

Therapy Chat Episode 291

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[00:00:00] **Laura Reagan:** Therapy Chat Podcast Episode 291.

[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 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.

[00:02:45] 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 [00:03:00] 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 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.

[00:03:32] 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, that name, what you've been through so that you can then connect with whatever type of resource support, whether it's therapy or a podcast that [00:04:00] you'd like to listen to, to learn more about it, or an article, another website.

[00:04:05] 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 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.

[00:04:28] 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 [00:05:00] 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 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.

[00:05:38] 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 [00:06:00] this, but it will be live by August 1st, if all goes well.

[00:06:04] 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 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's a download there for you, different ones for each group.

[00:06:28] 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.com where you can sign up to be notified as soon as the official website goes live, [00:07:00] 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. This is such a labor of love, something that I've really poured my heart into.

[00:07:16] And I'm just so excited for you to see it. Thank you so much for your support.

[00:07:24] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. Wow. What a busy time it's been. So much happening. Therapy chat is approaching, see, by the time most of you hear this Therapy Chat will have celebrated it's sixth birthday. Therapy Chat was born on August 15th, 2015. And today is August 10th as I'm recording this and Therapy Chat is going to be six years old. It's kind of unbelievable in a way that I've been doing this show most weeks for [00:08:00] six years. I know there have been some times where I've done replay episodes through the summer, but this year I did not do that. Wow. Thank you all for listening to Therapy Chat.

[00:08:12] It's amazing that in six years we've had, as of now 4 million 101 hundred thousand downloads. Today is the 291st episode. It's just, it's kind of surreal. I did not put together a special episode to celebrate the sixth birthday of therapy chat. Although I always like to celebrate these special moments, but I've been so busy creating Trauma Chat, my other new podcast and Trauma Therapist Network that I just have not had a chance to do extra with Therapy Chat.

[00:08:48] I'm very grateful to our sponsors over the years, who've kept Therapy Chat going because without their support, it would be impossible to give my time, to put this show together. So thank you [00:09:00] so much to all the sponsors we've had and our current sponsors. And while we're thanking people, I'd like to thank all the many wonderful guests that I've had on the show over the years.

[00:09:10] Some of them are major name stars in the field, and others are therapists like you and me, those of you who are therapists who care deeply about their work and have something to say that they want the world to hear. So I have been so grateful for all of you while I'm at it. I'd like to also welcome the newest members to the Trauma Therapist Network family.

[00:09:38] So you've probably heard the new website www.traumatherapistnetwork.com is a resource for finding information about trauma and finding help. And the newest members of the Trauma Therapist Network family are Debbie Dukette, who is a clinical social worker in [00:10:00] Madison, Alabama. I'm so glad you joined Debbie.

[00:10:03] Thank you. I'm sure that people in Alabama will be very happy to find trauma therapy and Debbie does practice virtually, so if she's not near you, but you're looking for a

trauma therapist, check her out. Gwendolyn Blake LPC in Clinton, New Jersey. Very grateful to you for joining the network. Thank you for becoming part of the family.

[00:10:25] Catherine Fries, F R I E S. Hopefully I pronounce your last name, right? She's a clinical social worker in Philadelphia, always giving referrals for trauma therapy in Philadelphia, because I get asked about that a lot and I love the city of Philadelphia. I visit there so often, my daughter goes to college there. And my friend Robin Brykelle LMFT who is, her group practice Brykelle and Associates is in Alexandria, Virginia, but she's also licensed in Washington, DC and Connecticut, and she [00:11:00] offers virtual therapy to people in Connecticut, DC and virtual, and in-person in Virginia. Robin is going to be a guest on an upcoming episode. You'll hear her in a few weeks talking about top-down and bottom-up therapies for trauma. Robin was also on the show back at 2018, and I will post a link to her prior interview with her new episode when it comes out. But you, if you want to check it out, it's episode 154 called You Might Be a Trauma Survivor and Need More Self-care. Also, if you go to traumatherapistnetwork.com, you can see Robin's profile and her past episode, as well as some of her blog posts are linked there, that's one of the really cool things I love about the directory of the Trauma Therapist Network is that it's almost like the way you write your profile is like a blog post. So you can put dynamic [00:12:00] content in it like links and, you know, videos and links to your social media, so that potential clients can get a feel for who you are as a therapist. I think that's a really neat feature and being able to link to previous podcast episodes you've been on, you know, that's a great way to let clients get a feel for who you are and how you are as a therapist and what it feels like to talk to you by hearing you on podcasts, or if you have your own podcast. So that's something cool that trauma therapist network directory does. I love that. So let's get into today's episode. I have recently talked with Curt Widhalm who is a licensed marriage and family therapist in Los Angeles, California. Kurt is certified in EMDR and a consultant in training.

[00:12:51] And he owns a group practice specializing in working with teens and their families, especially those who have experienced trauma or have [00:13:00] issues with self-harm. Kurt is the co-founder of the Therapy Reimagined conference and the co-host of The Modern Therapist Survival Guide Podcast, which is really cool.

[00:13:08] And you should definitely check it out also regarding the conference. I'll be there in September. I'm presenting and I hope to attend in-person. And you may have heard that they are sponsoring this week's episode. Curt teaches in the MFT programs at California State University, Northridge and Pepperdine University.

[00:13:27] And he's a member of the [inaudible] ethics committee. And Curt talked with me about using EMDR with teens. So last week you heard Kristen D Boice from Noblesville, Indiana talking about the differences and similarities between EMDR and brainspotting, which I thought was really interesting to listen too. And now we're talking with Curt about using EMDR with adolescents.

[00:13:54] I feel that I have not explored EMDR very much on the [00:14:00] show and I wanted to change that, so you'll be hearing more about EMDR in future episodes and more about brainspotting as well. Got several brainspotting therapist lined up to come onto the show over the duration of this year. So I think that you will find my interview with Curt very

interesting. I know I did. And he's clearly very passionate about his work, so, and knowledgeable. I really enjoyed it and I hope you will too. So let's dive right in.

[00:14:34] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today with me is Curt Wildhalm LMFT, who is a group practice owner in Los Angeles, focusing on trauma and adolescents. And he's also the co-host of The Modern Therapist Survival Guide Podcast and a co-founder of the Therapy Reimagined conference.

[00:14:59] [00:15:00] Curt, thank you so much for being my guest on Therapy Chat today.

[00:15:02] **Curt Wildhalm:** Thanks. Glad to be here.

[00:15:03] **Laura Reagan:** Yeah, I'm so excited. And this topic of EMDR with adolescents is something that I've been really excited to dive into. So we'll get started with that, but before we even go there, will you just start off by telling our audience a little bit about yourself and your work?

[00:15:20] **Curt Wildhalm:** Sure, I'm Curt Wildhalm, I'm a marriage and family therapist. I am certified in EMDR through [inaudible] and currently a consultant in training and for people in the EMDR worlds, they know that this makes me an EMDR nerd and I have been working with adolescents for pretty much all of my career. I got started when I was in my twenties, straight out of grad school.

[00:15:46] And there wasn't a lot of adults at the time that were like, Hey, you've got the world figured out. So naturally most of my clients at the time, it ended up being teenagers. And now that I've been practicing for I don't know, coming close to [00:16:00] 15 years, I describe myself now to most parents as some kind of like a recycled teenager.

[00:16:05] I spend a lot of time in talking of the teenage things out of the day, but really being able to relate to a lot of kids going through a time of their life of developments and individuation and just trying to figure out who they are. And especially when they've got trauma going on in their lives, they've really got reasons to not want to trust or talk to adults and creating spaces for them to be able to sort things out.

[00:16:35] And that is really a lot of the energy that I like to bring to my work is being able to help create a space where these adolescents can move on with their lives and be in a much happier place.

[00:16:49] **Laura Reagan:** Oh, that's so important. And you know, I'm always thrilled when I talk to someone who specializes in trauma and especially, you know, really understanding that [00:17:00] adolescents, teens need trauma focused support.

[00:17:03] You know, they, so many things that kids go through are traumatic just by virtue of the powerlessness and lack of control that kids and teenagers have. So, you know, I wish when I was a teenager that I had, there had been like a youthful therapist who I could have talked to, that I would have felt was relatable.

[00:17:21] Cause I can remember one time trying therapy as a teen. And it was like an older man. He could have been 30, but it seemed like he was like 75 to me. And I was just like, no

way, this person can't relate to me. So not to say that an older person can't relate to young people but that misperception that teens can have. It's really nice to be just sort of down to earth and for them to feel like you get them, even if they think what a nerd, but I guess it's kind of cool. You know what I mean?

[00:17:49] **Curt Widhalm:** I tell a lot of parents that if at the end of the first session, their kids are coming back with all right that wasn't bad, then that is an absolute win for a first session.

[00:17:58] **Laura Reagan:** Yes. Yes. [00:18:00] So we were talking a little bit before we started about how you got involved with doing EMDR. Can, can you share a bit of that story with our audience?

[00:18:10] **Curt Widhalm:** Yeah. So I was already a licensed mental health professional. And one day I was riding my bicycle home from my office and I was feeling a car coming up behind me.

[00:18:23] I moved over to the side of the road to kind of let them by. And my tires got stuck in a drainage groove in the road. And I could not stop my bike in time. I hit a curb. I went up over my handlebars and I went face first into a fire hydrant.

[00:18:39] **Laura Reagan:** Oh my gosh.

[00:18:40] **Curt Widhalm:** And I was quote unquote, fortunate enough that somebody stopped right away, called an ambulance and I was able to go to the hospital. But I had broken several bones in my face, knocked out a bunch of teeth. I ended up having my jaw wired for about six weeks and it was time [00:19:00] where, uh, just due to some personal things in my life, I had kind of very much just shut in, tried to go through my treatments, get back to my life as soon as possible.

[00:19:09] And it did not work out for me emotionally. And so eventually I decided I want to get back into riding a bike. I went into CBT therapy and after about five sessions, I kind of just told the therapist's like, I know what you're doing. It's not working for me. You're not very good at what you're doing, this just isn't a great treatment for me. And I stopped my therapy and. It took a little while longer, but somebody recommended going to EMDR. And so hey, you know, here's this other treatment. And I went in after the first session, I was ready to get a brand new bicycle. I had such a great and different experience that I felt relieved.

[00:19:51] I felt the ability to just be able to leave my past behind me and to be able to really start taking the world back [00:20:00] in the moment and it felt so much more under control. And I thought this is me needing to bring this kind of a treatment to my clients as well.

[00:20:07] **Laura Reagan:** Wow. Yeah. And that's, you know, uh, we talked before that, uh, someone I love was recently in a bicycle accident as well, so it's it's, so it's such a hopeful story because you had really serious injuries to your face and jaw and here you are recovered and also it sounds like from the emotional aspects of it as well.

[00:20:30] **Curt Widhalm:** Yeah. And it's, it's a story that I proudly tell and especially with introducing EMDR to my clients, because it is something where a lot of clients resonate with that lived experience of, oh, this is something that can help. I know somebody there's somebody sitting right in front of me that has experienced this and being able to just trust that, oh, this is somebody who's straight forward and being honest about what they're going through. [00:21:00] There's a beginning, a middle and an end to this and gives hope of being able to get through whatever it is that they're going through.

[00:21:06] **Laura Reagan:** Yeah definitely. And you know, it's interesting with something that causes physical injuries like this, you know, I focus on trauma, but it's definitely around family of origin trauma, childhood trauma, childhood abuse, and something like this, where no one really did something to you to harm you on purpose. It's it's, you know, one of those shock trauma, single incident trauma situations that we don't always think about the emotional aspect as much, or I don't, but you know, that's very important.

[00:21:40] **Curt Widhalm:** And I'm very clear with my clients on this too, because for a lot of my clients that come in who have more of that complex trauma history, and it can be very easy for them to dismiss some of these single incident trauma that this is where really building that trusting relationship in the early stages of our work is [00:22:00] yeah I don't have the exact same experience as you and trauma can still impact a lot of people in very similar ways, even with very different kinds of trauma. And it's being able to take some of that really intentional time at the beginning of treatment to help clients understand the trauma process.

[00:22:20] That trauma looks different for everybody, but we can still have very similar internal experiences, that helps to ease into the therapy process, and what I like about being able to share my story is that it's one that, because it is single incident and it's contained, it's not one that clients end up leaving those sessions, being like, well, I got to take care of my therapist now, too, that it's able to show like, this is a very compartmentalized, part of my life, I'm through it. I received my treatment and this allows for me to come in as somebody who's been through trauma who has gotten through trauma and can now talk about trauma in a [00:23:00] way that like, oh, here's just another part of my history. And that is what helps to really build that therapeutic relationship with a lot of clients, even with a really different trauma history is because, oh, here's somebody who's through it.

[00:23:14] **Laura Reagan:** Definitely. Because of course, one of the things about trauma is that feeling of nobody's going to understand what I've been through, you know, you don't know my story, that type of thing, but you're also touching on a really important aspect of EMDR. So I think this is a good opportunity. Just kind of move into talking about how does the process of doing EMDR work?

[00:23:38] **Curt Widhalm:** So EMDR is a relatively call it relatively newer therapy it's developed in the eighties and nineties by Francine Shapiro. And this is looking at the ways that our body holds on to trauma. And really particularly that even emotional trauma is stored in our nervous system. And so [00:24:00] some of those top-down talking therapies are talking to our prefrontal cortex. It's not the brain but our nervous system where traumas are believed to be stored and through this model, we theorized that what is happening is

that our working memories are actively keeping back our trauma in our nervous system. And that's where we get a lot of this feeling of our feelings are different than our thoughts. You know, you hear a lot of, you know, I know I should feel different, but

[00:24:33] **Laura Reagan:** I should be over this, but

[00:24:35] **Curt Widhalm:** Exactly. And so we look at that as the thoughts being up in that prefrontal cortex, the emotions are really being trapped in the limbic system and they need help getting out. And so what EMDR does, it stands for Eye Movement Desensitization and Reprocessing is eye movements are a form of what we call bilateral stimulation, moves left and [00:25:00] right, activates alternately our left and right hemispheres of the brain. This helps to activate what is happening in the limbic system. So those emotions that are there end up coming up, up into the prefrontal cortex. That way we can work on the thoughts that we have about our traumatic experience in that prefrontal cortex, the feelings and the thoughts end up working together that allows our clients to be able to experience those feelings, to be able to get through those feelings and to be able to move towards healing. And the therapist's role there is really to provide the EMDR structure and allow the clients naturally working brain to be able to work on healing itself. And this is a big part of Francine Shapiro's adaptive information processing model, as far as how we understand the way that the brain works and that it becomes adaptive responding in a healthy way for our clients to be [00:26:00] able to change the way that they're the way that those thoughts come up in the moment as their experiencing those feelings.

[00:26:05] **Laura Reagan:** That's a great explanation. Thank you. And so how does the therapeutic relationship play into the EMDR process in the way you work?

[00:26:17] **Curt Widhalm:** So for a lot of people that I've heard, who've had bad EMDR experiences, or other clinicians talking about EMDR being too flooding for clients. To me, all of that sounds like bad EMDR.

[00:26:29] I really focus, is that we still need to build a very trusting relationship with clients. And that there's a lot of people who think that the finger waving let's get our clients activated. And through those feelings, there's a lot of preparation work that needs to happen before clients are ready for that.

[00:26:49] And. A lot of that still is building a good therapeutic relationship. It's helping our clients to understand how EMDR is different from other therapies that they might've experienced before. [00:27:00] Understanding how the process works of EMDR. We're going to look at not only the traumatic experience. But we're going to look at how we're thinking about that experience, now. What our negative cognitions are now about that experience. What kinds of emotional reactions and body reactions that we're having now about that experience? Not just back then and really helping our clients to understand that this is helping to put the past in the past and that we have now experience that is different from the past.

[00:27:34] And this is why EMDR is so great at working at PTSD is because for a lot of people who've experienced those post-traumatic symptoms it's they can't really tell what's

happening in the past versus what's happening right now. This is a mechanism that really helps to separate those out. Once clients understand kind of this process, we also spend a lot of time focusing on building really good grounding resources. And [00:28:00] that is both for use in session. Oftentimes with some of these bilateral stimulation, we use eye movements. We can use tapping, we can use little buzzers that people holds that help people to just move back to feeling more regulated.

[00:28:14] We also talk about the ways that they can use any sort of healthy and adaptive grounding resources in between sessions. So that way, if they're getting dysregulated with other things that are happening in their life, other triggers, new members, friends, even things that remind them of their trauma, grounds themselves as well.

[00:28:33] And so a lot of times working through the first couple of phases of EMDR is about preparation for the EMDR process before we really get into the stronger trauma work.

[00:28:46] **Laura Reagan:** Yeah. Okay. So now when you say the phases of EMDR, I know like the three phase approach to trauma therapy, but that's different. So what are the, I mean, you don't have to, you can explain them all or.[00:29:00]

[00:29:01] **Curt Widhalm:** I'll give some broader descriptions here. Right? The first couple of phases of EMDR are about ration. Getting our clients ready for EMDR. The middle phases, which is what most people are going to associate with it is the reprocessing phase going through, what their memories of the trauma are, how they're feeling about it, now.

[00:29:24] Once that part is successful, we move into an installation phase. And this is where rather than looking at our past traumas with negative cognitions, it's looking at it with a positive cognition. For example, back when I was in my cycling accident, my negative cognition about it is I don't have any control.

[00:29:45] And that's a very understandable thing for a lot of people who've experienced trauma. Now, looking at that very same image, the installation phase is working on making it believable that as I look back at the [00:30:00] same trauma, I did the best that I could. And having that as a strength as something that really not only on a thought level, but on an emotional level, feels differently in being able to evaluate the exact same image that I went to therapy in the first place for. And then the last phase of EMDR is about future template, which is looking at identifiable times in the future where I might also be running into that same negative cognition. So imagine a time in the future where you might feel, I don't have any control.

[00:30:35] How do you want to handle that? And being able to work through a future template of how am I going to ground myself, react in that situation, believe in myself. So that way it comes back to in this future scenario where I might run into the same idea, that same negative cognition, how can I operate on the strength that I've just developed for myself?[00:31:00]

[00:31:00] **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 CBD's 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 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](https://www.sunsetlakecbd.com) and use the promo code "CHAT."

[00:31:53] Okay, thank you for explaining that. And that's, I don't know any of that. So I'm really grateful since I'm not an [00:32:00] EMDR therapist that, that you explained that. So I want to talk about how using EMDR with adolescents is different, but I also wonder if you could talk just a little bit about, I know that there must be a different way of doing EMDR, that the process may look different, when someone has complex trauma dissociation versus they've had a single incident accident like this, like what happened to you? Am I right? Or,

[00:32:31] **Curt Widhalm:** Yeah, so I hear two separate questions here. So I'm gonna answer the single incident trauma versus the complex trauma question, first. In either case during that preparation phase, what we're looking for is clients to feel that they're ready to start addressing their targets. And you're right, it is easier to address single incident trauma. That's because it's contained because it's one time because it's not repetitive. It's a lot more [00:33:00] straightforward to work with. We're still going to develop internal resources for those clients to be able to work through the reprocessing phase when that activating material is coming up.

[00:33:11] The difference between single incident trauma and complex trauma is that we're going to really spend a lot more time in that preparation phase to help clients have a number of different resources to really be able to expand that emotional zone of tolerance to handle more material, to understand from the therapist side of things, how all of those complex traumas assessing phase, if we're jumping from one target to a next that it's fairly predictable from the therapist end of, okay, this makes sense, because this makes sense because we're going from one trauma to the next, these are clients identified things that might be related to each other because they share negative cognition or because they share a similar portion of a client's life, that the therapist is able to [00:34:00] follow along and continue to provide the EMDR structure for the client to work through their material and not trying to just force them back into working on one trauma at a time. The major difference is really spending a lot more time in that preparation phase.

[00:34:17] So that way the client feels that they can handle more material and the therapist understands the relationship between the different traumas and can help the client make sense of that as treatment progresses.

[00:34:29] **Laura Reagan:** Okay. So one more little question that's specific about that.

[00:34:33] **Curt Widhalm:** Sure.

[00:34:33] **Laura Reagan:** Is it doing EMDR therapy when you are in the preparation phase and you're not necessarily doing the eye movements or maybe you are doing them in the preparation phase.

[00:34:45] **Curt Widhalm:** So the group that I trained with the Institute for Creative Mindfulness, Jamie Marich and Dr. Steve Dansiger, are two wonderful people who've led me through a lot of my training and my experience in this. We believe that [00:35:00] EMDR is a complete therapeutic theory, that where from the beginning of our intake, through the end of termination, all of this can be EMDR therapy.

[00:35:11] That it's not just the eye waving, you know, fingers waving in somebody's face that this is all conceptualized through that adaptive information processing model. And that brain structures can change. We have, you know, 20, 30 years of FMRI studies now that show before and after effects of people, who've undergone EMDR treatment and have better blood flow in their brains.

[00:35:35] And part of conceptualizing the way that people's maladaptive behaviors are happening through this model is all right: where is the trauma or the stress in their life, causing them to have this anxiety? Where is it causing them to have this anger outbursts? Where is it causing them to potentially be, you know, using a substance or [00:36:00] a behavioral addiction in order to cope and going through that kind of a conceptualization as part of an EMDR model, whether or not we move into reprocessing to us is still EMDR therapy, because we're still looking at the ways that maladaptive things can turn into adaptive things.

[00:36:19] **Laura Reagan:** Beautiful, thank you and that's nice context to have that because, you know, it's not just like only the eye movements, only the protocol, although I guess that's part of the protocol is the preparation, but I think people think of it in terms of like the nuts and bolts

[00:36:35] **Curt Widhalm:** And that's really where EMDR's marketing department could probably do a little bit better of helping to say, you know, it's not just finger waving that, and as I mentioned earlier, that the therapist or the clients' stories right here, like they're going into reprocessing in that first session. It's bad EMDR because good EMDR is taking that step back and [00:37:00] really looking at that preparation phase as being the most important part of the EMDR treatment.

[00:37:06] That way the clients know what's happening, it feels like, it's something that the clients can continue to show up to sessions and feel prepared for. And that's where good EMDR really comes in.

[00:37:17] **Laura Reagan:** Wonderful. Thank you again for explaining that. So let's talk about how you kind of adapt EMDR to working with adolescents, because that was something that I don't know, anybody who does that besides you, but I'm sure there are many people. So I think this is a great thing for our audience to hear about.

[00:37:37] **Curt Widhalm:** So functionally EMDR with a lot of adolescents is the same as it's going to be for adults, that there are a lot of child EMDR specific trainings that have really

different conceptualization, but for a lot of people, a lot of adolescents that they're able to process information in very much the same way that adults do.[00:38:00]

[00:38:00] And therefore the standard EMDR protocol typically works pretty well for them. There's caveats, you know, the client's developmentally disabled or have some other particular individual issues that they might need to look at a blend between child and adult models. But for the most part, most adolescents can follow the standard EMDR protocol- looks pretty much like it is working with an adult. The difference comes in, in case conceptualization and the ways that we prepare clients for EMDR. If you think of the usual differences between adolescents and adults, adolescents don't have quite as much freedom in their lives to be able to make decisions.

[00:38:39] They're not able to engage in as many of the usual resources that adults can do. Most teenagers can't afford to go out to a spa if that's what it is, that's taking care of them and the way that an adult might be able to. And so what we need to look at is more adolescent- focused resources, and this [00:39:00] gets a little bit confusing sometimes because you know, sometimes talking with adult clients, as far as, you know, you can turn to your friends and be like, I had a really tough therapy session today and I'm still feeling... Most adolescents' friends are not capable of really being in a good space or developmental maturity to handle those kinds of conversations.

[00:39:20] The other thing is, is most adolescents, if where their trauma is coming from is in their house, is that their parents might be the ones who are the cause of a lot of the stressors or the traumas that they're coming in for. Is being able to provide a way to break out of some of those family stories, or really be able to individuate from their parents while they're working through the traumas with those traumatic things, still very, very present in their lives.

[00:39:52] And so it's being able to work with your clients in ways of all right, what are good resources that you can [00:40:00] use that allow for you to... another thing that comes up with a lot of adolescent clients, is there a lot of adolescents were really unsure of themselves in the first place. So might not really resonate with negative cognitions about themselves, that it's just easier to distance themselves from a lot of those negative thoughts.

[00:40:18] And so the way that we frame some of the questions might look quite a bit different. For a lot of adults, we might pull out, you know, here's a list of negative cognitions, when you think about your trauma, what resonates with you? A lot of adults can, you know, go down a list and a lot of adolescents can too, but sometimes in helping to help identify targets with some of our adolescent clients.

[00:40:41] It's great asking how did the people at school think about you and then you get this really great and rich projective, negative cognition sort of idea that popular kids see me this way. Oh, do you resonate with that? And that creates a much easier bridge [00:41:00] into being able to identify some of these negative cognitions in looking at some of the other times in their lives when they might've felt this way.

[00:41:08] Huh? Can you tell me about any time that you've felt this way? You know, what's the earliest in your life that you felt this way, that you know, these popular kids are talking about you? That helps us to do the float back part of EMDR that helps to look for, are there other related traumas? That identifies potential targets or potential blocks to any ways that we might be working with our clients in this situation.

[00:41:32] One more thing of working with adolescents is especially the role of being able to look at like family projection processes onto the clients. A lot of identified patients sort of aspects can be rich for targets of the things that helping adolescents at a time in their life when they're trying to individuate, of really being able to not just continue to [00:42:00] take on the aspects of their parents' multi-generational sorta of aspects that their children, and really being able to help normalize the changes that can happen to adolescents or anybody who's going through trauma treatments that we're going to see some changes of how they operate in the world. Not so anxious, not so angry. That some of the family process around them, that's used to them serving in those roles in the household of being able to normalize that to the parents and help to provide the structure and the referrals to family therapy so that way they can redefine their relationships with each other too.

[00:42:38] **Laura Reagan:** Beautiful. That's so important, you know, one thing we don't talk about with child therapy, I mean, I think all therapists realize, and we don't like, always talk about this out in the world is that, you know, the child who's in therapy is showing that there's something that needs to be [00:43:00] addressed a lot of times within the family system.

[00:43:02] And, you know, I mean sometimes yes, the child had an experience that's impacting them that isn't really related to the whole family, but most of the time that identified patient thing is like, you know, fix my kid and, you know, not as much awareness around how the dynamics of the way the family communicates and the boundaries are contributing to the reasons why the child is acting out.

[00:43:25] So I'm glad you said that, and it's beautifully compassionate too, to help the parents understand that, you know, this is...these changes that you're seeing, you know, are now kind of exposing that there's some other dynamics that could be helped by getting some family therapy. I think that's very beautiful.

[00:43:44] **Curt Widhalm:** And this exists in both single incident trauma, especially more prolonged sort of things where, you know, parents might really move into their full-time role, being a caretaker and helping to have them continue to focus and [00:44:00] try to [inaudible]. For children who've gone through complex traumas that is working on the oftentimes parental roles of having years of frustrated responses to kids who are acting out aggressively or anxiously, or you know, directing a lot of very natural trauma responses at family members because they're because they're there because they're the safe ones to take out this frustration on that can really shape an entire family system. And that is work that with doing EMDR with adolescents and with children is really necessary to sustain a lot of the individual growth that can happen through this healing process.

[00:44:42] **Laura Reagan:** It sounds like you're doing so much great work out there. I mean, I'm glad that you are, your practice is there to serve people in your community who need this help. And I hope that more and more people begin to offer EMDR, and other trauma therapies with younger [00:45:00] clients.

[00:45:01] I know we're nearly out of time, but I want to give you a chance to tell our audience more about the other stuff you do, that some of it is coming up very soon. And I happen to know because I'm going to be part of it.

[00:45:14] **Curt Widhalm:** You are, and you're going to be one of our ads, the 2021 Therapy Reimagined conference that we are so excited to be able to, at the point of this recording, have a hybrid conference of having people both on the ground in Los Angeles for our live event, we're also going to be streaming a lot of our conference workshops.

[00:45:37] So if you're not able to make it to Los Angeles, September 23rd, 24th, 25th, that you are going to be able to stream in, and see a lot of the presentations that we have.

[00:45:50] And a lot of the philosophy that we're bringing with Therapy Reimagined is that therapy is a profession that is very, very traditional. And that [00:46:00] oftentimes leaves clients and therapists in this space of doing things the old way, without feeling the permissions and the supports to really be able to adapt things to what works.

[00:46:12] And we are really trying to help make therapy a more 21st century sort of process for both clinicians and clients. And this is our fourth year doing this conference, and we're super excited that we're able to stream this, bring it to people in person, or having a hybrid sort of opportunity there for the people coming in person, to be able to see what everybody else is streaming and really being able to build a therapeutic community.

[00:46:41] A lot of therapists conferences can just be go to these workshops and then go to your hotel rooms. We really do try to bring a, a whole social aspect to this as well and bring a lot of people together. So all of the latest updates on that, you can check out therapyreimaginedconference.com

[00:46:57] **Laura Reagan:** Wonderful. And you know, it [00:47:00] feels like a community. And I see all the work you all are doing as it's getting closer. I hope the hybrid will be able to happen and we don't know with COVID, but you know, I think it's incredible that you're putting this together this way and I can't wait to be part of it.

[00:47:15] **Curt Widhalm:** We're so glad to have you.

[00:47:17] **Laura Reagan:** Thank you. Thank you. But tell, tell everybody too about what, what is the Modern Therapist's Survival Guide Podcast about?

[00:47:24] **Curt Widhalm:** So our podcast serves a very similar purpose. It's free podcasts that we put out weekly. This is really looking at a lot of therapist issues and being able to support therapists. We come out with episodes weekly about things like, running your practice more efficiently.

[00:47:44] We talk about big issues that are going on in the therapist world. Talking about the role that like therapy apps are having on our profession and the impact that it's having on clients and clinicians as well. And we're also currently, [00:48:00] uh, in the process of about once a month, part of our special podcast series on fixing mental healthcare in America, where we're talking with people in emergency rooms, and politicians, and police officers who work with people with mental illness and the ways that these really large systemic changes can happen, but it takes the buy-in of several often separate systems that end up interacting with the very, very same people. And so we're really proud of the work that we're doing on that as well.

[00:48:33] **Laura Reagan:** That sounds amazing. I have to get caught up. I've been so busy with my own stuff that I haven't really been able to listen much lately, so thank you for that. And then, lastly, if someone is in LA and wants to work with you or tell us your, your practice area, if it's outside of LA too, where can they find you?

[00:48:52] **Curt Widhalm:** So my practice can serve anybody in California and we do telehealth and in-person sessions. [00:49:00] Both on the west side of Los Angeles and the San Fernando valley, but virtually anywhere in California. And you can find my website at curtwidhalm.com, and check out our website and reach out to us through

[00:49:19] **Announcer:** there.

[00:49:20] **Laura Reagan:** Curt, thank you so much. I'll put links to all of the websites in the show notes and just thank you so much for this great explanation of your work and the services that you're offering.

[00:49:32] **Curt Widhalm:** So glad to share.

[00:49:36] **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.

[00:49:56] They offer tinctures, edibles, salves, and [00:50:00] coffee designed to help with sleep, stress and sore muscles. Sunset lake CBD's customers support regenerative agriculture that preserves the health of the land and creates meaningful employment in the community. Farm workers are paid a living wage and employees own the majority of the company.

[00:50:15] Remember use promo code, "CHAT" to get 20% off your entire order at sunsetlakecbd.com.

[00:50:26] The Therapy Re-imagined conference is going hybrid this year, meaning you can 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.

[00:50:45] 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.

[00:50:58] Learn more about what we plan [00:51:00] for this year at therapyreimaginedconference.com and make sure to use code, "THERAPYCHAT15" at checkout for 15% off your virtual or hybrid conference ticket.

[00:51:08] No matter how you participate in Therapy Re-imagined, 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, cause 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.

[00:51:32] And for more information and resources on trauma and healing from trauma, go to www.traumatherapistnetwork.com. Trauma Therapist Network is a community for therapists and a place for anyone to go to learn more about trauma and find resources and connect with help. www.traumatherapistnetwork.com

[00:51:56] **Announcer:** Thank you for listening to Therapy Chat with your host, [00:52:00] Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com.