

THE HELPING PROFESSIONALS



GUIDE TO *REPARENTING*

**INTRODUCING THE COMPREHENSIVE EMOTIONAL
MEMORY ASSESSMENT**

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- You shall know the Truth, and the Truth shall
make you free.

For anyone who works in the role of a therapist, psychiatrist, life or step coach, mentor, spiritual or lay counselor, or any role of influence that changes values, perceptions, and behaviors, you *are* re-parenting to some extent. And in your re-parenting approach, the vast world of psychology offers a myriad of modalities to choose from: psychodynamic, cognitive behavioral therapy, dialectical behavioral therapy, family systems, solution focused, trauma focused, eye movement and desensitization reprocessing, behavior modification, somatic experiencing, schema therapy, hypnosis, and the list could go for quite some time. With such a smorgasbord of options and approaches to choose from, clients could spend vast resources experimenting until they find the right modality, moreover, even in the right modality for treatment, they would need the right type of re-parent (or therapeutic connection) in that modality before they make any progress or experience relief. Tragically, some people give up on therapy and lose hope to look for help.

Enter William of Ockham, a 14th century philosopher and theologian who gave the world what's known as Occam's Razor, a widely used problem solving principle that suggests the simplest answer is usually the right one. Occam's Razor is built off of two fundamental principles: plurality and parsimony. Simply stated, let us not assign meaning to something that is not there, and that it is pointless to do with more what can be done with less. So here is the **good news** and the application of Occam's razor to our predicament in helping others: *every human being is complex, but not complicated!*

We are complex in the unique ways that are determined by our genetic disposition, environment factors (both +/-), personality, IQ, birth order, cultural and religious/moral influences, how we communicate and receive affection, and the presence or absence of opportunities to develop our innate abilities. We are not complicated in our need as human beings for the same basic things: security, hope, identity, acceptance, purpose, food, shelter, connection, love, sex, air, autonomy, power, significance, and intrapersonal growth. When any of these needs are out of balance for whatever reasons, there will be distress on some level that can lead to little or complete impairment of functioning, and subsequently, quality of life issues.

What exactly am I suggesting here? I am simply stating that because we are all human, we are, by default, all relational beings. To take that one step further, our emotional pain is deeply correlated with our relational experiences. How can you know what is driving a client's emotional turmoil? Consider a seasoned auto mechanic who has been extensively trained in any particular manufacturer's product line. This mechanic would be able to simply listen to a specific noise or behavioral issue of the vehicle and already know a general area to begin investigating, if not *specifically* what the issue is based upon his knowledge of how the machine is designed to work and his experience. With just by a short interaction with the automobile, this mechanic could tell save you tremendous time and frustration given his ability to discern the true problem. Diagnosing why people do what they do is not all that

different because we all need the same things and operate on the same principles.

Of course this over-simplified idea can be contrary to the generalized motto of many treatment centers and recovery communities that often reinforce the themes of “illness, sickness, and disease” stamp that lands hurt and damaged souls into an even larger category of labels, and tragically, that is sometimes *all* they get. I’ve seen people in the recovery community with years of abstaining from their drug of choice, yet continually deal with the unending flow of anxiety, depression, and re-routed compulsive behaviors that keeps them irritated, tightly wound, controlling, distrusting, discontent, angry, self-sabotaging, hyper-vigilant, self-neglecting, isolated, and rigidly attending meetings as they white knuckle their “recovery”.

Is it possible there are more than just a DSM-V diagnosis, medication management, and luck of the draw of treatment centers and therapist? Everyone knows there comes a point where another pill does not do what everyone hopes it will do, and truthfully, not all therapists are yet fully equipped to do the work of a re-parent.

The purpose of *The Helping Professional’s Guide to Re-parenting*© and my diagnostic tool, *The Comprehensive Emotional Memory Assessment*© are designed to prepare the helping professional to understand and discern the relational needs of the client and provide them with *de-shaming* insight and understanding of why they do what they do, which will increase engagement by simple merit of being Truth-

based, you will also identify essential skill deficits, when utilizing the assessment tool properly, you will accomplish this all in one session.

The book itself breaks down key elements and principles on how to be a safe, emotionally available re-parent to help clients along in the process of healing. When I refer to healing, part of that is learning how to regulate emotions, or at minimum, reducing emotional pain that drives addiction and discontentment. In other words, by the end of one session, you can effectively help clients see ways they are tangibly “re-traumatizing” themselves. I believe that anyone suffering on the disorder spectrum ranging anywhere from agoraphobia to substance addictions, in all its various forms, or other mental health disorders (many, *but not all*), is really suffering from an inability to regulate their emotions. Speaking from my own convictions, emotional dysregulation is the product of insecure attachment, learned roles, lack of relational safety, particularly in early developmental years.

The Helping Professional’s Guide to Re-parenting© is designed to give context and rationale to some key concepts in the first few chapters: trauma, human growth and development, relational safety, implicit and explicit knowledge, “the heart wound”, neuroplasticity, and the preparation of the re-parent. My endeavor is to reduce wide ranging theories of human development down to the least common denominator, and provide examples of common case studies from my collective experience so you can distinguish reoccurring themes with your clients. Not only will I breakdown the process of accurately interpreting the

assessment tool, you will be able prepared to help people understand themselves, which can bring a whole level of empowerment to their therapeutic journey.

Charles Darwin was well known for saying that “*It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change (that survives).*” When we consider the harsh reality of insurance companies changing their criteria of what they are willing to pay for treatment, the cultural paradigm shifts where the masses demand instant gratification, context, and quick fixes, the quote from Darwin has more meaning and substance that ever for those working in the helping field.

Consider your client who has gone to treatment 5, 10, 20, or 30+ times with continued relapses or a couple coming in with issues they cannot seem to work through. As a helping professional and re-parent, you experience true joy and satisfaction (you know, the reason you do this in the first place) by seeing people helped, empowered, and with hope for their future. But what about the clients that goes through treatment centers and sober living environments like revolving doors (*which costs insurance companies and families hundreds of thousands of dollars*)? Given the vast resources in the treatment industry, the percentage of actual success is so marginal and insignificant that it is almost staggering. What if you had access to a diagnostic tool that provides logical and credible Truth-based insight, establishes rapport and respect, kindles hope, and can illuminate your client’s root issues

that prevent their capacity for love, joy, passion for life and the ability to bond? What if you could do all of this the **first** session? *The Comprehensive Emotional Memory Assessment*© is your key to doing just that.

Consider the benefits of utilizing this assessment:

- Lower AMA percentage in treatment centers
- Higher client engagement
- Increased demand in your practice
- Better therapeutic outcomes
- Lives changed by the powerful Truth of their relational needs
- Greater confidence as a helping professional
- Tangible skill set to teach both seasoned clinicians as well as those recently out of or currently in school
- Incredibly practical tool for clinical staff training

So you're interested. Now what? You can find more information or set up your own *Comprehensive Emotional Memory Assessment*© at www.emotionalmemoryassessment.com