

## **PODCAST TRANSCRIPT**

### **CPP Ep. 11 Breaking Chains: Trauma and Abuse Recovery with the 12STR System**

Camille McDaniel, LPC (00:04.81)

Welcome back. I am happy that you all are joining us again for another episode. Today we are going to be talking to Dr. Colson I'm really excited for you all to hear what she has to say today. She has some really great information that she is going to talk to us about as it relates to trauma and abuse recovery as well as a

a therapeutic approach that she developed that is evidence based. I was telling her before we actually went live that I was excited to hear about this and I'm sure you all will be too because I have had some trainings in the past as it relates to trauma but they did not have Christian integration. There was no biblically sound information that went along with it. this is

This is right up her alley and I'm excited for you all to hear what she has to say. We are going to jump right in with it and I'm going to tell you a bit about Dr. Colson. She's a licensed professional counselor, certified professional counselor supervisor, and certified clinical supervisor with Georgia Addiction Counselors Association. And she's certified as a master addiction counselor by the National Association for Alcoholism and Drug Abuse Counselors.

She's a diplomat in the American counseling, excuse me, the American Academy of Experts in Traumatic Stress. And she is the co-founder and executive director of Eagles Landing Christian Counseling Center. Now, in case anyone is here in Georgia, this is where I'm located. This is where she's also located. Eagles Landing Christian Counseling Center has three locations. They're in McDonough, Covington, and Locust Grove. She is also

founder of Trauma Education and Consultation Services. I love my guests are so involved. They have extensive, extensive histories. Dr. Colson is no exception because she has been in this field since 1982 and her experience in this field has led her to design and publish many resources for trauma survivors that incorporate Christian integration. me.

Denice Colson (02:24.886)

Ahem.

Camille McDaniel, LPC (02:26.368)

She has several published books, including Break Every Stinking Chain, Healing for Hidden Wounds, which also has an accompanying workbook. It is available right now. So there's paperback, hardbook, audible. It even is translated into the Spanish language. So that's pretty awesome.

Her training manual, The Strategic Trauma and Abuse Recovery System, A Christian Integrated Comprehensive Three Phase Model for Individual and Group Counseling is also available on Amazon and has paperback and ebook. And then her most recent book titled Trauma, 10

Reasons Why Christians Need to Talk About It is also available on ebook and paperback. She loves Jesus.

and she loves serving in her church and she currently supervises interns and conducts public speaking events and trains and consults with other mental health professionals. Thank you so much Dr. Colson for sitting with me today.

Denice Colson (03:32.587)

Thank you so much for having me, Camille.

Camille McDaniel, LPC (03:35.07)

Absolutely. So Dr. Colson, tell us, could you just share a bit about your journey? Like what led you to even create, to create this strategic trauma and abuse recovery system?

Denice Colson (03:49.72)

Well, that, you my journey started when I started in the field in the 80s, and we were talking about adult children of alcoholics. I got involved in the adult children of alcoholics movement and then got training in adult survivors of sexual abuse. And back then, the thought was that they were very different types of experiences for people.

So I went about working with clients and as I began to work with clients, I really found they had more in common than they did differences. But this became my passion and working with people and I loved doing groups. I did a lot of outpatient groups. I moved from Georgia to Texas and worked in an inpatient program where I became the head of the women's treatment program where we focused on

Most of these ladies I worked with had some kind of, we didn't really use the term trauma about psychological trauma then, but they had a lot of childhood pain and issues. And we were using a model that asked them, that was CBT based, that asked them to change the way they thought about this abuse. And I just...

you know, I became uncomfortable with that. So that kind of set the stage for me. And then in around 1992, I was, had a Christian integrated inpatient program that I was running and an outpatient program. I was working with a psychiatrist business partner and the, the marketing director asked me to go to this training. And so I attended the training and they had the concept that trauma

was at the root of most adult mental health issues and addiction. And it was at the time very revolutionary because we didn't have the ACE study yet. This was 92, the ACE study didn't begin to take cohorts till 95. And so this was an amazing approach. I was immediately converted to it and started using it and saw it as very successful.

Denice Colson (06:15.384)

with clients. But then later, the author of that and I had a major disagreement over spiritual integration and research. so we parted ways and I developed my own model that was spiritually integrated. I did a lot of research to find out what else was by then working in the field. That was 2011.

2012 here in Georgia. that's when I decided, you know what, there are models out there that are focused on the first stage of recovery, such as seeking safety. And there are models that are there that are focused on the second stage of recovery, which is the grieving and reprocessing stage, which is more like EMDR. And then there are models that are

really just focused on symptoms and the phase three of recovery. And I thought, you know, I really want, but I couldn't find a Christian model anywhere, specifically Christian. And I couldn't find anything that was really focused on bringing it all together. And so that when I, for my dissertation, that's what I did for my dissertation for my PhD is I thought I'm going to write this.

Camille McDaniel, LPC (07:34.753)  
Okay.

Denice Colson (07:42.744)  
comprehensive models. So I did a lot of research. I used what I knew. I used my own experience as well as looking at the literature and eventually it became 12 STR, which is what we know now.

Camille McDaniel, LPC (07:59.286)  
Wonderful. wow. Okay. So then can you give us a little bit of an overview of how 12SDR works?

Denice Colson (08:05.409)  
Sure.

Sure, well, it is a 12 stage and I was inspired by Alcoholics Anonymous 12 steps, but it is not the 12 steps and it's not the 12 steps modified. There are some programs out there that are using the 12 steps, but this is not the 12 steps. It just happened to be 12 stages. so the first, it's broken down into three phases, safety and stabilization,

which is accompanied by the spiritual virtue of faith, I call it feeding your faith. Phase two, which is reprocessing and mourning or grieving. that's, there we talk about the spiritual virtue of hope. We call it snowballing your hope. And then the final phase is integrating and it's focused on love.

activating your love. So we move through the stages and the first, my book, Break Every Sneaking Chain, the first book is written about the first four stages of recovery and it's focused on educating people about the impact of trauma.

So we work through, this can be used in either individual or group counseling. I love group counseling, I just think, and I've just conducted a training this last week and we do a lot of role playing and in the role playing one of the participants commented, this is really truly what it's like to bear one another's burdens.

Camille McDaniel, LPC (09:37.4)  
Okay.

Denice Colson (09:56.054)  
because of the structure that we use, it's a very safe environment for people to grieve and mourn together. And it is truly what it means to bear one another's burdens. So people work through the first four stages. And the first four stages, excuse me, are focusing on admitting that you're wounded, accepting that you're powerless.

understanding that you have to stop trying to fix yourself. One of the, I think, major differences to me between secular psychology and Christian, a Christian approach is that with a Christian approach, we understand that all healing comes from God. God is the source of all healing.

Camille McDaniel, LPC (10:48.246)

I'm glad you noted that. I was going to ask about that. You're already, you're touching on it though, because I was going to say a lot of the trainings are focused around kind of like client heal thyself.

Denice Colson (11:00.852)

Exactly. Yes. And every trauma model I'm aware of besides this one and the one that I was trained in years ago, the secular model is they are focused on healing, healing the wound of trauma. And while other people, other models say that's what they want to do, what they really are focused on is symptoms. And so we are source focused as opposed to symptom focused.

And we see that it's really important not to focus on symptoms because of the paradox that survivors experience. Survivors view their symptoms as solutions, whereas we as health professionals view the symptoms as a problem.

Camille McDaniel, LPC (11:58.668)

Yes.

Denice Colson (12:00.63)

And so it creates this paradox. The more we push on the symptoms, the more the brain pushes back.

Camille McDaniel, LPC (12:08.012)

Thank

Denice Colson (12:09.472)

And either people develop new symptoms or they're just really not able to let go of the symptoms. Does that make sense?

Camille McDaniel, LPC (12:12.578)

Yeah.

Camille McDaniel, LPC (12:18.998)

But it does make sense because ultimately my symptoms are my safety, even if they are causing me great challenges in my life. So if you force me to give up the safety net, I will create a new safety net. But it doesn't necessarily still get to the root of what's going on. And it doesn't require that I have to be strong enough.

Denice Colson (12:25.013)

Exactly.

That's right.

Denice Colson (12:33.847)

That's right. Right?

Denice Colson (12:40.043)

Great.

Camille McDaniel, LPC (12:46.678)

to do it myself, which goes back to looking at the source. Through Christ, we, well, first of all, we are not strong enough anyway, but through Christ though, he can do all of those things that we cannot in our human nature. Yeah. Awesome.

Denice Colson (12:48.311)

Exactly. Exactly.

Denice Colson (12:53.899)  
That's right. Thank you.

Denice Colson (12:59.223)  
That's That's right. Yeah. So in the, in stage two, stage two is I'm accepting that I cannot fix myself and I'm going to turn to God and ask him to heal me knowing that I have to participate in my healing. And so this concept I think is, is unique in that

People are, even Bible studies and church groups are focused on fixing your depression. Fix your own depression, get rid of these symptoms, become a better Christian, pray harder. And this is focused on truly giving up and just saying, okay, I'm gonna quit. I'm gonna quit trying. And I'm gonna ask God to heal me. And...

Camille McDaniel, LPC (13:41.837)  
Mm

Camille McDaniel, LPC (13:48.077)  
you

Denice Colson (13:55.49)  
then I'm gonna accept that I have to grieve because grief, I believe grief is the... So first of all, when trauma happens, we get stuck in our grief. Grief starts immediately. Even if we're not consciously aware of it, grief starts immediately and we get stuck in our grief. And so people are cycling this hamster wheel.

Camille McDaniel, LPC (14:09.581)  
Thank

Camille McDaniel, LPC (14:15.147)  
All

Camille McDaniel, LPC (14:23.885)  
you.

Denice Colson (14:23.954)  
shock, denial, anger, shock, denial, anger, shock, denial, anger, but they can't break through to move on to acceptance of the pain and resolution. And so I think our role as counselors is to help them get unstuck.

Camille McDaniel, LPC (14:33.794)  
Thank

Camille McDaniel, LPC (14:42.112)  
Right, right.

Denice Colson (14:43.199)  
and healing looks like grief on the outside.

Camille McDaniel, LPC (14:48.664)  
Okay. Okay.

Denice Colson (14:50.348)

Much like a physical wound can look really awful when you get a bruise or something like that, it can look really awful on the outside of physical wound. But it swells, it turns colors, and you think, my gosh, I must be dying. You're right? But it's a part of the healing process. It looks really ugly.

Camille McDaniel, LPC (15:05.174)

Mm -hmm. Mm -hmm. Mm -hmm. Yep. That is a part of the healing process. Absolutely.

Camille McDaniel, LPC (15:16.268)

but you're actually getting better.

Denice Colson (15:16.512)

And that's what emotional psychological healing looks like too. It looks really ugly on the outside. And we need somebody to partner with us. I think this type of healing, God uses relationship. He uses community. He uses partnership to move through, walk through the healing process with people. So that's what this structure does. This structure provides a pathway.

moving through the stages first, establishing enough safety and stabilization that they can move into the reprocessing and grieving stage.

Camille McDaniel, LPC (15:58.954)

Okay. Okay. And so you then the next step is to move into the reprocessing and grieving stage, but you give them the stability of leaning on their faith as they go through that stage. Okay. Okay.

Denice Colson (16:13.378)

That's right, that's right, that's right. So we find, I teach in Break Every Stinking Chain small ways to feed your faith. What are some ways you feed your faith? Now, you whenever I'm doing a lecture or presentation to a mostly secular audience at one of the conference, they always ask me, well, can this be used with people?

who are not Christian, yes it can, because you can use the term greater power or higher power instead of God if you want. But you have to have actually, you know, there has to actually be something you're focused on. So it might be science. So it might be science. Science, God designed us to heal. He wired us to heal. It's wired into us, I believe. The problem is,

Camille McDaniel, LPC (16:51.544)

Okay.

Camille McDaniel, LPC (16:58.658)

Okay.

Denice Colson (17:03.711)

we turn to other things so much that it blocks the healing process.

Camille McDaniel, LPC (17:09.408)

Yes. And I, I, what I'm hearing in this model that to me seems a little different, which you kind of already talked about, instead of having for those of us who practice counseling from a Christ-centered worldview, even if we do serve all people, we don't have to do so much work to try to take an approach that's been given to us that is not faith aligned and try to then figure out how to align it with our faith instead.

Denice Colson (17:38.931)

Exactly. That's right. Yes.

Camille McDaniel, LPC (17:39.468)

this is already coming aligned with our faith and for anyone who wants to use it, may not be faith aligned and they can do some work to make it their own. So that's a different approach, is.

Denice Colson (17:46.444)

Right.

Denice Colson (17:50.808)

Because everybody has faith in something. Everybody has faith in something. Now our clients have put faith in themselves and it's failed. Our clients have put faith in substances. Our clients have put faith in us.

And so the faith that works is, initially faith in us works if we have a plan. You know, lot of counseling, I know work with a lot of students and post -masters towards supervision and they don't have a plan.

Their plan is just to meet with the client and talk to them. And while that can be helpful for a time, if you don't have a plan, if you're not doing practice intentionally, then you are not really doing psychotherapy.

Camille McDaniel, LPC (18:32.375)

right.

Camille McDaniel, LPC (18:47.96)

Sure, because even clients are looking for some direction, even for those clients who really do appreciate more ability to just talk through things. They do still desire some direction as they're going through it.

Denice Colson (18:51.745)

Yes.

Denice Colson (19:00.268)

Right, yeah. You as a counselor have to have a plan. So this provides the plan that's already Christian integrated, that already walks you so you don't have to ask, well, what do I do next? Each step is laid out for you as a therapist. Each stage is laid out for you. So I've given you tools, I've given you assessment tools, I've given you educational tools.

Camille McDaniel, LPC (19:13.432)

Yeah.

Denice Colson (19:30.456)

and I've given you the handouts. Now in phase two is different and then we add a lot more structure. That's also very unique with this model. So in phase two, we have a structure for writing, because we have people write out the experiences. We do one source of trauma at a time.

Camille McDaniel, LPC (19:42.433)

Okay.

Camille McDaniel, LPC (19:55.352)

Okay.

Denice Colson (19:56.61)

which is also unique, one source of trauma at the time, because really that's all your brain can handle. And what happens is there's this natural brain survival mechanism of, I call it the round robin defense. And people come in one week and they say, this is the real issue. Next week, no, this is the real issue. no, wait, this is the real issue. So you just kind of go around in circles and you never really get to...

Camille McDaniel, LPC (20:01.046)

Right.

Camille McDaniel, LPC (20:12.694)

Okay.

Camille McDaniel, LPC (20:16.258)

Mm

Yes.

Denice Colson (20:25.588)

resolving anything.

Camille McDaniel, LPC (20:27.156)

Yes, I've definitely seen that many times and we kind of it's like being on a rabbit chase and it's like, well, we got to pin something down here. Okay. Yeah. Okay.

Denice Colson (20:32.63)

Yes. Yes, yes. And that, you know, that's normal. That's what people do because the brain doesn't want to deal with the pain. Grieving is painful. they don't want to, you know, and we're in in American society, modern American society, there's this belief that we shouldn't feel pain.

Camille McDaniel, LPC (20:59.616)

Yes, well, because of women. Right. There's a good portion, you know, of the messaging that we do receive in our society that is like, no, happy all the time is a lot better. Feels better. That's better for you.

Denice Colson (21:01.272)

There's a drug for that.

Denice Colson (21:11.285)

Yes, that's right. That's right. Let's take a pill for this. Let's take a pill for that. You know, I've got a headache. I can go grab my ibuprofen. And you know, sometimes, and what I, one of the things I write about in Break Every Sneaking Chain is that pain serves a purpose.

Camille McDaniel, LPC (21:17.124)

Yeah.

Camille McDaniel, LPC (21:20.438)

Mm -hmm.

Camille McDaniel, LPC (21:28.778)

Yes, yes it does bring a message it sure does serve a purpose.

Denice Colson (21:30.016)

and we're supposed to pay attention to it. And we can survive emotional because grief feels like pain.

Camille McDaniel, LPC (21:42.417)  
This is good.

Denice Colson (21:42.974)  
And we want to allow people to work through their grief, to feel their grief and to learn that they can survive. So the structure of phase two, there's structure for the writing of the stories, there's structure for the reading of the stories out loud, there's structure that the facilitator has to follow and to keep the focus on the reader and the reader's focus.

on the perpetrator of the trauma. And then there's a structure for the group members, if there's a group, a structure for the group members to follow. So there's no distractions. And for just this short time, maybe 15 minutes for each client to read a story and process through it, maybe even two stories for this 15 to 30 minute time period, we're just focused on grieving.

Camille McDaniel, LPC (22:40.096)  
Nice, okay, really leaning in, okay.

Denice Colson (22:43.006)  
really leaning in and allowing the client to grieve and grieving with them. And so there's a structure that we follow as a facilitator also. And that's what we teach in the phase two process. And so then there's six stages though, in phase two. Stage one is the story. Only state, I mean, that's it. Now most models, that's where they kind of stop.

Camille McDaniel, LPC (23:02.744)  
Okay, wow, yes.

Denice Colson (23:14.344)  
is telling your story and grieving. Back when I first started, telling your story was taboo. They did not let you tell your story. In fact, we were taught at Georgia Council on Child Abuse, the first training I went to on adult survivors of sexual abuse, we were told, don't let them tell their stories. It's too destabilizing. It retraumatizes them. That's what we were taught.

Camille McDaniel, LPC (23:34.323)  
Camille McDaniel, LPC (23:41.25)  
Wow, okay.

Denice Colson (23:43.254)  
Yes, that's what we were taught. And I was a good rule follower. So that's what I did. So when I went to the secular training about where they wanted you telling your stories, I was like freaking out. I was like, no, that's, you know, we don't do that. But I saw, I became convinced that people have to tell their story. They need to tell their story. We have to get it out of the brain. It's stored in the brain.

Camille McDaniel, LPC (23:59.731)  
We don't

Camille McDaniel, LPC (24:14.008)  
has to be removed.

Denice Colson (24:14.143)

and we have to get it out of the brain. But we need a structured way that provides safety in order to do that.

Camille McDaniel, LPC (24:17.389)  
Thanks.

Camille McDaniel, LPC (24:23.35)  
Yeah, that's so key because we definitely don't want our clients to be compensating. Yeah. Now with this model, this therapeutic way of addressing pain and trauma and abuse, are there any populations that this may be more challenging to work with on? Any populations that may not be a good fit for this model?

Denice Colson (24:27.607)  
That's right.

Denice Colson (24:46.145)  
Sure, yeah, if a person is actively psychotic, we do not, we can't use this model or diagnose the schizophrenic or if they're in an uncontrolled bipolar state, you would not use this model with them. you know, rape is, recent rape is difficult sometimes for people, but I have used it with rape. I've used it with sexual, child sexual abuse, which tend to be more challenging populations, but I have used it.

extensively with that. Adult children of alcoholics. The thing about it is this model can be used with any type of trauma. It is not, I developed a tool, an assessment tool called the Simple Trauma Source Assessment, which I give out if people want to get on my email list, I'll be happy to send them a copy of that Simple Trauma Source Assessment and just put in the message that

that's what they want, a copy of it, and I'll be happy to send that out to them. And it lists like 26 things pre age of 18, and then 30 things as adults, because adult trauma, onset trauma, and childhood trauma are both treated by this model.

Camille McDaniel, LPC (25:54.592)  
Mm -hmm.

Camille McDaniel, LPC (26:05.496)  
Okay, I was just gonna ask, is this just for adults? So there's a version for children, there's instruction on adults.

Denice Colson (26:11.842)  
There's a version for adolescents. we modify for children in that we don't do the writing. We can use drawing, play therapy, that type of thing, to move through those general stages of recovery. But for children, most trauma is near -term, so we're gonna use the near -term form of trauma. I call it the Linda Hand model. yeah, I'll be actually doing a short workshop on that soon, but.

Camille McDaniel, LPC (26:34.486)  
Okay, okay.

Denice Colson (26:41.547)  
Yeah, the Linda Hand model is what I call it, which is for near -term trauma, which works great with children because for the most part, that's near -term trauma for them.

Camille McDaniel, LPC (26:53.942)

Now, as you talk about workshop, also kind of just dinged something else I wanted to ask you about. for any mental health professional that's interested in starting this, learning more about it, maybe even implementing it themselves in their own practices, like now, what's the training and certification process involved?

Denice Colson (27:13.08)

Sure, yeah, if you are already licensed in state of Georgia or have your master's degree, you can become a certified facilitator. you can, we start, there is, it's a little bit of an extensive certification process just in order to protect the model a little more. We have two articles, published research articles now on the efficacy.

and I have a research team and we continue to work on, we have two professors that run our research team and we continue to do research. So the certification requires that you attend the initial three day intensive training, which can be online or in person. And then I have one in October, I think it is, but I'm,

list them on my website, TraumaEducation .com. It's just spell out TraumaEducation .com. And you'll find under events, you'll find all my training and workshops that are coming up. they can get trained initially, then I want them to go out and use it. I want them to go out and use it. And then we require a certain amount of

Camille McDaniel, LPC (28:17.559)

Good night.

Camille McDaniel, LPC (28:24.884)

Awesome.

Denice Colson (28:38.519)

consultation group participation or supervision in the model, and then a certain number of additional training hours that we provide. Like I have another three hour intensive I do that's on working with substance users who are, and we treat the substance as a source of trauma for the user.

Camille McDaniel, LPC (29:06.782)

Okay. Okay, wow.

Denice Colson (29:06.977)

which is also very unique. Not just for the family, that's kind of obvious. The family members of an addict are traumatized by this.

Camille McDaniel, LPC (29:13.303)

woman.

Camille McDaniel, LPC (29:18.016)

Okay, awesome.

Denice Colson (29:19.362)

but we also treat the abuser or the user or the addict and we treat them with the substance as the source of trauma, as a perpetrator in their lives, which is a little unique also. So we adjust the model for that.

Camille McDaniel, LPC (29:24.806)

and

Camille McDaniel, LPC (29:33.746)

Okay, wow. Yeah, different approach. Okay, so tell us then where we can find. I know you told us where we can get the training and certification. Where can we find you? know Amazon, you have your books and I think you have a couple of copies. So if you can.

Denice Colson (29:53.131)

Yep, all my books are on Amazon. Yeah, Break Every Stinking Chain. This is a book that's written for your clients as well as for you as a counselor because it helps you. It's written at a fifth grade level and it has a workbook that goes along with it. And basically what you do is you read a chapter in the book, do a chapter in the workbook. Read a chapter in the book, do a chapter in the workbook.

And it's biblically integrated. It does have scripture in it. It talks about, I use different stories in the Bible to talk about trauma. And that's available. And it's also available on Audible if you don't want to read, if you just want to drive in your car and listen to it as you're driving back and forth to work. It's on Audible. It's in Spanish. just, I'm so excited about that, that we just finally got that done.

Camille McDaniel, LPC (30:26.197)

Mm -hmm, nice.

Camille McDaniel, LPC (30:49.046)

That's, yeah, that's phenomenal. Okay.

Denice Colson (30:51.511)

We've had a lot of requests for Spanish version, but we have a Spanish version now too. And then this is the training manual we use, but it's available online. People can just buy it and read it. So if they don't want to invest, you know, two, \$300 in training right yet, they can go read the model. And so they can just help them decide, is this something I really want to invest in? So.

Camille McDaniel, LPC (31:17.43)

Okay. And that's the strategic trauma and abuse recovery system. right. Awesome. Okay.

Denice Colson (31:22.008)

Yeah, yeah, yeah, that's the whole thing with references and everything. And I failed to have a copy of Trauma, 10 Reasons. It's a very small book, Trauma, 10 Reasons Why Christians Need to Be Talking About It. And I wrote it specifically aimed at ministry leaders so they can see, you know, we as a church, we need to become the hospital.

Camille McDaniel, LPC (31:42.754)

Mm

Camille McDaniel, LPC (31:49.932)

Yes. Yeah.

Denice Colson (31:51.329)

We need to become the hospital. And my vision is for Christian counselors trained in the model to partner with churches who are having, who are conducting support groups, trauma support groups using the Break Every Stinkin' curriculum. They're doing the phase one process in churches. We certified peer coaches to do that.

Camille McDaniel, LPC (32:12.374)

You

Camille McDaniel, LPC (32:19.018)  
Okay. That's awesome.

Denice Colson (32:20.625)  
And then we have facilitators and associate facilitators doing the phase two work.

Camille McDaniel, LPC (32:27.626)  
Okay, really breaking it down, okay.

Denice Colson (32:28.662)  
And then people go back to the support groups in phase three to mentor and to lead and to encourage other people as they are moving through the healing process.

Camille McDaniel, LPC (32:36.907)  
Yeah.

Right. The phenomenal part about like, like it's all sounding so, so good, right? For lack of a better term. But the other thing that it looks like it just walks the person from pain all the way through to healing all the way through to if they desire, give back and help somebody else, you know, which I know oftentimes in, those settings,

Denice Colson (33:01.847)  
That's right, that's right.

Camille McDaniel, LPC (33:07.03)  
It can be really beneficial for people to actually see that the person facilitating or the person who is helping has been there and to see it's possible because I'm looking at somebody who's been there and come out on the other side. Wonderful.

Denice Colson (33:14.839)  
That's right.

Denice Colson (33:18.348)  
That's right. Yeah. Yeah. The I have a test written testimony I just recently received, but it's being used in treatment facilities. It's being used in substance abuse treatment facilities here in Georgia. It's been used in a facility for a long time up in New Jersey. And so it's being used in other facilities. The whole model, both the

Camille McDaniel, LPC (33:41.175)  
Wow.

Camille McDaniel, LPC (33:45.814)  
Yeah.

Denice Colson (33:47.919)  
books, workbooks, and then the treatment, the long -term or long -term trauma treatment is being done in several facilities around Georgia. Yeah.

Camille McDaniel, LPC (33:58.742)  
this is great. This is great. Well, we will definitely, we will make sure that on Christ in Private Practice website, we have all the links for the books that we have a link where people can go if they're interested in getting trained and certified. If they want to connect with you, please tell us again, how can people connect with you directly? And then there was a form you could even send them for them to just have as a resource and

Denice Colson (34:23.873)  
Right.

Camille McDaniel, LPC (34:27.66)  
basically even keep in touch and know what's going on.

Denice Colson (34:30.956)  
Yes, all they have to do is go to my website, TraumaEducation .com, and they can sign up on my email list. There'll be a pop -up that says, stay in the know or something like that. They can sign up for my email list and they can also send me a message through the website if they want to do that and say, I heard you on Christ in private practice, please send me some resources. I'll send them a copy of,

the trauma survivor blueprint, which explains how we move from an incident to developing a trauma survivor identity. And then I will also send them some assessment tools, the ACE assessment, as well as the simple trauma source assessment.

Camille McDaniel, LPC (35:12.438)  
Mmm, wow, perfect.

Camille McDaniel, LPC (35:21.824)  
that's phenomenal. Thank you so much. This is great. I know you all have got to everybody listening to this episode has got to take advantage of what Dr. Colson is offering. This is phenomenal. This is great. So much healing I can tell is coming out of all the work that you have done over the decades. So thank you again for talking with us today sharing the treatment program with us. It's it's a great benefit. Much appreciated.

Denice Colson (35:45.527)  
Thank you, Camille, thank you so much.

Denice Colson (35:50.721)  
Thank you, Camilla. I really appreciate you having me on.

Camille McDaniel, LPC (35:53.736)  
Absolutely.