

Therapy Chat Episode 287

Disclaimer: This is a verbatim podcast which may contain spelling errors.

[00:00:00] **Laura Reagan:** [00:00:00] Therapy Chat Podcast, episode 287.

[00:00:04] **Announcer:** [00:00:04] This is the Therapy Chat podcast with Laura Regan 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.

[00:00:34] **Laura Reagan:** [00:00:34] Hi, welcome back to the Therapy Chat. I'm your host, Laura Reagan. And today I'm very excited to be bringing you my conversation with Heather Tuba. Heather was my guest back in 2019 on episode 176, when we talked about the importance of support for partners of trauma survivors, which is an area that Heather has lived experience with and has [00:01:00] focused on for the past five years. She's recently shifted in the direction of her work. Heather's a writer and educator who specializes in psychoeducational resources for loved ones of people with complex trauma and mental health challenges. Heather has been a leading voice in highlighting the need for more understanding and better support for families.

[00:01:19] Her writing includes articles on her website, a guidebook on building emotional resources that's available for purchase on her site, contributions to trauma related podcasts and websites. She contributed to the upcoming book, *Damaged: childhood trauma, adult illness, and the need for a healthcare revolution* by doctors, Robert Mondor and Jonathan Hunter, which is coming out in September 2021.

[00:01:42] And she's writing a book of her own on the necessity of family engagement within the medical and mental health systems that's coming in 2022. Heather's downloadable book, *Strengthening You: A guide to build, strengthen, and support the emotional resources of loved ones* is available on her website, [00:02:00] heathertuba.com. In my conversation with Heather that we had recently, we talked about why it can be difficult for trauma survivors to find a therapist that meets their needs, how gaps in resources and services for partners and family members of trauma survivors create barriers to healing for survivors and their loved ones.

[00:02:17] Heather talks a little bit about her personal experience attempting to find trauma competent help for a family member. And she brings up some important considerations for therapists who are serving trauma survivors and their families. So, let's dive right into my conversation with Heather Tuba. And there's a link in the show notes to her previous interview, number 176 from March 2019 if you'd like to listen to that. I think the content, even though Heather's not working with individuals directly now, I think the content is extremely useful for anyone who loves someone who has experienced trauma and particularly complex PTSD. Thanks so much for listening.

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[00:04:29] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I'm thrilled to be speaking with a returning guest, Heather Tuba. Heather, thank you so much for coming back to Therapy Chat.

[00:04:43] **Heather Tuba:** [00:04:43] Thanks Laura. I'm so excited to be here. Yeah, I've been looking forward to this for quite a while.

[00:04:48] **Laura Reagan:** [00:04:48] So have I, and I love connecting with you. And as our listeners may remember, you've been on the show before, which I will link to in our show notes, but [00:05:00] let's start off for anyone who didn't catch that with you just telling our audience a little bit about who you are and what you do.

[00:05:06] **Heather Tuba:** [00:05:06] Sure. So, I'm a writer and educator with a focus on supporting partners, family members, friends, and other interested individuals, including a lot of clinicians who want to know more about supporting these important people as it pertains to complex trauma. And of course, other mental health conditions, which are often related to trauma. And so that's, I started to do this in 2016 with just a general blog coming out of my own experience as a partner, but more about what I was learning, and studying, and feeling was a missing piece in a whole equation of care for not just the individual who was coming to a treatment setting, but [00:06:00] also for the people who are supporting that person. And so I started that in 2016 and it's really just evolved over the last number of years and I evolved quite a bit, even Laura, since you and I spoke a couple of years ago.

[00:06:14] **Laura Reagan:** [00:06:14] Yes. So what are you doing now? You've you've really, it seems evolved more from one-on-one support to writing now.

[00:06:24] **Heather Tuba:** [00:06:24] Yeah, that's correct. Yes. So, as I'm sure with most of your listeners and you, and I've talked about this, you know, COVID and all the disruptions that have happened in our world during this really amazing and difficult time period have really caused me to reflect on, on who I am as a person and what serves me in order to have a sustainable business. And then how could I reach a larger audience as opposed to just providing [00:07:00] individual support. And so my background is in writing. My education is in languages and writing and it's really my strength.

[00:07:09] And so I felt that it would be of more benefit, longer term to move away from individual support, into providing more written resources for people. And you know, I know, you know this because you talk about this all the time, but the, the long-term stress of our situation has really created so many challenges for people who had preexisting conditions and then just for the general public.

[00:07:38] And so I, I just felt that it was, it would be in best serve people to offer them written resources. Of course, that takes a lot of time and effort. And so I did move away from that about a year ago. And during that journey, especially the last year, I've really had some great opportunities to do [00:08:00] more extensive writing and also to interview some thought leaders in the field and gather even more insight into the importance of support or care family care, which really, to me includes anyone who is providing emotional, emotional, and practical support for someone who's going through, you know, challenges with their own mental health issues. So when I say family, that could be anyone, you know.

[00:08:30] **Laura Reagan:** [00:08:30] Exactly. And that's the, the reason that I originally found your work is in my work with individuals you know, it's so common for people to say, either my partner doesn't get it about my trauma and they, they just want me to get over it. Or my family doesn't understand. They don't support me. They don't, you know, they think I'm just living in the past or whatever. And so individuals who have trauma need a lot of support from their partners and [00:09:00] families, of course, but for the partner and family and anyone who cares about someone who's living with trauma, it's it can be traumatic to witness your loved one going through that and not know how to help them. So what you're doing is really invaluable and so needed. And I mean, I appreciate how you using your own lived experience, you have really, I think amplified the message that when someone is traumatized, you know, there's a ripple effect in everyone who loves them. And it's hard enough for the individual to find support. The partners, the family and loved ones are really often not even on the list for who would be seeking support because it's, you know, we don't have unlimited resources. And, you know, if the one person's needs are the most, you know, apparent everyone else is sort of just falling by the wayside.

[00:09:57] **Heather Tuba:** [00:09:57] Yeah. I mean, it's a bit, there's a [00:10:00] parallel to like being triaging who needs the most care. And that, of course, I think the majority of people that I've interacted with understand that, but this is a, can be a chronic for some it's a chronic illness that can change force over the lifespan and chronic illnesses require that the families have support.

[00:10:27] And I'm not saying this is done well, but you know, that's why we often associate this with like, I don't know children who have complex medical conditions or even children

that have mental health struggles. That, of course we, of course, many agencies assume that the family would be included. And I, and I realized there's, it's different when you have adults.

[00:10:50] But on the other hand, if we're talking about conditions where there are changes to the brain, there can be things like [00:11:00] depression, anxiety, other, other things that are, can be quite debilitating. There can be changes in cognitive function and memory, which are all, there's so much research, recent research around the the neuroscience and there's more and more of that coming out, that it seems to me and to my husband, because we talk about this a lot that having a more welcoming and inclusive environment for those closest would be beneficial to the person who is going through the therapy and recent research out of um, and I think you're going to link to this Laura in the shownotes, so recent research out of uh, The University of Zurich, uh, because I have a couple of articles on my blog, I interviewed one of the researchers has proposed a, uh, model for family care and that model is run through a, an organization it's not an in hospital.

[00:11:58] So I just want it [00:12:00] because sometimes we think about this where the person has to be in hospital. And that is primarily the way that people often access family care. But with C-PTSD, wanting to be utilized in Europe as a distinct diagnosis for PTSD in 2022, there are small pockets of discussion about family support, which makes complete sense to me.

[00:12:25] And I think that that would help the supporters to feel less reactive, less activated, and more open to understanding what their loved one is going through. So, you know, there's, there's just the two, it's kind of a negative feedback loop in a sense, because we, as the loved ones don't feel supportive, which puts us on guard.

[00:12:52] So for us to feel open to what's going on with our partner or friend or parent maybe is really [00:13:00] difficult when we're like we're bracing, because the system doesn't support us and what those research studies came out. There was a series of five studies with this particular University of Zurich, it shows that when the loved ones are stressed, it affects the symptoms of the person with the C-PTSD.

[00:13:19] And so it's just this negative feedback loop that's going on. And so then, you know, we as loved ones might be invited into a therapy appointment, but we feel on guard already. And we carry that in our bodies, into the appointment. And then the clinician doesn't know why we're reactive or closed, it's because we don't have support.

[00:13:40] So my work has really been amplifying like we need to feel supported in order to be the type of support that is required. And if we don't look at this in a broader context, we're just in a sense blaming people.

[00:13:56] **Laura Reagan:** [00:13:56] Exactly. Instead of understanding that everyone in [00:14:00] this situation is in pain and what are the supports that each individual and the system need to, to thrive and flourish and be connected and be loving and feel safe. All of them.

[00:14:14] **Heather Tuba:** [00:14:14] And there's also a stigma that people struggle with the individuals with the, with the conditions and then those, those around them. That is, that is a huge problem, societal problem about how we view and a mental illness and how we, um, value the care of mental illness. And I think that this has just been hugely amplified I guess through this pandemic and yeah, so that people are coming with all the societal pressures and beliefs that, that are around us too.

[00:14:48] **Laura Reagan:** [00:14:48] Very much so. I do want to talk more about stigma, but I was thinking maybe I think that listeners might be helped to hear a little bit more about why [00:15:00] you really got into this. I know you've somewhat referenced it, but for me, it's been very informative just to hear you sort of describe the winding path that you took to get to the point you're at now, you know, yourself and your family, as much as you're willing to share.

[00:15:17] **Heather Tuba:** [00:15:17] Of course, thank you. Well, the path really came from my own frustration with not having support. And so I, when I began, it was with the question, the question was, why is there not support?

[00:15:34] Why are doctors or therapists not offering me a supportive alternative to therapy, which therapy, and I have used therapy, but why is it just therapy? Why can't, why can't it be something else. And when you have to pay for therapy out of pocket, and it really places a lot of limitations on, [00:16:00] on accessibility for families.

[00:16:02] And so mainly I was seeing this gap in care and wondering, and I figured other people probably were going through the same thing, that's been one of my driving, I think a core tenant here has been like, well, other people must be going through this, I can't be the only one. And so I began that process and then found that there were other people, and that people were interested in that question.

[00:16:33] And so I think that question is still there, and it propels me to write about it and to think about it and to find out why it's not there, which has led me to deeper. I think more of a deep dive into why the system is not supportive and why. I mean, we've got the individuals who, if you're in this field, you understand that it's not supportive, but then also [00:17:00] going deeper into just why, why is mental health so unsupported? Why is family care so unsupported? Is that different in, uh, in medical illness? And I've found as of late that it's not that different. And so that question of the questions of why is this not supported? Aren't there other people going through this?

[00:17:25] Those have really been what's led me down this path and to then finding other areas in medical care, for example, that there's a lot of parallels here. So the path is really been in a way, a big eye opener as to how we, as a culture, how policymakers, how government, how insurance, how the medical and mental health system and I'm in Canada, but our mental health system is, is very inaccessible here too.

[00:17:58] So it's really [00:18:00] it's um, you know, it kind of shows how so much of our human experiences, which mental health is a human experience are not valued as human experiences and, and not supported as a society.

[00:18:14] **Laura Reagan:** [00:18:14] Yeah. Yes. I'm feeling that. And you know, like normal reactions to abnormal situations are pathologized, you know, I mean, for example, we put generations of young people through wars in the 20th century and then didn't understand why they came back all traumatized. Didn't have words for it and don't talk about it. And you know, there's such a Western culture is so well, I only know about U.S culture, but I get the picture that it's not just here. That, you know, there's such an emphasis on youthfulness as we were talking about before and being vibrant and vital and [00:19:00] happy and positive.

[00:19:00] And that's really all we want to hear about. Everything on TV is either, you know, beautiful people or beautiful people like fighting with each other. There's like this underbelly of all this conflict and pain and stress and trauma that we don't talk about. We don't think about it. We don't look at it, but then we love to watch these true crime shows.

[00:19:22] And we love to watch these, you know, reality shows where people are getting in fist fights. And, you know, I remember like when I was younger, like Jerry Springer show and why we're we so drawn to that? But we never want to talk about conflict, and we never want to talk about pain, but then we, you know, we also have this fascination with sort of making it entertainment, but in our real lives, we don't want to look at it or feel it. And we think there's something wrong with us if we're not happy all the time.

[00:19:49] **Heather Tuba:** [00:19:49] Right. Yeah.

[00:19:50] Yeah. So, yeah, for sure. And I think that's where, when you get to these places in your life where there's a lot of suffering and [00:20:00] things happen and then there's you know, things start to come up. It's it can be really challenging to be with that because we're not just talking about our, our own individual responses to suffering, uh, as individuals and then as a family unit are not, they're not deemed acceptable and yet, so a huge thing for me has been normalizing my experiences.

[00:20:25] That, to be honest has been one of the main things that I do for myself. I often say to myself, I'm sure other people are going through this. This is normal. And I talk about that in the downloadable book that you'll link to at the end where it really is, you know what you're going through if you're reading this book is normal and it's normal given the context of complex trauma, which is not recognized as a distinct diagnosis in North America. And so [00:21:00] we are not just, uh, feeling the weight of the stigma of general mental illness, but we're also feeling the stigma against trauma. And so I do talk about that in the book and I bring in the fact that we have to keep that context in mind to be kind to ourselves.

[00:21:17] **Laura Reagan:** [00:21:17] Yeah. Yeah. And I mean, I'm impressed kind of amazed, honestly, that you, as a non mental health professional, really, the way it looks to me from the outside is that you had to find out what C- PTSD is on your own basically. And. And almost like unearth, where is the help for my partner who has this specific issue that I didn't even know how to name until I found the name and, you know, and really like cobbling together what would have ultimately become, you know, the healing process that got started. But, um, it shouldn't be like that, that people are having to, [00:22:00] you know, convince providers this is what's going on. Look, here's what I read. Will you listen? You

know, I mean, it's like an uphill battle, which just makes, you know, you're seeking help, needing help there's real pain and suffering happening.

[00:22:15] And then not even being able to have people validated that, that is a real need, and that they know how to help with it in a specialized way that's specifically for that problem, you know, and whether it was chronic illness or cancer or C- PTSD, you know, the help that is specific to that is so important.

[00:22:36] And when you can't find it, you know, it's, that's stigmatizing and that's pathologizing to the, the survivor and their partner, and their family, because, you know, they're like, well, why can't I get better? Why, what am I doing wrong here? I'm trying, I'm going, I'm going to this therapist and going to that therapist and going to this doctor and taking this medication. I'm doing all these things. It's not changing.

[00:22:59] **Heather Tuba:** [00:22:59] Yeah. Yeah. [00:23:00] You know, I, I really believe that this what you're talking about, unfortunately it leads to family breakdown. It leads to passing down of trauma.

[00:23:14] **Laura Reagan:** [00:23:14] Absolutely.

[00:23:15] **Heather Tuba:** [00:23:15] Um, I mean it can lead to suicide. Um, it's, it's so tragic that we, as a society have to be, I, I, we have to be our own, the push to be your own advocate is a huge burden. And it's because you can't just, I mean, I've been in situations where people are like ask me all the time honestly, is like, well, did you, they don't know me. I'll be interacting with someone and they'll be like, well, did you advocate for this? And I, I am not saying we shouldn't advocate, but there's so much of an emphasis on the individual advocating. [00:24:00] And to me...

[00:24:01] **Laura Reagan:** [00:24:01] Putting it on the victim basically to find their own help when they're the one going through it.

[00:24:08] **Heather Tuba:** [00:24:08] We need to examine why we are being asked that question so often?

[00:24:12] And we need to look at why is that question being asked? And what is that actually communicating about the systems? Because that question does communicate the fragmented systems that we're all trying to access help through. Um, and I think it's, uh, it's an incredible burden on people to have to constantly be putting stuff together.

[00:24:38] And a lot of my own journey, which, you know, came from my, my website and my connections. Was getting connections to support- that is not right.

[00:24:52] You shouldn't have to know someone

[00:24:53] **Laura Reagan:** [00:24:53] or know who to ask or, you know, it shouldn't be that you have a PhD in how to find [00:25:00] resources in order to be able to find resources.

[00:25:05] **Heather Tuba:** [00:25:05] Can I have that PhD?

[00:25:09] **Laura Reagan:** [00:25:09] You may have an honorary one at this point.

[00:25:12] **Heather Tuba:** [00:25:12] Yeah. So, um, in September I was so excited to be a part of a book coming out by, so I live in Ontario, Canada, uh, just outside of Toronto to be a part of a contributor to a book coming out by two Toronto psychiatrists, um, who, um, have written a book about, uh, childhood trauma and why, um, medical professional, it's, it's not aimed specifically at medical professionals, but why this needs to be a part of the medical system, whether you're a user or you are a clinician and why it needs to be, um, front and center. And so they invited me to do a section on, [00:26:00] um, family support and what needs to change.

[00:26:03] And so in that section of that book, which is coming out on, um, September 15th of this year through University of Toronto press, but it'll be on Amazon and different places. Um, I. Uh, I do talk about, uh, briefly, you know, what needs to change within the system, um, which is very much what I always talk about.

[00:26:27] And it's what I've gone through personally. It's what I've, um, witnessed other people going through. And it's what I continue to witness with the mental health system and the medical system and the caregiving system as well, which is just, you know, we, we are essentially, it can, it can come to the point if you don't know someone it's or you're not educated enough, then it's really difficult to know what to do, which is why I think your new podcast, Trauma [00:27:00] Chat podcast, and then your therapist network, please correct me if I'm wrong here, is going to be so helpful for people. And if nothing else, even if you're looking at this from another country, for instance, from Canada or overseas, I think the way that you have shared with me that this will be set up will give people ideas about how to utilize it, to find resources within their own countries and situations. So I think that's going to be extremely helpful for people. I think your podcast, which I, I have listened to, I love the concise format because when you're overwhelmed, it's just not helpful to listen to, now I'm talking and talking here, which I tend to do, but the format of being just these almost like 10 minutes sound bites is fantastic. And it's something I've been very frustrated with as I, uh, people have asked me for resources. It's like, well, you could read this book,

[00:27:59] **Laura Reagan:** [00:27:59] but [00:28:00] you know, might be overwhelming. It's a lot of information. It's very clinical. Stuff like that.

[00:28:05] **Heather Tuba:** [00:28:05] Yeah. If you don't have a course in anatomy physiology, which I did actually, which is super helpful actually, then it might be, it can be really challenging and I think books have their place, but not when you're in a situation of overwhelm and have been for some time.

[00:28:28] 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

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[00:29:21] **Laura Reagan:** [00:29:21] Well, thank you for the kind words about the resources I'm creating, and you know, like you, I just want to help more people find the help they need. And I think one thing that I would really like you to mention here is you know, you touched on before that therapy is not the only way that partners and family can get support, but what, what type of resources are out there for people?

[00:29:47] You know, it's not even just like, what are the resources, the names of the organizations, but even just to help people understand what kinds of things exist so that they know that they can look for them for that type of support [00:30:00] that's therapeutic or not?

[00:30:02] **Heather Tuba:** [00:30:02] Yeah. I mean, maybe I'll share some of the things that I've utilized.

[00:30:06] **Laura Reagan:** [00:30:06] That'd be great.

[00:30:07] **Heather Tuba:** [00:30:07] So, as I said, I have used utilized a therapist and I had done quite a bit of therapy in the past, which was extremely helpful for this time period that we entered. So I came, we came to this time period, where things started to come out with my husband, where I had actually done quite a bit of my own work, which was extremely helpful and dealing with some of the traumas of my own childhood.

[00:30:35] So I came with some tools in place. So, if you have not done therapy, I, I do highly recommend that you engage in that process because it can be, it can set a really good foundation for future traumas and future struggles, which are going to be there until we pass on, so I, I fully endorse that. In more recent times, so I [00:31:00] did work with a somatic coach and I had the, I found that actually extremely helpful. So understanding my own body and nervous system, that was something I invested in, not a huge amount of sessions, like maybe 8 to 10 sessions, but it really helped me to learn about my own breathing, to learn about tension in my body, to learn about you know, orienting to my environment and being able to take those things in that was extremely helpful. That was fairly early on. Then other things that I've utilized, which I didn't know were as helpful as they were. So I've always been active. And I, I, I do not miss a like, uh, I mean, for me it's exercise, but I don't miss putting movement into my days as much as possible. And I know for some people that's not an option, but finding ways to engage your body, [00:32:00] like really mindfully is important. And however, you can do that for yourself. I haven't been actually a huge meditator, but I do, I do monitor my breathing and I do use a breathing app, but it's not a meditation app.

[00:32:16] It's just a, like a resonant breathing app. You know, other things is I've worked with a, because I have this platform, I have a creative strategic advisor who has been

amazing because she's helped me really to own my own messaging. So having creative outlets has been huge, having people that support me in that.

[00:32:38] So those are things I've done on my own, which I talk about in my book, the downloadable one, like for others, you know, I think looking into mental health care, giving organizations could be a good source of support knowing that they may not be trauma-informed I think is important. So when you [00:33:00] go understanding that this may not be a trauma-informed space, or they may not know much about complex trauma, but they may have enough a space to connect with people who are going through really challenging things with their loved ones. And I think that can be, at least it can be validating and supportive. My experience and this is in Canada is it takes quite a bit of digging around to find spaces. So I just give that as a caveat. Also, sometimes I think with COVID things, because a lot of these are volunteer run.

[00:33:35] They may be reliant on funding. So there's been, you know, there's some, I think that's sometimes affected these organizations more than more than like therapists or public, public public organizations. So, but I would encourage people to really try and explore that, you know, being, being boundried with your friends and [00:34:00] families, and sometimes that means finding different friends and that's, you know, that's hard, but ultimately you want to find a way to feel supported by the people closest to you. And that's been a big part of my journey, actually it's been very hard. So finding, I think there's a twofold, there's finding ways to support yourself on a daily basis, which was the first part of the section.

[00:34:24] And then there's options for finding support elsewhere. And you know, maybe you're a therapist would be a resource for finding support groups because they might know a non-profit groups, you know, other peer support groups, perhaps that you're not aware of. So I would, I would really encourage you to utilize any contexts that you have to explore those.

[00:34:50] I mean, ultimately, and I used to run an online group, which I do no longer. Ultimately, I feel that, you know, if you see face to face, interaction is really important, [00:35:00] whether that's zoom or in real life. And I feel that more strongly than I have ever, that we actually do need to have that face-to-face interaction in some capacity to really get the most out of support.

[00:35:16] So, yeah, so I think that's really important. I think utilizing online groups can be perhaps a good way of finding resources, but it can be pretty triggering because of the content.

[00:35:28] **Laura Reagan:** [00:35:28] Yeah so online groups that are for peer support when other people are sharing their stories, sometimes that can just add to the emotional burden of a caregiver, especially when you're, that's, you know, that's where you're in that space of really caregiving, caregiving, caregiving, and then you go there and other people are needing support and you're like caregiving for them.

[00:35:50] And then you start to feel like, oh, but if the,

[00:35:52] **Heather Tuba:** [00:35:52] Yeah, and that's also, you know, really where it's more text-based versus, face-to-face I think, I [00:36:00] think there are drawbacks to check space support. Yeah. That's been my experience and I hope that's not everyone's experience, but it can be very hard without the face-to-face to really be more regulated, I think.

[00:36:17] **Laura Reagan:** [00:36:17] Yeah. Yeah, because there's a way not being face to face, like being in a Facebook group. I can find a lot of support in a Facebook group, but there's a detachment from the other people in a way that can make it less resonant. Although I've found a lot of support just generally, in different Facebook groups of, you know, that are under a certain category. So it's certainly when people don't have any option near them, it's, it's,

[00:36:47] **Heather Tuba:** [00:36:47] It can be a good bridge to something else. And if that's the only thing you have, I'm not going to discourage it. Uh, I just, I think ultimately it would be I mean, [00:37:00] ideally it would be to have lots of different places where people could go.

[00:37:03] **Laura Reagan:** [00:37:03] Very much so.

[00:37:04] **Heather Tuba:** [00:37:04] Yeah. Yeah.

[00:37:06] **Laura Reagan:** [00:37:06] Yeah. And you know, if you do have a Facebook group that you find support in and you don't have other resources available to you where you live, cause you know, so many people live far from many of these kinds of resources. Maybe you can find someone in the Facebook group who you partner with or do Zoom meetings with.

[00:37:26] **Heather Tuba:** [00:37:26] Yeah. Yeah. I mean, I've met lots of great people. I met you online. It's segwaying that to where you can develop a relationship with somebody.

[00:37:37] **Laura Reagan:** [00:37:37] Yeah. I think, you know, one of the things I'm taking away from what you're saying is that it's just pretty isolating for caregivers and partners and families when their loved one is struggling with a mental health concern, whether it's trauma or something else.

[00:37:51] And, you know, it almost feels like there's just like a little bit of a little sliver for the partner or the caregiver and, [00:38:00] you know, it's just like, it's not quite enough.

[00:38:03] **Heather Tuba:** [00:38:03] Yes. That's accurate.

[00:38:06] **Laura Reagan:** [00:38:06] Yeah. I'm thinking of a study I saw, which I do not have a link to, or remember who wrote it or anything like that, cause I'm terrible with that stuff but saying that for example, partners of someone who has dementia or Alzheimer's and they're they're caregiving 24/7 for the partner, who's just there, their spouse. This sort of gradually happened, and now they're just doing all this caregiving and they interviewed the spouses and found that they all met the PTSD criteria.

[00:38:36] So just because of the caregiving needs.

[00:38:39] **Heather Tuba:** [00:38:39] That's right. Yeah. That's right. And there's studies done with, for example of schizophrenia, bipolar. I would say those are probably the two main that I've come across, but C-PTSD has very similar outcomes, untreated C-PTSD has very similar outcomes on one's [00:39:00] life and the parallels are there.

[00:39:03] I think there's also a stigma against the word caregiving, and we need to grow comfortable with the fact that many of the duties, if you start to read what caregiving is. And there's lots of organizations that define it. In my experience, and then talking with many, many others is that we all meet that criteria.

[00:39:25] And we think of caregiving as being, like you said, with dementia or other, other types of conditions. But I would guess that anyone that has, that's in a relationship with somebody past or present that has really suffered with their mental health has taken on caregiving responsibilities. And I feel that we should not be reticent to use that if that's going to help us to get better support.

[00:39:55] **Laura Reagan:** [00:39:55] Yeah. Yeah. That's a good point because I think, you know, just like people with [00:40:00] trauma who are the you know, the primary trauma survivor in the relationship, many people with trauma, don't identify as having trauma, many caregivers don't identify as being caregivers. So it's, you know, it's, again, part of that languaging that prevents us from even finding the kind of support we need, because we don't know what we're supposed to be looking for.

[00:40:20] **Heather Tuba:** [00:40:20] That's right and so I started in the last year, I'd say, to use that language. And I actually have an article in a journal, an academic journal where I used the language. I said the premise was that we it's appropriate to use that language. And this is why. And because I think that can open us up to, oh, maybe I could benefit from support and maybe I could go to this caregiver group knowing that no, they're not talking about complex trauma, but I still have a lot of similar life experiences as everybody else. And so I wanted to kind of put that out there as being [00:41:00] our discomfort with it might be preventing you from actually finding a resource that could be actually really helpful for you.

[00:41:10] **Laura Reagan:** [00:41:10] Yes, very true. It's that whole like shadow of discomfort with vulnerability to say I need help feels so vulnerable. And especially when you say I need help and then you hit a wall of no, there's no help for you. Or no, this is not the help that you're asking, or we don't provide that. We only for these people, you know, it's, there's so many barriers to support and I'm just very grateful that you're out there spreading the word about this and really like letting people know what's even available and what to look for.

[00:41:44] **Heather Tuba:** [00:41:44] I will share something with you, Laura, and maybe I'll send you the link so you can link to it. Uh, there's an organization. I think it's connected it with Stanford that is called and I can't remember, but I'll find it. It's a caregiving organization and they have [00:42:00] very short courses on emotionally supporting yourself as a caregiver.

[00:42:04] And I do reference them in the downloadable I have on my site because it's one of the few places I've found where they actually do. I think it's like a four week course on nervous system regulation for caregivers.

[00:42:17] **Laura Reagan:** [00:42:17] Wonderful.

[00:42:18] **Heather Tuba:** [00:42:18] And so I think what there is [inaudible] and I've really just enjoyed their blog posts.

[00:42:25] And sometimes I share it on my social media as well.

[00:42:28] **Laura Reagan:** [00:42:28] Thank you cause I hadn't heard about that at all. So thank you.

[00:42:31] **Heather Tuba:** [00:42:31] Yeah it's very unique in that their primary focus is on emotionally resourcing you as a, as a caregiver across then. And they work with people and, you know, a variety of life circumstances. So I think they are actually, I was very excited to find them.

[00:42:48] **Laura Reagan:** [00:42:48] You're you're doing the digging, so I don't have to, and I'm grateful. So I'll link to that when you send it to me and, and to your downloadable book on your website and any [00:43:00] other resources you give me, I know there's an article that I'll be linking to, but. Just to, as we wrap up, you are also writing a book. Am I right?

[00:43:08] **Heather Tuba:** [00:43:08] Uh, yes. I'm attempting [inaudible] yeah, the premise of the book is not, it's not going to be strict. It's going to definitely be informed by, by my, um, journey with a complex trauma supporting someone. But the book is, is going to be speaking more broadly to what it's like to navigate the mental and medical health system as a support person.

[00:43:42] And so it's the title at this point, it's called The Other Chair and it's observations on, on, on that process. So I hope to speak to, I really hope that clinicians can get an inside look as [00:44:00] to what it's like for someone as the witness to going through the system and it will be an encouragement to clinicians. And of course, to the general population about the importance of supporting the witness and I use that term because we often talk about therapists, you know, they witness what their clients are going through, but you know, those who are closest witnesses, 24 7.

[00:44:29] **Laura Reagan:** [00:44:29] Yes

[00:44:31] **Heather Tuba:** [00:44:31] and that is just as important if perhaps not more important to talk about because that will help the, the time in treatment to probably be more efficient.

[00:44:44] **Laura Reagan:** [00:44:44] Yes.

[00:44:45] **Heather Tuba:** [00:44:45] So yeah. So that's, that's what I'm working on right now. And it's yeah, it's a big project.

[00:44:53] **Laura Reagan:** [00:44:53] Yeah. Well, it's one, that's

[00:44:55] **Heather Tuba:** [00:44:55] I think it's important to expand the discussion.

[00:45:00] [00:44:59] **Laura Reagan:** [00:44:59] I feel it's very needed as a therapist. And as those who are listening, who are therapists, I hope it's causing all of us to reflect a little more on, you know, the individual person that we work with in our offices is we know this, but you know, they're not in a vacuum. They're part of a system that they live within and you know, how, how they're functioning impacts more than just them.

[00:45:27] So, you know, I mean, I think that's like obvious and yet we, we can forget as people who are working with individuals, so yeah.

[00:45:36] **Heather Tuba:** [00:45:36] Yeah. Like really when you, someone comes into your office, they're bringing with them their life, present day and past some of our experiences have been, it's easy to forget about the present life because of course your job is to help with whatever's going on.

[00:45:55] That's impeding that, but we sometimes I think can get a really good [00:46:00] view of what's happening present day. And, um, I, I, I agree with you that it's easy to forget that.

[00:46:06] **Laura Reagan:** [00:46:06] Well Heather, will you tell everyone where they can find your downloadable book, and your articles and your blog and all of the amazing things that you'll be creating in the time between when this is recorded and when it goes live and years to come, when people are listening back?

[00:46:27] **Heather Tuba:** [00:46:27] So the best place to find me is on my website which is heathertuba.com and there you will find blog posts, you'll find a page where you can purchase this uh, it's a 40 page downloadable and you will also find links to other places. I published other podcasts, and of course I'll be continually updating that as I, um, as I produce more content.

[00:46:55] So that's the best place. If you want to stay on top of that you'd be, [00:47:00] well, I welcome your emails. So there's a place for you to put that in as well. And if you are a clinician who's interested in, this is not specifically on my website, but I do do consulting with clinicians so if someone wants to have a more customized conversation, I'm certainly happy to correspond with you on that.

[00:47:19] **Laura Reagan:** [00:47:19] Wonderful. Thank you for everything you're doing and thank you so much for being my guest again today.

[00:47:25] **Heather Tuba:** [00:47:25] Thanks, Laura. Always fun.

[00:47:31] **Laura Reagan:** [00:47:31] Hey therapists, do you feel stuck working with clients who can't access their emotions 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? Learn a comprehensive approach to conceptualize your client's concerns.

[00:47:52] Sensorimotor Psychotherapy uniquely includes the body in therapy as both a source of information and target for intervention, because [00:48:00] words are not enough. We all know that talk therapy is limited. You've heard it discussed on this podcast multiple, multiple, multiple times. And if you've been listening to this podcast for a while, you also know that I am a huge fan of Sensorimotor Psychotherapy.

[00:48:16] 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 Institute. I highly recommend that you check out their website, sensorimotor.org to learn about their trainings.

[00:48:45] In fact, they have trainings coming up this summer and to view their webinars, learn more about what Sensorimotor Psychotherapy is, it's a beautiful, powerful method that I can't recommend highly enough. So [00:49:00] check them out at sensorimotor.org.

[00:49:06] Hey everyone. It's me. Laura Reagan. I 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.

[00:49:31] As you've heard me say, if you've listened to this show, I've mentioned a million times that people tend to think that trauma is something that happens to someone else, something horrific and unthinkable unspeakable. And that is true. Trauma is that, but it's also experiences that are very commonly shared among many of us, most of us. On Trauma Chat, I break down what trauma [00:50:00] 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 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 could 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 you'd like to listen to, to learn more about it or an article, another website. This is my hope in creating Trauma Chat.

[00:50:55] And the second part of that is the new Trauma [00:51:00] 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.

[00:51:15] And then the process of getting from there to here has been slow and with many twists and turns, but I'm creating a community for people who have experienced trauma to find help. For trauma therapists to find other trauma therapists to network with and refer to, and gather and collaborate and share ideas and hopefully come together in person in, in gatherings that I don't know if there'll be able to happen in 2021, but maybe by 2022, we

can have in-person gatherings of trauma therapists to provide support to one another and combat the isolation of trauma work. Even if you work in a large agency or group [00:52:00] 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.

[00:52:25] So I hope that Trauma Therapist Network will be a useful resource for you, whether you are trying to find more information about trauma, or if you are a trauma therapist yourself.

[00:52:37] To learn more, please go to traumatherapistnetwork.com. The website is not live yet as of June 28th when I'm recording this, but it will be live by August 1st, if all goes well.

[00:52:51] And hopefully there may be even a soft launch before that, a beta version. So please go to [00:53:00] 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.

[00:53:15] 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, 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 [00:54:00] of love, something that I've really poured my heart into. And I'm just so excited for you to see it. Thank you so much for your support.

[00:54:08] **Announcer:** [00:54:08] Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com.