

## ACA Notes for 16<sup>th</sup> September 2017 Workshop

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***Social Narcissism in an age of constant contact. Addiction issues faced by young people in social media, how pornography has its grip on the mind and are we gambling away our lives? What Resource Therapy can do to help treat the addictions epidemic in our society.***



It is clear social media helps brings us closer and keep us in touch. We can't escape technology and nor would we want to in today's digital age. However what we see in the research is that there is a dark side to online use, which may result in harmful impacts on young peoples' educational, social, and emotional development.

In clinical practice with couples and individuals, common presentations we see involve both the individual and their partners' Internet behaviours related to online gambling and pornography.

Family Safe research shows 10 % of adult users of Internet pornography have identified themselves as being addicted to Internet sex (Family Safe Media, 2015; Ross, Mansson & Daneback, 2012).

Gambling, Internet 'addiction' and other psychological addictions, don't happen in isolation; they are a community problem. According to Thomas and Jackson (2008), in the Beyond Blue report problem gamblers are six times more likely to be divorced than their non-problem gambling counterparts and four times more likely to have alcohol issues. Relationships break down, divorce rates increase, and underperformance in the workplace, unemployment, poverty and loss of life from suicide are the terrible cost we as a society pay.

Social Media overuse, gambling, Internet pornography and anxiety related process addictions such as compulsive shopping, workaholism and binge eating disorder are often difficult to treat with relapse common.

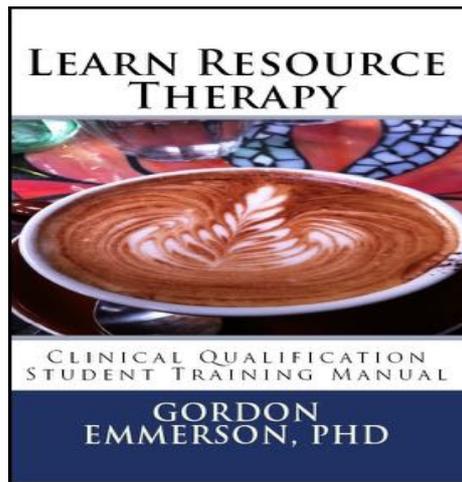
Psychological addictions require therapists to be adept in addressing client's issues with the latest therapy interventions. Behavioural change must be accompanied while addressing the underlying emotional issues the client faces for thorough treatment and relapse prevention. All too often good therapists work with either the underlying emotional issue or the behavioural problem, without therapeutically addressing them in tandem.

Resource Therapy offers a brief (1-4 sessions on average), effective, logical intervention protocol for the treatment of "social media addiction", pathological gambling, excessive use of Internet pornography and many other DSM 5 disorders we see in our offices on a daily basis. As therapists we can acknowledge that most social media users do not seek abstinence from potentially important sources of social connection. This is easy to understand as in a world of digital connectivity, social media is a societal norm. Resource Therapy complements this reality by tapping in to a part of the personality, which has the maturity to decide and control the use of problematic Internet related activity in a healthy and responsible way.

Professor Gordon Emmerson developed Resource Therapy, building on the pioneering work of John and Helen Watkins', Ego State Therapy (Watkins & Watkins, 1997). Emmerson's model incorporates contemporary research on neuroplasticity and its therapeutic application, as described in Norman Doidge's popular books, "The Brain that Changes Itself" (2007) and the "The Brain's Way of Healing, (2015).

Resource Therapy works to combine effective treatment of the retro avoiding behaviour, i.e. gambling or excessive Internet pornography use, while specifically addressing the underlying causes in the vaded states (Emmerson, 2014). Vaded States are Resources, or personality parts, which hold the emotional components, which bring on the addictive behaviour.

## Resource Therapy Introduction



Resource Therapy (RT) is a brief therapy that recognizes the personality is made up of parts. These are our Resources and make up the 'we that is me'.



RT has its origins as Ego State Therapy. This is a widely used therapy in the United States and Europe pioneered by John and Helen Watkins (1997) a husband and wife team of gifted researchers, and therapists. The Watkins's work and methods enlarged upon the psychoanalytic theories of Paul Federn (1952) and his student Weiss's (1960) conceptualisation of ego states in the psychodynamic understanding of personality.

Gordon Emmerson Ph.D. developed Resource Therapy, introducing new practices and processes far beyond Ego State Therapy and left the need for the use of hypnotic inductions behind.

# Resource Therapy Theory of Personality

We each have our own group of personality parts with distinct skills, knowledge's and experiences. They are our 'Resources' and are unique to us. Our Resources are physical neural networks and are formed mainly in childhood and adolescence through repetition.



This is easily explained to clients and is intuitive. Resource Therapists work directly with the personality part involved in the clients presenting issue. This works to save our clients precious time and money, as clients expect rapid, effective and long-term resolutions.

These inner Resources can exist in **Five Conditions:**

- **Normal** accessible and fully functional)
- **Vaded** (overwhelmed in unwanted strong emotions)
- **Retro** (unhelpful and unwanted behaviours) Particularly Addictions
- **Conflicted** (Where parts are at odds to the extent they cause angst
- **Dissonant** (Where the wrong part is out and feels very uncomfortable)

**Vaded States** can be categorised further and cause the following issues:

**Vaded with Fear** – (Phobias, PTSD, Panic attacks, situational fear, Generalised Anxiety.

**Vaded with Rejection** (feeling worthless or unlovable, high need for approval.

And may be implicated in:

- Eating Disorders
- Relationship avoidance
- Addictions
- Social Media Overuse
- Obsessive-compulsive disorder
- Excessive shopping eating, working, online gaming
- **Vaded with Confusion**, confusion, guilt, complicated bereavement, Insomnia
- Chronic Fatigue, Procrastination and Cognitive Dissonance

**Vaded with disappointment**

- Causes Rumination, depression despair

**Retro Avoiding States** may cause:

- Addictions
- Social Media Overuse
- Obsessive-compulsive disorder
- Excessive shopping eating, working, online gaming

- Drug taking
- Enraged acting out
- Perfectionistic behaviour
- Self-protection in the form of work or relationship avoidance
- Gambling
- Excessive Cyber Porn Use
- Self-harming behaviour
- Eating Disorders
- Hoarding disorder

**Retro Original States** (behaviour usually from childhood) are involved in these client issues:

- Personality disorders
- Intermittent explosive disorder
- Withdrawal
- Pouting
- Rage
- Passive aggressive behaviour
- Anti-social behaviour

## Resource Therapy Treatment Actions



# Resource Therapy Addiction Protocol



Clinical practice tells us in order to break free of addictive processes we must tackle both the emotional (Vaded State) and behaviour components (Retro State) involved.

It is imperative Vaded State work must precede Retro State Negotiation. This is the emotional reprocessing, of the Vaded State. Recall that a Vaded state is a Resource whose level of emotion does not fit with the present situation. With addictions we are dealing with states Vaded in Fear or Rejection.

In addiction and other unwanted behaviours that clients regret, Vaded States are triggered, flooding the conscious with overwhelming emotions. The Retro State quickly steps and works to avoid the unwanted feelings.



**Vaded State (Emotional)  
Reprocessing  
- Fear or Rejection**

## Steps to therapeutically address States Vaded in Fear or Rejection.

Use of RT Actions 1-7 /8 for the Vaded State Reprocessing, usually takes around 30-40 minutes of a session.

- Isolate issue,                    **(RT Action 1)** *Diagnoses Clients presenting issue*
- Vivify Specific,                **(RT Action 2)** *Brings the pathological resource to the conscious*
- Bridge                            **(RT Action 3)**, *Bridges from State Vaded with Fear or Rejection to Initial Sensitising Event\*. (I.S.E)*
- Expression                    **(RT Action 4)**, *Vaded State expresses to the Introject after bridging. The Vaded State is empowered*

- (Introject Speak (RT Action 5) if state is vaded with Rejection), *The rejecting Introject\*\* is given voice for understanding*
- Removal (RT Action 6), *The Vaded state decides if it wants the Introject to stay*
- Relief, (RT Action 7) *A helper state helps the Vaded State feel supported*
- Find Resource, (RT Action 8) *The most appropriate Resource is found*
- Imagery Check. (RT Action 12) *Revivifies the image in Action 2 to check therapy progress.*

\***Initial Sensitising Event** – This is a difficult and emotional event that has overwhelmed a Normal Resource, causing it to become Vaded. Later, when this Vaded State comes to the Conscious it brings with it the same negative affect it experienced during the Initial Sensitising Event.

\*\***Introject** – Internalised Impression of a person, animal or inanimate. Simply a memory fragment.



Reassigned Role

## Retro State Negotiation RT Action 10

After the previously Vaded state is returned to the normal Condition, we are then freed to deploy **RT Action 10 Retro State Negotiation**. This is where the Retro State is reassigned or offered a new more useful or lesser role for the future.

Defining a Retro State.

It is only a Retro State, if the person decides they do not want the behaviour to continue. A lot of people carry out actions or behaviour others find unpalatable. If the person is unwilling or not wanting change, it is not a Retro. Take as an example, a person with acting out Rage State who is sensitive and flies off the handle. If this person is happy with the behaviour, although we might not like to interact with it, it is not defined as a Retro State. RT is definitely a client centred modality.

### Retro State Negotiation Introduction

#### Step 1

**(Rt Action 2) Vivify Specific to bring the state that performs the unwanted behavior to the conscious**

Therapist: I want you to recall the last time you went/ did \_\_\_\_\_ Retro Behaviour

(Ensure Vaded work has been completed)

#### Step 2 Show respect and appreciation for how it has helped in the past

“ \_\_\_\_\_ ” (Name of the Retro State), thank you for helping in the past. Are you aware that in the past, sometimes when you were – helping, there were other parts that were upset with what you did? There are other parts that felt you were not helping.

### **Step 3 Find its purpose and devise a preferred behavior that would fulfill the purpose**

Therapist: “I think it is great that you have been available to help (persons real name), You may be needed in the future to help again. You work hard and I think it is appropriate that the other parts of (persons name) appreciate you. In the future, if real name needs your help again, it would be good if the other parts could appreciate you rather than wish you would not do what you do.”

“Do you like to \_\_\_\_ (find more appropriate behaviour) e.g. diplomacy?”

#### **Line up an appropriate resource if necessary Find Resource Action 8**

Suggest an alternative or smaller role.

**Step 4 Perform Negotiation.** Ensure all states talk directly with each other and agree to the changes.

### **RT Action 10 Retro State Negotiation**



This is a brief introduction into Resource Therapy’s logical approach to resolving addictions. Luckily it is not a three year course and is easy to access and learn. I encourage you to visit our website for your next training opportunity. <http://resourcetherapy.com.au/>

#### **Bonus Find Resource RT Action 8**

The Find Resource Action is a simple and elegant method for getting a preferred helping state out. The only time it won’t work is when the Vaded State emotional processing that brings the Resource State back to the normal condition, has not been completed.





### Resource Team Work!

It's a wonderful way to help your client to find ways to best deal with situations.

**RT action 8 is simply asking two questions.** Then vivifying one specific time from their experience. We simply ask the client how they would like to handle this situation in the future. “ **How would you like to feel on this inside and act on the outside in this situation?**”

And get a name for the part that has been able to act and feel this way in any past situation and ask if it will volunteer to take on this new role.

### A Big Thank You!

It was a pleasure having you at the workshop, and I welcome you to contact me for any thoughts, reflections, questions or support you require on RT on email.

Resource Therapy Actions allow therapists to attend to your client needs with specific treatment plans; to facilitate a healing environment for addictions and other unwanted behaviour and much more. RT has systemised treatments for a wide variety of our clients presenting issues.

It facilitates communication and co-operation between the client's personality parts. You are most welcome to join the community (see website below), as we would love to hear about your adventures and help you further develop your Resource Therapy skills. <http://resourcetherapy.com.au/>

## Resource Therapy Institute

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### Thank You.



I would like to recognise, acknowledge and thank the work of Gordon Emmerson, Ph.D. without whom this workshop would not have been possible.

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## Weblinks

- <http://www.acma.gov.au/theACMA/engage-blogs/engage-blogs/Research-snapshots/Aussie-teens-and-kids-online>
- <http://www.digitalinformationworld.com/2017/02/global-social-media-statistics.html>
- <https://www.dss.gov.au/communities-and-vulnerable-people/programmes-services/gambling>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4600144/>
- <http://www.sbs.com.au/news/dateline/article/2016/04/12/thank-you-breaking-my-gaming-addiction>

*Resource Therapy International Website.* <http://www.resourcetherapyinternational.com/>

Curious to learn how Resource Therapy can be added in your clinical practice toolkit?  
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Resource Therapy news and information from around the world.

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