=nlebk&AN=1975928&site=eds-live&scope=site)
* Physical copy[On Death and Dying](https://search-ebscohost-com.twu.idm.oclc.org/login.aspx?direct=true&db=cat05965a&AN=alc.30283&site=eds-live&scope=site)

Students can access the full text via the EPUB Full Text link on the left. They are able to download up to 25 pages of the book content

**Questions to Consider**

1. Why is partial denial considered healthy?
2. When should a dialogue about death take place?
3. Why is anger a hard stage to deal with?
4. Why does it happen?
5. What does bargaining attempt to do?
6. What might the promises or bargaining be associated with?
7. What are the two different types of depression outlined?
8. Why is it not helpful to reassure or tell the sad, dying person to be happy or not be sad?
9. What feelings are present at the acceptance stage?
10. Who needs the most help during this stage?

**<End learning-activity>**

### 3.1.4 Activity: Optional Read | ‘Experiencing Grief’ by H. Norman Wright

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In order to complete this optional reading, you will need to purchase the book, “Experiencing Grief” by N.T. Wright. This is not a required text, however the read may be valuable to you if you are interested in working in the area of grief or if you have experienced grief yourself. Again, this is an optional read and the text does not have to be purchased, nor does the reading have to be completed.

Wright describes grief from what seems to me like an inner monologue of his own experiences and wrestlings mixed in with his readings. There are some good descriptions and metaphors in here that may help you connect to the information in a different way. This is also an opportunity to read this little book and decide whether or not you feel like this would be a good resource to pass on. As Timothy Keller talks about in his book “Walking with God through Pain and Suffering,” each person’s experience of grief is so unique that we have to keep in mind that what may work for one person, may not work for another and in fact can even have the potential to make it worse. However, this does not imply that you should not pass on resources, but rather that you should be very careful about who and why you pass on resources.

In contrast to our previous readings from Elisabeth Kubler Ross, this one focuses on grieving from the perspective of a bereaved individual.

**Questions to Consider**

1.Why is the imagery that grief is like waves of an ocean so applicable? 2.What are the multitude of emotions involved in the grief process? 3.What types of losses tend not to be understood or acknowledged? 4.Why is it important to cry? 5.What puts you at risk for complicated grieving? 6.What are the four signs of recovery? How long would it typically take to appear?

**A Moment of Reflection**

What role does grief, loss, and death play in your life? In your church life?

I wonder sometimes if we use the Bible and God’s teachings to invalidate the suffering of those around us. Like what we are learning in EFFT with the BUT statements. “Yah it makes sense that you are suffering, but God will redeem this experience, But God tells us not to worry, but…”

Think about Easter, Jesus dying, suffering an excruciating death on the cross. If we don’t allow ourselves to feel this, we will never fully get the depth of the Father’s love for us. When we avoid grief, or try to have it pass by quickly, we miss out on the ability to connect on a deeper level with ourselves, with creation, with others and most importantly with God.

**<End learning-activity>**

### 3.1.5 Activity: Websites exploration

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Please browse the following two websites for additional resources, training and information on grief, both for those who are dying and for those who are grieving.

* <https://www.ekrfoundation.org/>
* <https://www.artofdyingwell.org/>

**<End learning-activity>**

## 3.2 How does grief/loss and death affect us?

Grief can cause emotional or physical symptoms in a person. In the early stages of grief, almost anything that people experience is normal, such as feeling extremely overwhelmed, questioning religious or spiritual beliefs, feeling mad, feeling upset or resentful. It is possible to mourn for months or years. As time passes and as the bereaved adjust to life without a loved one, to the news of a terminal diagnosis or to the possibility of losing someone they love, pain usually becomes more manageable.

The purpose of this section is to discuss how grief/loss and death affect us. ‘Being Mortal’ is an outstanding book that I strongly recommend you read in its entirety to gain a clear understanding of the broader system at work and how it influences the individual’s process. Additionally, we will read an article that provides three ways to explain how grief and loss affect us, both from the perspective of the dying and from the perspective of the mourner. In order to conclude this topic, we will examine the ICG scale. There will be references to Complex Grief in our readings, but we will not go into specifics due to the limited time we have together.

### 3.2.1 Activity: Read | A Personal Journey through the Grief and Healing Process

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

* *Blevins, S. (2008). A Personal Journey through the Grief and Healing Process with Virginia Satir, Dr. E. Kubler-Ross, and J. William Worden. Satir Journal, 2(2), 89–105.* As you read this article, you will have the opportunity to gain an understanding of how grief/loss and death affect us from the point of view of three main clinicians/researchers in this field. There is an online version of this article available through TWU’s library.
* [A Personal Journey through the Grief and Healing Process](assets/u3/The_Satir_Journal.pdf)

**Questions to Consider**

1. What are the 6 stages of change that Satir has developed? What is the added stage?
2. What does the stage of chaos do? What does it have the potential to do as a lasting outcome?
3. How does the author apply these 6 stages, specifically the chaos stage to dealing with a death/loss?
4. What are Kubler-Ross’ 5 stages?
5. What are Worden’s four tasks?
6. Which models does the author combine together to describe the process for the dying and then to describe the process for the grieving?
7. What was the hardest stage for the author?
8. What does the process of change do?

**<End learning-activity>**

### 3.2.2 Activity: Read | “Being Mortal’ Chapter 1: The Independent Self

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Atul Gwande’s book “Being Mortal” is a great resource for you to examine how our views of the elderly have shifted in our culture, starting with the first chapter. It is my hope that you will come back to this reading when you have the time, as the entire book presents important viewpoints on the topic.

Death/dying is not explicitly discussed in Chapter 1, but how we view the elderly is important as our avoidance of interacting with elderly people and thinking about this stage of our lives is arguably a result of avoiding thinking about our own deaths.

**Questions to Consider**

1. How does the way contemporary society treat their elderly compare to how the elderly are treated in most of human history?
2. What are the 8 “Activities of Daily Living” and the 8 “Independent Activities of Daily Living?”
3. How does new technology change the way we treat our elderly?
4. Describe the shift from elderly living/needing to live with family to the creation of the ‘retirement’ phase.
5. Finish the following quote, “Modernization did not demote the elderly. It demoted the \_\_\_\_\_\_\_\_\_” p.22
6. What has the veneration of elders been replaced with?

* [Being Mortal Chapter 1: The Independent Self.](assets/u3/Being_Mortal_Chapter1.pdf)

**<End learning-activity>**

### 3.2.3 Activity: Read | “Being Mortal’ Chapter 2

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

The purpose of this chapter is to describe the various trajectories our lives can take and what will occur to our bodies in these scenarios. Furthermore, this chapter explores the priorities we have in our culture, in particular those related to dying and aging, and how, despite the fact that there are ways to be properly supported in our elder years, we do not prioritize it enough to bring about this change. This chapter is important for us to read as I am hoping it stimulates some thoughts about how we deal with the elderly and ultimately with death; how our avoidance of talking about aging and death may be preventing us from receiving the appropriate care at this time of our lives.

Becoming more comfortable with talking about death is not only beneficial for us psychologically, but also biologically. In order to contribute to the continuing of this conversation, Atul Gwande’s book is a worthwhile and necessary read. I urge all of you to read the remainder of it when you have the time.

**Questions to Consider**

1. Why is it that even though a diagnosis can be present for a long time, death can still come as a surprise?
2. What two revolutions have the advances of modern medicine given us?
3. Why is studying aging, studying an unnatural process?
4. What is the condition known as frailty?
5. Why did the doctor say you must always examine the feet of an elderly person?
6. What did the University of Minnesota study? Why was the center shut down?

* [Being Mortal Chapter 2: Things Fall Apart.](assets/u3/Being_Mortal_Chapter2.pdf)

**<End learning-activity>**

### 3.2.4 Activity: Complicated Grief

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Please search in your browser and review the ICG (Inventory of Complicated Grief). It is recommended that you take the ICG for the experience; however, if you have recently suffered a loss and this activity would trigger too many emotions for you, please feel free to skip it. There is research out there to be read about complicated grief, how it develops and what treatment to use with it, however it will be too much for our unit today to go over it. I encourage you to recall, instead, your readings by H. Norman Wright on “Experiencing Grief” as he writes a little bit about complicated grief towards the end of his book.

The score is out of 76 for the ICG and a score of 25 or greater is a person at high risk for requiring clinical care.

**Recommended Resource**

Mary Frances O’Connor has done a lot of research in the field of grief, relating it to biology. If you are interested in reading some of her articles, and specifically her articles on complicated grief, I will provide her website for you to peruse. This is added reading however, and does not need to be completed for this unit.

[maryfrancesoconnor.com](https://www.maryfrancesoconnor.com/research/#block-yui_3_17_2_1_1625438886334_6091)

**<End learning-activity>**

## 3.3 How do We Work with It?

Recent research suggests that grief does not necessarily follow the linear, predictable stages once widely accepted. However, it remains broadly understood that grief is a process aimed at recovering meaning after a loss (Brown, 2021). The risk factors for complicated grief are diverse, including depression, anxiety, poor physical health, attachment issues, low perceived social support, family conflict near the end of life, and difficulty accepting death. Understanding these factors can help guide the appropriate support needed.

There is no doubt that there is a great deal of information available regarding grief management. We will be spending most of our time in this section gaining a greater understanding of EFFT.

During this topic you will have the opportunity to increase your knowledge on how to work with grief. You have read in previous sections about some suggested models to work with grief. Grief can also be approached and modelled in many other ways. In preparation for your Oral Presentation, you will have the opportunity to research some treatment models.

*Brown, B. (2021). Atlas of the heart. Vermilion.*

### 3.3.1 Activity: Read | Generating a Vocabulary of Mourning: Supporting Families Through the Process of Grief

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

As a result of the premise that bereavement practices can help mitigate the chances of complex grief developing, the following article explores a variety of mourning practices. As well, it is argued that clinicians should receive training in mourning and bereavement practices in order to assist in the treatment of their patients. Additionally, this article emphasizes the importance of understanding the broader system, but also taking into account the unique needs of the individual within the system.

[Generating a Vocabulary of Mourning: Supporting Families Through the Process of Grief](https://journals-sagepub-com.twu.idm.oclc.org/doi/pdf/10.1177/1066480720929693)

**Questions to Consider**

1. What is a preventative factor for the development of complex grief?
2. What do bereavement practices intend to do?
3. What are the common themes across religious practices that Goodwyn has developed?
4. What is the role of the counselor?
5. What are the two considerations highlighted for further research?

**<End learning-activity>**

### 3.3.2 Activity: Review | EFFT Chapters 1-2, READ chapter 5

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In this section, we will revisit how EFFT can be applied in our work with grief, loss, and death. EFFT, along with the ability to validate emotions, offers a way to express those unspeakable moments by providing language and bridging the gap between the prefrontal cortex and the limbic system. The goal of this exercise is to learn how to guide emotional experiences even when words are unavailable. The use of EFFT aligns well with the ideas presented in the preceding article, as the author emphasizes that every individual’s grieving process is unique, influenced by various factors. Therefore, effective validation skills will be crucial throughout this journey.

In addition, we will spend some time today discussing death and dying. This is a topic that we tend to avoid discussing- the reasons varying from individual to individual. This is referred to as working through blocks. Today, we will conduct a personal exercise related to this topic.

**Questions to Consider**

1. What are three things conditioned responses are based on?
2. Describe what a block is.
3. What is block work?
4. What is the main paralyzing emotion that fuels blocks in caregivers?
5. When is caregiver resentment most likely to surface?
6. Describe what the authors mean by the ‘wisdom’ in the blocks? What does it help us do?
7. What is the tree metaphor?
8. Name some of the self-assessment tools.
9. What is the benefit of ’speaking into the void?
10. What are some other techniques they list that can regulate emotions in a caregiver?

**Exercise: Block Work**

As we work through a block, we will focus on the psychoeducational component. In spite of the fact that you have read about how you can work with caregivers to work with blocks, I would like you to take the opportunity to apply it to yourself at this time, especially with regard to the subject of death. As we have discussed in this unit, death and loss are topics that tend to be avoided in our culture, but research shows that those who are dying, those who are grieving, need to talk about it. Having stated this before, I would argue that it is for this reason that we do not have the proper systems in place in North America to provide assistance, honor, and support to the elderly. Atul Gwande stated in our reading above that we have come to venerate independence above all else. In order to avoid experiencing pain in those vulnerable places, we avoid going there.

**<Begin fig-image>**

**Figure ID:** u3\_1  
**Caption:**   
**Alt Text:**   
**Has Lightbox:** yes  
**Source Text:**   
**Source URL:**   
**Author:** Jasmine Pang  
**Author URL:**   
**Copyright:**   
**License Text:**   
**License URL:**

 *(2019. International Institute for EFFT)*

**<End fig-image>**

1. When I hear/talk/think about death OR When I interact with/think about the elderly…
2. I feel (emotions-roots):
3. and therefore I react with (pattern-branches)

After you identify the block and validate for yourself why it is present, I encourage you to implement the premise behind the relationship dimensions scale which is to do the exact opposite of what you normally do. For example, if you never talk about death, seek out someone you trust to have that conversation with. If you have someone in your life that is elderly, like a grandparent or a parent and you never ask them about how they are doing with their deteriorating bodies or if they think about the end, maybe open up that conversation.

**Exercise: Validation of Silence p. 169-170**

We read briefly about the validation of silence in our chapter on caregiver blocks. The exercise is normally performed with a loved one who does not respond to a bid for connection; ‘speaking into the void’. I would like you to apply the same format and premise to someone who feels ‘blocked’ about speaking about death and dying.

Imagine after trying to engage in a discussion/response, you receive no answer/silence. How would you validate them? Their fears? their block to talking about this with you? You can use the guide at the back of the book on pages 169-170 to help you format your response. I encourage you to write it out.

An alternative to writing out a validation of silence for someone else could be for you to write a validation to yourself about your own silence on the subject. You can use the exercise that you did with the tree metaphor to help guide your response.

**<End learning-activity>**

### 3.3.3 Activity: Optional Reading | “Walking with God through Pain and Suffering” by Timothy Keller

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

The book written by Timothy Keller is an excellent resource for those interested in learning more about theology of suffering and pain. The only section that pertains to our topic today will be read. Despite the fact that he is primarily discussing pain and suffering, his words are applicable to our discussion on grief, loss, and death, as they are also engulfed in worlds of pain and suffering.

**Please read Chapter 11 which you can find here.** [Timothy Keller Ch.11](assets/u3/Timothy_Keller_Ch.11.pdf)

**Questions to Consider**

1. What is the main metaphor describing how to experience pain and suffering and what is the idea behind it?
2. What is the difference between being in the fire versus having the fire within yourself?
3. What is the metaphor of the mixed gold?
4. What is the paradoxical balance of confidence and humility in the response of Shadrach, Meschach and Abednego?
5. We have been exploring how experiencing pain, loss, death, and suffering change you and open us up to access a deeper place within, how does Tim Keller expand on this discussion?
6. How does Tim Keller frame ‘the furnace’? How does he recommend viewing being in the furnace?

By inviting you to read this chapter, I hope to initiate a discussion regarding how God views our pain, our suffering, and our losses. The presence of death is accompanied by the presence of pain. The following are three ‘takeaways’ from this chapter:

1. When suffering, pain, death and loss are present, God uses these experiences to deepen us, to draw us closer to Him and to shape us in the process.
2. When we are in the depths of despair and we cry out to God, our call is not to simply believe enough and then God will answer our prayers. Our call is to put our trust primarily in God and His wisdom and not our own. There is a surrender in this process which is extremely hard to do. Going through the stages of grief or taking time to work on oneself may need to occur before this can happen.
3. Jesus was thrown in the ultimate fire for you and experienced this process completely on His own. In knowing this, can you trust him with your small fires?

**Read Chapter 12: Weeping** We can apply the concepts from this chapter to all of our units so far as well as our units to come. As scripture tells us, there is a time for everything; a time for weeping and despair is included in this and Tim Keller expands on the importance of weeping for healthy emotional development as well as a means for drawing us closer to God.

**Please Read Chapter 12: Weeping which you can find here.** [Timothy Keller Ch.12](assets/u3/Timothy_Keller_Ch.12.pdf)

**Questions to Consider**

1. Why did Christians feel the need to eliminate lamenting?
2. How did God respond to Elijah during his time of suffering? Who did God send?
3. What does creating a climate of care do?
4. What are the three lessons that the psalms teach us?
5. How does weeping drive us into joy? How can we experience seemingly paradoxical emotions at the same time?

**<End learning-activity>**

### 3.3.4 Activity: Complicated Grief

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Please review the ICG (Inventory of Complicated Grief). It is recommended that you take the ICG for the experience; however, if you have recently suffered a loss and this activity would trigger too many emotions for you, please feel free to skip it. There is research out there to be read about complicated grief, how it develops and what treatment to use with it, however it will be too much for our unit today to go over it. I encourage you to recall, instead, your readings by H. Norman Wright on “Experiencing Grief” as he writes a little bit about complicated grief towards the end of his book.

The score is out of 76 for the ICG and a score of 25 or greater is a person at high risk for requiring clinical care.

**Recommended Resource**

Mary Frances O’Connor has done a lot of research in the field of grief, relating it to biology. If you are interested in reading some of her articles, and specifically her articles on complicated grief, I will provide her website for you to peruse. This is added reading however, and does not need to be completed for this unit.

[maryfrancesoconnor.com](https://www.maryfrancesoconnor.com/research/#block-yui_3_17_2_1_1625438886334_6091)

**<End learning-activity>**

## 3.4 Unit 3 Resources

### 3.4.1 Topic 1: What is Grief?

**Videos**

* [What is grief | Julia Samuel](https://www.youtube.com/watch?v=eEsxoO1gVks)
* [Things that can help us grieve | Julia Samuel](https://www.youtube.com/watch?v=fNNU-ajnG-s)
* [Understanding death & suicide - Part 1 | Dr. Elisabeth Kubler-Ross](https://www.youtube.com/watch?v=H6yvJ_MWnJE)
* [Dying is not as bad as you think | BBC Ideas](https://www.youtube.com/watch?v=CruBRZh8quc)

**Readings**

* Kübler-Ross Elisabeth. (2002). On death and dying ; questions and answers on death and dying ; on Life after death. Quality Paperback Book Club. (PDF provided)
* Wright, H. N. (2004). Experiencing grief. Broadman & Holman.

**Websites**

* <https://www.ekrfoundation.org/>
* <https://www.artofdyingwell.org/>

### 3.4.2 Topic 2: How Does Grief/Loss and Death Affect Us?

**Videos**

* There are no recommended videos for Topic 2.

**Readings**

* Blevins, S. (2008). A Personal Journey through the Grief and Healing Process with Virginia Satir, Dr. E. Kubler-Ross, and J. William Worden. Satir Journal, 2(2), 89–105.
* Gawande, A. (2017). Being mortal: Medicine and what matters in the end. Large Print Press, a part of Gale, Cengage Learning. (PDF provided)

**Websites**

* [maryfrancesoconnor.com](https://www.maryfrancesoconnor.com/research/#block-yui_3_17_2_1_1625438886334_6091)

### 3.4.3 Topic 3: How Do We Work With It?

**Videos**

* [EMDR Therapy: Demonstration & Step-by-Step Walkthrough](https://www.youtube.com/watch?v=M2ra8p4MSOk)
* [Origin of Somatic Experiencing](https://youtu.be/L0PsQFoz48g)

**Readings**

* M. Gold, Joshua (2020). Generating a Vocabulary of Mourning: Supporting Families Through the Process of Grief. The Family Journal: Counseling and Therapy for Couples and Families 2020, Vol. 28(3) 236-240 <https://journals-sagepub-com.twu.idm.oclc.org/doi/pdf/10.1177/1066480720929693>
* Keller, T. J. (2013). Walking with God through pain and suffering. Penguin Group US.

**Websites**

* [ptsd guideline](https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy)
* [complextrauma.org | Treatments for Adults - Accelerated Experiential Dynamic Psychotherapy (AEDP)](https://www.complextrauma.org/treatment/complex-trauma-treatments-for-adults/)
* [stopabusecampaign.com](https://stopabusecampaign.org/take-your-ace-test/)
* [arcframwork.org | What is ARC](https://arcframework.org/what-is-arc/)

## Summary

You have been able to learn about grief and dying from both the perspective of the dying as well as the perspective of those left behind during this third unit. Upon completion of this unit, you will hopefully have a better understanding of how to begin interacting with death, the systemic view of death, dying, and the elderly, as well as the importance of confronting our own fears and hesitations concerning death before we are able to assist our clients. Being the conversation starters of death also places us in a position to be an instrument of change. Creating more of a comfort and vocabulary around death, grieving and loss on a societal level will create huge change on the systemic level. We can be a part of this movement.

**<Begin checking-your-learning>**

Before you move on to the next unit, you may want to check that you are able to:

* Identify and discuss some of the major authors in the field of addiction
* Interpret the phrase, “Not why the addiction, but why the pain?”
* Conceptualize an addictions case
* Practice the skill of validation as outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

**<End checking-your-learning>**

# 4. Work with Mental Health Issues

## Overview

Your journey through this course has reached the halfway point. We will discuss three major mental health issues in this unit: depression, suicidality, and eating disorders. As part of this unit, we will examine what a mental health issue is, why it occurs, and how it can be dealt with. These topics, like all of our topics so far, can be difficult and triggering. We encourage you to take breaks, to skim or to skip sections if you find them triggering.

### Topics

This unit is divided into the following topics:

1. What is Depression, suicidality and eating disorders?
2. What causes it?
3. How do we work with it?

### Unit Learning Outcomes

When you have completed this unit, you will be able to:

* Demonstrate knowledge of some of the major researchers in the field of mental health
* Engage in conversations about suicidality, eating disorders, and self-harm
* Start conceptualizing mental health crisis cases
* Practice the skill of validation as outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Read…
2. Watch…
3. Explore…
4. Complete the ungraded quiz.

**<Begin note-with-icon>**

Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End note-with-icon>**

**<End learning-activity>**

### Assessment

Please see the Assessment section in Moodle for assignment details.

### Resources

Here are the resources you will need to complete this unit.

* Other online resources will be provided in the unit.

## 4.1 What is Depression, Suicidality and Eating Disorders?

Suicidality, eating disorders, and depression are some of the ‘main’ mental health issues that one might encounter in the therapy room. These issues will only be touched upon in this unit. In our EFFT text, we have been learning that mental health issues are caused by unprocessed emotions. Rather than going through things that cause mental health issues, it is going through them alone without the ability to process what is happening. According to EFFT, mental health issues would not occur if we were able to process emotions correctly. Both trauma and addiction can be comorbid.

It may seem that the first two topics are disjointed from the previous topics, but the purpose is to pique your interest and introduce you to the researchers and clinicians in this field. Throughout this unit, I encourage you to draw upon and incorporate what you have learned from the previous units, particularly about the brain and how it interacts with these issues.

#### 4.1.0.1 Depression

The medical term depression (major depressive disorder) refers to a serious, common psychological illness that negatively affects your feelings, your thoughts, and your actions. An individual suffering from depression may experience sadness and/or a loss of interest in activities they previously enjoyed. Depression may also make it difficult for an individual to perform their duties at work or at home. There may be a variety of emotional and physical problems associated with it.

There is a wide range of symptoms associated with depression, ranging from mild to severe. The symptoms include feeling sad or depressed, losing interest in activities that used to be enjoyable, losing weight or gaining weight because of changes in appetite, oversleeping, difficulty sleeping, fatigue, feelings of worthlessness or guilt, difficulty concentrating, thinking, or making decisions, and thoughts of suicide or death.

### 4.1.1 Activity: Video | Neuroscience of Depression

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

I invite you to watch the following YouTube clip to introduce yourself to the different hypothesis out there that are linking brain activity to the development and maintenance of depression.

<https://www.youtube-nocookie.com/embed/1euK8OSIR9E>

**Questions to Consider**

1. What are some of the hypothesis that this video covers?
2. What has been the traditional or original hypothesis? Why?
3. What is neuroplasticity and neurogenesis?
4. What area of the brain does neuroplasticity and neurogenesis take place in?

**Optional Video | How Depression Affects the Brain**

<https://www.youtube-nocookie.com/embed/BZOLxSQwER8>

**<End learning-activity>**

### 4.1.2 Activity: Read | “I don’t want to talk about it” - pdf

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In his work as a psychotherapist, Terry Real has made a significant contribution to the discussion and advocacy of male depression. The publication of his book “I don’t want to talk about it” created a significant wave in the field of psychology, and he has been presenting on the subject ever since. The author of this book incorporates his own narrative and his own journey through depression into the book. The teaser will only be a brief excerpt, and you are encouraged to read the whole book.

**Questions to consider**

[Read chapter 1: Men’s Hidden Depression](assets/u4/Real_Ch_1.pdf)

After the reading, consider the following questions:

1. How does this description of his father relate to the intersection of both trauma and depression?
2. Why do we not tend to recognize depression in men?
3. What is the percentage of people that never get help for depression?
4. What, according to Terry Real, produces depression?
5. What are some of the signs of depression in men?
6. What do people tend to view depression as?
7. What compounds a depressed man’s condition?
8. Why do men die earlier than women?
9. What is the stigma around depression?
10. What is covert depression?

Please view the following video clip, not for information regarding psychotherapy or suicide psychology, but rather to understand what Terry Real is describing as male hidden depression in this video.

<https://www.youtube-nocookie.com/embed/Jb_1IklnhaU>

**<End learning-activity>**

### 4.1.3 Activity: Look over the PHQ-9

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Take a moment to read the patient health questionnaire that is used to assess depression in patients. This is one of many scales available.

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/depression_patient_health_questionnaire.pdf>

**<End learning-activity>**

#### 4.1.3.1 Suicidality

Suicidality includes suicide attempts as well as suicidal ideation. A suicidal ideation is the presence of suicidal thoughts. A person may experience suicidal ideation in a variety of ways, from fleeting and unwelcome thoughts to a preoccupation with death that requires extensive planning.

In this section, you will read older sources, which provide a very good explanation of what suicide is. It is important to note, however, that suicide is no longer referred to as someone committing suicide but rather as someone dying by suicide. Having this distinction is important, as it emphasizes the importance of depression and suicide, and how in those extremely dark moments, it would not be a choice to commit suicide.

### 4.1.4 Activity: Watch & Read | Shneidman

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Edwin Shneidman is known as the “Father of Suicide” and has used the term ‘psychache’ to describe the psychological pain that underlies suicidal acts. Take note in this article of both his name and the reference to his coined term ‘psychache’ as it is one of our goals throughout this course to refer to some of the original researchers.

Watch the following clip of Dr. Shneidman talking about some of his work.

<https://www.youtube-nocookie.com/embed/0KAE5IGOTxw>

**Questions for Reflection**

1. How did you respond to the way he was talking about suicidology?
2. Anything that you would agree or disagree with and why?

Read [Shnediman’s *Contributions to the Understanding of Suicidal Thinking*](assets/u4/Cognition_and_Suicide.pdf)

**Questions to Consider**

1. What is psychache?
2. What did Shneidman analyze as his preliminary research?
3. What are the 10 commonalities of suicide?
4. What is the cubic model of suicide?
5. What is the most dangerous period for a suicide attempt?
6. What measure did Shneidman develop?
7. What was a central aspect to Shneidman’s clinical approach?
8. What is anodyne therapy? How does it relate to EFFT?

**<End learning-activity>**

### 4.1.5 Activity 4.6: Read | Suicide Clusters

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Read the following research article about suicide clusters.

Haw, C., Hawton, K., Niedzwiedz, C., & Platt, S. (2013). Suicide clusters: a review of risk factors and mechanisms. Suicide & Life-Threatening Behavior, 43(1), 97–108. <https://doi-org.twu.idm.oclc.org/10.1111/j.1943-278X.2012.00130.x>

Watch the following video about Suidice Clusters, note that the video is 6:42 minutes long.

<https://www.youtube-nocookie.com/embed/F6S3jcJ-Imw>

**Questions to Consider**

After the reading, consider the following questions to help guide your learning.

1. What is the definition of a suicide cluster?
2. What are the two types of clusters?
3. What population is most at risk for suicide clusters?
4. What gender are suicide clusters more common among?
5. Where is the copycat effect more prevalent?
6. What does ‘contagion’ mean?
7. What is the Werther effect?
8. What does the process of imitation rely on?
9. What is priming?
10. List some of the proposed theories of suicide clusters.

**<End learning-activity>**

#### 4.1.5.1 Eating Disorders

An eating disorder is a behavioral condition characterized by persistent and severe disturbances of eating behaviors, as well as distressing thoughts and emotions. Physical, psychological, and social functioning can all be affected by these conditions. In addition to anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restriction of food intake disorder, and pica and rumination disorders, there are several other eating disorders.

### 4.1.6 Activity: Watch | What is an eating disorder?

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

A leading researcher in the field of eating disorders, Cynthia Bulik, gives an overview of what eating disorders are and how common they are.

<https://www.youtube-nocookie.com/embed/Fxe6WLNSxcw>

**Questions to consider**

After watching the video, consider the following questions to help you track your learning.

1. What are the three different types of eating disorders and what are their descriptions?
2. How prevalent are eating disorders?
3. What contributes to an eating disorder?
4. In which eating disorder is the sex ratio more equal?
5. What new research is coming?

**<End learning-activity>**

### 4.1.7 Activity: Optional Read | Emotional eating

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Janet Treasure is a well-known therapist and professor in the field of eating disorders in England. A number of her papers have been published and she has also focused on the role of the family in the healing process. Her animal models appear in our manual on EFFT.

[https://www.cambridge.org](https://www.cambridge.org/core/journals/proceedings-of-the-nutrition-society/article/novel-approaches-to-tackling-emotional-loss-of-control-of-eating-across-the-weight-spectrum/320DBB5D71D83A6C8597BEFAE7BAAEA9)

**Questions to consider**

After the reading, consider the following questions and use them to help you keep track of your learning.

1. What are the three types of eating disorders?
2. Why don’t people with binge-eating disorder generally seek help?
3. What risk factors are associated with binge eating disorder?
4. What system in the brain is overeating associated with?
5. What might drive over-eating after it becomes a habit? Changing from ‘outcome driven’ to …?
6. What are the key neurotransmitters in body weight, appetite and food intake?

**<End learning-activity>**

## 4.2 What Causes It?

The aim of this discussion is to explore some of the potential causes of mental health issues. It’s important to note that identifying a single cause of mental illness is often difficult, as multiple factors can contribute to its development. As we have previously discussed, these factors may include early adverse life experiences, such as trauma, as well as a history of abuse, whether directly experienced or witnessed. Refer back to the diagram we looked at earlier, which outlines the various contributors to the development of mental health issues. Extensive research also shows that mental health problems can be linked to chronic medical conditions like cancer or diabetes. Additionally, biological factors, chemical imbalances in the brain, and changes in brain structure due to alcohol or drug use can play significant roles. Our brains, bodies, and emotions are deeply interconnected, making it challenging to pinpoint direct causes and effects.

We will discuss some of the research behind why these mental health issues occur in this section. As we continue our study of the brain, draw upon the knowledge you have gained from your previous units. The topic of depression will be discussed first, followed by suicidality and then eating disorders.

#### 4.2.0.1 Depression

While depressive disorders are often labelled as chemical imbalances, this oversimplifies their complexity. Research shows that depression isn’t simply caused by a lack or excess of certain brain chemicals. Factors like faulty mood regulation, genetic vulnerability, and stressful life events all contribute, often interacting with one another. Individuals with similar symptoms of depression may have entirely different underlying causes and respond to different treatment approaches.

### 4.2.1 Activity: Read | “I don’t want to talk about it…” Chapter 4

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Terry Real’s book provides insight into how and why depression develops. This chapter will focus on the relationship between trauma and depression, which we discussed extensively in our first unit.

As you will see in the following chapter, Terry Real is a very systemic therapist. Notice the emphasis on process rather than content - HOW the client is showing up rather than what the client wishes to discuss or share. Observe how Terry Real’s approach relates to our learning of EFFT.

[Read Chapter 4.](assets/u4/Real_Ch_4.pdf)

**Questions to consider**

After the reading, consider the following questions and use them as a tool to help you process the information you are reading.

1. Why is crisis a potential ally in therapy?
2. What is a body memory?
3. What needs to stop in order for the underlying depression to rise to the surface?
4. What did John Bowlby study and how does it relate to the manifestation of depression?
5. What does childhood injury in boys create?
6. What is major depression vs. Dysthymia?

**<End learning-activity>**

### 4.2.2 Activity: Optional Read | Bible - Psalm 88

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Take a look at [Psalm 88](https://www.biblegateway.com/passage/?search=Psalm%2088&version=NIV), one of the darkest psalms in the Bible.

**Reflect**

* In what state is the author in despair and what questions does he ask?
* Is there anything in this that stirs your emotions?

**<End learning-activity>**

#### 4.2.2.1 Suicide

Suicide ideation is a very prevalent issue in our society. For those who have never experienced suicide ideation, or being close to that moment of contemplation, it can be difficult to imagine the reasoning behind why this can occur. We will explore in this next section why suicide ideation might occur and why the ideation can lead to dying by suicide. As with our previous units, we will spend time looking at the brain and what brain activity occurs when suicide ideation is present.

### 4.2.3 Activity: Video | Suicide and the brain

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Dr. Amen is a prominent researcher who studies the brain in relation to mental health problems; we have previously discussed some of his work.

He is not a very empathetic speaker and some do not agree with some of his approaches (for example guilting clients). Nevertheless, he is a solid researcher and it is important to understand his perspective and how he looks at the brain.

<https://www.youtube-nocookie.com/embed/GJkTElq8UFM>

**Questions to Consider**

After the video, consider the following questions and use them as a tool to help you process the information.

1. What is the percentage of people who have entertained the thought of killing themselves?
2. How many have attempted suicide?
3. What area of the brain had lower functioning in those who died by suicide?
4. What are some conditions that can be associated with dying by suicide?

**<End learning-activity>**

### 4.2.4 Activity: Read | Risk Factors for Depression and Suicide Ideation

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In this activity, you will read two articles and reflect on their respective questions. The second article is an optional read. In the first article, you will learn about the risk factors associated with adolescents with complex depression.

Van Velzen, L. S., Toenders, Y. J., Kottaram, A., Youzchalveen, B., Pilkington, V., Cotton, S. M., Brooker, A., McKechnie, B., Rice, S., & Schmaal, L. (2022). Risk factors for suicide attempt during outpatient care in adolescents with severe and complex depression. Crisis: The Journal of Crisis Intervention and Suicide Prevention.

* [Risk Factors for Suicide Attempt During Outpatient Care in Adolescents With Severe and Complex Depression](Depression_and_Suicide.pdf)

**Questions to Consider**

After the reading, consider the following questions and use them as a tool to help you process the information.

1. Why is suicide risk assessment a crucial part of suicide prevention?
2. What are some of the risk factors that have been identified by previous studies?
3. What are some risk factors identified by this study?
4. How might parental divorce/separation increase suicide risk in adolescents?
5. What were the author’s conclusions?

Here is an article that addresses all three mental health issues that we are discussing. As we have stated previously, mental health issues are able to affect one another and coexist with one another.

Brausch, A. M., & Gutierrez, P. M. (2009). The role of body image and disordered eating as risk factors for depression and suicidal ideation in adolescents. Suicide and Life-Threatening Behavior, 39(1), 58–71.

* [The Role of Body Image and Disordered Eating as Risk Factors for Depression and Suicidal Ideation In Adolescents](assets/u4/The_Role_of_Body_Image.pdf)

**Questions to Consider**

After the reading, consider the following questions and use them as a tool to help you process the information.

1. Why do research results suggest that bulimic symptoms are related to depression?
2. How much higher is the risk of suicide for those struggling with anorexia versus the broader public?
3. How are suicide ideation and body image related?
4. What did this study hypothesize/predict?
5. What was found to have a direct effect on suicide ideation?
6. What are the implications of their findings?
7. Was gender a factor in the results?
8. What are some of the limitations of this study?

**<End learning-activity>**

#### 4.2.4.1 Eating Disorders

In eating disorders, the exact cause is unknown. As previously discussed, there are many possible causes of mental illness. Psychological, environmental, and social factors may contribute to the development of eating disorders in some individuals due to their genes and relational issues.

### 4.2.5 Activity: Video | Eating Disorders and the Brain

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In this clip, you will learn how eating disorders affect the brain and what the difference between a well-functioning brain and a brain affected by an eating disorder is.

<https://www.youtube-nocookie.com/embed/V44xLqCmV2U>

**Questions to Consider**

After watching the video, consider the following question and use them as a tool to help you process the information.

1. What is the difference between a well brain and an eating disorder brain?

**<End learning-activity>**

### 4.2.6 Activity: Read | Eating Disorders and Generational influences

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

As part of the EFFT curriculum, we are taught that families have a profound impact on treatment outcomes. In order to illustrate this point, I selected the following article.

Brun, I., Russell-Mayhew, S., & Mudry, T. (2021). Last Word: Ending the intergenerational transmission of body dissatisfaction and disordered eating: a call to investigate the mother-daughter relationship. Eating Disorders, 29(6), 591–598. <https://doi-org.twu.idm.oclc.org/10.1080/10640266.2020.1712635>

**Questions to consider**

1. What is a predictor of subclinical and clinical eating disorders?
2. What do mothers act as and why is that important?
3. How can eating disorders be influenced directly and indirectly?
4. Did endorsing lower body satisfaction motivate girls to engage in healthful habits? Why or why not?
5. What is the ‘call to action?’ What do they recommend?

**<End learning-activity>**

### 4.2.7 Activity: Optional Read | Eating Disorders and Caregiver Involvement

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

There is an important study done related to eating disorders and EFFT intervention in this research article. It is likely that by this point you will recognize some of the researchers’ names and have some understanding of some of the concepts they are discussing.

Stillar, A., Strahan, E., Nash, P., Files, N., Scarborough, J., Mayman, S., . . . Lafrance Robinson, A. (2016). The influence of carer fear and self-blame when supporting a loved one with an eating disorder. Eating Disorders, 24(2), 173-185.

[**Article-ED & EFFT**](assets/u4/Article_ED&EFFT.pdf)

**Questions to consider**

After the reading, consider the following questions and use them as a tool to help you process the information.

1. What was identified as the most necessary for a positive outcome for clients?
2. What was the result of the EFFT 2 day caregiver workshop?
3. What happens when caregivers experience intense emotion?
4. What is the hypothesis for this study? What are they hoping to prove?
5. What did they find that fear predicted?
6. What was one concern that was brought up about caregiver involvement? What was the suggestions to help mitigate this?

**<End learning-activity>**

## 4.3 How We Work with It

To effectively assist a client or friend or family member with a mental health issue, it is helpful to know what resources are available both to support the client or loved one as well as to support you. As there are many variables to consider when treating mental health issues, each client’s treatment will differ. This topic will include readings and activities designed to facilitate this learning.

EFFT was developed as a result of studies conducted with people who suffer from eating disorders. Thus, you will find this section to be complementary to your learning of EFFT. We will begin by exploring some of the community resources that are available.

### 4.3.1 Activity: Explore | Community Resources

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Do you have access to any resources in the area where you work? When a crisis arises, how can you help? The following are just a few options available; we recommend exploring more.

**Suicidality**

* [Services/Crisis Lines](https://www.linesforlife.org/services/?gclid=CjwKCAjwiJqWBhBdEiwAtESPaKW7--GMkzJZnQuCT_XwP3G6d21vLiBhQ9OKMoj7rF6IapSS2fHcsRoC2T8QAvD_BwE)
* [Crisis Centre](https://crisiscentre.bc.ca/get-help/)

**Depression**

* [Healthline](https://www.healthline.com/health/depression/help-for-depression#other-treatments)

**Eating Disorders**

* [National Eating Disorder Information Centre](https://nedic.ca/)

**General help**

* [FOUNDRY](https://foundrybc.ca/youmatter/?gclid=CjwKCAjwq5-WBhB7EiwAl-HEkk2herv2QF8l8z0Q5Afj8zb5XwY9G_3MzgcweKhJ5aUTuDU7vupErBoCNWcQAvD_BwE)
* [E-MENTALHEALTH](https://www.ementalhealth.ca/)

**<End learning-activity>**

### 4.3.2 Activity: Practice | Emotion Coaching/Behavior Coaching

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In this section, we will practice our skills of Emotion Coaching and Behavior Coaching. While this may seem repetitive, the more you practice, the easier it will become. The EFFT manual contains suggestions for behavior coaching strategies for depression, as well as what depression requires in terms of emotional support. As an example, consider a scenario in which a parent seeks your assistance with their child who is suffering from depression. You will assist the parent in developing a script that they can use at home with their children.

**Note: Download the file when you fill the tool below. Remember that if you close your browser, the work done will be lost.**

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=483>

**<End learning-activity>**

### 4.3.3 Activity: EFFT and Suicidality

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In order to conduct a preliminary assessment, it is extremely important to understand the signs of possible suicidal behavior. In accordance with the literature, the risk assessment should not be regarded as an absolute. Continual monitoring and assessment are essential, especially at the beginning of your career. One of the exceptions to confidentiality, if you have not yet taken SOCI 400, is when there is a risk of harm to oneself or another. Whenever you suspect that your client’s life is in danger, you must report it to the appropriate authorities.

* [Suicide Risk: Detecting & Assessing Suicidality](https://www.camh.ca/en/professionals/treating-conditions-and-disorders/suicide-risk/suicide---detecting-and-assessing-suicidality)

For this section on suicide, you will write a validation statement that explains why someone might commit suicide. Suicide is one of the most difficult issues to validate, since when we validate it, especially with this one, we feel as though we are encouraging the individual to carry out the action. In keeping with what we have read and what research shows, it actually gives the other the feeling that they are not alone-that someone understands and is willing to share dark places with them.

This validation statement will not be accompanied by an actual scenario. Imagine someone sitting in front of you saying, “I want to end my life,” and think about why they might want to do so.

*Note: Download the file when you fill the tool below. Remember that if you close your browser, the work done will be lost.*

[h5p id=“484”]

**<End learning-activity>**

### 4.3.4 Activity: EFFT and Eating Disorders

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

It has been shown in the literature that parental body image (in particular, a mother’s) and eating habits can be associated with the manifestation of an eating disorder in their loved one. Note that this is a correlation and not a causation. This is important for relieving caregiver self blame and to then empower a caregiver/parent to become a part of the healing process. There is evidence to support the benefits of caregiver involvement in the literature we have been reading.

If a caregiver has struggled or continues to struggle with an eating disorder or body dysmorphia, this may hinder their ability to participate in the healing process of their loved one.

Download the file when you fill the tool below. Remember that if you close your browser, the work done will be lost.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=485>

**<End learning-activity>**

## 4.4 Unit 4 Resources

### 4.4.1 Topic 1: What is Depression, Suicidality and Eating Disorders?

**Videos**

* [Neuroscience of Depression](https://www.youtube.com/watch?v=1euK8OSIR9E)
* [How Depression Affects the Brain](https://www.youtube.com/watch?v=BZOLxSQwER8)
* [What I learned from my husband’s suicide | Lori Prichard | TEDxOgden](https://youtu.be/Jb_1IklnhaU)
* [My Suicide Shneidman Sequence QT](https://www.youtube.com/watch?v=0KAE5IGOTxw)
* [‘Suicide Cluster’ in Palo Alto | Students Share Stories of Anxiety, Depression](https://youtu.be/F6S3jcJ-Imw)
* [Cynthia Bulik on Eating Disorders](https://youtu.be/Fxe6WLNSxcw)

**Readings**

* Real, T. (1997). I Don’t Want to Talk About It: Overcoming the Secret Legacy of Male Depression. New York: Scribner.
* Jobes, D. A. and Nelson, K. N. (2006). Cognition and Suicide: Theory, Research, and Therapy, edited by T. E. Ellis. American Psychological Association. [Shnediman’s *Contributions to the Understanding of Suicidal Thinking*](Cognition_and_Suicide.pdf)
* [Haw, C., Hawton, K., Niedzwiedz, C., & Platt, S. (2013). Suicide clusters: a review of risk factors and mechanisms. Suicide & Life-Threatening Behavior, 43(1), 97–108.](https://doi-org.twu.idm.oclc.org/10.1111/j.1943-278X.2012.00130.x)

**Websites**

* [depression\_patient\_health\_questionnaire.pdf | Patient Health Questionnaire (PHQ-9)](https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/depression_patient_health_questionnaire.pdf)
* [https://www.cambridge.org](https://www.cambridge.org/core/journals/proceedings-of-the-nutrition-society/article/novel-approaches-to-tackling-emotional-loss-of-control-of-eating-across-the-weight-spectrum/320DBB5D71D83A6C8597BEFAE7BAAEA9)

### 4.4.2 Topic 2: What Causes It?

**Videos**

* [The Science Behind Suicidal Thoughts with Dr. Daniel Amen](https://youtu.be/GJkTElq8UFM)
* [The Eating Disorder Brain vs. The Well Brain | Effects of the Starving Brain and Eating Disorders](https://youtu.be/V44xLqCmV2U)

**Readings**

* Real, T. (1997). I Don’t Want to Talk About It: Overcoming the Secret Legacy of Male Depression. New York: Scribner.
* [Van Velzen, L. S., Toenders, Y. J., Kottaram, A., Youzchalveen, B., Pilkington, V., Cotton, S. M., Brooker, A., McKechnie, B., Rice, S., & Schmaal, L. (2022). Risk factors for suicide attempt during outpatient care in adolescents with severe and complex depression. Crisis: The Journal of Crisis Intervention and Suicide Prevention.](assets/u4/Depression_and_Suicide.pdf)
* [Brausch, A. M., & Gutierrez, P. M. (2009). The role of body image and disordered eating as risk factors for depression and suicidal ideation in adolescents. Suicide and Life-Threatening Behavior, 39(1), 58–71.](assets/u4/The_Role_of_Body_Image.pdf)
* [Brun, I., Russell-Mayhew, S., & Mudry, T. (2021). Last Word: Ending the intergenerational transmission of body dissatisfaction and disordered eating: a call to investigate the mother-daughter relationship. Eating Disorders, 29(6), 591–598.](https://www-tandfonline-com.twu.idm.oclc.org/doi/full/10.1080/10640266.2020.1712635)
* [Stillar, A., Strahan, E., Nash, P., Files, N., Scarborough, J., Mayman, S., . . . Lafrance Robinson, A. (2016). The influence of carer fear and self-blame when supporting a loved one with an eating disorder. Eating Disorders, 24(2), 173-185.](https://www.tandfonline.com/doi/full/10.1080/10640266.2015.1133210)

**Websites**

* There are no websites to review for this topic.

### 4.4.3 Topic 3: How We Work with It

**Videos**

* There are no videos to watch for this topic.

**Readings**

* There are no readings for this topic.

**Websites**

* [Services and Crisis Lines](https://www.linesforlife.org/get-help-now/services-and-crisis-lines/)
* [Crisis Centre BC](https://crisiscentre.bc.ca/get-help/)
* [Healthline](https://www.healthline.com/health/depression/help-for-depression#other-treatments)
* [National Eating Disorder Information Centre](https://nedic.ca/)
* [Foundry](https://foundrybc.ca/youmatter/?gclid=CjwKCAjwq5-WBhB7EiwAl-HEkk2herv2QF8l8z0Q5Afj8zb5XwY9G_3MzgcweKhJ5aUTuDU7vupErBoCNWcQAvD_BwE)
* [eMental Health](https://www.ementalhealth.ca/)

## Summary

You have learned about three different major mental health issues in this fourth unit, depression, suicidality, and eating disorders. As part of this unit, you have learned what a mental health issue is, why it occurs, and how it can be dealt with considering the resources available. Additionally, you have practiced with case scenarios. Having acquired a broad understanding of each mental health issue, you will be prepared to begin validating these very difficult conditions. In the event that you were triggered or stirred up in any way by this unit’s discussions, I encourage you to take care of yourself and seek out someone to talk to as well as implement any other grounding techniques you find helpful.

**<Begin checking-your-learning>**

Before you move on to the next unit, you may want to check that you are able to:

* Demonstrate knowledge of some of the major researchers in the field of mental health
* Engage in conversations about suicidality, eating disorders, and self-harm
* Start conceptualizing mental health crisis cases
* Practice the skill of validation as outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

**<End checking-your-learning>**

# 5. Work with Stress and Resilience

## Overview

In Unit 5, both stress and resilience will be explored in detail. While these may appear to be distinct topics, they are deeply interconnected. Stress is an inevitable part of life, arising from various external and internal pressures, while resilience is the capacity to adapt and bounce back from these challenges. The relationship between the two is significant: the more resilient we become, the better we are at managing stress. Although stress will always exist, a resilient individual can approach it differently, viewing obstacles as opportunities for growth rather than insurmountable difficulties. Resilience doesn’t eliminate stress, but it transforms the way we interact with it. With greater resilience, stressful situations are less likely to overwhelm us, and we develop healthier coping mechanisms. Instead of being paralyzed or drained by stress, resilience empowers us to stay grounded, think clearly, and respond effectively. Through building resilience, we gain the tools to reduce the impact of stress on our emotional, mental, and even physical well-being. In other words, by strengthening our resilience, we can significantly alter our experience of stress, making it less of a burden and more of a manageable part of our personal and professional lives.

### Topics

This unit is divided into the following topics:

1. Stress and Resilience
2. The development of stress/resilience
3. Therapy room strategies for dealing with stress and resilience

### Unit Learning Outcomes

When you have completed this unit, you will be able to:

* Identify some of the major researchers in the field of resilience and stress
* Demonstrate and practice what wellness and thriving could look like
* Describe what the brain looks like under stress and how resilience is built
* Conceptualize a case dealing with stress and resilience
* Practice the skill of validation as outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Read…
2. Watch…
3. Explore…
4. Complete the ungraded quiz.

**<Begin note-with-icon>**

Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End note-with-icon>**

**<End learning-activity>**

### Assessment

Please see the Assessment section in Moodle for assignment details.

### Resources

Here are the resources you will need to complete this unit.

* Other online resources will be provided in the unit.

## 5.1 Stress and Resilience

Stress and its manifestation in the body are the topics we explore in Unit 5. As research shows, experiencing stress is detrimental to our bodies and our health in general. It is therefore very important to develop and expand our resilience in order to properly handle and interact with stress.

In the same manner as in previous units, I would like to acknowledge and hear from those who have contributed to the field of stress and resilience research. Although the scope of research has expanded since then, it is important to recall where we began.

### 5.1.1 Activity: Video and Reading | The “Fathers of Stress and Resilience”

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

**Dr. Hans Seyle**

In the world of stress management, Hans Selye is widely acknowledged as the “father of the field.” As such, he is a Canadian resource for the rest of the world. Over 1700 scholarly papers and 39 books have been published since Dr. Selye published the first scientific paper to identify and define “stress” in 1936. His work was cited in more than 362,000 scientific papers and in countless popular magazine articles, in nearly every major language and in every country in the world at the time of his death in late 1982. There is no doubt that he is the most frequently cited author on stress issues in the world. Throughout a period of exposure to a nonspecific demand, Selye proposed that stress remains present in the individual’s body. Among his distinctions, he called the cumulative effects of chronically applied stressors ‘general adaptation syndrome,’ also known as Selye’s syndrome in the literature.

Dr. Selye is one of the founders of the Canadian Institute of Stress. You may wish to spend a few minutes exploring the following website: <https://stresscanada.org/>

To learn more about one of Dr. Hans Selye’s major contributions to stress research, please watch the following video. Please note that the video is 4:01 minutes long.

<https://www.youtube-nocookie.com/embed/9FdmxfXrygA>

**Questions to Consider**

After viewing the video, consider the following questions and use them as a tool to help you process the information.

1. What is General Adaptation Syndrome?
2. What is it better described as?
3. What is the HPA? How can it weaken?

**Norman Garmezy**

The resilience theory is regarded as the brainchild of Norman Garmezy, the ‘father’ of resilience theory. In addition to his work in developmental psychopathology, he was a professor of psychology. Garmezy held positions at Duke University (1950–1961) and the Institute of Child Development at the University of Minnesota (1961–1989) after receiving his doctorate from the University of Iowa in 1950. It was his early work that focused on schizophrenia etiology, but his later work focuses on child development risks, resilience, stress, and coping. We will spend some time getting to know his research, even though there have been more advances since his discoveries in the 1980s and 1990s.

We will be reading from Ann Masten’s book, [Ordinary Magic](assets/u5/Ordinary_Magic_Introduction.pdf).

Ann Masten is a prominent resilience researcher and professor of child development at the University of Minnesota. She is widely recognized for her work on resilience in children and how they thrive despite adversity. In her book Ordinary Magic, Masten explores the concept of resilience, arguing that it is not a rare, extraordinary trait but a common capacity that arises from ordinary human resources like supportive relationships, problem-solving skills, and community support. The book highlights the power of everyday systems that foster resilience in individuals facing challenges. Masten studied under Garmezy and take note of when he is mentioned.

**Questions to Consider**

After reading the chapter, consider the following questions and use them as a tool to help you process the information.

1. What historic event were the key individuals who initiated studies on resilience in children a part of?
2. What are the four waves of resilience science?
3. What was the biggest surprise that emerged from the study of children who overcome adversity?
4. What does the word resilience mean?
5. What two kinds of evaluation are required to identify resilience in a persons life?
6. What are some examples of risk factors?

**<End learning-activity>**

### 5.1.2 Activity: Reading | The Meaning of Stress - Chapter 1 - PDF

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

To begin our conversation on stress and its meaning, please read the pdf file that you can find here.

[Stress Management And Prevention-Ch 1.pdf](assets/u5/Stress_Management_And_Prevention_Ch_1.pdf)

This chapter’s Key Questions will be used as our Questions to consider section. Reading these ahead of time will assist you in guiding your reading.

**<Begin note-with-icon>**

Note that the learning activities in this course are ungraded, unless specified. They are designed to help you succeed in your assessments in this course, so you are strongly encouraged to complete them.

**<End note-with-icon>**

**Questions to Consider**

After the reading, consider the following questions and use them as a tool to help you process the information.

1. What are the different ways that stress can be defined and conceptualized?
2. What are the different ways that people respond to adversity in their lives?
3. Stress is ordinarily thought of as a fairly negative state, something to be avoided whenever possible. But how can stress be highly functional and operate as a survival mechanism
4. What is the general adaptation syndrome (GAS) and how does it function during times of stress?
5. What is the primary goal of stress management? Can such a program completely eliminate stress?
6. What are major sources of stress and how are they recognized?
7. How do you interpret the following statement: “Stress is not what exists on the outside, but how you perceive a situation on the inside?

**<End learning-activity>**

### 5.1.3 Activity: Optional Reflection | Stress

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Consider the following questions and use the tool to save your notes. It is important to note that closing this active browser will not save your responses, so you will need to save/download your document before closing it. The file can be downloaded and worked on on your computer or device.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=489>

**<End learning-activity>**

### 5.1.4 Activity: Video | What is resilience?

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Different perspectives and points of view can be taken into account when discussing resilience. For an overview/introduction to resilience, watch the following YouTube video. Please consider that this video is 2.29 minutes long.

<https://www.youtube-nocookie.com/embed/1r8hj72bfGo>

**<End learning-activity>**

### 5.1.5 Activity: Videos | Daniel Siegel Clips - Empathy and Resilience

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

The researcher Daniel Siegel is well known for his theory of interpersonal neurobiology, which explains how the brain, mind, and body are interconnected. Throughout his speech, he emphasizes the importance of resilience. As opposed to reading some of his books and articles, we will view some of his YouTube talks.

**Building Resilience**

<https://www.youtube-nocookie.com/embed/RkC8hx-_k3Y>

**Questions to Consider**

After the video, consider the following questions and use them as tools to help you process the information.

1. What are the 5 states of empathy?
2. What does compassion build on?
3. What are the two states of the brain that Daniel Siegel describes?
4. What is the metaphor that Daniel Siegel uses about the importance of awareness with resiliency?

**The Opportunity to Build the Circuits of Kindness and Resilience**

This next clip focuses on building resilience as parents with their children.

<https://www.youtube-nocookie.com/embed/0XG8uOWEBbc>

**Questions to Consider**

After the video, consider the following questions and use them as tools to help you process the information.

1. When are the first circuits of kindness and resilience growing?
2. What moments does Daniel Siegel encourage us to reframe?
3. How do you see this clip by Daniel Siegel as related to what EFFT explores?
4. What is the opportunity to build kindness and resilience that he talks about?

**<End learning-activity>**

## 5.2 Stress and Resilience

The purpose of this section is to discuss how and why stress occurs, and how we can enhance our resilience to minimize stress; that is, as Daniel Siegel explains, by increasing our awareness, we will be able to handle things with less impact when they occur; despite the fact that they may still affect us, they will not have the same negative impact.

### 5.2.1 Activity: Read | Stress Management and Prevention - Chapter 2

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In this chapter, we will examine how stress manifests in the body and how our body responds to stress. We should note that this is a continuation or a parallel from our previous learning about trauma. You are not expected to memorize all of the details or remember all of the parts of the body. This article is intended to give you a general understanding of how stress affects the body and how it can manifest itself.

Read p.30 to end of chapter. Please pay particular attention to pages 36-37 and observe how they are aligned with our understanding of EFFT. The Questions to consider section will be based on the Key Questions in the chapter. By reading these ahead of time, you will be able to guide your reading.

[Stress Management and Prevention - ch 2.pdf](assets/u5/Stress_Management_And_Prevention_Ch_2.pdf)

**Questions to Consider**

Consider the following questions and use them as tools to help you process the information.

1. Why is it important to study the physiological basis of stress responses?
2. How can you apply what you learned in this chapter to understand better why people struggle so much in their lives?
3. How can studying the physiology of stress assist you in making sense of your own stress reactions, as well as those you witness in others?
4. How do chronic stress and anxiety affect the various systems in the body?
5. How do the nervous and endocrine systems work together to coordinate the body’s responses to stress?
6. How do the sympathetic and parasympathetic nervous systems work in concert to control physiological stress responses?
7. What are the body’s sequential steps in responding to perceived threats?
8. How is the immune system affected by chronic stress?
9. What are the risk factors associated with heart disease and other chronic health conditions?
10. How is sexual functioning affected by chronic or acute stress?
11. What are some ways that stress is helpful?

**<End learning-activity>**

### 5.2.2 Activity: Video | An Illustration

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

This clip with Dr. Gabor Maté on *The Connection Between Stress and Disease* illustrates how the body and the brain are connected and how stress manifests itself in the body. For the sake of time, let’s watch this clip to get an idea of the book’s content.

[Dr. Gabor Maté on The Connection Between Stress and Disease](https://www.youtube.com/watch?v=ajo3xkhTbfo&t=1861s)

**Questions to Consider**

After the video, consider the following questions to help guide your learning.

1. Who is the illustration about at the beginning of the clip? At what age did she die?
2. What does he mean by responsibility?
3. What does Gabor describe we have to do in order to maintain an attachment relationship? When does illness come along?

**<End learning-activity>**

### 5.2.3 Activity: Read | Gordon Neufeld Institute

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

You may find the following article on Gordon Neufeld’s website, the Neufeld Institute, helpful in understanding how resilience develops and how it can be fostered. The work of Gordon Neufeld in the area of parenting and family work has made him an internationally recognized researcher.

<https://neufeldinstitute.org/resilience-embracing-the-emotional-journey/>

**Questions to Consider**

After the reading, consider the following questions and use them as a tool to help you process the information.

1. How does Gordon Neufeld describe resilience?
2. What is the difference between true resilience and false resilience?
3. What happens when we are overloaded?
4. Finish this quote, “We already have inside of us the ingredients to allow healing to occur, we just need…”

**<End learning-activity>**

## 5.3 Strategies for Dealing with Stress and Resilience

Being resilient means overcoming setbacks and challenges, such as losing a job, facing illness, experiencing a disaster, or grieving a loved one. These stressful events can lead people to unhealthy coping mechanisms, like substance abuse, eating disorders, or risky behaviors, which can make them feel stuck in their problems or victimized. While resilience doesn’t eliminate difficulties, it helps people look beyond them, find joy in life, and handle stress more effectively.

This is another opportunity for us to continue learning from EFFT. The goal is for you to have a reasonably good understanding of what validation entails by now. During this session, we will develop a validation statement and add a behaviour coaching component.

### 5.3.1 Activity: Optional Watch | The Power of Vulnerability - Brené Brown

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Brown has spent the past two decades studying courage, vulnerability, shame, and empathy at the University of Texas at Austin McCombs School of Business. Five of her books are New York Times bestsellers.

Please watch this clip from Brene Brown, who is well known for her work on vulnerability, shame, courage, and their relationship to resilience before starting the EFFT exercises/reading. It is likely that you have heard Brene Brown speak before, but I encourage you to listen to her again and consider how working on shame/vulnerability/courage can also cultivate resilience within you while working in the therapy room. This is her first TED talk that is well known to most people; it captured the attention of the nation.

[Video: The Power of Vulnerability](https://www.ted.com/talks/brene_brown_the_power_of_vulnerability?language=en)

**Questions to Consider**

After the video, consider the following question and use it to help you process the information.

1. How does working on alleviating our shame build and foster resilience? Describe the connection

**<End learning-activity>**

### 5.3.2 Activity: Watch | Dan Siegel on Neurobiology & Resilience

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

This short clip by Daniel Siegel discusses how to build resilience and connection by focusing not only on the individual, but on the collective “we.”

<https://www.youtube-nocookie.com/embed/Zriw-jShjzY>

**<End learning-activity>**

### 5.3.3 Activity: Case Study

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Please refer back to the EFFT manual if you need any reminders on emotion coaching or behavior coaching.

In regards to stress and resilience specifically, I quote this text from our EFFT Manual:

“There is strong evidence to suggest that emotional intelligence (which includes emotion management, emotion perception, and emotion utilization) moderates the relationship between stress and mental health concerns in adolescents and adults, including depression, hopelessness, and suicidal ideation (Ciarrochi, Deane, & Anderson, 2002; Extremera & Fernandez-Berrocal, 2006). Taken together, these studies suggest that a focus on the development and refinement of emotion processing and regulation can serve to buffer against the experience of life stressors. For these reasons, the EFFT clinician also works with caregivers to equip them with the skills of emotion coaching to support their loved one’s wellness. Over time, their loved one develops self-efficacy with emotion processing-that is, the capacity and confidence to experience, tolerate, regulate, and be guided by their emotions without need of maladaptive coping strategies. In addition to supporting in the moment emotion processing and the development of the capacity to self-regulate, emotion-coaching skills enhance treatment in various ways. As caregivers adopt this new style of relating to their loved one, their relationship will strengthen and their efforts to support their loved one with behavioral symptoms will be more effective and better received. As symptoms decrease, caregivers can also support their loved one to manage the flood of emotions that sometimes follow. This work will also provide loved ones with evidence of their caregiver’s capacity and willingness to support them with their emotional pain, making it more likely that they will turn to the caregiver for support in times of stress” (Lafrance, Henderson & Mayman, 2020).

Read the following Case Study and then spend some time creating a validation statement for this particular client. We will be emotion coaching this client and adding a ‘behavior intervention’ that will help the client to deal with their ongoing stress in their life. You may come up with your own ideas for what may help alleviate stress based on the class readings, your own experience, or you can also look up some suggestions if you would like. Note that you would do a lot more work than just this one emotion coaching before suggesting a way to cope. In real time, you really need to spend time in the validation with them really understanding what they are saying and conveying that you ‘get it’.

<https://create.twu.ca/h5p/wp-admin/admin-ajax.php?action=h5p_embed&id=499>

**<End learning-activity>**

## 5.4 Unit 5 Resources

### 5.4.1 Topic 1: Stress and Resilience

**Videos**

* [Hans Selye’s General Adaption Syndrome and the HPA Axis: Exploring the Connection](https://youtu.be/9FdmxfXrygA)
* [InBrief: The Science of Resilience](https://youtu.be/1r8hj72bfGo)
* [“Building Resilience in Care Providers” Daniel Siegel | HagueTalks](https://youtu.be/RkC8hx-_k3Y)
* [Dan Siegel - The Opportunity to Build the Circuits of Kindness and Resilience](https://youtu.be/0XG8uOWEBbc)

**Readings**

* [Masten, Ann S. (2014). Ordinary Magic: Resilience in Development. The Guilford Press.](assets/u5/Ordinary_Magic_Introduction.pdf)
* Seaward, B. L. (2011). Stress Management And Prevention: Applications to Daily Life (2nd ed.). Jones & Bartlett Publishers.

**Websites**

* There are no websites to visit for this topic.

### 5.4.2 Topic 2: Stress and Resilience

**Videos**

* [Dr. Gabor Maté on The Connection Between Stress and Disease](https://www.youtube.com/watch?v=ajo3xkhTbfo&t=1861s)

**Readings**

* Seaward, B. L. (2011). Stress Management and Prevention: Applications to Daily Life (2nd ed.). Jones & Bartlett Publishers.

**Websites**

* [Resilience: Embracing the Emotional Journey](https://neufeldinstitute.org/resilience-embracing-the-emotional-journey/)

### 5.4.3 Topic 3: Strategies for dealing with stress and resilience

**Videos**

* [The Power of Vulnerability](https://www.ted.com/talks/brene_brown_the_power_of_vulnerability?subtitle=en)
* [Dan Siegel on Neurobiology and Resilience](https://youtu.be/Zriw-jShjzY)

**Readings**

* EFFT Manual

**Websites**

* There are no websites to visit for this topic.

## Summary

In Unit 5, you have learned about Stress and Resilience. It is so important that we understand how prolonged stress can affect our bodies and how urgent it is to take action. The fact that we can build up our resilience tangibly should also encourage you. In the beginning, it is easier to do it when we are young, but it is also possible to do when we are older. Fortunately, the brain is very malleable and can still be taught and learned.

**<Begin checking-your-learning>**

Before you move on to the next unit, you may want to check that you are able to:

* Identify some of the major researchers in the field of resilience and stress
* Demonstrate and practice what wellness and thriving could look like
* Describe what the brain looks like under stress and how resilience is built
* Conceptualize a case dealing with stress and resilience
* Practice the skill of validation as outlined in EFFT
* Develop a preliminary treatment plan and know where to find resources and further specialized training

**<End checking-your-learning>**

# 6. Work with Addictions

## Overview

This is your last unit in this course. Several approaches to living out your faith will be discussed. Psychologists, therapists, and counselors are ethically bound not to explicitly discuss their faith in a counseling session. If you are not directly asked about your faith, you cannot discuss it. Therefore, how should we live in this profession as followers of Christ? We will explore five different perspectives/approaches to integration in this unit. As we proceed through these questions, I invite you to reflect and consider what is most appropriate for you.

### Topics

This unit is divided into the following topics:

1. What each view/approach to integration is
2. Clinical Implications
3. Application

### Unit Learning Outcomes

When you have completed this unit, you will be able to:

* Compare and contrast the 5 approaches to counseling and faith
* Discover and determine which approach best suits each student
* Understand the parameters of talking about faith and spirituality in the counseling room
* Discuss one’s own faith journey and how it relates to their future profession

### Learning Activities

Here is a list of learning activities that will benefit you in completing this unit. You may find it useful for planning your work.

**<Begin learning-activity>**

**Estimated Time:**

1. Read…
2. Watch…
3. Explore…
4. Complete the ungraded quiz.

**<Begin note-with-icon>**

Working through course activities will help you to meet the learning outcomes and successfully complete your assessments.

**<End note-with-icon>**

**<End learning-activity>**

### Assessment

Please see the Assessment section in Moodle for assignment details.

### Resources

Here are the resources you will need to complete this unit.

* Other online resources will be provided in the unit.

## 6.1 What Each Approach/View to Integration Is

We will be unpacking the five views of approaching faith and counselling that has been compiled by Eric L. Johnson. The Southern Baptist Theological Seminary’s Professor of Pastoral Care, Eric L Johnson, received his doctorate from Michigan State University. A number of other books have been written by him, including ‘God under Fire’ and ‘Foundations for Soul Care’. In addition to writing, he is also an associate editor of the Journal of Psychology and Theology, the Journal of Psychology and Christianity and the Journal of Spiritual Formation and Soul Care. In writing this collection of essays, he seeks to answer the question of ‘How can Christians understand and apply psychology as a discipline?’ Christian leaders have been grappling with this question as they strive to balance what can sometimes seem contradictory morals and values. What is the most effective way to reconcile these two historically opposing viewpoints? As a result of our readings, we will attempt to unravel 5 different ways in which academics have analyzed this issue.

In the following learning activities, you will learn more about the five approaches to integration; ‘A Levels of Explanation View’, ‘An integration view’, ‘A Christian Psychology View’,’ A Transformational Psychology View’, and ‘A Biblical Counselling Approach’. Although I encourage you to read Eric L Johnson’s book, for the sake of time we will not be going through it. We will be using and benefiting from City Vision University’s series of free lectures that unpack these five views for us. Pay attention to where you need to start and end in the youtube clips as you do not need to listen to the whole presentation. The lectures are provided by the president of the City Vision University, Andrew Sears, PhD. City Vision University is an online accredited program located in Kansas City. Consider which view resonates most with you as we walk through each of the views. We will discuss how each of the views appears in the therapy room in our next topic.

### 6.1.1 Activity: Watch “Introduction” Clip

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Watch the following YouTube clips to help introduce us to this discussion. We will cover some of the practical reasons why it is important to cover these different approaches and why it is important to start formulating our own ideas around this.

Watch: [Five Approaches to Counseling and Christianity: A Practical Guide](https://www.youtube.com/watch?v=dES1gyR8034) (City Vision University) | Beginning - 10:32

<https://www.youtube-nocookie.com/embed/dES1gyR8034>

**Questions to Consider**

After completing the activities above, consider the following questions:

1. What is your calling? to work within more christian environments, secular environments? A mix of both? Who are your clients?
2. Where do each of the views tend to be taught?
3. How does he condense the views from 5 to 3?

Take note of the graph to help you consider the implications of where you fall.

“Optional” Watch: [Since the Bible is sufficient for all of life, should we rule out psychology in counseling?](https://www.youtube.com/watch?v=g0f6VxbP0GU)

<https://www.youtube-nocookie.com/embed/g0f6VxbP0GU>

To enrich our discussion and to see an example of why it is relevant to consider these things, take a listen to this video. Notice the ‘how’ of the discussion and take note of the points that are being made as we dive deeper into the five approaches.

**Questions to Consider**

After completing the activities above, consider the following questions:

1. What is the main question he brings up about integration? What do we need to understand at a deeper level that is missing?

**<End learning-activity>**

### 6.1.2 Activity: Read | Watch “Levels of Explanation” Clip

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

* [Lesson 2: Levels of Explanation & Christian Counselors in Secular Contexts](https://www.youtube.com/watch?v=57HiA2kwQTA) (City Vision University) Start: 1:51-6:20 & 18:50-end

<https://www.youtube-nocookie.com/embed/57HiA2kwQTA>

This is a brief overview of the ‘Levels of Explanation’ View. The Levels of Explanation view holds that there are many ways of looking at an issue, both psychology and theology are two of these ways. How faith and psychology intersect is that theology or faith provides a lens (and we all come to research and scientific inquiry with a lens) as to how we interpret our findings or even with what we would like and it is important that we acknowledge this lens. Along with our beliefs, everyone also has a self-serving lens through which they view the world. All of these factors need to be taken into account when considering how our faith and psychology fit together.

**Questions to Consider**

After completing the activities above, consider the following questions:

1. What are some of the strengths of the model?
2. What are some of the weaknesses?
3. What is the dualism heresy?

Read PDF from “Counselling Christianity” [Counselling\_And\_Christianity\_Pg.23-24](assets/u6/Counselling_And_Christianity_Pg_23-24.pdf)

The repetition here will assist us in better understanding this approach. Feel free to skip this reading if you have a good understanding of the point of view from the clip. If you wish to take notes on this section, please refer to “Counselling and Christianity” for a concise summary of this approach.

**<End learning-activity>**

### 6.1.3 Activity: Watch “An Integration View”

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

* [Lesson 3: Counseling Integration Model and Christian Worldview](https://www.youtube.com/watch?v=4Xj9FezdpXY) (City Vision University) Start to 10:56

<https://www.youtube-nocookie.com/embed/4Xj9FezdpXY>

Before you begin to engage in the clip, here is a little synopsis of what ‘An Integration View’ is; hopefully this will help guide your reading along with the ‘questions to consider’. The Integration View holds that we are responsible to live out our faith in all aspects of our lives and to trust in God’s divine and natural revelation to determine all of our beliefs and practices. This view does not go against science or research but holds to the idea that ‘all truth is God’s truth’ and God can reveal himself through natural revelation by means of scientific research. This view calls strong integrationists to really study the word, study christian integration and study psychology. This video talks about how the danger of integration is that many therapists don’t receive training in integration and then often become more ‘secularized’ in the process.

**Questions to Consider**

1. After completing the activities above, consider the following questions:
2. What are the three types of integration?
3. What’s the popular integration slogan?
4. What are some of the strengths of the model?
5. What are some of the weaknesses?

“Integration is a recursive process of expanding understanding, but always with our most fundamental loyalty being to the true teachings of the special revelation of the Bible. Integration is ultimately the task of the Christian person whom God has led to be a student or scholar of some facet of psychology, with the true teachings of special revelation as the guiding framework for how that person structures his or her deepest beliefs and loyalties.” (Johnson, 2010 p.117)

**<End learning-activity>**

### 6.1.4 Activity: Read | Counselling and Christianity pg. 149-178 - PDF

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In order to fully understand this approach, we will be using repetition. Feel free to skip this reading if you have a thorough understanding of the perspective from the previous readings. You may take notes on the following section in Counselling and Christianity for a succinct summary of this approach. This very brief description will be expanded upon in the reading.

* [Stephen P. Greggo, & Timothy A. Sisemore. (2012). Counseling and Christianity : Five Approaches. IVP Academic.](https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover)

**<End learning-activity>**

### 6.1.5 Activity: Read | Chapter 6 p. 149-178

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

**“A Christian Psychology View”** The following is a short summary of what ‘A Christian Psychology View’ is. This will hopefully assist you in guiding your reading along with the ‘questions to consider’.

Before you begin to engage in this clip, here is a little synopsis of what ‘A Christian Psychology View’ is; hopefully this will help guide your reading along with the ‘questions to consider’. The ‘Christian Psychology View’ holds that everyone should interpret psychology from their own set of values, including Christians. So no matter what faith or non faith perspective you hold to, that will be how you interpret, research and interact with the material, psychology or other, in front of you.

**Questions to Consider**

After completing the activities above, consider the following questions:

* What is the agenda of Christian Psychology?
* What areas of psychology are more worldview dependent?
* What are the major distinctives that characterize a Christian psychology worldview?
* What is the 4 dimensional model of christian psychology?
* What are some of the strengths and weaknesses of this model?

“However our primary agenda in this chapter was to show the need for Christians to practice their psychology in light of their basic assumptions and the resources of their distinctive tradition. At the most comprehensive level, “tradition validity” for Christians will mean that the Christian worldview, which comes to us from the past, will enable us to meet the challenges of the present faithfully by rationally and empirically demonstrating how essential the love of Christ is for our future.” p. 173, 174

**<End learning-activity>**

### 6.1.6 Activity: Read | Counselling and Christianity pg. 27-29 - PDF

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

We will be using repetition here to really help us understand this approach. If you feel like you have a good understanding of the view from the clip, feel free to skip this reading. Read the following section in Counselling and Christianity for a succinct summary of this approach ; you may take notes on this section if you would like to.

[Stephen P. Greggo, & Timothy A. Sisemore. (2012). Counseling and Christianity : Five Approaches. IVP Academic.](https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover)

**<End learning-activity>**

### 6.1.7 Activity: Watch “A Transformational Psychology View

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Here is a brief overview of what ‘A Transformational Psychology View’ is: In the Transformational Psychology View, you can take wisdom from both theological and psychological viewpoints, but we need to re-evaluate what traditional psychology would tell us to be appropriate psychology. Each area of study would need to be viewed through the lens of both reality and faith. Considering the fact that the approach is based on Christian realities, this approach is only suitable for Christians. It is imperative to note that this approach has a great deal to do with the individual and how close the person is to God; the closer the person is to God, the more profound the psychology. “The bottom line will be that doing science and, in this case, psychology is ultimately an act of love.” (Johnson, 2010, p.199)

**Questions to Consider**

1. After completing the activities above, consider the following questions:
2. What are some of the major themes of transformational psychology?
3. What are the three different Spiritual categories?
4. Take note of the graph that compares secular psychology with transformational psychology

*Optional Watch:* (John Coe)

John Coe is one of the main contributors to the transformational psychology approach. In this video, you can see how John Coe talks about transformational psychology particularly around the concept of spiritual formation.

**Questions to Consider**

1. After completing the activities above, consider the following questions:
2. What is spiritual theology?
3. Who is the agent of change?
4. Why has spiritual formation been misunderstood by the church according to John Coe?

**<End learning-activity>**

### 6.1.8 Activity: Read | Counselling and Christianity pg. 29-31 - PDF

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

* [Counselling\_And\_Christianity\_Pg.29-31](assets/u6/Counselling_And_Christianity_Pg.29-31.pdf)

We will be using repetition here to really help us understand this approach. If you feel like you have a good understanding of the view from the clip, feel free to skip this reading. Read the following section in Counselling and Christianity for a succinct summary of this approach ; you may take notes on this section if you would like to.

**<End learning-activity>**

### 6.1.9 Activity: Watch | “A Biblical Counselling Approach” Clip

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Watch video from 00:55-10:45

Here is a brief overview of what ‘A Biblical Counselling Approach’ is:

Ultimately, a Biblical Counseling Approach believes that the Bible and Christian faith depict humanity and behavior in the right light. Psychological insights can be gleaned from this approach, but the Bible possesses the deepest wisdom. “Christian Ministry is a psychotherapy.” p.245

**Questions to Consider**

After completing the activities above, consider the following questions:

1. What is counselling based exclusively on?
2. What are the limitations of biblical counselling?
3. What are the two groups/types of biblical counselling?
4. What are the strengths of this approach?

Optional Watch: (David Powlison)

David Powlison is one of the big ‘names’ in the field of biblical counselling and the biblical approach. Watch this clip to hear how he talks about how his approach differs from a ‘regular’ counselling approach.

**Questions to Consider**

After completing the activities above, consider the following questions:

1. What are some similarities and some differences between a biblical approach to counselling versus a ‘regular’ counselling session?

**<End learning-activity>**

### 6.1.10 Activity: Read | Counselling and Christianity pg. 32-34 - PDF

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

* [Counselling\_And\_Christanity\_Pg.32-34](assets/u6/Counselling_And_Christianity_Pg.32-34.pdf)

We will be using repetition here to really help us understand this approach. If you feel like you have a good understanding of the view from the clip, feel free to skip this reading. Read the following section in Counselling and Christianity for a succinct summary of this approach ; you may take notes on this section if you would like to.

**<End learning-activity>**

### 6.1.11 Activity: Reflect

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Take a moment to write down in paragraph or point form some of your reactions to what you have read. Apply it to your practice.

* When you interact with your clients or in your place of work, do you see psychology and your faith as two separate entities?
* Do you feel comfortable bringing your faith into your work (when it is ethically appropriate)?
* Does your work challenge your faith sometimes?
* Does your faith challenge your work? At work do you place more value on science or on your faith?

**<End learning-activity>**

## 6.2 Clinical Implications

Our next step will be to investigate what the implications are for the therapy room of the approaches described above. As part of this course, we will read from the book Counselling and Christianity: Five Approaches. The sections that explain how the work appears with each view are available as PDFs. Jake’s clinical case will be incorporated into each view.

It is important to note before we begin that regardless of the integration approach that you choose for your own practice (if you choose one at all), as therapists it is our ethical duty to never bring up faith in the room unless the client indicates that he or she is interested. Critical Issues in Human Services, a course that we offer in SOCI 400, focuses on this subject. We will discuss this ethical consideration in more detail if you have not taken this course yet. As a Christian therapist or agency, we must respect the autonomy of the client (the ethical principle) and never assume that this is exactly what the client is seeking.

### 6.2.1 Activity: Read | Counselling and Christianity pg. 60-64 & 72-74 & 81 - PDF

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Please refer to the pdf provided for an example of how the ‘Levels of Explanation View’ would look in a therapy room. It can be difficult to determine how each of the five approaches will affect the way we work, which is why the book Counselling and Christianity: Five Approaches addresses this issue. By providing these examples, it is hoped that the knowledge will be better integrated into practice.

* [Stephen P. Greggo, & Timothy A. Sisemore. (2012). Counseling and Christianity : Five Approaches. IVP Academic.](https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover)
* [Levels\_Of\_Explanation\_View](assets/u6/Levels_Of_Explanation_View.pdf)

**Questions to Consider**

After the reading, consider the following questions:

1. What are the different levels the author uses to describe what is going on for Jake?
2. What does the author think should be prioritized or ‘triaged’?
3. What are some of the strategies in the four areas/levels that are suggested?

**<End learning-activity>**

### 6.2.2 Activity: Read | An Integration View - p. 84-90 & 95-99 & 107-108

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Take a look at the pdf provided to see how an “Integration View” would appear in the therapy room. It is sometimes difficult to imagine how each of the five approaches would affect the way we work, and this is precisely why Counselling and Christianity: Five Approaches was written. Hopefully, these examples will help solidify how the knowledge is applied.

[An\_Integration\_View](assets/u6/An_Integration_View.pdf)

**Questions to Consider**

After the reading, consider the following questions:

1. What does the author believe that integration needs?
2. What are the three legs of the tripod?
3. Describe the role of sanctification in the therapy process as the author sees it.
4. What are the three views of the Imago Dei and what are the implications for counselling?

**<End learning-activity>**

### 6.2.3 Activity: Read | A Christian Psychology Approach p. 110-113 &129-130

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

See how a “Christian Psychology Approach” would manifest in the therapy room by reading the pdf provided. It can be challenging to recognize how each of the five approaches would impact the way in which we work, and this is precisely why the book Counselling and Christianity: Five Approaches was written. It is hoped that these concrete examples will help solidify how knowledge is applied in practice.

* [Stephen P. Greggo, & Timothy A. Sisemore. (2012). Counseling and Christianity : Five Approaches. IVP Academic.](https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover)
* [A\_Christian\_Psychology\_Approach](assets/u6/A_Christian_Psychology_Approach.pdf)

**Questions to Consider**

After the reading, consider the following questions:

1. Why is it paramount for the therapist to be rooted deeply in both God and his Word?
2. What does the author believe that true Christian psychology is based on?
3. What is vital if therapy is to be totally Christian?
4. How should Christ in the room be seen according to this author?

**<End learning-activity>**

### 6.2.4 Activity: Read | A Transformational Approach p. 135, 140-142, 144 & 154

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

In the following section, the author does not provide a clear cut way of discussing the implications for the therapy room. As a result, he grapples with the parts that he feels have been overlooked and presents his nuanced interpretation. The intention of this section is to provide you with as much information as possible about the Transformational approach as we have been reading about it.

* [Stephen P. Greggo, & Timothy A. Sisemore. (2012). Counseling and Christianity : Five Approaches. IVP Academic.](https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover)
* [A\_Transformational\_Approach](assets/u6/A_Transformational_Approach.pdf)

**Questions to Consider**

After the reading, consider the following questions:

1. What are John Coe and Todd Hall’s four areas of incorporation of the spiritual into treatment models?
2. What are the 6 ways the author incorporates spiritual concepts and formation into his work?
3. What type of informed consent document is it assumed that Jake will receive?
4. What are the author’s primary presuppositions of Jake?
5. What is the distinction between counseling and spiritual direction and what has the author come to believe is the actual distinction between the two?
6. What are the two areas to work in for the client?
7. What should a therapist be dually trained in?

**<End learning-activity>**

### 6.2.5 Activity: Read | A Biblical Counselling Approach p. 157-162 & 181

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Take a look at the pdf file provided to see how the “Biblical Counselling Approach” will play out in a therapy session. It is difficult to see how each of the five approaches would influence how we work, and this is precisely the purpose of Counselling and Christianity: Five Approaches. It is hoped that these tangible examples will assist in solidifying how the knowledge is applied in practice.

[Stephen P. Greggo, & Timothy A. Sisemore. (2012). Counseling and Christianity : Five Approaches. IVP Academic.](https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover)

* [A\_Biblical\_Counselling\_Approach](assets/u6/A_Biblical_Counselling_Approach.pdf)

**Questions to Consider**

After the reading, consider the following questions:

1. What are the foundational beliefs that all counselors enter into the room with?
2. What are the 5 key suppositions going into the counselling room?
3. What must be in place (what must Jake have) in order for biblical counselling to take place?
4. Why is the Church an important part of the recovery process?
5. What two components must be taken into account in order to address and interact with Jake as a whole person?
6. What is Tripp’s (2002) description of biblical counselling?

**<End learning-activity>**

### 6.2.6 Activity: Read | Summary PDF: p. 187-191

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

This unit contains a lot of repetition, so if you have difficulty understanding the differences between the 5 approaches, please refer to the summary PDF file available in Unit 6 resources.

* [Stephen P. Greggo, & Timothy A. Sisemore. (2012). Counseling and Christianity : Five Approaches. IVP Academic.](https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover)
* [Summary](assets/u6/Summary.pdf)

**<End learning-activity>**

## 6.3 Application

You will begin to form your own ideas about how integration applies to your own life and your work with others in this section. We may not spend a great deal of time discussing this area of our lives, but it can have significant implications if we do not. How do you view human nature? How do you view behaviors? What about mental health? What about research or science? What are your main values and how do you tangibly demonstrate them? As psychologists, our research and views have historically been perceived as misaligned with Christian beliefs. How do we reconcile these differences? Do you still believe this to be the case? What parts do you agree with and disagree with? In case there are, why?

Having a framework of understanding is crucial, as it informs how you present yourself and what you do. In EFFT, we have learned that when the internal experience does not match the external experience, alarm bells should sound. This is the case when you hold a certain set of values and these do not match up with the type of work that you are performing. It is difficult to live with such an incongruity. It is possible that we are not even aware that this is occurring.

In this unit and for this section, the goal is to define your values, beliefs, and how you will approach the subject. Even if you are not a Christian, everyone has their own set of values and beliefs, and it is imperative to recognize that even though you are on an ever-changing journey, these are some of the core beliefs I hold on to. These thoughts will be stimulated by the following activity.

### 6.3.1 Activity: Optional Case Study

**<Begin learning-activity>**

**Estimated Time:** 00 minutesminutes

Please select the viewpoint/approach that you feel most comfortable with and most drawn to for this activity. After reading the following case study, write down how you would begin to approach it. Please consider the following questions:

* What is my view of the client?
* What integration style will I use? How will this inform my sessions? What will I focus on?
* How can I use EFFT in combination with my style (knowing that EFFT is an evidenced based treatment model)

Case Study will be taken from the Counselling and Christianity reading.

*Sandra (31) makes an appointment to speak with her therapist. She and her husband of six years have been active leaders in a thriving church ministry. Her story begins with her decision to step back from all ministry responsibilities due to ‘personal issues.’ Life is crowded with too many demands, and the timing is ripe to reassess even worthwhile commitments. Initially she is hesitant to reveal more.*

*The therapist responds by thoughtfully emphasizing how she and her husband have contributed to the discipleship of so many as the home Bible study they direct is a source of solid Christian teaching and revitalizing fellowship. He agrees to pray with her about being sensible and strategic about family priorities. After Sandra hears his perspective on her valuable contribution, her disclosure goes further.* *One month ago to the day, Sandra miscarried for the second time, something few people know. She admits that this is impacting her entire life as she is keeping distant from all of her former friends, all of whom have children. She is beginning to envision what her life might be if she never has a child of her own. Sandra does not imagine that people in the church have any idea of her inner anguish, and if they did, she believes that each would cease to respect her as a follower of Jesus Christ.*

*Sandra’s presentation flows steadily with restrained emotion until the therapist inquires gently about the impact on her marriage. She becomes tearful, sobs intermittently and has difficulty putting full sentences together. The ragged explanation reveals that the marriage tension is high and conflicts intense. The most distressing alarm is the escalating rage in the arguments between Sandra and her husband.*

**<End learning-activity>**

## 6.4 Unit 6 Resources

### 6.4.1 Topic 1: What is each view/approach to integration?

**Videos**

* [Five Approaches to Counseling and Christianity: A Practical Guide](https://www.youtube.com/watch?v=dES1gyR8034)
* [Understanding Christian Psychology | Eric L. Johnson, Ph.D.](https://www.youtube.com/watch?v=VONmMBVQaE8)
* [Since the Bible is sufficient for all of life, should we rule out psychology in counseling?](https://www.youtube.com/watch?v=g0f6VxbP0GU)
* [Lesson 2: Levels of Explanation & Christian Counselors in Secular Contexts](https://www.youtube.com/watch?v=57HiA2kwQTA)
* [Lesson 3: Counseling Integration Model and Christian Worldview](https://www.youtube.com/watch?v=4Xj9FezdpXY)
* [Lesson 4: Christian Psychology Model within Five Approaches to Counseling & Christianity](https://www.youtube.com/watch?v=q5OdfcBCzQw)
* [Lesson 5: Transformative Model: Combining Spiritual Formation and Counseling](https://www.youtube.com/watch?v=A1ZNfCnFL04)
* [Talbot Talks: Spiritual Formation with Dr. John Coe](https://www.youtube.com/watch?v=_71JqYyb5Jg)
* [Lesson 6: Biblical Counseling within Five Approaches to Counseling & Christianity](https://www.youtube.com/watch?v=3L72Gu_0FcQ)
* [David Powlison - How does Biblical Counseling theory differ from psychotherapy?](https://www.youtube.com/watch?v=G9STDM_JOgs&list=RDLVg0f6VxbP0GU&index=10)

**Readings**

* [Greggo, S., & Sisemore, T. (2012). Counselling and Christianity: 5 Approaches. Intervarsity Press.](://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover)

**Websites**

* There are no websites to visit for this topic.

### 6.4.2 Topic 2: Clinical Implications

**Videos**

* There are no recommended videos for Topic 2.

**Readings**

* [Greggo, S., & Sisemore, T. (2012). Counselling and Christianity: 5 Approaches. Intervarsity Press.](https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=579536&site=eds-live&scope=site&ebv=EB&ppid=pp_Cover)

### 6.4.3 Topic 3: Application

* There are no recommended resources for Topic 3

## Summary

You have learned about five views of integration and have begun thinking about what integration might look like for you in this sixth unit. In addition, it should be noted that you are not obligated to choose one of the views and follow it in your own journey or practice. In processing and interacting with these views, the goal is to begin your own journey of thinking about integration. This will enable you to establish a belief system regarding health and wellness. To reiterate, it is not expected that you will have all these views memorized or know what distinguishes them from each other. Instead, we will begin an internal and external dialog around this topic.

**<Begin checking-your-learning>**

Before you move on to the next unit, you may want to check that you are able to:

* Compare and contrast the 5 approaches to counseling and faith
* Discover and determine which approach best suits each student
* Understand the parameters of talking about faith and spirituality in the counseling room
* Discuss one’s own faith journey and how it relates to their future profession

**<End checking-your-learning>**