Therapy Chat Episode 290

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[00:00:00] **Laura Reagan:** Therapy Chat Podcast, Episode 290.

[00:00:04] **Announcer:** This is the Therapy Chat podcast with Laura Reagan LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan LCSW-C.

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[00:02:02] I will be there and I will see you there, maybe even in person and planning on going to LA depending on what happens, but that's my intention to at least stop into some of the events. So I'm excited about that.

[00:02:19] Hey there. Welcome back to Therapy Chat. It's me, Laura Reagan. Ooh, what a month. And what a week it's been as I'm recording this, the new website traumatherapistnetwork.com has gone live, two days ago. And I'm busy building more content into the site, figuring out little issues and glitches that things that don't work quite exactly the way that they're supposed to.

[00:02:45] Thanks to the wonderful help of the team that made the site for me. They're getting things fixed as soon as I can find problems, but it's a, it's like a new baby has been

born and I'm a proud mama, [00:03:00] pretty surreal, but you know, I've been dreaming about making this for over two years, I don't think I've really told y'all my story about this, but I've known that there was that it was hard to find a trauma therapist of course have known that forever because I'm a trauma therapist and people tell me all the time how hard it is to find someone who specializes in trauma.

[00:03:23] And even when they find someone who specializes in trauma, the person may not be exactly what they thought they were going to be. And I don't just mean like the process of therapy doesn't turn out to be what they hoped it would be expected or didn't go the way they wanted it to, but I really mean more like maybe they needed a therapist who understood childhood emotional neglect, and the one they found understood more about, let's say caregiver stress. Both of those things fall into the umbrella of trauma therapy needs, but they are different specialties and not intentionally, [00:04:00] but just because, you know, there's so many complexities to trauma, we can't specialize in all of them. No one can. And so finding someone who knows how to help with exactly what you want help with, which you may not even know exactly what that is and how to put it into words, that's a pretty tall order, really.

[00:04:20] And that's why I wanted to make this site so I started being curious about what it would take to put together a website like this probably before 2019, but in 2019 was when I really got serious about it. And I'm going to give a few shout outs in this little message that I'm giving you here today, because there've been a lot of people who've guided and helped me.

[00:04:42] One person who helped me back in 2019 was Kat Love. And Kat Love is a website developer and all around amazing human being who was kind enough to sit with me and answer my questions as I talked about what I [00:05:00] wanted this site to be. Kat helped me understand, first of all, that I would not be creating this myself because I am no software developer or a web designer or any of the things that I.T people do, and computer geniuses do. Those aren't my skills. I have another different set of skills. So Kat helped me realize that yeah, it needs to be a really robust website and that's gonna, that's gonna require, you know, a very specialized team to create it. You know, Kat helped me understand that not every web developer, just like every trauma therapist, they don't all know how to do the same things really well.

[00:05:37] I'm sure there are basic things that they all know how to do. This is actually a pretty good metaphor. I didn't think about it before, but Kat advised me to find someone who had experienced building a directory, guided me on what questions to ask, and gave me very importantly, some recommendation for trusted names to contact.

[00:05:54] And I did end up going with one of the people that Kat recommended, Bill Erickson of [00:06:00] Cultivate WP. And Bill and his team together with Dwayne the amazing designer and all of the wonderful people who work with them have beautifully executed the vision that I had for the site, you know, from the little nugget in my mind of what the need was to, you know, it's really weird to try to tell someone that you want to create something and how it needs to function and how it should look when you've never seen it.

[00:06:27] And there isn't one like this. So, you know, I can't believe that they were able to pull together what they did and create something that looks way more beautiful than I dreamed, but it also functions really well as a way to identify what the therapist specialization is and what training they have. I think that's really important too.

[00:06:49] You know, sometimes we're like, I want a therapist who's trained in Sensorimotor Pyschotherapy, and sometimes we're like, I want a therapist who's experienced with childhood trauma. And sometimes we're [00:07:00] like, I want a therapist who understands grief, anxiety loss, you know? So there are different ways that we search.

[00:07:07] This, um, site for the directory portion of it, it uses both what is the underlying type of trauma and what types of trauma therapy training and experience does the therapist have. Then possibly the best part is that the website itself is intended to educate people about the different types of therapy, the different types of trauma, the different types of trauma therapy, and how to find a trauma therapist that fits the needs of what you're looking for.

[00:07:39] In addition to connecting people with all kinds of resources, like blog posts, websites, courses, training programs for therapists to use, books, articles, videos, webinars, anything that is out there for trauma. I'm not going to say it's all here right on this site. Not yet. But ultimately I [00:08:00] want it to be where people can find those resources all together in one place.

[00:08:05] And to that end, I would love for you who are listening to let me know what resources you think should be included in The Trauma Therapist Network. If you know of great books, articles, webinars, courses, training programs, things that you're creating. You're a trauma therapist and you know, you have something great.

[00:08:26] Please get in touch with me. I want to include all these things on the site so that anybody who goes there can find just a wealth of information in so many different formats that there will be what they need, what they're looking for will be there in some way. So if you are interested in sharing that information, that feedback, go to the site, which should be great for you to check it out anyway, but it's www.traumatherapistnetwork.com, go to the about page and there's a contact form. You can just send us a message right through that form. If [00:09:00] you want to tell us what your resource is and go ahead and send us the resource, you know, a link, whatever we will consider it for inclusion in the site.

[00:09:11] And, um, we'll get back with you and let you know if we're going to use it, and make sure it's okay to use it. Of course, we'll give anyone credit. We'll give links to your website and stuff. So it's a way for you to share information about your, your services too. That's another one of the things that I like about the way that we set this up in this was I think this was Dwayne's idea.

[00:09:31] The web designer. Anybody who has a listing, any of the therapists who are listed in the site. If you have been a podcast guest on, for example, Therapy Chat, you can link to that. So your listing will show, it's almost like having a little mini website. You know, I know a

lot of people use their directory listings in other big directories as their website, but this, it has, you know, it has your picture.

[00:09:56] You can put a video of yourself and you [00:10:00] can, and there will be a link to your Therapy Chat podcast episode, if you've been a guest. And I think we can probably link to other podcasts you've been on. I am not a hundred percent sure, but I think so. And I'll be happy to do that too, as a way to help you spread the word about, you know, who you are and what you do.

[00:10:19] And it's a, it's a great way to let people know you. Get a feel of you. That's what I love about podcasts. You get such a sense of the person who's talking and it's really cool that way. Okay. So enough about that. I just wanted to share my excitement. Well, actually I have a little bit more to say. I just wanted to share my excitement.

[00:10:39] That trauma therapist network is live. I invite you to check it out, contact us through the site to send resources that you would like included. You know, maybe you love a certain resource and you want us to include it, but it's not yours. Feel free to tell us about it through there, through that site. And we will check it out and if necessary we'll [00:11:00] contact, whoever created it to see if they're okay with it being added to our list of resources.

[00:11:05] I hope you will keep in mind using Trauma Therapist Network as a way to learn more about trauma, share information with clients. If you are someone who's not a mental health professional, but you want to learn more about trauma there's there are blog posts, there are resource lists. There are podcasts episodes.

[00:11:26] That's what's there so far as well as the directory that is beginning to be populated with some therapists. And hopefully that will grow. I know it will over time. So thank you for checking it out. Thank you for letting me know about the resources that you think should be included. And thank you for being a part of the community that is being created with trauma therapist network and for listening to Therapy Chat.

[00:11:53] So normally I don't talk that long before I dive into the episode. [00:12:00] So thank you for bearing with me on that. You know, you got to celebrate, and this is a big deal I've been working. In fact, I, I didn't even finish telling you all the work I've been doing to bring this to life. So I did want to say, I wanted to give a shout out to Kat Love.

[00:12:15] Thank you, Kat, for your help to Cultivate WP, Bill and Dwayne and your team, you all are wonderful and amazing and I'm so grateful for your work to create this website and Sherpa- ing and me through the process because it has been a process, but I also want to thank Keri Nola who is my beloved coach, who I've been working with for over six years and who I sat with for a few days in California earlier this year to really bring the intention forth with this, this offering and make sure that the feeling of it was aligned with my highest self. And Keri really helped me with that. [00:13:00] So, Keri, you know, I'm grateful for you in so many ways. But in particular for this, this year, thank you so much.

[00:13:08] And briefly, I just also want to say thank you to my wonderful intern, Aida, who has worked so tirelessly to help me get the content onto the site. There's no way I could have done this on time without Aida's help. She's been a tremendous help. And she's going

to be a wonderful therapist one day. And also to Andrew for his help. He's been there with me from the beginning of this year, bringing this vision together and to Grace who helped with some of the design and formatting and creative inspiration and to Ian, who has literally held me up through this whole process for three months.

[00:13:50] And I really appreciate it. So this is not an academy awards acceptance speech, but I did want to take a minute with you, my audience, who [00:14:00] is the reason why I do this. Just say express my gratitude and appreciation. So with that said, the person who is my guest on today's episode is also someone who has been guiding, supporting, and encouraging me through this intense process of bringing this new website to life.

[00:14:21] And her name is Kristen D Boice. Kristen is a licensed Marriage and Family therapist with over 20 years experience. And she's the owner of a group, private counseling practice called Pathways to Healing Counseling in Indiana. She's also the host of the Close The Chapter Podcast. And she's a sought after international speaker as you'll hear when you hear our interview, Kristen, before I say much more about her professional bio, Kristen just has an amazing energy. She's just, you feel her warmth. She such a kind and compassionate person. And I'm so grateful that I met her through someone [00:15:00] else who I would like to appreciate Melvin Varghese from Selling the Couch Podcast, who has really helped me on my podcasting journey over the past six years.

[00:15:10] And I met Kristen through him because we're in a Mastermind together that Melvin runs. Kristen is an EMDR trained psychotherapist, and she also uses brain spotting. Together these two methods are among the most effective research-based trauma treatment modalities. Kristen specializes in improving self-worth, helping couples and families resolve conflicts and develop powerful communication skills, effective parenting strategies, life transitions, grief and loss, reducing anxiety and working through trauma. But most importantly, she instills hope, helps people create possibilities, and develop a sense of inner peace.

[00:15:48] I didn't know this, but according to her bio, and it doesn't surprise me now that I read it that prior to entering the counseling field, Kristen was an executive at a fortune 500 company. She's passionate about helping her [00:16:00] clients reach their goals along with speaking and presenting workshops on a variety of topics.

[00:16:03] I wanted to interview Kristen and bring her on Therapy Chat for you to hear about EMDR and brainspotting. So I am not an EMDR therapist and some of you may be surprised that, you know, out of 290 episodes of Therapy Chat, maybe one was about EMDR early on in, in the first year, maybe. And that's because I haven't really understood EMDR that well.

[00:16:33] So, um, you know, maybe I had a blind spot about it, but I realized that people, people seek out EMDR and there's a reason for that, because it's beneficial. Now I knew that Kristen was also certified in brainspotting. And so I was like, well, what's the difference between EMDR and brainspotting? And can you, can you talk about that on Therapy Chat?

[00:16:55] And so she, in this conversation did a great explanation [00:17:00] of what EMDR is and why it works and what brainspotting is and why it works and how they're similar and

how they're different. And I thought it was really cool. It's going to be something that I think many of you will find very interesting. And I certainly did also want to let you know next week, we're going to have another episode on EMDR.

[00:17:20] I'm making up for lost time with my EMDR coverage. So next week we're going to hear from Kurt Woodham about EMDR with adolescents, and I got a few more EMDR themed, uh, interviews in mind, but also got a bunch coming up about brainspotting. So you've already heard Thad Fry talk about brainspotting. And couple years ago, Beth Medina talked about it as well.

[00:17:46] So this year I have a few brain spotting therapists lined up to interview, and now that I'm trained in brainspotting too, um, I'm in love with it. So I'll be probably talking [00:18:00] about that for a long time to come. So let's go ahead and dive into my conversation with Chris and Boyce about brainspotting and EMDR, how they're alike and how they're different.

[00:18:12] Let's dive right in.

[00:18:13] Before we start our interview, I just wanted to say welcome to the Trauma Therapist Network, to three therapists who have joined the Trauma Therapist Network, family, Roberto Wasserman, LCSW-C in Odenton, Maryland, and available statewide virtually. January Briar Roberts LCPC, who is also available statewide in Maryland.

[00:18:39] And she used to be an associate with me in my practice. And last year she was a guest on Therapy Chat, I'll put a link to that in the show notes. It's also on her Trauma Therapist Network bio. She talked about helping children with self-regulation using co-regulation and I would also like to welcome [00:19:00] Gretchen Campbell Sefreid, hope I pronounce your last name right Gretchen who is in Denver, Colorado. Thank you all for being part of the Trauma Therapist Network family.

[00:19:14] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I'm very excited to be interviewing my friend and colleague Kristen Boice LMFT. Kristen, thank you so much for being my guest on Therapy Chat today.

[00:19:28] **Kristen D. Boice:** Thank you so much, Laura. It is an honor and a privilege to be with you today and I'm excited for our conversation.

[00:19:34] **Laura Reagan:** Thank you. The, I think the honor is all mine and, um, you're someone that I've wanted to have on here as I've gotten to know you in another group that we're in together and you know, it's interesting because we have a lot of similarities. We're both daring way, Certified Daring Way Facilitators. Were both group practice owners, your practice is Pathways to Healing Counseling, and we're both [00:20:00] podcasters.

[00:20:00] Your podcast is Close the Chapter. and you're trained in brainspotting, which I just started Training in. Yeah. And, but what we don't have in common is that you're also EMDR certified

[00:20:12] **Kristen D. Boice:** Trained. Yes.

[00:20:13] **Laura Reagan:** EMDR Trained. Yes. So I'm super excited to talk to you about EMDR and brainspotting and how they're similar and how they're different, because I know that people are always, they've heard about EMDR.

[00:20:26] I think people are beginning to hear more about brainspotting, but people are like, oh, I think EMDR is what I need, but they don't really know what it's going to be like, how it works. And I think it would be great to tell our audience about, you know, how, how it started, what it, what it's like and what it feels like for the client.

[00:20:47] And then talk about brainspotting and how the two are similar and different. So before we even get into all that, though, let's just start off by you telling our audience a little bit more about who you are and what you do.

[00:20:58] **Kristen D. Boice:** Thank you. I'm so excited for this [00:21:00] conversation. I cannot tell you how many times I get asked by clients: what first of all is EMDR and what is brainspotting and what are the differences? It's a question that gets asked repeatedly. So the fact that you're having this podcast to talk about this, I think will be so beneficial and helpful to anybody in therapy, thinking about therapy, trying to understand what the differences are.

[00:21:26] So, first of all, I'm so excited for the conversation. So a little bit about me. Um, as you said, I'm a licensed marriage and family therapist. I've been practicing since 2005 so a long time. And had a group practice for the last 13 years. And my heart really centers around trauma and working through those negative beliefs we have about ourselves that we're not enough, and I don't matter, and I'm defective, and there's something wrong with me.

[00:21:55] And they're shaped from early experiences in our lives. And we were just [00:22:00] little people. We were just pure beings that came into the world. And my heart has always been to hopefully change that narrative, the way we see each other and see ourselves in the process and heal those emotions, memories, and experiences, early in life that have kept us stuck. That was really my motivation to get EMDR trained as well as brainspotting, because several people kept telling me, you have to do EMDR. I got trained back in 2011 and they're like EMDR EMDR. And I kept hearing about it and I'm like, I'm going to go check out this EMDR.

[00:22:40] So I quickly signed up for the training. I actually hired a, uh, I enrolled a EMDR therapist for myself because I believe as a therapist, we have to be doing our own work in order to help others. So I quickly was like, let me check this out for myself [00:23:00] and found it very effective at the time, very effective.

[00:23:03] And then over the pandemic, brainspotting kept coming up and I thought, oh, this, this, this will be perfect time for me to really jump into brainspotting. And during the training, you do your own work as well. It's almost like an intensive and I took it and I have a list of all these things I want to work on.

[00:23:22] It was very intentional to do that during that training. And now our whole practice is built around EMDR. So we had a school shooting back in 2018 in our backyard here in Noblesville. I'm at Noblesville West Middle School.

[00:23:38] I knew I knew Noblesville somewhere. I couldn't place why I recognize the name. I'm sorry.

[00:23:43] Yeah all of the sudden CNN is in the backyard, all the national networks, nothing like this we had ever anticipated.

[00:23:50] And I knew in that moment, I see why we're called in this community to be EMDR trained and have trauma training [00:24:00] because we were right there able to help the community heal and. That really for me, makes there's so much intention and purpose with that. So in our local community, we're very well known for EMDR and brainspotting and trauma informed period.

[00:24:18] Like that's where just kind of the go-to in our community for that. And we were able to pretty quickly in real time on the scene do EMDR. And we know quickly, if you can get into reprocessing, the body memory, the emotions, the beliefs, the pictures, the sounds, the smells as quickly as possible.

[00:24:43] We're less likely to develop Posttraumatic Stress Disorder. So we were able to even take groups of people, which is very surprising and do not total EMDR, but some breathing exercises, some kind of resourcing. And then we are able to where there was about five of [00:25:00] us that were able to one by one by one, take some of these students staff into separate confidential spaces and start reprocessing.

[00:25:09] And out of that experience is really the most powerful evidence based research I can offer anybody is real life experience. So what you're going to hear from me is more practical, kind of real life. I'm going to give you some of the history and the practical application to not have it be so cognitive more, how does it land in the body and the heart center and emotionally.

[00:25:36] **Laura Reagan:** That's beautiful because that's what, how I experience you is that whenever we talk, you are like, I'm sensing and I'm like, oh man, she nailed it.

[00:25:46] Like, which feels so good. And I think that's what this felt sense of therapeutic experiences is so much different from the cognitive, you know, just changing your thoughts type [00:26:00] stuff, and which has a place. You know, it's, it's limited in how far it goes. So, I know that you're not like an EMDR trainer or consultant or anything, and, and that's not the claim, but it's just the practical experience of using EMDR for a good long time.

[00:26:18] And how it's obviously what you've observed with the victims and survivors of this school shooting. But also, you know, the comparison I think is really valuable because again, people have heard, oh, you had a trauma, you need EMDR, but they don't know what it entails. And you know, all the, the mysterious aspects of, you know, what's the magic that makes this work.

[00:26:43] So I'm excited to get into

[00:26:46] **Kristen D. Boice:** Absolutely. And I thought it might be helpful to kind of go through the background of how it started so people can have a conceptual framework of

how did the EMDR even get started. It was actually started in 1987 by Dr. Francine [00:27:00] Shapiro, who is a researcher. She was at the park, and she was experiencing a memory.

[00:27:04] She had body sensations, kind of the looping thoughts around this memory. And she started to be observant of her own experience and notice that her eyes were moving back and forth right. And left and right. And left. And she thought, huh, this is interesting. And she felt like it was desensitizing her to that memory.

[00:27:28] It was starting to calm her nervous system down. And so she started to take that back to the researchers and some clinicians and try to get some feedback, some data back on, is this a good idea? Does this really work? How does this work? And the research was incredible on the feedback that was coming in with veterans who had been doing talk therapy for 25 years.

[00:27:52] And all of a sudden, they were experiencing some relief for the first time with EMDR. And so, it stands [00:28:00] for Eye Movement, Desensitization and Reprocessing, it originally started with E M D Eye Movement Desensitization, and it did not have the reprocessing attached to it. And that came later, in the nineties, 1991, I believe.

[00:28:16] And so it kind of has evolved over time. And now it's one of the most empirically based research models for trauma treatment and anxiety and depression. And it's used from multitude of avenues, just like brainspotting is, and you're using bilateral movement. What does that mean? You can, it originally started with eye movement, so going right left, right left and following either a light bar or fingers back and forth.

[00:28:47] And as it it's evolved, there's more modalities other than just the eyes to do the bilateral, it's called bilateral stimulation to reprocess the memory. So, you can use what we call tappers and [00:29:00] they vibrate in your hands. Right. Left, right left. You can use music. And that can also be a bilateral sound.

[00:29:08] You can also do tapping. So, there's many what we call the butterfly hug, where you cross over your arms in front of you and put your arms, your hands on your shoulders and you can go right. Very calmly, right. Left, right left. Uh, and there's, so there's many modalities that have evolved from the original development of EMDR.

[00:29:30] And what there is, is there's an eight-step protocol in EMDR, which is very different than brainspotting. And originally there's a certain way that you, you, you, as a clinician direct the therapy and as I've done it over the years, I don't follow the strict protocol. They do that for a reason to get the training down.

[00:29:55] So you you're following the researched protocol [00:30:00] and that's one of the pieces in terms of it can feel overstimulating for some people, it can feel rigid for some people, it can feel heady because during the reprocessing, what we're doing is we're inviting someone to pull up the memory. So, the therapist might say float back to the time where you felt the same way that you do right now.

[00:30:23] And what memory comes back, comes up. That's a called the float back. And so the client might report, oh, I remember being on the bus and they called me stupid on the bus. I'm giving you an example. I made up an example. And so ever since then I have felt stupid. You know, I feel like I'm just an idiot. And so, then what we're doing is we're targeting, they call it, targeting the memory.

[00:30:47] So we come up with the target. And so, then we, we look at how intense is that on a zero to 10. Then we look at, we call that SUDS.

[00:30:56] **Laura Reagan:** And so, the unit.

[00:30:58] **Kristen D. Boice:** Subjective [00:31:00] units of distress scale. Yes. And so that's how intense does it feel in your body? And someone will rate that on a zero to 10, and then we're looking at what, what's the negative, where do you feel it in your body?

[00:31:13] So you're naming where you feel it in your body. We're looking at the emotions. So, what are you feeling? So we're asking a lot of questions. So, the, the clients having to kind of come up with these answers, we're also asking what's the negative belief you have about yourself. So, in this example, it's fairly easy.

[00:31:30] I am an idiot. I am stupid. What do you want to believe about yourself? That I am enough. I am smart enough. Something like that. And so, it's very cognitively, they have to shift from the body into the, the belief, which takes us into a different part of the brain. So, what we're doing is we're trying to access, the subcortical part of the brain, as opposed to the prefrontal cortex that has all the [00:32:00] talking.

[00:32:00] And so sometimes that can take people out of the processing into that sub-cortical brain into that prefrontal cortex, which is like the CEO of the brain, the organizer, the rational side of the brain, and take them out of that process. And then I want to explain some of the differences with brain spotting that may be different.

[00:32:19] **Laura Reagan:** Yeah. Perfect. And before you go into the differences, can I ask for a couple of definitions? Yes. So, when you said bilateral, I know you said right left, right left, but can you explain just generally what that means for our brain?

[00:32:35] **Kristen D. Boice:** Absolutely. So, we're going between the right and left hemispheres of the brain, that store different.

[00:32:41] If you think of the sensory system, the senses are stored in different parts of the brain. So we have the smells and typically with any memory, we'll have a smell that comes up. We'll have some sounds associated with that memory, what we saw with associated with that memory. And they're typically, depending [00:33:00] on the memory, someone can have very vivid memory, or they might not have any memory at all.

[00:33:05] And so, and it's not it's okay if someone doesn't have a lot of memory, I might just work with the body sensation. And so, this is whereas I've done EMDR for since 2011, I've adapted it in a different way to really hone in on what is, what is held in the body. So if we

look at Somatic experiencing this there's roots also with somatic experiencing in, you'll see some ties in different modalities with both brainspotting and EMDR.

[00:33:36] The body is, is important. So we're working on, when we're talking about bilateral, we're working on that right hemisphere, that left hemisphere to access the different parts of that memory that are stored in different parts of the brain. That's the easiest way to explain it based on those neuro networks that are all connected to that belief that I am stupid.

[00:33:57] **Laura Reagan:** Yeah. And isn't there something [00:34:00] about like, it's sort of stuck in a loop in one part of the brain and by going from side to side, it moves, it carries it over or into the place where it can process.

[00:34:10] **Kristen D. Boice:** It's from an EMDR it's called adaptive from maladaptive to adaptive. So, we can store memories and what we call maladaptive ways.

[00:34:21] So we can be frozen in time. Basically, our body, our beliefs, our emotions can be stored in time. Right. And we call that maladaptive and then we want to get to an adaptive place where we work through that memory. We've reprocessed it enough. We can almost have a different perspective about the memory, a different belief about the memory once we're finished with reprocessing.

[00:34:46] So let's say we started with a disturbance, a level of disturbance at a nine or 10, and we could get that down to a zero because we've, we've moved from maladaptive to [00:35:00] adaptive processing and they call it information. I wrote it down just to jog my memory since I just do it experientially, experientially so much it's Information Processing Theory. And that's when she added really the R to EMDR in 1995. So it's really based in that maladaptive to adaptive because we are moving those frozen parts that didn't get processed in real time. And I really emphasize that with clients, like, did you get to process that experience on the bus?

[00:35:36] No, I got home, and nobody was home, or

[00:35:40] **Laura Reagan:** I just couldn't tell my parents because they wouldn't understand. And

[00:35:45] **Kristen D. Boice:** I hadn't, I just felt like I just wanted to forget about it. I just wanted to move on from it, or it wasn't a thing. We didn't talk about anything at home, or it wasn't safe at home. There's a multitude of reasons.

[00:35:56] And so it never got reprocessed. So [00:36:00] it got frozen in time is the best way I like to say it to somebody. So sometimes we can look like we're adults, but when we go back and we pull up that part, we are almost it's like, oh, I have, I'm stuck in that spot where that person told me that I was stupid.

[00:36:16] **Laura Reagan:** Yeah. So insidious too, because it's like, I find for myself and clients report, like, it's really hard to tell when you are back in that frozen space of time, because it feels like a truth that I am stupid.

[00:36:34] Not that I'm reliving being on the bus when I was eight or whatever it was. And someone called me stupid.

[00:36:40] **Kristen D. Boice:** Exactly. It's almost like it's cemented to exactly a truth, now. We're trained to say, how do you feel about that memory now using the word now to see what comes up in real time because often very similar. If I pull up that memory and I watch it, like [00:37:00] it's on a movie screen.

[00:37:00] So a lot of times they'll say, watch it, like you're on a train. And this is where the nervous system could sometimes it could be overwhelming to somebody. So I want to say that, they'll say, watch it, like it's a movie or that you're in on a train and you're watching the scenes go by. So there's distance.

[00:37:18] Sometimes you can think about it as a black and white picture on a TV screen to distance that memory. So it's not as if you're reliving the memory.

[00:37:27] **Laura Reagan:** And that's the challenge.

[00:37:28] **Kristen D. Boice:** That's the challenge because when it's frozen in time, it often feels like you're reliving the memory, right. And we will have what we call sometimes abreactions where that's a body memory, because what we're meant to do we know through Peter Levine's work, that isn't associated with EMDR, who's somatic experiencing that when we don't let the body do what the body needs to do in that moment, because we're in freeze or fawn or flight or fight, we often will see in EMDR, [00:38:00] we'll see the body doing what it needed to do when that experience happened.

[00:38:05] And that can be very overwhelming for clinicians. If they're not, don't know how to handle that. And I'm like, okay, good. We're letting it were releasing, we're releasing and it can be very scary to the client if I haven't prepped them ahead of time to tell them your body may respond, there's nothing wrong with you.

[00:38:21] It, it may bring up some fear. I'm right here. We work on some centering exercises. Also, before we start EMDR, I recommend that. So we can come back to center if we need to. And I say, this is just your body releasing what it needs to release, let it do what it needs to do. I'm right here. Let it do what it needs to do.

[00:38:40] And that can be surprising when people haven't done EMDR, that that can be a release. That can be how your body responds to reprocessing the memory.

[00:38:51] **Laura Reagan:** Yeah. And I mean, you know what you just said about preparing clients, I think that's really an important thing [00:39:00] to highlight as well, because I've seen where people go to someone for EMDR and on the first or second session they're doing EMDR and this person has a very complex trauma history, and there's not enough of a therapeutic relationship built up for the space to really be held for the client to feel safe, to allow whatever's happening. So this re this reprocessing starts and they're back in that trauma and they don't have that relationship and they, they can have some pretty negative effects.

[00:39:34] **Kristen D. Boice:** Yes, I am. In our practice, we do a lot of connection with the client and helpful coping strategies also coupled with that. So they know how to, with our help holding the container, how to come back to center, that it's okay, we're going to come back. And if we don't have that prep work, it can be very disarming to the nervous system and [00:40:00] retraumatize the client, which we don't want to do.

[00:40:02] **Laura Reagan:** Of course.

[00:40:02] **Kristen D. Boice:** So, and I don't mean that the EMDR is retraumatizing the client.

[00:40:06] I mean, the lack of foundational prep work. And if the client, if the therapist hasn't done that part, which is a critical part of EMDR, and that's part of the phases of EMDR is that prep that foundational prep work rather than jumping in, we want to do no harm to the client.

[00:40:24] **Laura Reagan:** So it's really not the EMDR going wrong. It's the lack of adequate preparation. That's really, you know, a deficit within that therapeutic relationship or just not a, not a deficit, but a, uh, missed a misstep or something that should have happened.

[00:40:42] **Kristen D. Boice:** Yeah. And it could be, it would be a considered a maladaptive, right. That we may have jumped into soon.

[00:40:50] And when you are pretty skilled at, you can go, okay, let's do some resourcing, which means let's do some centering, some breathing. And the tappers are actually [00:41:00] very soothing to the nervous system. And I, that's why I was like, if I could have everybody hold the tappers, even just holding the tappers are very calming to the nervous system. Like even just holding them and feeling your feet on the floor and just doing that. Like we're not reprocessing anything. We're just feeling the tappers in your hand. I typically would start very gently, very softly with the EMDR. So then there's a felt sense of safety of, oh, these also can calm me and not always activate me.

[00:41:33] And so the tappers are very, I personally loved the tappers and a lot of clients like it because it's working on that physiology of the body, which I think is not something spoken about often with the tappers, which is the buzzies that vibrate in your hand, very softly. You can turn them up, turn them down.

[00:41:51] **Laura Reagan:** Yeah. I've experienced that. I used to have a suite mate where I used to rent space and I came out of a session. It was like, [00:42:00] Oh, wow. That was intense. And I wasn't even really fully aware of what I was feeling, but I think she could tell right away that I was kind of out of my window of tolerance. And she was like, come, you know, I want to sit down for a minute.

[00:42:13] And I came in and sat down in her room and she had tappers and she was like, just, just hold these. And I was like, well, you know, buzz. And I was like, well, what's this? And she's like, oh, just see what happens. And then, you know, a few minutes later I was like, I felt different. It wasn't like, you know, I just felt different.

[00:42:32] And I was like able to really sort of express what I was feeling instead of just being like, whoa, I don't know what it was. That was just so much, you know, like, uh, I don't know why I feel like this. And then it was like, oh, you know, and maybe a normal emotional reaction happened instead of this foggy, you know, not clear knowing what was going on with myself.

[00:42:54] So that was that's my experience with EMDR. That's the only one I've had.

[00:42:58] **Kristen D. Boice:** Yeah. Then that's that would [00:43:00] be EMDR. It's just not, you're not doing the full protocol. Yeah. So if you're, we're going by the eight step protocol and the other thing people ask me a lot is can you do EMDR remotely? Like how does that even work?

[00:43:11] And I'm like, absolutely. There's software now that has been developed, one is remote EMDR and that has bilateral sound so you can put headphones on and you can pick from music to nature. Like if you want birds chirping, like, no, I don't want birds. I like the ocean. We can do ocean. We can do rain forest, white noise.

[00:43:33] You can also do just kind of ping pong sounds, and it can move at a very, you know, we can move it at the pace that the client feels I oh, the client can handle and is comfortable with. And that is a number one I would say most important part of EMDR is checking in with the client. How do you feel? And then inviting the client to check in with how they feel let's check in with [00:44:00] just how does, let's just kind of tip our toe in the water and we just kind of do some real light, taking some deep breaths, putting our feet on the floor. Let's just kind of see how this feels in your nervous system, the felt sense of it. So we're not just jumping in to reprocessing a real traumatic memory. And oftentimes I might start with something, what we call a little T and I know people do that little t, big T

[00:44:23] I just call it a whatever is disturbing you, at any level, we might start with something less intense. So it might be something that your spouse said to you or your kids said to you that triggered this feeling in your body. And we might start with that, which could lead us down right to the roots of where that lies.

[00:44:42] Typically does, that school bus that's memory you're stupid. And so this is, I think this is the most important part is meeting the client where they are, and attuning, we're going to get to that with brainspotting, but this attunement where it says, I [00:45:00] see you. I see what I see your body language. I see your eyes.

[00:45:06] I see a breath. I'm attuning to you, cause the therapist has to do their own work in order to be able to notice this within the client, and in EMDR and brainspotting, it's critical. I can't emphasize that enough that you continue, cause we're all works in progress, to do our own work and to notice those triggers, so when we are with the client, we can hold this space for them to do this hard, scary work.

[00:45:35] **Laura Reagan:** Yeah.

[00:45:35] **Kristen D. Boice:** So it is possible to do both brainspotting and we can get into that, but brainspotting and EMDR, but EMDR in particular people, are like can you do that?

I'm like, yes. There's there's ways to do it. And I was one of those that was like, I don't think so.

[00:45:51] I was all about in-person and didn't think that that could be effective while I'm eating my words. Cause it has been very effective. And [00:46:00] as a matter of fact, clients are almost like, I like this remote EMDR almost better than I did the in-person surprisingly each client is different.

[00:46:09] **Laura Reagan:** Yeah. I know the pandemic has definitely taken off who are like, in-person only for everything and saying, okay, well, I guess virtual actually works really well too. So, you know, but you know, we're like, so wedded to what we know what's familiar.

[00:46:26] **Kristen D. Boice:** Absolutely. So that's the nutshell and just more experientially about EMDR, because those are the questions that people want to know.

[00:46:35] How does it work? How, how do I, how does it feel? And it feels different for everybody. When I first did it, you do it in the training. You go through it, just through any kind of modality you learn as a therapist, the therapist goes through and experiences what the client experiences. And then I went through my own personal therapy and at that point, it tapped into [00:47:00] grief that I wasn't able to get to otherwise it got to that subcortical level where it tapped into what was really keeping me stuck, which was the real deep, deep, deep, almost like a guttural grief. And so that transformed my work to go, oh, this is, it's not about just the thinking. And I knew that, but to experience it. And then what that freed up in me was life changing.

[00:47:32] **Laura Reagan:** Hey everybody. I wanted to take a quick minute to tell you about my experience with Sunset Lake CBD. I first tried CBD when my integrative doctor recommended it for chronic neck pain and tension that tends to wake me up at night. I really like sunset lake CBDs products. The full spectrum CBD tincture is mild tasting compared to others I've tried and I find it works quickly. It doesn't feel sedating, but it does have a pleasant calming effect. And I also like the CBD gummies. They [00:48:00] taste good and they work well. So if you're looking for a craft CBD product that comes directly from a farm outside, Burlington, Vermont, that's a producer for Ben and Jerry's ice cream, you're going to want to check out Sunset Lake CBD and remember Therapy Chat listeners get 20% off using the promo code, "CHAT." So go to sunsetlakecbd.com and use the promo code, "CHAT."

[00:48:25] That's amazing. And thank you for sharing that. And it, it also brings up another thing I wanted to ask for a definition of before you go on to brainspotting, which is the sub-cortical. Can you explain what that means?

[00:48:40] **Kristen D. Boice:** Yes. So in the sub-cortical brain, it's the non-verbal oftentimes it's a non-verbal I'm going to say it in simple terms because that's how I explain to clients.

[00:48:50] It's the non-verbal part of the brain that we can't access through talk therapy. So what is the nonverbal part of the brain? It's body sensations, it's emotions. [00:49:00] Its things get tucked under almost like in the body that we don't even know is there because we can intellectually say something.

[00:49:09] How many times we're like, I know that this is shame, or I know this is, you know, I feel really sad, but we're not really connected to the emotion. What the subcortex is, is that subcortical brain is that part that doesn't have words. Oftentimes it doesn't have words necessarily.

[00:49:29] **Laura Reagan:** So it's also like pre-verbal experiences.

[00:49:32] So like birth and crying in your crib when you're six months old and your moms in the shower, you know, and it doesn't come. So those things that you can't be like, well, back when I was six months old, I remember my mom didn't come. And I thought I was worthless because she just left me there crying.

[00:49:51] When, you know, you didn't think any of that, it's more like body, you know, message that's like, somehow your body says I'm [00:50:00] unloved or something. Not in those words, you know? So you wouldn't be able to access that. You wouldn't be able to find that in your cognition.

[00:50:08] **Kristen D. Boice:** Exactly. And even in utero, like in pregnancy that we don't even know perhaps what the biological parent was going through mother at the time that can get passed down into our nervous systems.

[00:50:22] And that would be, uh, in the neocortex of the brain. Something that we, like you said, we wouldn't have a narrative around even, perhaps there's no narrative to make sense of it.

[00:50:33] **Laura Reagan:** Yeah.

[00:50:34] **Kristen D. Boice:** And it's locked in the body. So that's the brilliance of both EMDR and brainspotting is you're actually getting to that. So someone with significant abandonment issues and they're like, I just, and they may have a physical abandonment.

[00:50:48] They may have an emotional abandonment and they may not be able to pinpoint it. And oftentimes we can get there through the roots and oftentimes with even surgeries. [00:51:00] So if someone had tubes, adnoids removed or there was a surgery, they were in the NICU, or they had a surgery early on that gets tracked, that's trauma to the body.

[00:51:12] And so that neocortex will hold that body sensation, that experience even being put under with anesthesia, that frozen immobilized feeling, that can be accessed through EMDR and brainspotting, even if there's no memory. So we're just going, even with the body sensation or this belief. And I don't even ask beliefs now, but typically with beliefs, you're going okay.

[00:51:37] I feel unworthy, but really underneath it's abandonment. Well come to find out they were separated from their parent for a surgery, for, even if it was one night, three weeks, whatever, the length of time,

[00:51:50] **Laura Reagan:** Or even the time that they were, the parent was not able to go with them into the operating room. Maybe it was a 45-minute surgery, but they needed comfort [00:52:00] and no one was there.

[00:52:02] **Kristen D. Boice:** There's a case I worked on where we were in with the Noblesville shooting and couldn't get past the trapped feeling and come to find out it was because there was a surgery early on. And the mask from going under the anesthesia was the feeling of feeling trapped. And then the separated from our parents it's like, of course, so we could only get so far until we got to that root memory and that wasn't a cognition-

[00:52:31] She couldn't cognitively think there was a tie there that only came through that subcortical experience, the reprocessing that it came up.

[00:52:40] **Laura Reagan:** So in that example, and I don't actually want you to give away anything of this person's personal information, but in an example like that, would they know that that was came up, like, how would, let's say it's a 10 year old child and they had this surgery when they were one, how would they know that it was related [00:53:00] to that? Do they know that that, oh, I a surgery, you know, like, or does the parents share that while they did have a surgery? It's like, and they're saying there's something over my face or something like that.

[00:53:10] **Kristen D. Boice:** Typically, through the history taking, which is a phase of therapy and EMDR. There's a history taking as part of the initial protocol step process. And you're going to be asking about surgeries or separations. And if you have a child, you're going to be asking about surgeries, procedures, separations, anything like that.

[00:53:32] So it could be a medical separation. It could be a trip that mom or dad took. And there was a separation there, there could have been where they were literally separated from their parent because the parent was in the hospital for extended period of time. So we're going to get a thorough history. Like if we're working with a child or we're working with the client on their medical history or separations, I find I work a lot with abandonment.

[00:53:58] That's just part [00:54:00] of trauma. And sometimes we're digging or we're trying and the person may not have that history, that's okay. We don't have to have that history. I'm just going to go with the body sensation. I'm going to go with the emotion that's coming up now. And that may take us someplace. I'm just going to let the brain do what the brain needs to do, and I'm going to go with it. So I don't know where that's going to lead. I don't know what that's going to come up for the client. I trust that the brain and the body will show whomever's right in front of me where we need to go, and I don't, I might not get that information and the client might not have the information and that's okay.

[00:54:38] Because I can find that it's very upsetting for people when they don't have that information, because they really want the information to put the puzzle piece together and why they feel the way they do

[00:54:47] **Laura Reagan:** Yeah, that whole mystery of needing to understand, to make sense of it for the anxiety about what is this, what is this, like this fear something's wrong.

[00:54:58] What's why is this [00:55:00] happening? What's wrong with it?

[00:55:01] What's wrong

[00:55:02] **Kristen D. Boice:** with me? Yeah, it was sometimes we don't have all the answers and I'm like, it's okay. Let's just go with where you feel it in your body now and where that's coming up emotionally. And we can still get to where we need to go even without the information.

[00:55:15] **Laura Reagan:** So they can experience the relief and the release that needs to happen, even if they don't really know why they needed it.

[00:55:23] **Kristen D. Boice:** Exactly. Cause that's the gift of the subcortex. That's the gift that the subcortex can give us. Because we won't have words and we might not have the information. And we're just going to know that the body and the brain can heal itself depending on what it is, unless you've had a brain injury or something along those lines.

[00:55:41] And even then, you never say never, but I'm not talking from a medical perspective. I'm talking from an emotional perspective. Yeah. So I want to make that distinction.

[00:55:50] Thank you.

[00:55:51] **Laura Reagan:** All right. So yeah. If you are ready, we can get into the brainspotting part. I just wanted to, I didn't want any one to be stuck on, but what's [00:56:00] sub-cortical?

[00:56:00] **Kristen D. Boice:** Exactly. No, I think that's awesome because we, I talk like this all the time. So let's jump into brainspotting. Brainspotting was an off shoot. The birthplace of brainspotting came from Dr. David Grand, he was EMDR trained. He was a facilitator. He was doing a lot with EMDR. This is the beauty of why I love this because we don't have to be constrained.

[00:56:27] Sometimes things are birthed out of unknown places when we're attuned. And his framework is really where you look, uh, is, is the felt sense of that, where your eyes go is where we go, as a clinician, we follow that. We follow where the eyes go. What does that mean? It means we're not moving the eyes back and forth bilaterally necessarily; we're watching for the fixed eye position where the person has the memory [00:57:00] come up, or the body sensation, or the emotion. So we might watch the client and notice, oh, you are looking off to your right, when you were talking about the loss of your mom. And what we're going to do is we can use a pointer. We can use, uh, a spot on in their environment and my environment, depending on if you're tele-health or you're in person, and we're going to attune to the client.

[00:57:28] The framework is built on attunement what does attunement mean? Attunement means I'm noticing the client's eye movement, I'm noticing the client's facial expressions, I'm noticing the clients smile or not smile, or how even an eyebrow lift a little eyebrow lift when they're talking about how they're feeling, I'm noticing their breath, their body I'm just fully present in my body so I can be fully present with the client in front of me. [00:58:00]

[00:58:00] So attunement is burst out of really parent child dynamic as, as infancy we know through research, when a parent is attuned to the child, emotionally physically, meeting that

need that, that is healthy for child development and creates a sense of felt sense of security and safety. And so, David Grand took this concept and took attunement, which I resonate with greatly, and that's how I practice therapy anyways.

[00:58:30] So that spoke to me, that framework of attunement. It's not about the clinician and having all the answers. It's trusting the client's process to go where we need to go: to clear, to release, to reprocess whatever's in front of them in the moment, where as an EMDR, we're asking the client to pull up a memory, potentially I do a little differently, but historically, if you're following the eight-step protocol, you're asking the client to pull up a [00:59:00] memory and perhaps all the details describing what happened. You don't necessarily have to do that in EMDR. It's part of, it's optional. The person doesn't have to describe it.

[00:59:11] Whereas in brainspotting, the person [inaudible]. You don't have to talk. In brainspotting, you're really less concerned about the story as more in tune with the body, the activation level of the client. So, they're going to also ask the same question, how you can ask it, how intense is it for you? How activated are you on a zero to 10?

[00:59:35] The client is going to connect to their own body, tell you what that looks like. They're going to do that, subjective, subjective level of disturbance. Um, so unit of disturbance and you're also, and that's pretty much, and then you're going to have the client just kind of go with whatever they notice in the moment you put a framework together of what the client wants to work on.

[00:59:57] You find the fixed eye position. There also [01:00:00] is what's called bio lateral music that the client can listen to that David Grand developed and it's, again, we're kind of, it's more of a, it's hard to describe you're going in one ear out the other, but it's not so right. Left right left. It's more like, your kind of right.

[01:00:19] I can't describe it in words. And it's like a,

[01:00:22] **Laura Reagan:** It's like an infinity loop versus a left right. Left, right?

[01:00:27] **Kristen D. Boice:** Yeah. Right. It's yeah. It's more of a infinity. And so they call that bio lateral. So it's different than EMDR, which is bilateral. So there's a coin difference there. And the client can listen to music or not listen to the bio lateral music, it's up to the client and how that feels in their nervous system.

[01:00:47] And so this was really interesting because what drew me to it is one, he really didn't David Grand, the founder of, of brainspotting did a lot with 9 [01:01:00] /11 and the Sandy Hook shooting. And that drew me in because of what we experienced here in Noblesville. And I thought that is, that is really powerful. Their EMDR was also available for those situations for those traumas. And the Sandy Hook research was that came pretty high up on what works the best for people was brainspotting. They found healing, they found refuge, they found it really was beneficial for them. And so he was pro he was a pioneer, I think in a lot of ways of, he, he devoted every single weekend going to the Sandy Hook community and offering therapy and training therapists with brainspotting.

[01:01:44] And now he's really moved towards that there is no, he doesn't want any rigid protocols that constrains the attunement for the therapist and the client. It's much more of a, not a rigid the call, a set up. And even then, he's like, [01:02:00] you know what? I don't want any kind of oppression in this model, no oppression in this model.

[01:02:06] So I've gone through the three phases. Several phases. There's phase one of training phase two, phase three, and then he has master classes in the last phase, which was phase three. He really emphasized; this is not an oppressive model. This is not a rigid,"you have to do it a certain way model," it's much, much more important about the attunement with the client and meeting the client where they're at.

[01:02:31] It's, uh, some people say it's a less jarring and I'm just using feedback that I've and some people love the EMDR just depends on the person. And you can use, after you get the training down, you bring what you bring as a therapist, which is your authentic self, your full present self, and either of these modalities.

[01:02:55] That is the most important component of therapy is bringing your [01:03:00] present attuned self and that's so in brain spotting, that is the essence of brain. It's about attunement with the client. And that's really where he emphasizes the whole model is attunement, and we know through attachment work that how healing attunement is and repair work.

[01:03:19] **Laura Reagan:** I really believe that you know how they, I've probably said this so many times on this podcast, but you know how they have the, the study where they did that, like super therapist thing and they found what, what is it that these super therapists have in common that makes them have more effective therapy outcomes with their clients?

[01:03:38] And it was all, it wasn't the modality they used. It was the relationship which comes to attachment. Right?

[01:03:44] **Kristen D. Boice:** Yes.

[01:03:45] And I have experienced that myself in therapy. And so when we can be on the other side of the couch and we're like, oh yes, it's so vulnerable to be on the other side and talk about things that are so [01:04:00] hard and scary. I think that enriches us to do EMDR and brainspotting even more effectively. So anybody that's a therapist out there listening, I highly recommend doing it yourself on top of even the training and see if it resonates for you. If it doesn't that's okay. Because it really that's my number one thing I think in terms of my team, does it resonate for you? And then bring yourself into it.

[01:04:28] Yeah, I'm not a rigid protocol person. And I'm not saying this as a rigid protocol. I'm saying that when you have flexibility in the work and any modality you have, I think there's brings forth a sense of safety and security for the client, because you're not abandoning your own self in the therapeutic process.

[01:04:47] **Laura Reagan:** Yeah. That feels so true. Like the letting something unfold organically and taking away the illusion of control and the therapist as the [01:05:00] expert means that it's a relationship where, you know, one person is in a position to walk with,

guide, you know, witness and hold space and the other person can just let themselves feel, and be figurativley speaking, be held within that safe space, and have the opportunity to explore something that wasn't safe to explore, because they didn't have anybody to safely hold the space for them at the time when it happened.

[01:05:27] **Kristen D. Boice:** Yes, being held, and us holding the space is I love that. That's so beautiful how we are... that's exactly how I frame it. That's all we're doing. We're not a one-up position from the client and they're not a one down, right? We're just holding the space and we know; I love Peter Levine's quote that says, you know what trauma isn't what happened to us. It's the lack of having an empathic, (paraphrasing) an empathic witness to what happened to us.

[01:05:55] And that is the essence of whatever modality you choose, but [01:06:00] really EMDR and brainspotting is that for me, at least personally, it's being that empathic witness and holding the space cause we don't heal in judgment. We don't heal in "we got to do it this right way, there's a right, and there's a wrong way."

[01:06:15] That feels, that does feel oppressive. That does feel for performance based. And shame-based rather than just let's flow with it, were going with the flow where that takes us.

[01:06:25] **Laura Reagan:** Yeah. Yeah. There's a beautiful feeling of trusting the process in what you're talking about. And I think when you're trusting the process, you are as a therapist, if you can trust the process, it means you are feeling safe enough to allow the process to happen and not trying to be the process and get in the way of, of the, what is organically happening with that, you know, person's inner ability to heal being accessed. And rather than thinking, like I have to fix this for them.

[01:06:58] **Kristen D. Boice:** Exactly. [01:07:00] So kind of bringing it all together. The commonalities between the two modalities are we're working on the sub-cortical brain. We're working on the body sensations, we're working on the active, both work on kind of the intensity in the body, and they just approach it a fixed eye position with brainspotting versus the more eye movement or bilateral movement with EMDR. So there's similarities, there just going at it different way.

[01:07:29] **Laura Reagan:** Yeah. I want to see what you think because you have more training in brainspotting than me, but I just did my training like less than a month ago. And they were saying that as a therapist, we talk less in a brainspotting session than we normally would in any other type of therapy, because including EMDR from what they were saying is, I don't know that, you know, it brings, you mentioned this kind of before, but I just want to like emphasize it, by talking that other part of the brain that processes [01:08:00] language has to come online where you're working in non-verbal memory. So if you talk, then you have to go to that language processing place. It makes you leave the nonverbal space, you know? And so I think that's for me as a therapist, helpful to think like, cause normally we're talking and they have that wait, acronym, why am I talking?

[01:08:23] Like, you know, you, you're saying as a therapist, you are like, so what are you noticing? And then it's like, you're pulling them out of that deep processing place. So I love about brainspotting that you can have this whole experience internally, and you still know that the therapist is there with you and you can feel their presence is what I experienced when I did it as a participant, you can feel their presence, but they're not, they're not talking.

[01:08:49] You're not talking. You can, but you don't have to, and you can still be having the experience and feel safe. Then when it's over, if there's something you want to reflect back to the therapist, you can, but it's okay if you [01:09:00] don't and you know, people are always like, well, I don't want to tell my story, or I'm afraid of having to tell my story and you know, you can do this processing without having to be in the story.

[01:09:11] **Kristen D. Boice:** Yes. And I think with both EMDR and brainspotting- saying that up front is important. You don't have to talk if you don't want to with the traditional protocol. And I say traditional, because again, adaptive, just doing this for so long, I've adapted it in a little bit of a different way. I don't interrupt the process anymore.

[01:09:31] Just years of doing it. I stopped doing that a while ago. Cause I noticed I was jarring people out of the process. I was interrupting their process, unintentionally cause the protocols says go about 30 sets of eye movements, check in and say, what are you noticing? Take a deep breath or okay release, and it was choppy. It felt choppy to me. But that is, that is the protocol. And it can be helpful for some people because they get a relief. They're like, I need a break. Brainspotting you're not [01:10:00] doing that. The client is really, if they need it, if they need to tell you something, they'll tell you something.

[01:10:06] **Laura Reagan:** They're leading it.

[01:10:07] **Kristen D. Boice:** They're leading it. So it's, it's a different feel in terms of the, of how the approach or the setup is between EMDR and brainspotting.

[01:10:15] **Laura Reagan:** Kristen, this is so cool that you took the time to explain this and describe the differences and the similarities. I mean, I think, you know, I've had people ask me these questions so many times and I don't even do EMDR.

[01:10:30] So having you explain this from your knowledge and so clearly and succinctly, I just really appreciate it. And I think it's going to be a lot of people are really going to appreciate this. I know I'm going to be referring a lot of people to listen to this episode just because I can't explain it to them like this. So here just listen to Therapy Chat.

[01:10:50] **Kristen D. Boice:** I think the other thing I wanted to mention is it feels strange. So I think that's very important to mention. Like, what are we doing? And I say, yep, it's [01:11:00] going to feel kind of weird, perhaps strange. And that that's just because we're not used to doing something like this.

[01:11:08] So I like to say that a little bit, because it's not your standard talk therapy, if you will.

[01:11:12] **Laura Reagan:** That's another good point because it can be hard to relax into the process when you feel, "Is this what's supposed to be happening?" And your kind of stuck in this like, I need to understand, I need to understand.

[01:11:22] **Kristen D. Boice:** And am I doing it right? Am I supposed to go to something totally different than what we started with? I'm like, it's totally okay. Let the brain do what the brain needs to do. Let's just trust that the brain will lead us where it needs to go today. It's okay. And it may seem random, just go with it. And they're like, okay. For some reason, I'm talking about Aunt Sue that I haven't thought about in 30 years.

[01:11:45] I'm like go with it. A lot of performance anxiety can come up.

[01:11:50] **Laura Reagan:** Yeah.

[01:11:50] **Kristen D. Boice:** "Am I doing it right? Is this how it's supposed to be?" And just normalizing, it's okay. This is it. All kinds of things are going to come up [01:12:00] that you might not expect. And sometimes it just stays in one lane, and you don't go to other lanes.

[01:12:06] Those are just neuro-networks that are connected, all connected. It's okay. Just follow it. We'll see where it takes us, trusting the brain and body to do what it needs to do.

[01:12:14] **Laura Reagan:** That's where you're being grounded in, in your body, if they get nervous, you can reassure them rather than getting nervous too.

[01:12:22] **Kristen D. Boice:** Yes, cause if you're like, well, am I doing this right? Well, maybe this isn't working. That will jar their processing.

[01:12:28] **Laura Reagan:** That makes sense. Well, Kristen, it's been so good talking to you, like always, and I'm really grateful that you took the time to come onto Therapy Chat today, honestly. And will you tell people where can they find all of these things that you're doing?

[01:12:45] **Kristen D. Boice:** There's two places they can find me.kristendboice.com, and you can get a five day free journal if you want it. If you're like, I just [01:13:00] need a little first step that's one place and then pathwaystohealingcounseling.com and then if you want to get on social media it's @Kristendboice on Facebook and Instagram, and I try to put out helpful, helpful hints here and there.

[01:13:21] **Laura Reagan:** I love the stuff you post.

[01:13:23] **Kristen D. Boice:** Thank you.

[01:13:24] **Laura Reagan:** And do you, um, will people find your podcast on one of those websites?

[01:13:29] **Kristen D. Boice:** Yes and you can go to any podcast platform at Close the Chapter. I put a lot of the new episodes on Instagram and Facebook, so you can get a sneak peek of what the episodes about. We do a lot of codependency, trauma, family systems, relationships, self-worth, shame.

[01:13:51] So join us!

[01:13:52] **Laura Reagan:** Thank you so much for being my guest today.

[01:13:56] **Kristen D. Boice:** Thank you, it was an honor. I loved our [01:14:00] conversation beyond measure, thank you so much.

[01:14:05] **Laura Reagan:** Thank you to Sunset Lake CBD for sponsoring this week's episode, use promo code CHAT for 20% off your entire order at sunsetlakecbd.com. Sunset lake CBD is a farmer owned, small business that shifts craft CBD products directly from their farm outside of Burlington, Vermont to your door. Sunset lake CBD has something for everyone.

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[01:14:44] Remember, use promo code CHAT to get 20% off your entire order at sunsetlakecbd.com.

[01:14:55] The Therapy Reimagined conference is going hybrid this year, meaning you can [01:15:00] join us virtually or in person in Los Angeles for three days of learning and connection with headliners like Dr. Bandy X Lee, and Dr. Jamie Marich, you know, that we're exploring topics that don't find their way onto typical conference stages.

[01:15:15] Grab a virtual conference ticket or join our small, but mighty group of modern therapists in Los Angeles, September 23rd through 25th at the Sheraton Universal. We're keeping the live audience small, so don't wait if you want to be in the room. Learn more about what we plan for this year at therapyreimaginedconfrence.com and make sure to use THERAPYCHAT15 at checkout for 15% off your virtual or hybrid conference ticket.

[01:15:38] No matter how you participate in Therapy Reimagined, it's going to be an event to remember. And I hope to see you there. Like I said, either I'll definitely be there virtually because I have a presentation to give and I intend to be there in LA at least for some of the events. So make sure to use that discount code. [01:16:00]

[01:16:01] Hey everyone. It's me. Laura Reagan just wanted to make sure that you know about what I've got going on this summer. I don't think I've really talked about it much here, which is silly, but in case you didn't hear, I did start a second podcast called Trauma Chat, which is really for anyone who wants to understand what trauma is and how it shows up in our lives.

[01:16:27] As you've heard me say, if you've listened to this show, I've mentioned a million times that people tend to think that trauma is something that happens to someone else, something horrific and unthinkable unspeakable. And that is true. Trauma is that, but it's also experiences that are very commonly shared among many of us, most of us. On Trauma Chat, I break down what trauma is in hopefully understandable language that's not [01:17:00] stigmatizing. I know I couldn't have possibly captured every thought there is about trauma and every aspect of trauma and how it shows up, but I hope that Trauma Chat will be helpful to people who really don't understand what trauma is.

[01:17:15] And maybe wondering, do I have trauma, you know, or wanting to better understand what someone they care about is going through. And most importantly, how to get help if you have experienced trauma, what to look for, how to describe your experiences or how to find the words that name what you've been through so that you can then, can act with whatever type of resource support, whether it's therapy or a podcast that you'd like to listen to, to learn more about it, or an article, another website.

[01:17:47] This is my hope in creating Trauma Chat. And the second part of that is the new Trauma Therapist Network Community that I'm creating. It's unbelievable to [01:18:00] say this because I've been laboring behind the scenes to bring this to you for a long time. Starting in around 2018 is when I first had the idea.

[01:18:10] And then the process of getting from there to here has been slow and with many twists and turns, but I'm creating a community for people who have experienced trauma to find help, for trauma therapists, to find other trauma therapists to network with and refer to, and gather and collaborate and share ideas and hopefully come together in person in, in gatherings that I don't know if there'll be able to happen in 2021, but maybe by 2022, we can have in-person gatherings of trauma therapists to provide support to one another and combat the isolation of trauma work. Even if you work in a large agency or group practice, trauma work is so isolating. It's just part of the nature of it. And [01:19:00] connecting with other people who get it is so valuable. The participants in my trauma therapists, consult groups share how useful they find them to be because we're in our offices doing our work, and then we go home, and it can be really hard to receive the same kind of support that you give to your clients.

[01:19:20] So I hope that Trauma Therapist Network will be a useful resource for you, whether you are someone who's trying to find more information about trauma, or if you are a trauma therapist yourself. To learn more, please go to traumatherapistnetwork.com. The website is not live yet as of June 28th when I'm recording this, but it will be live by August 1st, if all goes well. And hopefully there may be even a soft launch before that, a beta version. So please go to traumatherapistnetwork.com, where you can find a free download and sign up [01:20:00] to be notified as soon as it officially goes live, whether you are a therapist or just someone who wants to learn more about trauma, there is a download there for you, different ones for each group.

[01:20:11] And I hope that this resource that I've really created from the heart will bring healing to more people. I really want people who have experienced trauma to be able to find the right kind of support. And that's why I created The Trauma Therapist Network. I hope you will join me there. Like I said, you can get more information by going to www.traumatherapistnetwork.comwhere you can sign up to be notified as soon as the official website goes live, which will be in August of 2021. If you're hearing this after August 2021, go there and hopefully you will find the site and you'll see everything that it has to offer. I cannot wait.

[01:20:54] This is such a labor of love, something that I've really poured my heart into, and I'm just [01:21:00] so excited for you to see it. Thank you so much for your support.

[01:21:03] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com.