

# Therapy Chat Episode 280

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[00:00:00] **Laura Reagan:** [00:00:00] Therapy Chat podcast, episode 280.

[00:00:04] **Announcer:** [00:00:04] 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.

[00:00:34] **Laura Reagan:** [00:00:34] Therapists, do you feel stuck when working with clients who are numb and disconnected, who have trouble accessing emotion and exploring their inner experience? Learn a comprehensive approach to conceptualize your client's concerns. Sensorimotor Psychotherapy uniquely includes the body in therapy as both a source of information and a target for intervention, because words are not enough.

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[00:01:12] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I'm very happy to be speaking with my guest, Dr. Karol Darsa. Karol is the author of *The Trauma Map: Five Steps to Reconnect With Yourself*, and I'm very excited to be speaking with her. Karol, thank you so much for being my guests on Therapy Chat today.

[00:01:32] **Karol Darsa:** [00:01:32] Thank you for having me, Laura.

[00:01:34] **Laura Reagan:** [00:01:34] You're welcome. I'm so excited. As I'm speaking with you before we started recording, I'm just really aware that there's so much similarity in the way you practice and all of the things that I'm so interested in, in trauma work. So I can't wait to dive in and talk more about everything you're doing, but first, can we just start off by you telling our audience a little bit about who you are and what you do?

[00:02:00] [00:01:59] **Karol Darsa:** [00:01:59] Sure. So I've been a licensed psychologist for about 23 years now. Always been specializing in trauma from the very beginning. In fact, I started working as social worker with foster kids, and then after having worked with kids, I really got much more interested in working with adults. It actually helps me because I worked with childhood abuse anyway. So when you really work with kids, you get to sort of understand why adults are suffering from their childhood trauma. And, so what I've found throughout my career is that I wanted to get trained in specific modalities, really targeting trauma. Much more than anything else. And I found that just pure talk therapy was great in terms of understanding yourself, having insights, but wasn't really creating the change that I was looking neither for myself, nor for my clients.

[00:02:52] Uh, I, by the way, as a psychologist, I, I'm a strong believer I always have to work on myself if I can, I want to help others I have to be on top [00:03:00] of my own issues and my own traumas.

[00:03:02] **Laura Reagan:** [00:03:02] Amen to that.

[00:03:04] **Karol Darsa:** [00:03:04] So I went first got training in EMDR, which is a really good way of targeting memories directly. Then I said, okay, something is missing here. And the body oriented set up, became more and more known. And so I got my training in somatic experiencing, uh, then I have kids so I, I have a few years of sort of a pause there and I wanted to be an attachment oriented parent, uh, nursing long time and taking care of my kids. So, uh, I, I, you know, there's a pause there and then I went into further training.

[00:03:41] Sensorimotor Psychotherapy, Brainspotting, [inaudible] therapy. And I have the sort of long-term energy work training that's mainly focused about the importance of really grounding yourself in your body and really being present. Uh, so all of that, uh, I was in [00:04:00] private practice for a long time, and then I started working at different rehabs.

[00:04:04] You know, uh, drug and alcohol abuse centers as a trauma therapist. And then I realized there's actually not a trauma treatment center that focuses only on trauma, not dual diagnosis, like, uh, addiction and trauma or addiction and behavioral issues. But just trauma that you would go day in, day out, you will, to just trauma work.

[00:04:25] And, uh, with that in mind, eight years ago, I opened my own trauma treatment center.

[00:04:30] **Laura Reagan:** [00:04:30] That is so amazing.

[00:04:31] **Karol Darsa:** [00:04:31] Yeah, here in Los Angeles actually Pacific Palisades, for those of you who are familiar with California. And so it's an IOP intensive outpatient program that people come in from anywhere from three to five hours a day. Could be every day, could be three times a week, and then you get a whole team of people working with you. So we have obviously all these modalities that I mentioned to you, but then I also have Neurofeedback, Acupuncture. We have [00:05:00] massage, our massage therapist is trained in trauma, Yoga, Acupuncture, Art therapy, Music therapy movement.

[00:05:09] So it's all really encompassing very much body- mind connection to, to help people heal from the trauma. That's awesome.

[00:05:17] **Laura Reagan:** [00:05:17] That's amazing. I'm so glad that I now know that you have that because as we were talking before, I, you know, there's many times when people need more intensive trauma treatment, then outpatient, you know, private practice can provide, but a lot of the IOP and PHP programs are not trauma informed and they're certainly not using bottom-up approaches like you are. So I think that's fantastic and you'll be getting some referrals from me

[00:05:49] **Karol Darsa:** [00:05:49] Thank you. Well, also, well, one of our differences between Reconnect by the way is the name of the treatment center, Reconnect Trauma Treatment Center versus the other ones is that we [00:06:00] do less group therapy and more individual therapy. And I mean, I worked at different treatment centers, so I know how an IOP or 15 hours a week program looks like they usually have 10 to 13 groups a week and maybe a couple of individual sessions with us it's completely the opposite.

[00:06:17] Literally flip side. So you have two, three groups and everything else is hours and hours of individual support. So then what you can achieve in two weeks is really probably what you might achieve in a year or so in a private practice setting or in other treatment centers. Even it's almost like a boot camp, a little bit.

[00:06:35] **Laura Reagan:** [00:06:35] Yeah, well, hopefully it sounds like it's a nice boot camp because boot camp usually is like [inaudible]

[00:06:45] **Karol Darsa:** [00:06:45] I think of it as intense but positive, fast change.

[00:06:54] **Laura Reagan:** [00:06:54] Yeah. Maybe that's just my bias. You know, if I think about being in bootcamp, I feel [00:07:00] like it's like the military, you know, like, so, you know

[00:07:03] **Karol Darsa:** [00:07:03] Our approach is very gentle. We are very client centered, so that means we really look at what everybody needs. We come up with a plan and our plan actually changes every week. So if, when you come in, I think you, you should have, let's say three sessions of somatic therapies in the week, and then the next week we realized this isn't helpful or you need more, we adjust it.

[00:07:24] It's not like, okay, here's the program and you have to follow it. It's we meet with the clients every week and come up with the right formula, really, which is, I think that's really, what's important in trauma treatment. You know, everyone has their own unique history and story and symptoms and so treat everyone as if they are one doesn't make sense to me.

[00:07:45] **Laura Reagan:** [00:07:45] Oh, that's so true. And you know, we were talking how, I don't know. I guess what's coming up for me as I'm thinking about what you're saying is that it's like, no people are the same, no one's experience is the same. You could take 10 people who were [00:08:00] all physically abused as children and their experience may have similarities, but they're not all going to feel the same inside and respond the same way if you put them all through the same treatment method.

[00:08:13] **Karol Darsa:** [00:08:13] Exactly. Exactly. And that's, what's important for people to understand too, when they go into treatment to sort of try, like what, what works for me? What helps me? What doesn't help me? And even to find the right therapist in terms of chemistry.

[00:08:27] Right, because you have to feel comfortable and safe with a person and, and not everyone is right for everyone. This is where individuality comes in.

[00:08:36] **Laura Reagan:** [00:08:36] Yes. It sounds like the way that it works at your center is more of an organic process than, you know, putting people into boxes and saying, this is what you know, you're going to get, and here's how it's going to work. It reminds me of how I've worked with many people who were in the military, who let's say someone may have been sexually assaulted [00:09:00] as a military member. And then when they're having trauma symptoms from it, they are put into groups. And they would tell me, yes, I have to go to a group every day or three groups a day, and it was like stop smoking group, you know,

spirituality group, and they're like, but I don't even smoke. I don't, why am I in this group? You know? So it's not a one size fits all approach.

[00:09:23] **Karol Darsa:** [00:09:23] It's interesting you mentioned military because I worked with military. I'll tell you a project that I did, but what you're sharing reminds me of that I've met survivors who actually told me they were put in the same group with perpetrators.

[00:09:37] They were not their own perpetrators, but there were perpetrators. Can you imagine?

[00:09:41] **Laura Reagan:** [00:09:41] Yeah, no, that's absolutely horrible. And that doesn't surprise me sadly, because, um, the same people who were saying that they were put into like a stop smoking group, we're also, you know, fighting not to be discharged from the military.

[00:09:59] For [00:10:00] having quote, a personality disorder after they were only reacting to being raped or sexually assaulted by someone they trusted in their unit, you know, and they didn't have a personality disorder, but it was, you know, this was, this was in the early two thousands. So it was a lack of understanding on the military's part. I don't think it was intentional. But it was harmful.

[00:10:21] **Karol Darsa:** [00:10:21] Yeah. I don't know if you've watched the documentary, The Invisible War. It came out about eight years ago it is about military sexual trauma. And, uh, I have collaborated with the producers of that documentary and created a two-week intensive program, kind of like a residential, in fact, because we rented a place and we were a group of therapists. And so I put together this program, I literally lived there for 14 days with the clients and we did intense six women at a time intense treatment, but every woman every day got a group. And every day they had individual EMDR and somatic therapy sessions.

[00:10:59] And at the end of the [00:11:00] 14 days, they were just really quite healed. I want to say from just initial military sexual trauma memories that were worked on. So we only had one target and that was the target. And, um, we just heard horror stories of when they were trying to get treatment from the VA, unfortunately, because of the lack of resources of what kind of groups they would put in. And so many of them were really not wanting to even come to our program. Expecting that.

[00:11:27] **Laura Reagan:** [00:11:27] Yeah, I understand. That's a, you know, that's such a important misattunement there, but the, that the treatment did not fit the need of the patient or client, and that's so significant and really impacts trust. So I'm grateful that they were able to give your program a chance and find some relief.

[00:11:49] **Karol Darsa:** [00:11:49] Yes with them actually, I also opened a residential treatment facility some years ago here in Malibu for women only was a six-bed facility, but [00:12:00] unfortunately it burned down two years ago. I don't know if you've heard of Malibu fires here, I lost the house.

[00:12:07] **Laura Reagan:** [00:12:07] I'm so sorry. That's terrible.

[00:12:10] **Karol Darsa:** [00:12:10] Thank you. So I kept my outpatient. I'm still hopeful about, uh, helping people and even have some nice plans for the future to maybe expand and hopefully help even more people. Because I have clients that come from different cities and different States to California, because they're really looking for an intense trauma treatment that's really individualized.

[00:12:33] In fact, because of that idea, I, I created a training program for therapists because what I've seen, I don't know if you've experienced this, but I have so many clients that come to me from different treatment centers or from different therapists that, that were told they know how to do trauma work and then get what they shared with me.

[00:12:51] It's clearly against what should be done in a trauma treatment. Some of them are actually retraumatizing clients. [00:13:00] And, um, so I got quite passionate and sort of angry at the same time about this topic of, I started asking my clients about the wrong treatments that they got and really collected sort of, you know, interesting stories of how they were hurt rather than being helped.

[00:13:15] So I decided to start going around and talking about this topic. So I have actually taught in various clinics and UCLA and some colleges and hospitals about just an hour of, uh, sort of a workshop of Five Common Mistakes in Trauma Treatment and what not to do. And it was surprising to hear so many people who say they were in the field when they would hear my items, sort of being surprised that some of the things that we do as therapists could actually be hurtful.

[00:13:45] **Laura Reagan:** [00:13:45] Wow. I'm really glad you brought that up. And I mean, you also brought up your training, which I'm really interested in having you talk more about, but would you, would you be willing to take a minute or two and just kind of talk a little bit about those [00:14:00] five common mistakes? Or do you feel like that's too much to go into for right now?

[00:14:05] **Karol Darsa:** [00:14:05] No, I, I probably could do a quick explanation about it. Uh, no problem. So let's see the most important thing is really about not doing damage to the clients. Right? I don't know about you, but when I, um, when I got trained, when we were learned, what we learned is if you're empathic with a client, you can't do wrong.

[00:14:28] Oh, it really isn't true. Right? So I think the first important thing in terms of mistakes is, um, believing that the client has to tell what happened to them. Like in detail, the story has to be talked about, and sometimes it has to be talked about over and over again. So this common mistake is not only with therapists, but it's actually quite a lot in lay people.

[00:14:50] So when you have something happen to you, they say, Oh, you just have to talk about it and then you'll feel better. Well, that's not true. In fact, that could make a person feel much worse and [00:15:00] definitely it can re-trigger them. So that's one item that I talk about and I, I give good examples of how, how that causes a problem.

[00:15:08] The second common mistake is really not knowing about stabilization phase and skipping it or minimizing it. I go with the [inaudible] three phases, you know, the

stabilization, memory processing, and integration phase. So sometimes people skip that stabilization phase and just go straight into memory processing, which if you ask a client to tell their story, basically that's memory processing and the nervous system can't take it.

[00:15:36] So that's another common mistake that I talk about. The other one is pushing for the traumatic memory processing, either pushing for it or pushing for it too soon, and really not sort of giving the client a chance to see it as, uh, as their choice. And making them in fact, feel bad. I have to give this example.

[00:15:57] I had recently a client, a teenager client [00:16:00] that came out of a treatment center, uh, residential. And, uh, she had a sexual abuse history, but she wouldn't talk about it. All she said was it was bad, and her symptoms weren't improving. And finally, they said, okay, you have two weeks left and we'll give you a deadline by this date you're going to have to talk about it. And she didn't. She just didn't, she just couldn't. But to put a timeframe to someone and say, by that time, we need to know what happened to you is not going to be helpful. It is a very intrusive way of, you know, trying to help someone.

[00:16:30] **Laura Reagan:** [00:16:30] I've seen that happen in eating disorder programs too. It's like, they're attempting to be trauma informed. So they say, well, "you experienced a trauma, that's why you have this eating disorder. So you need to talk about it. If you aren't going to talk about it, then you're not going to get better." And it's like, they can't talk about it because they can't talk about it. You don't make people talk. You don't take away people's power and control or what are you doing? You're becoming a perpetrator.

[00:16:55] **Karol Darsa:** [00:16:55] Exactly. Exactly. Those people come to me and say, okay, apparently, I'm [00:17:00] not treatable because I can't talk about it. And then they say, when I try to talk about it, I dissociate. Of course you dissociate, that's how you protect yourself from feeling the pain. So we have to first strengthen you, right, help you, give you some tools, calm your nervous system down. And you know, but it's just, uh that's unfortunately. Yeah. That's what's believed another common belief is the, uh, abreaction it's necessary, like cathartic.

[00:17:26] It has to be, this person has sort of purged the feeling and has to cry it out. And otherwise, you know, it's not healing. So people expect that kind of reaction and, and when they don't have it, they're like, am I not processing? Am I not dealing with it? Am I in denial? So that's another one that I saw. And my last one in my five common mistakes is a bit debatable for, for some people, but I strongly believe it is that, uh, memory processing during group therapy. I don't think the group therapies should be about memory processing. [00:18:00] I think it should be much more about skill based and, um, and psychoeducation and grounding or mindfulness. But not asking people to get into the details of, of a memory in a group setting. It could be highly, highly destabilizing for some people.

[00:18:17] **Laura Reagan:** [00:18:17] I agree both for the person who's sharing the memory and the listener, people who are listening Right! Can become traumatized or re-traumatized by that.

[00:18:28] Yes. Oh, those are great. Thank you so much. That is really, really helpful. Well, because I think I can tell you when I graduated from grad school in 2010, and when I was in my internship from 2009 to 2010, it was at an agency for us in Maryland internship is when you're still in school,

[00:18:47] and, um, so they had this Wiley Treatment Planner Book. And it was like, Oh, you know, you want to, you have to do a treatment plan for your client. If you don't know how to do it, use this Wiley Treatment Planner Book. And it was on the bookshelf. [00:19:00] So I looked at the book, it was kind of outdated, I could tell it was like a few years old.

[00:19:05] And, um, I already knew about trauma before I started this internship. So I looked up sexual abuse to see what did it say for the treatment plan? And it said. Goal number one: have the client tell their story over and over from beginning to end. And I was like, Oh my gosh, no, no. You know, even then I knew, and I didn't have nearly the training I do now, but I knew that was re-traumatizing.

[00:19:29] And so, you know, not to knock that book, because I think that that was an older idea about how to deal with trauma, but that's not, not safe to do to people. And, um, so you know, how many people learned through things like that?

[00:19:46] **Karol Darsa:** [00:19:46] Exactly. I don't know if you've ever looked up, uh, exposures therapy, uh, details. But, uh, I pretend like, I don't know anything about trauma one day and I said, I'm just going to kind of Google trauma treatment and see what shows up, [00:20:00] right? And of course, CBT shows up Cognitive Behavioral therapy has the strongest evidence. Fine. But then.

[00:20:09] But for the exposure therapy I actually have it written here I'm going to read it to you. It says, you'll make a list of things you've been avoiding and learn how to face them one by one. In a session you recount a traumatic experience to your therapist. Then go home and listen to a recording of yourself. Doing this as homework over time, may help ease your symptoms.

[00:20:29] And I thought who would want to talk about their sexual abuse and then listen to it again and again, from their own voice at home.

[00:20:36] **Laura Reagan:** [00:20:36] Right, as if they're not reliving it anyway without that. So that sounds very harmful and yes, I agree. I, you know, I don't really know that much about prolonged exposure, but, um, or exposure therapy.

[00:20:50] I don't know if PE prolonged exposure and exposure therapy are exactly the same. Yeah. So I know, you know, people will say right now [00:21:00] today, what's the best thing to do to help someone with trauma treatment and someone else, another therapist will answer, Oh, um, prolonged exposure is the gold standard. And you know, maybe for some, like a car accident or something. If you want to get back to driving or something, maybe that's a good fit, but not for relational and especially abuse related traumas or, you know, anything that you have to dissociate whenever you think about it is not, that's not, that's why you're dissociating so I agree with you. That's not, to me that feels very unsafe. Maybe there's a part of it that I'm missing. I don't know what it would be.

[00:21:39] **Karol Darsa:** [00:21:39] You're not, you're not missing. I actually think exposure therapy could be okay for phobias, but not for trauma. Trauma therapy has to be so much more gentle and exposures is not necessarily a gentle, gentle way of approaching something.

[00:21:54] So we're back to basically saying, include the body, go slow. Don't rush it. You [00:22:00] know, acknowledge that people are saying no to some things, because that's their capacity. Everyone has a, has a tolerance of how much they can remember or how much they can go in it. So it has to be just really slow process.

[00:22:13] **Laura Reagan:** [00:22:13] Yes. I think one of the hard things about working with people who've experienced trauma and, you know, I think similar to you for me, the majority of my client population is people who have childhood trauma. That they may feel like, why is this taking so long? I should be better by now. You know? I mean, they kind of come into therapy oftentimes with the like, but that happened 30 years ago. I mean, shouldn't, I be over that by now? Which of course we know that that's not how it works, but also this sense of like, well, look, I've been doing therapy for six months now. Like I need to get into processing these memories. We need to get this done. Like let's stop delaying. And so for me, I find one of the biggest challenges is just helping people slow down [00:23:00] with their feeling of urgency about finishing therapy, because it's, you know, it takes the time it takes. It's just not something you can really rush.

[00:23:10] **Karol Darsa:** [00:23:10] Right, exactly.

[00:23:11] **Laura Reagan:** [00:23:11] But I think, you know, from what you're saying with all the different tools you use, you know, you can, you can get there as efficiently as you're going to be able to get there by using these different tools.

[00:23:23] **Karol Darsa:** [00:23:23] Right. So, I mean, in the way that I work with clients, which is sort of how I put together, my training program, it's called RITTM by the way, Reconnect Integrative Trauma Treatment Model. It's integrated because I put together a bunch of different models that I've studied over the 20 some years.

[00:23:40] And, uh, so in the beginning, I'm teaching specific tools of how to help client to calm their nervous system. Now, we don't talk about trauma for a while. I don't even need to know much. When they come in, I don't get that much information on purpose. Right. So then it's just really understanding, okay, let's learn how to use mindfulness. Let's do grounding techniques. Let's [00:24:00] do breathing techniques. Let's do somatic tracking tools. There's even a EMDR and brain spotting resource techniques that we can use. I also teach like EFT, Emotional Freedom Tapping. Right. So there's a lot of things that in the beginning you can do with a client, then they start just almost like coming out of the water and they can breathe a little bit once they can breathe a little bit and they can yeah and be present and here and with you in the room and in their body, then you can say, okay, let's look at what are those traumas that cause these symptoms eventually. And then, uh, that's when I teach, I take different tools from each, each of these modalities that I've mentioned to you, and then a therapist learns sort of how to use them appropriately to the issue or, you know, to the person. Right? Cause sometimes some techniques work for some clients and



some of them, they don't work. You just have to have a tool and go, okay, let me use my intuition, which one's gonna work. And, uh, and you just go with that.

[00:24:59] **Laura Reagan:** [00:24:59] That [00:25:00] sounds wonderful. And you know, in a way it's like, it sort of sounds like it parallels that three stage model of trauma treatment, like you mentioned before, the beginning phase is stabilization. So that's, you know, calming your nervous system is part of that.

[00:25:16] **Karol Darsa:** [00:25:16] Exactly. Exactly. I follow that model. Uh, I mean it's from the 1800's, but I think it's pretty good if it's followed in the right way.

[00:25:24] **Laura Reagan:** [00:25:24] Yeah. Yeah. I agree, very, very much. So now you're training, who is that for?

[00:25:32] **Karol Darsa:** [00:25:32] Good question. So it is for licensed and pre-licensed therapists. Therapists, psychotherapists, licensed Psychologists, so all in there. But I also opened the first module because in the first module, I only teach stabilization tools. I also opened that for coaches or, um, like life coaches, or, um, Acupuncturists, Massage Therapists, people who are not going to be clinicians, but they're [00:26:00] working with people, that's open for them. But for the second and the third module, people have to be eventually a clinician because I teach now how to process memories. And there you don't want to mess up with, with something so fragile.

[00:26:14] **Laura Reagan:** [00:26:14] Yes, very true. And, uh, but I think that's great because as far as, the first module, the truth is Massage Therapists, Coaches, Acupuncturist, Craniosacral Therapists are out there working with people directly and oftentimes that's the only I guess you could say emotional health treatment that the client is getting, they're not working with any type of, you know, licensed clinician or practitioner. So for Bodyworkers and other people who encounter people with trauma to have these skills, it's sort of like arming them with what they need to know to help the client to get to the more intensive, you know, so they can [00:27:00] say, I can help you with this much, but I think you need to find a therapist who can, this is what they'll do with you.

[00:27:05] They'll take it from what we've done to a deeper level. And it kind of looks like this. And you know, so instead of, you know, saying. Hey, those people shouldn't be, you know, learning about trauma at all. I mean, they are working with people who have trauma, even if the people don't necessarily know it.

[00:27:22] **Karol Darsa:** [00:27:22] Exactly right.

[00:27:24] **Laura Reagan:** [00:27:24] One of those things about being a trauma therapist, there's so many therapists who say I don't work with trauma, so I don't really need trauma training. And it's like, well, it may not be your specialty, but people who come see you have trauma whether they know it or not.

[00:27:41] **Karol Darsa:** [00:27:41] I have not met yet anybody who doesn't have trauma, have you?

[00:27:44] **Laura Reagan:** [00:27:44] No, I haven't.

[00:27:46] **Karol Darsa:** [00:27:46] Uh, you know, in the past people thought trauma meant really big like, I don't know, you went to a war, or you had to be, you know, uh, raped and all this sort of really big things. But now they're really noticing [00:28:00] and becoming more aware of the relational trauma too, which wasn't really considered trauma for a long time.

[00:28:06] So if you grow up with not physically abusive parents, but emotionally, completely absent, that is considered trauma for a child, because we need that relationship in order to survive. We're not just robots, right?

[00:28:20] **Laura Reagan:** [00:28:20] Absolutely. That's so true. You know, even when, um, people use that phrase, big T or little T traumas, I hear, um, you know, people misunderstanding that quote little T trauma is a trauma that's not that important, not that serious. Whereas, you know, if a baby is being ignored by their primary caregiver and no one's coming when they cry, that's life-threatening to that baby, the baby's nervous system.

[00:28:49] **Karol Darsa:** [00:28:49] Exactly. I don't know if you've noticed when I work with clients, even clients who have complex trauma, I mean, years of sexual abuse, death in the family and [00:29:00] this and that. They tend to all still minimize their traumas. And I often hear from them saying, yeah, but at least I wasn't at the war or there are people who had it much worse than me. Uh it's just so fascinating how easily people go into the minimization. And, and I say to, to the clients, when you are a kid and you're in the midst of abuse being abused, do you think you're going to say, well, it's not so bad. Somebody else is being abused much worse than me right now. You know, it's not a cognitive thing. You are being abused, period. Your life is upside down. You're under threat. You're facing maybe death. That's it, you don't need more reasons. You don't have to go to war and for it to be considered trauma.

[00:29:41] **Laura Reagan:** [00:29:41] Thank you for saying that. I've said that here on this podcast, probably at least three or four times, and I'm glad that you said it first this time, so maybe, um, maybe anybody who's listening who I've talked to in the past, who's saying, Oh, that's what Laura always says too. Maybe there's [00:30:00] something to it because, you know, I feel like that minimization is actually one of the symptoms of trauma.

[00:30:05] **Karol Darsa:** [00:30:05] I agree. I talk about that a lot in my book. My book, by the way is not for therapists it's for a general public. Um, the, The Trauma Map, because what I found is that I was saying a lot of these things that we're talking about right now, over and over again. And I was like, I wish I could write those down and just kind of say, read it again, read it to the clients. Cause I don't, I want people to stay compassionate with themselves, you know? And, uh, so I, I have various sort of easy practical tools.

[00:30:34] I wrote the book on purpose with a very simple language so it's not so much theoretical oriented and you know, when you're traumatized, your brain is not working that well and you want it to sort of maybe a simple language.

[00:30:47] And so I wrote it that way and I'm hoping that people will continue to enjoy it.

[00:30:53] **Laura Reagan:** [00:30:53] Well, yes. And thank you for mentioning your book too, because it's wonderful. And I'll be, now that I'm aware of it, I'll be [00:31:00] telling my clients about it. I think that it's, it's wonderful. And you know, I'm always looking for things that I can sort of refer people to reading when they're not in our session when they're not feeling so much emotion, you know, and the relationship between us that can be bringing up feelings for them too.

[00:31:20] And just to like, check this book out, it's kind of talking about the same stuff that we've been talking. So it's sort of reinforcing what, what we're talking about in therapy and them being able to read it in their own time when they're feeling more, you know, relaxed.

[00:31:35] **Karol Darsa:** [00:31:35] Yeah. Yeah, exactly. I'm working on a second book, but that's going to be for clinicians. That's actually going to be about the written model.

[00:31:43] **Laura Reagan:** [00:31:43] Oh great. When's that supposed to be finished?

[00:31:46] **Karol Darsa:** [00:31:46] Oh God. I have a meeting in half hour with my editor. The beginning phase is going to take at least a year.

[00:31:55] **Laura Reagan:** [00:31:55] Wonderful. I hope you'll come back and talk about that when it's ready. But, um, [00:32:00] for today, Karol, where can people find all of these good things you're doing?

[00:32:04] **Karol Darsa:** [00:32:04] Um, well, they can definitely follow me on Instagram @karoldarsareconnect or @thetraumamap. I'm just saying the Karol Darsa Reconnect is also on Facebook. So these are my professional, uh, pages that can definitely connect or if they want to know more about our program and they want to come in for treatment.

[00:32:23] Then it's reconnectcenter.com on the website.

[00:32:27] **Laura Reagan:** [00:32:27] Okay I'll put the links and the Instagram and Facebook info in the show notes. Thank you so much for being my guest today, this has been an awesome conversation and think it's going to be really helpful for so many people.

[00:32:41] **Karol Darsa:** [00:32:41] Thank you, actually, I enjoyed, I liked to talk very passionately with other people who think that way, same way. So it's definitely was great to talk to you.

[00:32:50] **Laura Reagan:** [00:32:50] Wonderful.

[00:32:53] Hey therapists, do you feel stuck working with clients who can't access their emotions [00:33:00] or name their inner experience? Do you find it difficult to work with people who are disconnected from their own emotions, and they may be disconnected within the therapeutic relationship as well?

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talk therapy is limited. You've heard it discussed on this podcast multiple, multiple, multiple times.

[00:33:30] And if you've been listening to this podcast for a while, you also know that I am a huge fan of sensorimotor psychotherapy. I've completed levels one and two and plan to pursue the certification level, level three. And the reason why I love it so much is because I've experienced shifts within myself through the experiential training process and huge shifts in my work with clients through the training that I've received with Sensorimotor Psychotherapy [00:34:00] Institute, I highly recommend that you check out their website, [sensorimotor.org](http://sensorimotor.org) to learn about their trainings. In fact, they have trainings coming up this summer. And to view their webinars, learn more about what sensory motor psychotherapy is, it's a beautiful, powerful method that I can't recommend highly enough. So check them out at [sensorimotor.org](http://sensorimotor.org).

[00:34:24] **Announcer:** [00:34:24] Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit [therapychatpodcast.com](http://therapychatpodcast.com).