

MaleSurvivor

Overcoming sexual victimization of boys and men.



MaleSurvivor: National Organization
Against Male Sexual Victimization
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MEMO

To: Therapists of Registered Participants for MaleSurvivor Weekend of Recovery Level I

From: Howard Fradkin, Ph.D., and Jim Stuve, LCSW, Co-chairpersons,
MaleSurvivor Weekends of Recovery

Re: Support for participation of your client

The MaleSurvivor Weekend of Recovery is approaching soon, and your client (or potentially a new client who will see you after the weekend) has registered for the weekend. At this time, we are asking for your help and support of your client's participation in the weekend. The goals for the weekend of recovery are:

An opportunity to share with other survivors some aspect of your healing journey.

An opportunity to share inner pain with others who have been there.

An opportunity to give a voice to your experience as a survivor.

An opportunity to experience a safe environment and a safe place to let go and open up.

A safe place to experience a sense of community and joy.

If you would like to view our site which more fully describes the weekend, you can visit it at <http://www.malesurvivor.org/>

For the facilitator team at MaleSurvivor, safety is our number one priority throughout the weekend. One way we work toward this is to have a 1:3 staff to participant ratio. Staff members are licensed mental health professionals, with a minimum of 5 years experience working with male survivors. Most of our staff have 25 or more years of experience. Small groups are used throughout the weekend, and are kept small (no more than 7 men in a group), and are always facilitated by two therapists experienced in providing group therapy. Another way we work toward this goal is by having one facilitator interview each registrant before the weekend to learn about their recovery, what they have done so far, what their expectations are, kinds of treatment they are currently pursuing, and what they are aware of for themselves in terms of needs for safety. While the weekend itself is not an alternative to psychotherapy, we have found many participants bring what they learn at the weekend back home to utilize in their personal therapy and recovery work. The weekend is highly experiential: we do a lot of personal sharing. Participants are each given about 15-20 minutes to tell the details of their abuse history they feel comfortable sharing. We use art work, improvisational movement, and gestalt sculpting, cognitive behavioral work, meditations and visualizations to help participants access their feelings and take steps toward reclaiming their bodies, their feelings, and their lives.

In our registration materials, we recommend all participants are currently seeing a mental health professional, or have an appointment to see someone upon their return from the weekend. If the person is in therapy, we recommend they discuss their planned participation with the therapist to get as much feedback and

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suggestions for how they can benefit from the weekend of recovery while keeping themselves as safe as they need to be.

We have recently decided as an additional way to help protect all of the participants' safety, we are asking any therapist who is working with a survivor to complete the form below which indicates you have discussed the weekend with your client, you feel comfortable supporting their participation, and you are willing to provide follow-up with them following the weekend. Specific areas of concern for us which could seriously change your willingness to support their participation could include: 1) active suicidal ideation and plan; 2) active chemical dependency with no ability to remain sober; 3) inability to control perpetrating behaviors, such as an inability to respect other people's physical and sexual boundaries; or 4) unstable psychotropic drug regimen. It is important for your client to be able to ask for help, and we will do our best to remove as many barriers as we can so the asking is as comfortable as possible.

Being mindful of HIPAA regulations, and in respect for the privacy of our participants, we are not asking you to disclose any clinical information about your client, except any information which your client has agreed for you to release to us for the purpose of helping to facilitate as positive an experience for them at the weekend. We would welcome a brief statement about what issues are most prominent for your client at this time, but this is strictly optional. Safety concerns are our most important concern.

Please review the form below, and please return it to me no later than one week prior to the start of the weekend. You can fax it to me at 614-445-8283. You can also email it to me as an attachment or copy it to the text of email, to hfradkin@columbus.rr.com, or mail it to 918 S. Front St., Columbus, OH 43206. If you have any questions or reservations, I would be happy to talk with you personally as well, at 800-285-9397, ext 11.

Thank you in advance for taking the time to review this letter and complete the form below, to assist us in helping your client benefit from the weekend.

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MEMO

To: Howard Fradkin, Ph.D., Chairperson, MaleSurvivor Weekends of Recovery

From: _____ (printed name)

Re: My support for my client _____

Having reviewed your letter regarding the MaleSurvivor Weekend of Recovery, (please place an X in the appropriate places):

___ I have discussed with my client his participation in the upcoming weekend.

___ I have not discussed the weekend, as the identified client is not scheduled to see me until after the weekend is over

___ I feel comfortable supporting his participation in the weekend.

___ My therapeutic style is not consistent with providing this type of written support, however I have discussed the weekend with this client.

___ I agree to provide follow-up care for the client following the weekend.

My client has signed a release of information for me to provide the following information about him we felt would be beneficial for you to know prior to the weekend (REMINDER: this is totally optional):

If I am willing to be available in the event of a clinical emergency, my contact number is (____)-_____-_____
_____.

My email address is: _____@_____

My mailing address is: _____

Sincerely,

Your signature

Your printed name

Your professional and credentials and licensure #

PLEASE RETURN THIS FORM BY FAX TO HOWARD FRADKIN AT 614-445-8283; OR BY EMAIL TO HFRADKIN@COLUMBUS.RR.COM OR BY MAIL TO: Male Survivor Weekend of Recovery, 918 S. Front St., Columbus, OH 43206.

DEADLINE: One week prior to the start of the weekend

(Sequoia-March 20th; Atlanta-Center for New Beginnings-May 9th; Hope Springs-Oct 16th) Thanks for your help!