

# Therapy Chat Episode 234

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[00:00:00] **Laura Reagan:** [00:00:00] Therapy Chat podcast, episode 234.

[00:00:03] **Announcer:** [00:00:03] 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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[00:02:04] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan.

[00:02:08] And I know in last week's episode, I said that I would be talking about vicarious trauma this week, but I did not get that put together in time. So instead, I'll come back to that. But this week I'm going to bring you an interview with a holistic psychiatrist. As an integrative trauma therapist, practicing with a holistic perspective, it can be challenging when other providers that clients may be working with, don't come from that same perspective. I really appreciated talking with my guest about how holistic psychiatry can, can make a difference. So I hope you'll enjoy listening. As I mentioned last time, I'm supporting Rachel Cargle's Loveland Foundation, which provides [00:03:00] free therapy for black women and girls, and the therapist gets paid their full fee.

[00:03:07] So if you're interested in learning more about that, you can go to [www.thelovelandfoundation.org](https://www.thelovelandfoundation.org). I'll put a link in the show notes and you'll also see a link to my Therapy Chat fundraiser page as well. If you'd like to join in the fundraiser, I'm currently committing to \$500 per month toward that organization until the end of 2020.

[00:03:36] So I hope you will join me. I'm my fundraising goal is I think it's \$10,000. So love for you to contribute there. If you like. Thank you. And thanks for listening.

[00:03:47] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I am very excited to be speaking with an integrative psychiatrist. My guest today is Dr. [00:04:00] Jodie Skillicorn, Jodie thanks so much for being my guest today on Therapy Chat.

[00:04:03] **Jodie Skillicorn:** [00:04:03] Thanks for inviting me.

[00:04:05] **Laura Reagan:** [00:04:05] You're welcome. I cannot wait to talk with you because you are passionate about a subject that is extremely important to me as well, which is finding integrative ways to help people with healing. And your book is Healing Depression Without Medications: A Psychiatrist's Guide to Balancing Mind, Body, and Soul. So I can't wait to talk to you about that, but let's just start off by if you, would you telling our audience a little bit about yourself and your work

[00:04:38] **Jodie Skillicorn:** [00:04:38] Sure! So, like you said, I'm a holistic psychiatrist. And for me, that means seeking the roots of what's going on, rather than just covering up the symptoms with medications, but really, to really figure out what's going on.

[00:04:53] And so often, what's going on is not what's wrong, but what's happened so often there's a story [00:05:00] of some childhood trauma or some recent trauma or something that's behind the symptoms. They very rarely just appear out of the blue, which although that's sort of the story psychiatry tells. And so it's really to look for what those roots might be. And it's not always trauma. Sometimes it is, there can be nutritional deficiencies, there can be, you know, something else physically going wrong. It can be an out of balanced diet, an out of balance lifestyle. So there's lots of reasons and lots of routes, but really to try to figure out what that is, and work from there.

[00:05:33] So I use a lot of modalities, including breathing, and mindfulness, exercise nutrition, sleep hygiene, nature therapy. And then along with that, as I find, there's almost always some trauma lurking in there somewhere I use EFT and EMDR hypnotherapy, um, to kind of work through those wounds, which again, we can't just cover those up with medications that doesn't resolve the issue.

[00:06:00] [00:06:00] **Laura Reagan:** [00:06:00] Wow. So you actually practice clinically with clients using EMDR, and nature therapy. You do therapy with your patients as well as the medical aspects.

[00:06:13] **Jodie Skillicorn:** [00:06:13] Yeah, absolutley. I mean, I started off in training just like everyone else. And I, you know, when I was in residency, it was great. I got to see everyone for an hour and I felt like I was helpful and doing therapy.

[00:06:25] And then when I got out that got reduced to a half hour, and then over time, they wanted to push it back to the standard 15, 20 minutes. And I just. I don't think you can help anyone heal by just handing out a script and just, you know, asking what their symptoms are in a 10 minute medication check.

[00:06:43] **Laura Reagan:** [00:06:43] I agree. And you know, I'm totally not opposed to medication just in general, but I don't like the way it's often just, Oh, you're anxious? Well, take this medication, you won't be anxious anymore. It's like, well, what's causing the [00:07:00] anxiety?

[00:07:00] **Jodie Skillicorn:** [00:07:00] Yes, absolutely.

[00:07:01] **Laura Reagan:** [00:07:01] There's no like exploration of why.

[00:07:05] **Jodie Skillicorn:** [00:07:05] Even right now during this pandemic, I read, I think anxiety medications are up 30, 30, some percent, 36 or something percent, which is, and again, there's a reason like it's normal anxiety.

[00:07:17] And so the question is how are you going to manage that anxiety? Because anxiety is unavoidable. It's part of life. And, and so to learn those skills, so you can manage it now because this isn't going to end anytime soon. And in the future is so much more beneficial than just numbing it up.

[00:07:32] **Laura Reagan:** [00:07:32] You know, I, I feel like there's sort of, maybe this is just my perception, but I feel like there's been like a paradigm in mental health treatment that if someone has severe mental health concerns, whether it's severe depression, or symptoms of bipolar, or their feeling suicidal, or they're overwhelmed by anxiety or, not really, I mean, in my practice, we don't really work so much with psychosis, but in [00:08:00] that example, too, when people are having psychotic symptoms, like there's this idea that at least this is what I originally thought that the medications are needed to treat the problem. But, you know, as I've worked with people, who've experienced trauma for now, uh, 17 years it's like, I see that the medication doesn't do anything to change the underlying problem, and only just, you know, numbs, or alters in some way symptoms.

[00:08:28] **Jodie Skillicorn:** [00:08:28] Yeah, absolutely. In fact, if you look at adverse childhood events, right? So those things like obviously physical, sexual, emotional abuse, emotional neglect, you know, losing a parent either to death, or to prison, or to divorce, right?

[00:08:44] These kinds of things. What you find is that those who have four or more of these, 97% of them are on psychiatric medications. And yet that's the population that's least likely to benefit from these [00:09:00] medications. Because like you're saying you can't treat a soul wound with, you know, a medication, a physiological shift, right?

[00:09:07] That's not what's going on. And so we've think we've got this whole story wrong. And in fact, the whole story, the neurochemical imbalance theory has despite 50 years of research, there's actually no data to prove this theory and tons of data to disprove it. And in fact, what they've found is, that basically a quarter of the population, either with a history of mental illness or without have low serotonin, and a quarter of the population with a history of mental illness and without, have high serotonin. And the rest of us are somewhere in the middle, suggesting that there absolutely is no normal. And so that's really not what's going on and what, the more and more of the research is suggesting that in fact, it is these early childhood events. It is chronic stress from, you know, how we live our lives on a day-to-day

basis. And the subsequent inflammation that's resulting in these things and medications, these [00:10:00] medications aren't treating any of that .

[00:10:02] **Laura Reagan:** [00:10:02] So interesting. It's like there's two or maybe more, but it seems like there are two schools of thought where one is like, we're going to find the gene or a brain difference that explains why people suffer. And yeah, other school of thought is like suffering is normal, and we respond to our environment and our experiences. And you know, it's not, it's not pathological to be upset when you know, you're living through a pandemic or you lost someone you love or you know, I know that trauma symptoms can be, can really interfere significantly with the functioning. So I'm not saying that everyone should just get over it. I don't mean that, but just that it makes sense that you would feel that way. It doesn't mean that you have something wrong with your brain or chemical imbalance.

[00:10:51] **Jodie Skillicorn:** [00:10:51] Right. Right. And that message, that message is empowering because it means is there something you can do about it, versus the message that in my field [00:11:00] so often gets told to people is that, you know, basically your brain is broken and if it's broken, it's broken forever and you're going to need to take these medications forever, and yet again, there's the research completely refutes that our brain changes with every thought and with every action it's constantly shifting and it. Our brains appear static to us so often because we keep sending the same messages. We keep doing the same behaviors. And so it just keeps, it's like a rut and a record player keeps playing the same song over and over and so it appears very static. But as you start to shift those things, you start to shift the wiring, you start to shift the nervous system, you start to shift how you feel and respond to the world.

[00:11:40] **Laura Reagan:** [00:11:40] So, do you think that, um, what you're talking about is a commonly known, do you think there are a lot of psychiatrists who agree with what you're saying, and, and this is how they were trained as well?

[00:11:53] **Jodie Skillicorn:** [00:11:53] No, I don't think anyone's trained this way. I think there's a growing number of us that have started to dig into the research. So [00:12:00] unfortunately just in medicine in general, there's about a 17 year lag between what we learn in school and, and the research. So we're always about 17 years behind.

[00:12:12] **Laura Reagan:** [00:12:12] Well that explains alot.

[00:12:14] **Jodie Skillicorn:** [00:12:14] Yeah, it doesn't it, right? So, you know, you kind of get out and you get trained in this and you assume that's real. And then so many of us get stuck. And then I think of it, like, are you familiar with, uh, Daniel, Simon, um, intention experiment or a selective attention experiment?

[00:12:29] Yeah. Yeah. It's super cool. And, um, you and, and any listeners, right?

[00:12:33] You can find it on YouTube. If you just Google The Gorilla Experiment. And so what you find is basically in this video, you're asked to count. So there's a group of people. One group is wearing white t-shirts, and I think the other groups wearing black t-shirts, and you're asked to count the number of times, the people with the white t-shirts pass a ball amongst themselves.

[00:12:54] Um, so 50% of people, including myself, are so busy counting the ball that what we totally [00:13:00] missed is that in the middle of that scene, a person just in a gorilla costume walks across the scene, and I totally missed it, I did not see the stinking gorilla, like when afterwards I was like, how do you miss the gorilla?

[00:13:12] But I was so busy counting these white balls being passed between these people in white t-shirts that I missed the big black gorilla that walked through the middle of the scene, um, as did 50%. And then the other 50% who saw the gorilla, they didn't count the balls. So the point is, I think we're, our brains are also wired where we, we see what we expect to see.

[00:13:33] So if we're expecting to see a neurochemical imbalance, if we're expecting to see pathology, which is really what we're as physicians, we're taught to see, then that's all we see and we fail to consider other possibilities and fail to consider that, you know, maybe not everything we were taught is true.

[00:13:50] **Laura Reagan:** [00:13:50] That's tricky, but it explains a lot in how, you know, I have nothing against psychiatrists, but there've been many psychiatrists who have [00:14:00] heard from my clients, didn't seem to know that trauma was as prevalent as it is. And didn't seem to screen for trauma. And, you know, we pretty much stubbornly stick to like diagnoses like bipolar ADHD, too.

[00:14:15] **Jodie Skillicorn:** [00:14:15] Right, right.

[00:14:17] **Laura Reagan:** [00:14:17] Trauma symptoms, when the person has a known trauma history.

[00:14:20] **Jodie Skillicorn:** [00:14:20] Right, right. And again, right. We're sort of, as physicians chained to ask the questions, like, have you ever been abused, but we don't ask specifically. And even then we kind of discard it, it's just a check on the box, but it's not you, it doesn't, you know, is not considered as an explanation for why so many things in their life may be out of balance and all these symptoms and yet, right it's clear that, that, that is how trauma comes out and is expressed in so many different ways. It's expressed physically in the forms of pain, and forms of things like fibromyalgia, and, and really any chronic disease. All chronic diseases are increased risk if you have a history of trauma and [00:15:00] likewise, the relationship between mental illness is huge.

[00:15:03] So if you have someone, for example, who had doesn't have any history of trauma, although frankly, yes, I haven't met that either, at least in practice, um, or really in my life, but. Well let's presume, um, at least on the questions they ask and the studies. So that person has about a 15% chance of depression, but now add in one childhood trauma and you're up to 25% at, in two you're up to 40%.

[00:15:28] And by the time you're at four, there's an over 400% risk of depression and an over a thousand percent risk of suicidality. And if you look at other things like alcoholism, there's an 800% increased risk. And drug addiction 500%. So we're really looking at, and I don't know what ADHD you, but I'm sure it'd be like 2000%.

[00:15:49] I mean, cause it's, it's, it's so related.

[00:15:52] **Laura Reagan:** [00:15:52] Absolutely. Because I mean, you see with both trauma and ADHD, people have trouble with [00:16:00] focus, they have trouble with memory, they can't sit still, their preoccupied, you know, and those are the same ways that many people feel when they experienced trauma, especially childhood trauma.

[00:16:11] **Jodie Skillicorn:** [00:16:11] Absolutely because your brain gets wired to always be on the lookout and to be, you know, the world doesn't appear to be safe. And so that the threat detector within the limbic system is always on high alert. And so it explains all the symptoms. Um, and so the work I think is really then to teach the nervous system to, to be able to become more balanced and to calm itself down and to step out of this story that you're broken and something's wrong with you, which only adds to the stress of the symptoms.

[00:16:41] **Laura Reagan:** [00:16:41] Absolutely. I mean, I think we can be shut down and shame over the idea. And I think one of the things that prevents many people from seeking therapy or psychiatry, is that not wanting to be broken, not wanting to see themselves that way.

[00:16:56] **Jodie Skillicorn:** [00:16:56] Yeah, no

[00:16:58] **Laura Reagan:** [00:16:58] I've, yeah, I've been through all that [00:17:00] stuff, but I mean, I'm fine, but really I don't feel fine, but I think that's just because something's wrong with me because I should be over that.

[00:17:07] **Jodie Skillicorn:** [00:17:07] Yeah

[00:17:08] **Laura Reagan:** [00:17:08] I hear that struggle with people so often.

[00:17:10] **Jodie Skillicorn:** [00:17:10] Oh, me too. Yeah. And I think what so often happens is just the opposite is, is, are the system retraumatizes people, right? So, so often traumas is sort of, we're taught to sort of bury it under the rug. Children are right. They're not supposed to talk about it or say there's an alcoholic parent or whatever.

[00:17:27] It's all buried under the rug. And then you go and you, you know, you have all these symptoms and. And then it's buried under the rug again. Well, here's your pill. This should solve the problem. I would argue that is traumatizing or if nothing else, it leads to despair and hopelessness, which is at the heart of really all mental illness.

[00:17:47] **Laura Reagan:** [00:17:47] I agree. I mean, I think that whether it's conscious or unconscious. It can be retraumatizing for people when they're asking for help from someone who is in a position of power, and they're told, no, you don't have a problem, [00:18:00] you know?

[00:18:00] **Jodie Skillicorn:** [00:18:00] Yeah, yeah. You know, or you have this pathology and something's wrong with you and it has nothing to do with any of your experiences. It's just, it's just a broken brain. Yeah. Yeah. It's all on you. Yeah. It's your fault. Right? Just like the child already grows up thinking when there's trauma, so often.

[00:18:18] **Laura Reagan:** [00:18:18] Let's just pause for a moment. So I can give you a little bit more information about why I love Therapy Notes. I switched to Therapy Notes few years ago. I'd say it's about three years now. I believe, and I have never regretted it. I was very happy with the EHR I used before, but, Therapy Notes is more intuitive, I love the interface. The customer service is fantastic, and I love how I can get my notes done quickly because I can customize the template that I use for my notes. And [00:19:00] there are opportunities to put check marks rather than having to write out the intervention used. So, I have cut my time, spent writing notes way down, which is wonderful because I like to focus on seeing clients. I know documentation is an important part of our work, but it can also be time-consuming and that is why I love using Therapy Notes. If you are considering switching EHR or you're looking for one to use in your practice, give Therapy Notes a try. Get two free months of Therapy Notes, including their beta version of their new integrated tele-health option. You can get two free months by using the code Therapy Chat.

[00:19:48] So I'm wondering if you think that, or how you feel about this: I see a lot of people who I know have trauma because, you know, they come to me for trauma therapy. And when I [00:20:00] ask them about their trauma history, much childhood trauma, and usually it's not just like this happened one time, it's something that was repeatedly happening throughout their whole childhood.

[00:20:10] **Jodie Skillicorn:** [00:20:10] Right

[00:20:11] **Laura Reagan:** [00:20:11] So that's complex or chronic PTSD, you know, presentation.

[00:20:15] **Jodie Skillicorn:** [00:20:15] Absolutely.

[00:20:17] **Laura Reagan:** [00:20:17] But, then when they go for, let's say they go to their primary care doctor and they get some kind of antidepressant or something to help them sleep, and then the doctor is saying, you know, I don't really know if I'm the best person to do this for you.

[00:20:30] I want you to find a psychiatrist. So if I'm a psychiatrist and then they get a diagnosis of either bipolar, or ADHD, but not PTSD. Then, they are prescribed medication for that. And sometimes it's like, anti-psychotics, lithium. I'm wondering your opinion of what, how that affects people above the like minimization of what they've gone through and pathologizing of how they feel, what [00:21:00] do you think about those medications being prescribed or like Ritalin, Adderall? Or for ADHD.

[00:21:08] **Jodie Skillicorn:** [00:21:08] Yeah. Well, one, so again, like I said before, right? So 97% of the people put on these meds, well, not 97% of people don't but a huge percentage of the people that are starting, these meds have this trauma and those are the least likely that they're going to be helpful for.

[00:21:22] So. Already. So we know it's not very effective, but then what on top of that, right? The side effects, for example, of antidepressants often increases anxiety. Especially I find with people with lots of trauma can just, it can be very activating that it, majority of people experience weight gain, which then increase it, doubles their risk of diabetes.

[00:21:45] And doesn't exactly improve one's self-esteem, and you know, and feeling better. Yeah.

[00:21:49] **Laura Reagan:** [00:21:49] And body image issues are usually a big issue for trauma survivors.

[00:21:52] **Jodie Skillicorn:** [00:21:52] Absolutely. And then you get this emotional numbing, but the problem with emotional numbing is, yeah, maybe you don't feel as sad or you don't feel the despair, but you've also [00:22:00] disconnected from those things that need to be worked through and worse, you can't feel joy either. You can't just numb sadness, and not numb joy, and life without joy is depressing. And perhaps the worst outcome is well, it's really clear from the data 20 years of data, that actually those who remain on these medications do worse in the long run than those that don't. And I think it's because of all, again, you're not really reaching the roots, it's just kind of covering it up, and you're creating physical problems that, you know, weren't even there before. Not to mention that actually, especially for children, right? The risk of suicidality is actually doubled. And even in adults, there's a growing number of studies suggesting that that happens as well. So given all these possible side effects, it becomes really hard, you know, to really validate continuing to stay on medications, for sure. I think there are places and times where for short-term use it can be valid. And I certainly have a lot of patients that are on them and have been on them. I didn't [00:23:00] put them on them, but they're, they're afraid to come off of them. And, you know, I, I try to encourage them and most of them have calmed down, but they're scared.

[00:23:07] And, and, and I. You know, I honor that, but the data's really clear and for anti-psychotics, it's even worse. I mean, the risk of diabetes is huge. The risk of weight gain is huge. People describe, you know, just feeling numbed out and forget emotional numbing but they can't even think clearly, you lose motivation. And so now how are you going to change anything if you're not even motivated to get out of bed, or take a shower? Um, which is what a lot of people experience on these meds. And a lot of people just describe it as feeling like it's just not me anymore. You know, just there's sort of this alien living inside the same body.

[00:23:43] **Laura Reagan:** [00:23:43] Oh my gosh. That is so disturbing. And I've seen that with, I've seen children who went to residential treatment centers, and come out and they have, you know, they're just kind of like, they're there, but not there.

[00:23:56] **Jodie Skillicorn:** [00:23:56] Yeah. It's so sad with kids,

[00:23:58] **Laura Reagan:** [00:23:58] They don't express opinions, [00:24:00] or thoughts, they're not curious, you know?

[00:24:02] **Jodie Skillicorn:** [00:24:02] Yeah. Yeah.

[00:24:03] **Laura Reagan:** [00:24:03] It's very disturbing, and I can't help, but wonder what that does to a developing brain.

[00:24:08] **Jodie Skillicorn:** [00:24:08] Yeah. Again, it can't, you know, the data again is really clear that if you know, they're far more likely for it to become chronic. What I was amazed to find when I was doing this research is right if you just go back 50 years before these medications, and you look at the data from the National Institute of Mental Health, right, depression was seen as something that would pass that nothing could right that just chronic depression was rare. Acute depression was the norm. And it was, you know, and usually because of something that had happened, And the norm was for that just to pass. But now the norm, that's the exception for it to be acute right? Now it's almost always chronic. And that shifted when we started turning to these meds to solve the problem.

[00:24:53] **Laura Reagan:** [00:24:53] Yeah when Prozac became.

[00:24:55] **Jodie Skillicorn:** [00:24:55] Yep. Good old Prozac.

[00:24:57] **Laura Reagan:** [00:24:57] So, you talked about some of the [00:25:00] ways that you work with people. Can you maybe speak a little bit more about what things you help people with to calm their nervous systems and help them heal mind, body, and soul without medications?

[00:25:14] **Jodie Skillicorn:** [00:25:14] Yeah. So one, I always start by with education and normalization, right? So this makes sense, given this happened, right? So really you to shift into a more hopeful place of there's not, you're not broken this, just this, you know, your body was trying to protect you in some ways. And some of these what's wrong may have served you when you were small, but they're not serving you anymore.

[00:25:38] So those pieces, and then usually where I always start is actually with the breath. So breathing is so important because it's the one way we can communicate directly with that limbic system. So that fight- flight- freeze system. And so most people will actually, most of us, whether we've had trauma or not tend in our society tend to breathe into the [00:26:00] chest.

[00:26:00] And when we breathe in short, shallow breaths into the chest, it sends this constant signal to the brain, to the limbic system that basically there's sort of this yellow alert or orange alert, even if we're just sitting at home on a couch, watching TV, our brain and our nervous system are getting this message that something's wrong.

[00:26:17] It can't quite figure out what but something is wrong. But when we start to breathe into the belly, Right? We activate the vagal nerve and the vagal nerve lines up to the limbic system. And basically turns off that, that hyper-vigilance that fight- flight- freeze response, and turns on the rest, relaxation, and digest, and parasympathetic response.

[00:26:37] And it's only in that space where we can kind of come back online and think clearly, and, and, and kind of assess situations clearly and allow our body to rest and heal. So breath is so important. I mean, everyone with anxiety, right? That's that's the place to start because we can shift the breath as a way to directly communicate with that part of the [00:27:00] nervous system.

[00:27:00] We can't talk to it. It's pre-verbal, but the breath gives us direct access. To let that part of the brain know, 'okay, right here right now, we're okay. There may be things coming up in the future, but right here, right now, we're okay.' So that's one piece. And along with that sort of a breathing meditation, right?

[00:27:16] So becoming more mindful of the here and now and the body and the present and, and the research has shown that you know, even just focusing on your breath mindfully for 20 minutes a day, changes the structure and the function of the brain and as little as six to eight weeks. So you turn down that hypervigilance that you know, those with ACEs that have, and start to balance those systems and gives you some control over that system. So that's a huge one. And then another one is just moving, right? Our bodies are meant to move to in whatever way, suits us, whether it's walking, or running, or playing, or dancing, or whatever. But research has shown that [00:28:00] just exercising for as little as one hour a week, which has come down to nine minutes a day can decrease the risk of future depressive episodes by 44%. So that's another one. And then food. Food is so huge. Again, this, the risk of depression is increased by 50% by eating the standard American diet of basically fast fatty foods and processed foods. And research has shown now that both for adolescents and adults, just making small shifts, more whole, um, foods, um, can really protect our body against depression and anxiety because there's this whole other system, right?

[00:28:41] The microbiome and all the bacteria in our gut, and these, these the balance of these bacteria, which outnumber us, but they send a constant message with every bite of food, up to the brain to kind of let the state, the brain know the state of our situation. So when it's fatty processed foods is kind of setting this message [00:29:00] of, of again, sort of our yellow or orange alert of like, something's not quite right.

[00:29:04] Something's not quite right, because we're really not designed to eat those foods.

[00:29:08] **Laura Reagan:** [00:29:08] So the foods the brain response to foods or the microbiome responds as if it's a threat.

[00:29:13] **Jodie Skillicorn:** [00:29:13] Absolutely. Yeah. Yeah. And some of us are much more sensitive than to, than others, but the effect is very real. Um, and so making small shifts, even small shifts and adding some more veggies and some more fruits into our diet and eliminating some of the sugary snacks and stuff can really make a significant shift in, in, in mood, and wellbeing, and health overall.

[00:29:37] Um, and then just getting outside, again in our society so many people, you know, are trapped, or not trapped. They choose to be inside. We just don't go outside as often anymore. But again, just being outside in nature, calms our nervous system. It activates that parasympathetic system as well. And it doesn't take much.

[00:29:55] And as little as 15 minutes outside can improve mood, decrease [00:30:00] stress, boost our immune system for up to a month. So it's simple stuff, right? It's nothing novel. It's nothing we can't do or attain. It's um, it's really kind of getting back to the basics in so many ways.

[00:30:13] **Laura Reagan:** [00:30:13] So in your book, do you spell these out for people?

[00:30:18] **Jodie Skillicorn:** [00:30:18] Yeah. So I go, like, there's a chapter on each one of those things, align with sleep, and connecting with others, and other aspects as well. Yeah. And then like you, you know, when it comes to trauma, as far as healing that, so all those things are helping balance the nervous system, but then to actively work with a trauma I to use you know, EMDR, and EFT, and some hypnotherapy as well. And a lot of just mindfulness- based therapy, really noticing what's happening in the body in this moment. And just learning to be more present, um, and not see our bodies as threats, but as right, this as information that we can listen to and learn from.

[00:30:54] **Laura Reagan:** [00:30:54] I don't know, what you would think of this, but someone I was just talking with yesterday, another [00:31:00] therapist was actually asked me what I thought about different supplements that can help people who have trauma.

[00:31:05] And I said, I don't know of any thing. So don't, I don't, you know, he was like, do you talk about that with your clients? And I said, no. Cause I. I wouldn't know what, what could be helpful and, you know, so that would be out of my scope. But just curious, or do you recommend supplements for people as part of what you do with your holistic work?

[00:31:25] **Jodie Skillicorn:** [00:31:25] Yeah I do. And so one of the easiest ones, even for you to incorporate, right? Because none of these, all of these, you can incorporate, none of them are, you don't need a prescription for any of these, but the one with probably the most research is omega threes. Right. So that's hugely associated. So our brain is 60% fat.

[00:31:45] Right. And we have, we need these fatty acids to, um, recover every nerve and the synapses and so for our brain to function well, it needs these omega threes. And yet most of us are deficient in them. Especially those [00:32:00] of us here in the Midwest in Ohio, you might have, you're closer to the ocean. So you might have, you may not be as, as low in your area, but, but it's been shown there's definite links, especially postpartum depression.

[00:32:13] Before I ever see anyone, I tell them to start a omega threes because there's huge links with, um, low omega three and depression. Um, and there's also huge risk with increased risk of suicide and especially violence, suicide, and aggression. When there's low levels. They've done studies on prison prisoners and found that if by giving them omega threes years, they actually decreased the violence in the, in the, in the jails.

[00:32:40] So adding two grams, which could be a few, depending on, you know, the easiest way to get it is actually the oil. And you can just put it in a salad or something, but, you know, salmon, sardines, flax seeds, hemp seeds are all ways to get it as well. That one's a huge line and easy and safe. Um, another, I'm sorry, what is that?

[00:33:00] [00:32:59] **Laura Reagan:** [00:32:59] Like fish oil?

[00:33:01] **Jodie Skillicorn:** [00:33:01] Yeah. So you could do the fish oil or for vegetarians, they could do a flax seed oil, which doesn't work quite as well, but it, but it's still effective,

but yeah, that's easiest way to get it. Otherwise you have to really eat buckets of walnuts or lots of salmon, or, yeah.

[00:33:15] **Laura Reagan:** [00:33:15] I eat a lot of salmon. I mean, I eat it like twice a week, at least I love salmon.

[00:33:21] **Jodie Skillicorn:** [00:33:21] Yeah. Yeah, so you're probably getting a fairly healthy amount. Um, and I know I, I do a smoothie every morning and I dump in hemp seeds and flax seeds and chia seeds. Those are all high in Omega threes. That's how I get it. But another one, a couple others that are really good for, um, depression and anxiety, magnesium is one so magnesium, something where almost all Americans are deficient in just because it's no longer our soils, have become so depleted from, you know, mass farming that it's really hard to get the levels of magnesium that we used to get in the past, but there's data going back over a hundred years, [00:34:00] associating, low magnesium levels with depression.

[00:34:02] Um, and so that's a good one that actually has been shown to work fairly quickly. However, once you stopped taking it, the symptoms offering term, but I also, but I think that's probably because there really isn't efficiency. And once you stop taking you go back to being deficient again. And one of the easiest way to actually get magnesium is lotion because it gets absorbed into our skin in higher levels than when then even through food.

[00:34:26] But there's lotions on the market that have those and then, yeah, that's another way to sure. Okay.

[00:34:32] **Laura Reagan:** [00:34:32] Yeah. Sorry I keep interrupting.

[00:34:33] **Jodie Skillicorn:** [00:34:33] Oh, that's okay. That's okay. And another one of my favorites is tumeric and curcumin. So curcumin is the active ingredient in the spice tumeric, but it's been shown it's a really powerful anti-inflammatory. And again, a lot of the research, like I said, is suggesting that depression really is an inflammatory response, just like so many other chronic diseases and tumeric also has neuro-protective properties. So it protects the brains and even increases neuro-transmitters. [00:35:00] And there's actually one study that actually compared tumeric to fluoxetine and found them just as effective without the side effects.

[00:35:07] **Laura Reagan:** [00:35:07] Fluoxetine is zoloft?

[00:35:09] **Jodie Skillicorn:** [00:35:09] Prozac. Yeah. Yeah. So that's really anyone who's depressed. I, those are three that I always start. And then the one other, I often add in, especially if there's more anxiety going on is L-theanine. And L-theanine is the amino acid in green tea, small trials have found that actually it works as well as a alprazolam or a Xanax.

[00:35:30] I don't think anyone who's on Xanax would agree with that because it's so fast. I mean, it's an addictive drug, but for people that haven't, it can, it's incredibly calming. And even for those who have been on it, it's calming. It's just not, they have to get used to not being a sudden kick in like, like any other street drug.

[00:35:48] But anyway, that you could, you could get from drinking lots of green tea, but that's a lot of caffeine and you probably have to go to the bathroom a lot, but you can also take it in capsule form, but that's been shown to decrease anxiety and depression as well.

[00:36:00] [00:36:00] **Laura Reagan:** [00:36:00] That's great to know. One, um, I've heard a lot about, and I'm wondering what you have to say is GABA.

[00:36:07] **Jodie Skillicorn:** [00:36:07] So GABA is there's less research on GABA, but I think it's, it, it appears to be safe. And I do recommend that for people who, um, again, for anxiety and some people don't notice anything and other people really do find benefit from it. So I, again, I imagine, you know, it's whether you need it or don't need it, um, if that's the issue or not the issue, but I think it's a safe one to try for sure.

[00:36:31] **Laura Reagan:** [00:36:31] Okay. That's good to know. Cause I, I tried that one and I really didn't find it. I didn't notice any difference

[00:36:38] **Jodie Skillicorn:** [00:36:38] and a lot of people don't, but for people that do, really swear by it. So, yeah. And one other one, especially here in Ohio is vitamin D in the winter, I think is critical for mood. And I think, I don't know how much research is out there, but I suspect that a lot of the link between seasonal affective disorder, it may [00:37:00] be related to low levels of vitamin D, which are inevitable if you live in places like Ohio.

[00:37:06] **Laura Reagan:** [00:37:06] Yeah. I mean, I've heard that vitamin D is, um, deficiency is so common. Yeah. It's pretty much a given if you live around this latitude, so yeah. Wow. You are full of so much fascinating information and I'm really, really grateful that you took the time to come onto therapy chat today.

[00:37:25] **Jodie Skillicorn:** [00:37:25] Thanks for having me.

[00:37:26] **Laura Reagan:** [00:37:26] I I'm wondering as we finish up, like, can people work with you? Are you only available in Ohio or do you, are you able to work with people in other places?

[00:37:36] **Jodie Skillicorn:** [00:37:36] Yeah, that's an interesting question. So I don't know the answer to that question right now, because so up until the pandemic, the answer would have been, no, it has to be someone at Ohio and since the pandemic, the rules have been shifting as far as teletherapy. And so now there's a little leeway and so I don't know the answer to that anymore.

[00:37:59] **Laura Reagan:** [00:37:59] It really depends [00:38:00] on what state the person is in.

[00:38:01] **Jodie Skillicorn:** [00:38:01] Yeah. Yeah. And I think so I think in the immediate, right now I actually can, but I don't know how that's going to play out legally in the future. So I wish I had a better answer.

[00:38:14] I wish it wasn't so confusing. It doesn't really make much sense. I think it has to do with, you know, it always comes back to money.

[00:38:23] **Laura Reagan:** [00:38:23] Yes. That's right, everybody wants that money for licensing and all that.

[00:38:28] **Jodie Skillicorn:** [00:38:28] Yeah, exactly.

[00:38:29] **Laura Reagan:** [00:38:29] You know, it's an example of how therapists and physicians are limited in being able to practice across state lines, but non-licensed practitioners can practice anywhere and coaches, so just like catch up and everyone can be able to serve anyone who,

[00:38:45] **Jodie Skillicorn:** [00:38:45] So I'm hopeful that's one positive outcome of the pandemic. We'll see to be, to be seen. Yeah.

[00:38:53] **Laura Reagan:** [00:38:53] Well, do you have a website where people can find what you're doing or if not, where can they find your book?

[00:38:58] **Jodie Skillicorn:** [00:38:58] Yeah, so the book [00:39:00] can be found anywhere really right now. And, um, and my website is [jodieskillicorn.com](http://jodieskillicorn.com) and I'm also on Facebook.

[00:39:09] Both. I have a site Mindful Psychiatry, which is sort of the original site. And now there's also Dr. Jodie Skillicorn. So those are the best places.

[00:39:18] **Laura Reagan:** [00:39:18] I'll link to both of those website in the show notes so that everyone can find it if they're driving, when they're listening to this and they're like, wait, what was that last name? It'll be in the show notes. Jodie, thank you again so much for being my guests on Therapy Chat today. This was an awesome conversation.

[00:39:35] **Jodie Skillicorn:** [00:39:35] Again. Thank you for having me. I appreciate it, I enjoyed talking to you too.

[00:39:38] **Laura Reagan:** [00:39:38] Today's episode is sponsored by Therapy Notes. There are many ways to keep your practice organized, but Therapy Notes is the best.

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