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**Learning Objectives**  
By the end of this session, participants will be able to:

IDENTIFY	DESCRIBE	APPLY
The brain and research basis of fear in the etiology of substance use disorder and gambling including neurobiological pathways that link fear, trauma, and addiction.	The role of fear in the maintenance of an addiction process, and how the same emotional drivers can anchor the establishment of recovery.	Specific steps, tools, and techniques to manage fear effectively in clinical work, with practical methods for both clients and counselors.

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**About the Presenter**  
Why this work, and why I'm the one bringing it to you

 <b>Ken Martz, Psy.D., MBA</b> Licensed Psychologist Founder, Unshakable Therapy Solutions and Unshakable Programs <a href="https://dkmartz.com">https://dkmartz.com</a>	<b>30+ Years</b> Working in addiction and mental health, helping thousands of individuals recover their lost hope and authentic self.	<b>Thousands of Clients</b> Direct clinical work across substance use, gambling disorders, anxiety, trauma, and emotional regulation.
	<b>Specialized Training</b> IATC, Gambling Counselor, Certified Addiction Specialist, Certified Clinical Hypnotherapist, E-RYT, 200.	<b>Published &amp; Featured</b> Manage My Emotions, Manage My Addiction, Manage My Motivation. Seen on TIME, NPR, CBS, NBC, Business Insider.

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**Today's Focus**  
On how fear through fear and recovery

<b>01</b>	<b>Fear and the Brain</b> The neurobiology and physiology of fear as it relates to substance use disorder.
<b>02</b>	<b>Fear, Trauma, and Addiction</b> How fear drives, maintains, and complicates the addictive process.
<b>03</b>	<b>Fear and Recovery</b> The role of fear in the establishment and maintenance of recovery.
<b>04</b>	<b>Fear Management</b> Tools and techniques to manage fear effectively in clinical work.
<b>05</b>	<b>Finding and Maintaining Balance</b> Tips for emotional balance for the client and the clinician.
<b>06</b>	<b>Putting It Into Practice</b> Practical steps to apply this work in real clinical settings.

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**Self-Awareness**  
Before we begin, let's start there

- PAUSE AND REFLECT**
- What am I afraid of?
  - Where do I doubt myself?
  - Where do I doubt the ability of my client to recover?
  - Where do I doubt my ability to lead them to recovery?
  - How do these beliefs affect how I treat individuals?

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**Consider the Following**  
Framing addiction as more than chemical dependency

For this presentation, "Addiction" is inclusive of both substance use and behavioral process addictions (e.g., gambling disorder), used in reference to severe substance use and process addictions.

<p><b>A Disease of Hopelessness</b></p> <p>Addiction erodes the belief that change is possible. The client stops imagining a different future, and the chemical fills the gap left by lost vision.</p>	<p><b>A Disease of Shame</b></p> <p>Self-loathing and concealment become the engine. The using is followed by hiding, the hiding deepens the shame, and the shame demands more use to numb it.</p>	<p><b>A Disease of Isolation</b></p> <p>Connection withers. The client loses access to the relational repair that would heal the wound, and the substance becomes the only reliable companion.</p>
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UNSHAKABLE LIFE

A FOUNDING QUESTION

# What if we were wrong?

Hold the question loosely. The rest of the session will press on it.

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PART ONE

# Fear and the Brain

The brain and physiologic basis of fear in the etiology of substance use disorder.

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**Fight or Flight**  
The body's oldest survival circuitry



**WHEN FEAR FIRES**  
**The amygdala bypasses the prefrontal cortex.**

Thinking goes offline. Survival circuitry takes over. The client is no longer choosing the substance, the brain is.

**CLINICAL IMPLICATION**

Insight alone won't reach an activated fear response. Co-regulation comes before cognition.

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**This Is Your Body on Fear**  
Three structures, three jobs



ACTIVATES	SHUTS DOWN
<ul style="list-style-type: none"> <li>Muscles tense</li> <li>Heart rate increases</li> <li>Breathing increases</li> <li>Sugar and fat pour into the bloodstream</li> <li>Blood clots faster</li> <li>Elimination triggers</li> </ul>	<ul style="list-style-type: none"> <li>Digestion slows</li> <li>Immune function slows</li> <li>Prefrontal analytic thought</li> <li>Long-term planning</li> <li>Memory consolidation</li> <li>Reflective self-awareness</li> </ul>

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**This Is Your Brain on Fear**  
Three structures, three jobs



<p><b>Amygdala — Fear</b></p> <p>Threat detection. Fires fast, asks questions later. Drives fight, flight, freeze.</p>
<p><b>Hippocampus — Memory</b></p> <p>Encodes context. Tells the amygdala whether "this" is the same as "that." Disoriented under chronic stress.</p>
<p><b>Prefrontal Cortex — Analytic Thought</b></p> <p>Planning, evaluation, executive control. First to go offline when the amygdala takes the wheel.</p>

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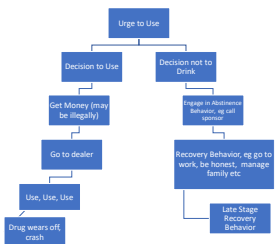
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**Biology**  
Example of 2 Brain Pathways




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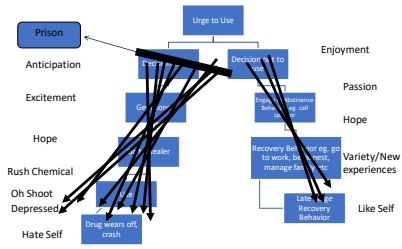
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Biology  
Example of 2-Brain Pathways



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Biology  
Example of 2-Brain Pathways



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Which Brain Do You Want?  
The brain and cocaine use



**Key Finding**

Low frontal metabolism may contribute to the loss of control seen in addiction.

The deficit is visible. The recovery is too, when we give the brain the conditions to heal.

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**Mental Filters**  
What we see is shaped by what we fear

**1. Information from Senses**

Raw input from the world: sights, sounds, internal sensations. More data than the brain can process.

**2. Mental Filters**

Beliefs, expectations, memory, mood. The narrowing happens here, mostly outside awareness.

**3. Awareness**

What the client experiences as "reality." Already filtered, already interpreted.

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**Mental Filters**  
State-dependent memory and the limits of perception

**State-Dependent Memory**

It is easier to remember sad memories when you are sad, and easier to remember happy memories when you are happy.

The state we are in selects the past that feels true. Recovery requires deliberately creating new states so new memories become accessible.

**A Question for the Client**

Can you see only the options you expect, or can you direct awareness to see option C, D, E...?

The brain defaults to the familiar. Recovery is the practice of widening the field of view, one option at a time.

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**PART TWO**

# Fear, Trauma, and Addiction

*The role of fear in the maintenance of an addiction process, and the establishment of recovery.*

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### Overview of Fear and Addiction

<b>Development</b>	Fear in early life, often linked to adverse childhood experiences and chronic stress, primes the brain for emotional dysregulation. The substance offers what no one taught the client to give themselves: relief. <small>Downs &amp; McQueen (2018), Farwell et al. (2022)</small>
<b>During SUD</b>	Fear becomes both fuel and fence. Fear of withdrawal, fear of judgment, fear of facing what the substance hides. Each fear is a wall around the addiction. <small>Aschner et al. (2019), Benz et al. (2021)</small>
<b>Relapse</b>	Fear-conditioned cues persist long after use stops. Trauma incubates the fear learning. Without targeted work, the body remembers what the mind has decided to forget. <small>Perrington et al. (2019), Pijper et al. (2019)</small>

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### The Role of Fear

 <p><b>Common Fears Associated with Addiction</b></p> <p>The substance becomes a strategy for managing a long list of fears the client has never been taught to face directly.  <i>Map the fears, and you map the relapse risk.</i></p>	 <p><b>The Role of Fear in Addiction</b></p> <p>Fear is not a side effect of addiction. For many clients, it is the primary driver. Treating the substance without treating the fear leaves the engine intact.  <i>Treat the fear, and recovery has room to grow.</i></p>
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### Common Fears of Individuals with Addictions

<ul style="list-style-type: none"> <li>■ Fear of withdrawal symptoms</li> <li>■ Fear of relapse</li> <li>■ Fear of facing the consequences of their actions</li> <li>■ Fear of losing control</li> <li>■ Fear of losing relationships or support systems</li> <li>■ Fear of being judged or stigmatized</li> <li>■ Fear of not being able to cope without substances</li> <li>■ Fear of being powerless to their addiction</li> <li>■ Fear of not being able to enjoy life without substances</li> <li>■ Fear of being alone or isolated</li> </ul>	<ul style="list-style-type: none"> <li>■ Fear of facing trauma or painful experiences</li> <li>■ Fear of not being able to handle stress</li> <li>■ Fear of not being able to perform without substances</li> <li>■ Fear of being unable to sleep or relax</li> <li>■ Fear of not being able to function socially</li> <li>■ Fear of losing identity or sense of self</li> <li>■ Fear of losing the job or financial stability</li> <li>■ Fear of facing legal consequences</li> <li>■ Fear of physical or mental health problems</li> <li>■ Fear of not being able to quit or change</li> </ul>
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**UNSHAKABLE LIFE**

PAUSE AND REFLECT

# What are YOU afraid of?

*Before treating the client's fear, look at your own. The work cannot lead where the clinician will not go.*

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**12-Month Provisional Drug Overdose Deaths**  
*Why this work matters, in one curve*

**12 Month-Ending Provisional Number of Drug Overdose Deaths**  
Based on data available for analysis on: 6/9/2021

Figure 10. 12-Month-Ending Provisional Number of Drug Overdose Deaths - United States

Figure 10. Percent Change in Provisional 12-Month-Ending Number of Drug Overdose Deaths, by State/territory - Provisional (2019 to November 2021)

**The Cost of Inaction**

Behind every data point is a person who needed someone to know how to reach them through their fear.

This is the stakes-level context for the rest of this work.

Source: CDC, 2021

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**Common Counselor Fears**  
*What are yours, other than...?*

- Fear of relapse in clients
- Fear of client resistance or hostility
- Fear of not being able to help clients effectively
- Fear of burnout or compassion fatigue
- Fear of making mistakes
- Fear of encountering ethical dilemmas
- Fear of personal safety with high-risk clients
- Fear of negative feedback from colleagues
- Fear of losing the job or professional reputation
- Fear of personal biases interfering with the work
- Fear of being judged for working in the field
- Fear of relapse in oneself or colleagues
- Fear of not having enough resources
- Fear of being overwhelmed by emotional intensity
- Fear of not being able to maintain boundaries
- Fear of being sued or legal repercussions
- Fear of complex mental health presentations
- Fear of trauma or abuse histories
- Fear of multiple or severe addictions
- Fear of resistance from family or loved ones

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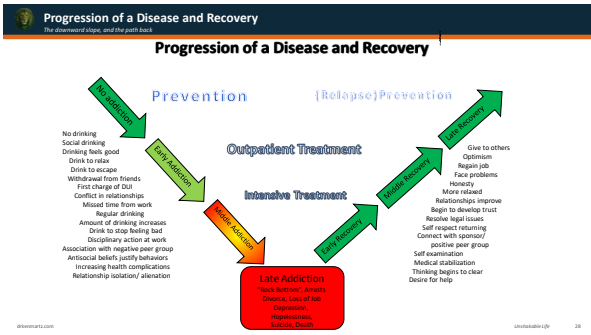
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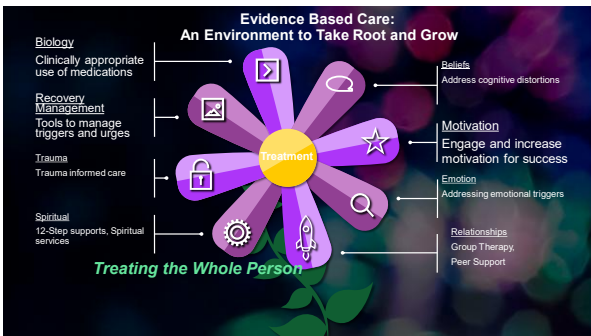
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**Through Fear to Recovery**  
Fear is behavior. A belief is recovery goal.

Fear	Behavior	Belief	Recovery Goal
Being "found out"	Secrets	<i>It is safer to avoid than face my problems</i>	Courage, direct, honest
Trusting others	Isolation	<i>If I am around others they may judge me</i>	Trust, vulnerability
Fear of relapse	Frozen in pattern of addictive behavior	<i>I can't change</i>	Actions, hope
Fear of failure	Defensive	<i>I am not good enough</i>	Self-confidence, self-respect

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**Example Beliefs**  
What clients say, and what they actually believe underneath

**EXAMPLE BELIEFS**

"I need to drink."  
 "I tried to stop, but I'm afraid I can't do it."  
 "Getting high makes life tolerable."  
 "Gambling isn't the problem, I have a money problem. Gambling is the solution."

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**Example Beliefs**  
Two cautions for the clinician

Caution: Treating Only the Behavior	Caution: Treating Only the Belief
Beliefs are not dislodged by: Medication Treatment plans Progress notes Education on the harm of the drug Four days in withdrawal management These matter, but they do not fix what is underneath.	Belief work alone will not: Build relationships Establish self-respect Identify core values Find passion or pleasure in life Build hope Both must be addressed. The behavior and the belief. The medicine and the meaning.

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**Beliefs**  
Core Beliefs = Deeply held

- How Core Beliefs Work**
- Filter incoming stimuli based on expectations
  - Steer responses and behaviors
  - Run mostly outside awareness
  - Generate evidence that confirms themselves
  - Resist change without deliberate practice

**BELIEFS IN PRACTICE**

The world is a safe place.  
The world is a dangerous place.

I need this drug.  
I want this drug.  
I want this life.

*Whether you think you can,  
or you think you can't,  
you are right.*

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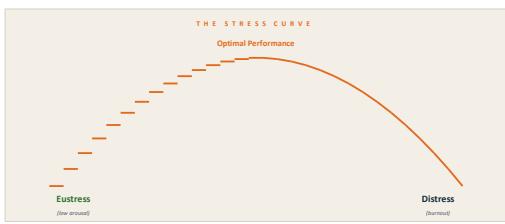
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**Emotions: Stress Management**  
Eustress and Distress, and the line between them




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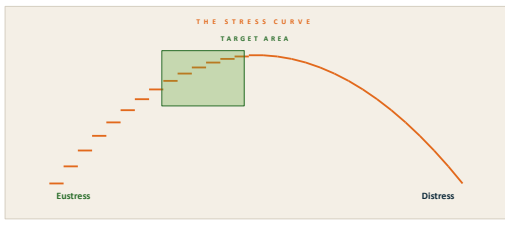
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**Emotions: Stress Management**  
Where is and the target zone




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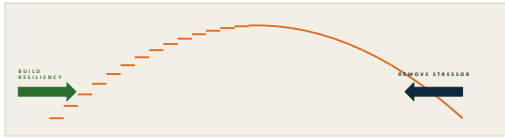
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**Emotions: Stress Management**  
*The skill underlies every other skill*



Tools to Build Resilience	Tools to Remove Stress
<ul style="list-style-type: none"> <li>■ Breathing</li> <li>■ Meditation</li> <li>■ Exercise</li> <li>■ Diet, sleep, relationships</li> </ul>	<ul style="list-style-type: none"> <li>■ Therapy</li> <li>■ Behavior change</li> <li>■ Belief change, emotional awareness</li> <li>■ Imagery change, recovery practices</li> </ul>

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**Fear: Tolerating Discomfort**  
*The skill underlies every other skill*

The Core Skill	Practices for Tolerating Discomfort
<p>Recovery is not the absence of fear. Recovery is the ability to act with fear present.</p> <p>Every tool to the right trains the client to widen the window of tolerance, not to eliminate the discomfort.</p>	<ul style="list-style-type: none"> <li>■ Name the sensation, not the story</li> <li>■ Breathe slower, longer exhales</li> <li>■ Ground in the body (5 senses)</li> <li>■ Move (walk, stretch, exercise)</li> <li>■ Reach for a person, not the substance</li> <li>■ Time it: this wave will pass</li> <li>■ Practice on purpose, before crisis</li> </ul>

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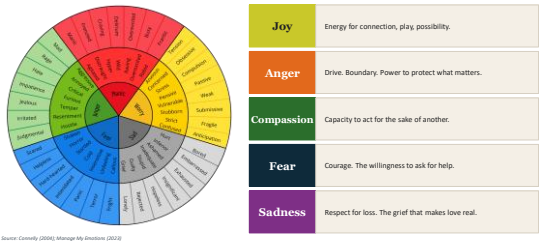
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**The Emotional Circle**  
*Five core emotions, one shared system*



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**Awareness: Internal Experience**  
Practice by noticing the quality of awareness

**AN EXERCISE**

**Our body responds to stress immediately.**

Memories trigger the guilt of our past and the fear of our future.

Emotions change rapidly and easily.

*Be aware. Practice. Repeat often.*

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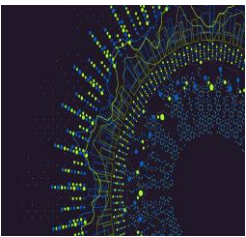
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**Psychosocial Approaches: Visualization, hypnosis, grounding**



**What is it?**

An altered state of consciousness used to alter perception and other conditions. Across modalities — visualization, hypnosis, grounding — the shared mechanism is directed attention.

**How Does It Work?**

A range of techniques to address associated suffering and adjustment to pain. The brain processes vivid imagined experience similarly to lived experience, so practice rewires.

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**Psychosocial Approaches: Meditation, mindfulness, ACT**

What is it?	How Does it Work?
<p>Often practiced with yoga or by itself. The practice of extended concentration.</p> <p>Formal practice: sitting still, focusing on breath, a word or phrase, or a candle flame.</p> <p>Informal practice: focused mindfulness in walking, eating, driving, conversing.</p>	<ul style="list-style-type: none"> <li>Stress management reduces hyperarousal</li> <li>Increased mental control teaches distraction or diversion from triggers</li> <li>Reduces tension, anxiety, and depression (themselves often triggers)</li> <li>Improves the ability to monitor and modulate reactions</li> </ul>

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**Meditation in Practice**  
*Relationships and communication*

	<p><b>Clinical Notes</b></p> <ul style="list-style-type: none"> <li>Also found to relieve depression and anxiety</li> <li>Found to support SUD treatment approaches</li> <li>No known contraindications</li> <li>Can be more challenging at first for patients with attention deficit difficulties — start short, build gradually</li> <li>Trauma-sensitive variants exist for clients with PTSD; consider with caution and proper training</li> </ul>
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<p>UNSHAKABLE LIFE</p> <p>RELATIONSHIPS</p> <p><b>Addiction is a disease of isolation.</b></p> <p><i>Recovery is, therefore, the disciplined practice of building safe relationships. The clinical alliance is the first one.</i></p> <p>UNSHAKABLE LIFE</p>	
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**Therapeutic Alliance**  
What we can offer that the substance cannot

<p><b>Model Safe Relationship</b></p> <p>A safe and trusting relationship is itself the core antidote to fear. The room is the medicine.</p>	<p><b>Foster Individual Change</b></p> <p>Hold space for the client to take risks they have not been willing to take elsewhere.</p>	<p><b>Build the Ecosystem</b></p> <p>Facilitate the development of these same relationships in the client's broader recovery system.</p>	<p><b>Maintain Cultural Context</b></p> <p>Cultural competency is not a soft skill. It is the difference between feeling met and feeling othered.</p>
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**Therapeutic Alliance**  
What we can offer that the substance cannot

<p><b>Safe Space</b></p> <p>Room to explore difficult emotions without consequence.</p>	<p><b>Time &amp; Consistency</b></p> <p>Predictable presence over weeks and months.</p>	<p><b>Empathy</b></p> <p>Accurate understanding of the client's experience.</p>	<p><b>Warmth</b></p> <p>Felt regard that the client can take in.</p>
<p><b>Genuineness</b></p> <p>A real person in the room, not a role.</p>	<p><b>Open Communication</b></p> <p>Hard truths offered with care and timing.</p>	<p><b>Balanced Support</b></p> <p>Holding steady and asking for more, in the same breath.</p>	<p><b>Courage</b></p> <p>The willingness to challenge fear-based patterns aloud.</p>

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**UNSHAKABLE LIFE**

INTO THE FUTURE

**Practice.  
Practice.  
Practice.**

Skill is what the brain does when it has done it enough times to do it without thinking. Recovery is no different.

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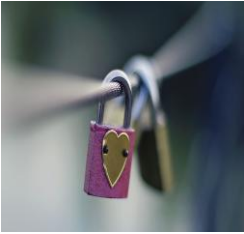
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**Now That We Love**  
*How do we make love stay?*



*"Now that we love,  
How do we make love stay?"*

— James Taylor

**Practice, practice, practice.**

*And what happens when we practice?*

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**Goal Setting and the Brain**  
*How to ask the question the brain can actually answer*



**How the Brain Hears Goals**

- Direct thinking to positive solutions
- Practice gratitude, pride, and acknowledgment
- The brain does not understand "no" — cannot stop addiction, can only create recovery
- Direct thinking to specifics, use all senses to rehearse

**Goal-Directed Questions**

- What else can I do to help my recovery today?
- What else can I successfully accomplish today?
- How many things can I do today that I can be proud of?
- How can I celebrate my recovery today?
- Compare to: "Why did you do that?" — which the brain answers with rationalization, not change

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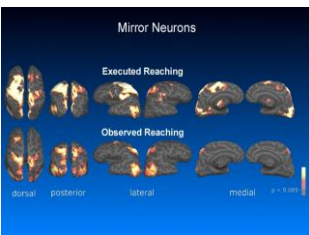
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**Relationships and the Brain**  
*Why relationships predict treatment success*



**Mirror Neurons**

When we observe an action in another person, our brain rehearses it as if we had done it ourselves.

This is why the room matters. This is why the cohort matters. This is why isolation kills recovery.

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**Relationships and the Brain**  
Relationships are the group, the arena, the practice.



**Why Relationships Predict Treatment Outcome**  
Relationships are key predictors in the success of treatment. The brain is built to learn through observation; recovery accelerates in the presence of people who are already doing the work.

**What Observation Teaches**  
When we observe others' anger, our brain rehearses anger. When we observe peer reward for honesty, our brain rehearses honesty. The group is the curriculum.

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**What Can I Do?**  
Five simple steps

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| <b>01</b><br>Be Aware of My Own Fears<br><br>The work cannot lead where I will not go. | <b>02</b><br>Build a Compassionate Relationship<br><br>Manage the client's fear through the alliance, not around it. | <b>03</b><br>Build a Range of Tools<br><br>No single intervention reaches every fear. Carry a kit. | <b>04</b><br>Guide Clients Through Fear<br><br>Not over, not around. Through. | <b>05</b><br>Practice, Practice, Practice<br><br>Repetition is the rewiring. Both for the client and for us. |
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**UNSHAKABLE LIFE**

RETURNING TO THE QUESTION

**What if we were wrong?**

What if fear is not the obstacle, but the doorway? What changes about your next session if that is true?

Unshakable Life

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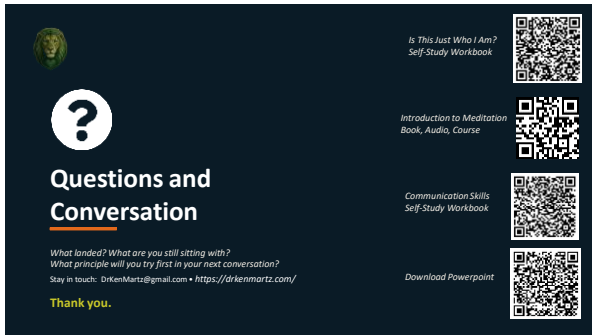
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**Questions and Conversation**

What landed? What are you still sitting with?  
What principle will you try first in your next conversation?  
Stay in touch: [DrKenMartz@gmail.com](mailto:DrKenMartz@gmail.com) • <https://drkenmartz.com/>

**Thank you.**

Is This Just Who I Am? Self-Study Workbook

Introduction to Meditation Book, Audio, Course

Communication Skills Self-Study Workbook

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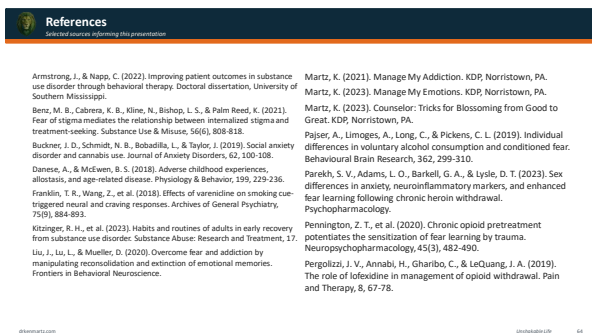
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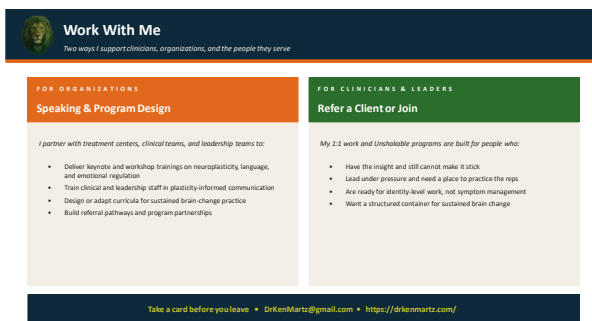
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**Work With Me**  
Two ways I support clinicians, organizations, and the people they serve

**FOR ORGANIZATIONS**  
**Speaking & Program Design**

I partner with treatment centers, clinical teams, and leadership teams to:

- Deliver keynote and workshop trainings on neuroplasticity, language, and emotional regulation
- Train clinical and leadership staff in plasticity-informed communication
- Design or adapt curricula for sustained brain change practice
- Build referral pathways and program partnerships

**FOR CLINICIANS & LEADERS**  
**Refer a Client or Join**

My 1:1 work and Unshakable programs are built for people who:

- Have the insight and still cannot make it stick
- Lead under pressure and need a place to practice the reps
- Are ready for identity-level work, not symptom management
- Want a structured container for sustained brain change

Take a card before you leave • [DrKenMartz@gmail.com](mailto:DrKenMartz@gmail.com) • <https://drkenmartz.com/>

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**UNSHAKABLE LIFE**

**THANK YOU**  
**Through Fear,  
to Recovery.**

**Ken Martt, Psy.D., MBA**  
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DKMartt@gmail.com  
www.DrKenMartt.com  
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