Additional Information

The SE Practitioner Might Address...

Obvious traumas

rape, sexual abuse
being assaulted, robbed
accidents or serious injury
illness of self or loved one
growing up among alcohol, drugs, abuse, neglect
exposure to violence, natural disasters, war, acts of terrorism

Daily stresses

job or school demands financial instability, economic stress, joblessness relationship struggles parenting transitions or change

Seemingly "normal" events, (often overlooked as traumatizing)

medical procedures (especially during childhood) childhood illnesses gestation (being unwanted, adopted) birth trauma (for child or mother) separations during infancy falls minor car accidents surgeries being bullied or oppressed racism, sexism, discrimination, being a minority

social, historical, and intergenerational trauma

religious prejudice

SE Is Effective with...

Post traumatic stress reactions

Anxiety

Hyper-vigilance, being easily startled

Depression

being frozen, shut down

apathy and collapse

inability to respond or protect

Fetal, infant, and childhood trauma or neglect

ADD, ADHD, OCD

Panic disorders, phobias

Sexual or physical abuse

Dissociation

Recovery from surgical procedures, falls, accidents, disasters

Early attachment issues, sensory processing disorders

Being highly reactive, unstable, or disorganized

Chronic pain or tension

Autoimmune disorders and syndromes

Poor boundaries

Gaps in memory

Lack of self-awareness, body awareness, or ability to self-reference

SE Is Used...

In disaster relief and long-term aftercare (9/11, the 2004 tsunami,

hurricane Katrina, high school shootings, Sandy Hook)

With victims of torture and political refugees

In hospitals by doctors and nurses

With street children in Brazil

With the First Nations of Canada

With returning military personnel and veterans

With WW II and Holocaust survivors

In schools

By parents

By physical

Occupational therapists By meditation teachers

The Evidence For SE...

- ✓ The best evidence is the fact that our trainings are offered all over the world and clinicians see results daily, utilizing SE's approach to the resolution of trauma.
- ✓ Raja Selvam, PhD, published the results of a team of SEPs working with those suffering after the 2004 tsunami in both the Journal of Holistic Healthcare and Traumatology.
- ✓ Sonia Gomes, senior faculty of the SE Trauma Institute, is conducting research into SE as part of her doctoral training at NYU.
- ✓ Vanessa Hughes is comparing SE with other approaches at the VA Pasadena, CA.
- ✓ Professor Danny Brom, Founding Director of the Israel Center for the Treatment of Psychotrauma and author of major studies on treatment of PTSD, is completing the first fully randomized study of the use of SE with PTSD.

Just off the press...

http://journal.frontiersin.org/Journal/10.3389/fpsyg.2015.00093/full

Relationship/Sex Therapy factoids...

Master's and Johnson (1966)

- ✓ Dysfunctions involve the impact of cultural and familial messages about sex; often accompanied by a general lack of knowledge regarding sexuality
- ✓ Stressed importance of treating "the couple" not "the individual"

- ✓ Having sexual failure frequently led to development of an anxious, self-evaluative spectator, which maintains the occurrence of sexual dysfunction
- ✓ Developed specific sexual techniques to overcome problems; approach focused on reducing anxiety & teaching patients gradual/titrated/skills based, stimulation techniques

Helen S. Kaplan (1974, 1979, 1989)

- ✓ Integrated Master's and Johnson techniques with psychoanalytic therapy
- ✓ Desire difficulties often associated with psychological/relational difficulties
- ✓ "Standard sex therapy methods seem to be effective primarily for those sexual problems which have their roots in mild and easily diminished anxieties and conflicts" (1979)
- ✓ Complex cases require lengthened form of sex therapy which utilizes deeper level of insight/to address unconscious conflicts