

# NEWSLETTER

Post-Polio Support Group of Orange County

Founded 1989

WEBSITE: [ppsupportoc.org](http://ppsupportoc.org)

15231 Marne Circle Irvine CA 92604

**April 2017**

## Meeting date *changes !!!*

- ◆ On **Saturday May 13** Lorri Morris will talk with us about current **Physical Therapy** for the treatment of the symptoms of Post-Polio Syndrome. Ms. Morris is a highly experienced Physical Therapist who has helped many members of our group. She is a valuable member of the team of therapists at the St Jude Medical Center Rehabilitation Center.
- ◆ Dr. Perlman will give her annual presentation on **Recent Developments in Post-Polio Research and Care** on **Sunday July 16th** at 2pm - 4pm. Dr. Perlman heads the Post-Polio Clinic at UCLA and consults with Post-Polio International as well as with some of the physicians we rely on for our ongoing care.

We would like all readers to know that considerable effort has gone into making these two high quality presentations available. We appreciate that PPS and other medical issues make getting out difficult. Nonetheless, you have so much to gain by connecting with our presenters and with the other survivors in attendance. Have a family member or friend drive you. He or she will learn a lot and possibly gain insight on being much more helpful to you.

Both meetings will be at Villa Park City Council Chambers.

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[www.polioplace.org](http://www.polioplace.org)

**polioplace**

A service of Post-Polio Health International

FREE

**DePaul University researchers** invite persons with Post-polio Syndrome to participate in a voluntary, anonymous research study. Participation includes completion of an online questionnaire, which takes approximately 45 minutes to complete. If you are interested in participating, enter this link to access the survey: <https://redcap.is.depaul.edu/surveys/?s=d9gSMwkGsW>

# **Pursuing Therapeutic Resources to Improve Your Health**

Linda L. Bieniek, CEAP, La Grange, Illinois,  
and Karen Kennedy, MSW, RSW, Toronto, Canada

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Now **Post-Polio Health**  
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## **Recognizing a Qualified Therapist**

**Look for a therapist who possesses appropriate knowledge, skill and experience.**

Therapists demonstrate their knowledge and skills when they:

- Use strategies that help clients make positive changes.
- Present insights and options for responding to current life situations.
- Explain the reasons for using certain approaches and offering specific advice.
- Ensure that clients do not spend their therapy sessions simply reporting current events in their lives - often a way people avoid dealing with uncomfortable issues. Instead, the therapist can ask questions to help the client gradually confront issues.
- Identify unhealthy, self-protective coping skills in non-judgmental ways, uncover the positive underlying needs, and offer healthy options for meeting those needs.
- Teach clients how to recognize characteristics of trustworthy people and how to develop relationships with them.

For example, when a client slips into an unhealthy coping pattern (e.g., overeating, overworking, etc.), the therapist's job is to teach the client how to respond compassionately rather than critically (Amada, 1995). A therapist can remind the client to reward him/herself for the smallest changes in thinking, communicating or responding to a situation. Practicing ways to ask for support with the therapist also can help a client gain confidence needed to support and share his/her progress with others.

When therapy involves resolving traumatic memories, it is critical that the therapist possesses the specialized training and experience to do memory work safely and effectively. This means that the therapist must understand the effects of traumas – including how psychological or emotional issues have impacted their client's life – and how to use research-based interventions that can improve clients' responses to present-day situations that unconsciously remind them of the past (van der Kolk, 1996). Therapists who intervene inappropriately, or fail to intervene when needed, may actually cause further distress.

**Look for a therapist who thoroughly assesses the client's needs.**

The therapist and client need to agree on specific changes the client wants to make and to review the treatment progress on an ongoing basis. A therapist displays respect for the client's intelligence and intuition by seeking feedback, inviting the client to participate in the creation of treatment plans, and by integrating the client's needs in the next step of the process (Williams, 1994).

It is important for clients to know that therapists often approach the assessment process in different ways. Some may spend the first few sessions asking questions and having the client tell his/her history. Others will address an immediate need and gradually obtain information throughout the sessions.

Each approach has advantages and disadvantages. What is important is that the therapist asks questions in a respectful and paced way to help the client voice what is troubling and explore the possible causes of these difficulties. The therapist needs this information to determine how to intervene and help the client. Steps of this process include:

- Asking questions to understand the client: What do you think ... How do you feel about ... What do you wish had happened ... What do you consider your options?
- Gathering adequate information before drawing conclusions or making recommendations.
- Asking questions to discover unhealthy coping patterns.
- Identifying problems and diagnosis/conditions accurately.

**Linda:** As an Employee Assistance Professional, I have assessed clients who have been in therapy for years and yet their therapists had not identified their unhealthy coping patterns. Employees reported routinely overspending, exploring cybersex or having a few drinks each night when I asked them what they do when they feel anxious, overwhelmed or lonely. One employee remarked, "No one has ever asked me those questions."

**For therapy to be effective, a polio survivor typically needs to work with a therapist who understands and can integrate the impact of a client's disability on his/her life.** This means learning how polio has affected the client's past and also how physical adjustments and emotional losses in the present impact the person's relationships and life. Understanding the causes of the client's new weakness, fatigue and physical pain, and the need for pain management and energy conservation, is important for determining treatment strategies and the client's tolerance levels.

**Karen:** As a social worker counseling individuals who have had polio, I often indicate to clients that they are welcome to stand, walk or take a short break if that will help them manage their pain and physically pace the session. Upon hearing this, one individual stated, "Thank you for acknowledging that my pain is a daily reality."

Experts stress that a thorough assessment includes an understanding of a person's family system and the family's attitudes toward the person's disability: differing roles, relationships in terms of power issues, and communication dynamics (Olkin, 1999).

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Questions about a client's family history should address the possibility of chemical dependency and other addictions. The prevalence of addictions is higher in families with a child who has a physical disability. This is important because individuals who grew up with chemically dependent parents or elders are more likely to have experienced physical or emotional neglect or abuse, to have witnessed domestic violence, and to be at increased risk of sexual abuse (Olkin, 1999). dependent parents or elders are more likely to have experienced physical or emotional neglect or abuse, to have witnessed domestic violence, and to be at increased risk of sexual abuse (Olkin, 1999).

Without this screening, a person may be in therapy struggling with depression and/or anxiety, not knowing that one of the obstacles to progress may be dependency on using alcohol or drugs. If a therapist does not ask questions at a deeper level or if the client withholds the truth, the therapist will be missing vital information that is needed to accurately assess and address the client's treatment needs.

### **Look for a therapist who creates a safe environment.**

Creating safety is one of the primary responsibilities of a therapist who helps clients resolve traumatic memories (van der Kolk, 1996). Van der Kolk warns that the failure to approach trauma-related material gradually, with safety measures in place, may intensify trauma symptoms, such as sleep disturbances, digestive problems and anxiety attacks. For this reason, therapists need to teach clients skills that will enable them to stay present to reality while managing their reactions to their memories. Preparing clients, before exploring memories, will help prevent them from relapsing into unhealthy coping patterns when they begin to deal with their stories (Napier, 1993).

An important part of healing from polio memories takes place when a client tells his/her stories and the therapist responds with empathy and understanding.

A therapist conveys compassion through tone of voice, facial expressions, body posture and comments. These characteristics, combined with strong listening skills, helps to create a safe setting that encourages the client to tell his/her truths.

When a client experiences emotion such as fear, shame, guilt, anger or sadness, feeling safe, understood and accepted is needed in order to openly express and discuss these feelings. The therapist is responsible for encouraging healthy expressions of feelings and for suggesting safe ways to release them (e.g., art therapy, letter writing). By contrast, if the therapist changes the subject when a client begins to cry, the client may interpret the therapist's response as disapproval or discomfort, and may shut down his/her emotions – replaying an unhealthy and even traumatizing coping pattern.

### **Look for a therapist who tailors the process to the client's needs.**

Therapists should explain available treatment options, including their intended purpose, benefits and limitations. This information will empower the client to collaborate with the therapist in tailoring the process to his/her specific needs.

Experts say that therapists need additional skills to understand and work through the complexity of issues related to a client's disability and need to know how to modify the diagnosis and treatment depending on the disability (Olkin, 1999). Clients need to pay attention to how a therapist responds to their disability. If a therapist focuses solely on the client's disability or ignores it, this can be detrimental to the therapy process.

**Karen:** When I meet with individuals who have respiratory problems, I sometimes initiate relocating the session to a spacious office with a window in order to accommodate the client's need for "breathing space."

## Look for a therapist who develops a trusting partnership.

From the very first interaction and throughout the therapy process, a therapist builds trust by communicating empathy, compassion and integrity. Examples include:

- Sitting across from the client (not behind a desk).
- Making direct eye contact.
- Acknowledging the client's comments and feelings.
- Pausing during sessions to allow time for reflection.
- Being warm and approachable.
- Communicating honestly, clearly and consistently.
- Being punctual for appointments, except in emergencies.
- Acknowledging reasons for becoming defensive or critical and apologizing for these reactions if they occur (Roberts, 1998).
- Remembering key information.
- Holding the client responsible without shaming the person.
- Explaining the need to refer to another professional or to seek consultation about complex issues.

Leaders in the post-polio community point to critical factors that can empower polio survivors to manage the effects of their polio and optimize their health. They recommend obtaining reliable information; cultivating strong support systems, including partnerships with health professionals; and developing positive attitudes, new skills and an ability to enjoy the present (Maynard, Headley, 2002).

Even when following these recommendations, people sometimes continue making choices that are harmful to their health and relationships (Thoren-Jonsson, & Grimby, 2001). Why? Research has revealed that unresolved polio memories can interfere with the ability to make changes - physical, emotional, cognitive and even spiritual - that contribute to health and well-being (Westbrook, 1996). Survivors have reported improvements in their health and relationships following successful experiences in therapy. This is the last in a series of articles in Polio Network News exploring this phenomenon and the value of psychotherapy as an option for resolving the impact of polio memories. This article is designed to assist in the following ways:

- ◆ individuals interested in pursuing psychotherapy, this article recommends four steps for identifying and selecting qualified professionals.
- ◆ For individuals currently working with a therapist, these same guidelines can help in assessing the effectiveness of their own therapy.
- ◆ For survivors with limited financial resources, a separate section contains suggestions about other resources to pursue, including publicly and privately funded services.

Bieniek has created a "**Treatment Approach Options**" chart that describes various styles of treatment, the benefits and methods of each, characteristics of people who may find a particular approach appealing, and available resources. The chart offers useful suggestions on ways to reduce the stress of physical symptoms and present-day problems.

## Understanding the Role of a Psychotherapist

Individuals who choose to explore psychotherapy as a treatment option need to understand the role of the psychotherapist and the importance of the psychotherapist's training, knowledge, experience and personality in contributing to productive results.

Individuals previously in therapy may have had a disappointing or unproductive experience. As in any profession, the skill level and integrity of therapists varies. Also, a client's own readiness and willingness to deal with uncomfortable issues can affect the results of the process.

However, when a therapist's expertise and personality match a client's needs, the therapy process and relationship can produce extremely beneficial insights and behavior changes for the client (Roberts, 1998).

Therapy is a blend of art and science. The therapist's job is to help the client make healthy changes to achieve his/her goals. A therapist is a guide and mentor, responsible for interacting with a client in ways that provide a healthy, safe, professional relationship. For people who have had traumatic experiences, this is especially critical. The understanding insights of the therapist's responses can help transform the client's limiting beliefs about self, others, and the world that may have been formed in response to traumatic events in the past (Napier, 1993).

A therapist's role also includes matching the client's needs and ways of learning with appropriate responses, interventions and available resources. For clients who have had hurtful and harmful life experiences, research offers a number of effective approaches that therapists can use.

Clients are not responsible for trying to make their therapists feel good. Reading about professional boundaries is especially advisable for those who have a tendency to feel responsible for another person's feelings (**See "Boundary Issues," Polio Network News, Summer 2001, Vol. 17, No. 3**).

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### **These are what is need to keep our support group going:**

- ★ Persons to take responsibility for arranging a speaker or presenter for a meeting.
- ★ Persons to write an article or acquire the material for an article for our newsletter.
- ★ Person to be a back up person for getting the key from City of Villa Park before our meetings. There are times when Chuck and Priscilla are unable to do it.
- ★ A co-editor for our newsletter who can coordinate three issues per year and help maintain the data base. We were doing six. Alone Baldwin can only do four.
- ★ A couple of persons willing to take phone calls from readers with questions.
- ★ Occasional donations.



## Rancho Los Amigos

Saturday April 22  
2pm - 4pm

### Preparedness

see map on page 8

#### Future Rancho SG Meetings

Saturday May 27th "Did you Know?"

Saturday June 24th - **Annual Picnic**

**Sunday July 16** — Dr. Perlman (Villa Park. Joint meeting with PPSG of OC)

We survive on year round **donations** from our readers. Small donations from all readers will ensure that our newsletters and meetings will continue to provide accurate information for polio survivors. Please mail your donation to Polio Survivor Association Support Groups' Newsletters at 12720 La Reina Avenue, Downey, CA 90242. Make your check out to **PSA—Support Groups**, and write "Newsletters" in the memo area of the check.

The Rancho Los Amigos Post-Polio Support Group publishes on even numbered months and the Post-Polio Support Group of Orange County publishes on the odd numbered months. We share the same mailing list, and all donations are shared equally. There have been too many donations recently to list. Hearty thanks to all who contributed! Please know that **all** donations make our support groups

#### How to contact support groups

The Rancho Los Amigos Post-Polio Newsletter is *published* as a joint venture with the Polio Survivors Association.

For additional information please call Richard at 562-862-4508

Or email us:  
**Rancho PPSG@hotmail.com**

Contact PPSG of OC for information:

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#### Agenda ideas for PPSG of OC?

Please **call** Aleta at 949-559-7102

or **email** Priscilla at [prisofoc@aol.com](mailto:prisofoc@aol.com)

WEBSITE: [ppsupportoc.org](http://ppsupportoc.org)

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**FREE POSTAGE FOR  
THE BLIND AND  
PHYSICALLY DISABLED**

