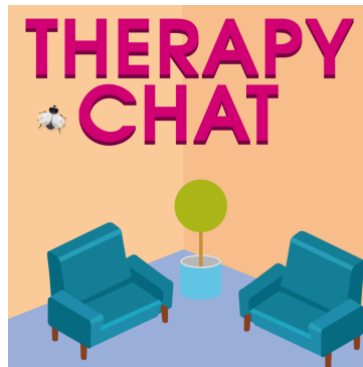


Therapy Chat Episode 294



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

[00:00:00] **Laura Reagan:** Therapy Chat Podcast, Episode 294.

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

[00:00:34] **Laura Reagan:** Thank you to Sunset Lake CBD for sponsoring this week episode. Use promo code: CHAT for 20% off your entire order at sunsetlakecbd.com. Sunset lake CBD is a farmer owned, small business that shifts craft CBD products directly from their farm outside of Burlington, Vermont to your door. Sunset Lake CBD has something for everyone.

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[00:01:13] Remember use promo code: CHAT to get 20% off your entire order at sunsetlakecbd.com.

[00:01:23] Hey everyone. It's me, Laura Reagan. Just wanted to make sure that you know about what I've got going on this summer. I don't think I've really talked about it much here, which is silly, but in case you didn't hear, I did start a second podcast called Trauma Chat which is really for anyone who wants to understand what trauma is, and how it shows up in our lives.

[00:01:49] 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 [00:02:00] 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.

[00:02:14] On Trauma Chat I break down what trauma is in hopefully understandable language that's not stigmatizing. I know I couldn't have possibly captured every thought there is about trauma and every aspect of trauma and how it shows up. But I hope that Trauma Chat will be helpful to people who really don't understand what trauma is.

[00:02:37] And maybe wondering, do I have trauma? You know or wanting to better understand what someone they care about is going through. And most importantly, how to get help if you have experienced trauma, what to look for, how to describe your experiences or how to find the words that, that name, what you've been through. So that you can then connect with [00:03:00] 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. And the second part of that is the new Trauma Therapist Network Community that I'm creating. It's unbelievable to say this because I've been laboring behind the scenes to bring this to you for a long time. Starting in around 2018 is when I first had the idea.

[00:03:32] 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, [00:04:00] in gatherings that I don't know if there'll be able to happen in 2021, but maybe by 2022, we can have in-person gatherings of trauma therapists to provide support to one another and combat the isolation of trauma work. Even if you work in a large agency or group practice, trauma work is so isolating. It's just part of the nature of it. And 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.

[00:04:43] So I hope that Trauma Therapist Network will be a useful resource for you, whether you are someone who's trying to find more information about trauma, or if you are a trauma therapist yourself. To learn more, please go to traumatherapistnetwork.com. The [00:05:00] 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.

[00:05:09] And hopefully there may be even a soft launch before that, a beta version. So please go to traumatherapistnetwork.com where you can find a free download and sign up to be notified as soon as it officially goes live, whether you are a therapist or just someone who wants to learn more about trauma, there's a download there for you, different ones for each group.

[00:05:33] 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 [00:06:00] 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 of love, something that I've really poured my heart into.

[00:06:21] And I'm just so excited for you to see it. Thank you so much for your support.

[00:06:28] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. I sound a little different. I've got a bug. So that's why my voice sounds like this. Hopefully I'll be back to normal soon. So since I'm not feeling my best, I'm going to keep this very brief. This week, I'm very pleased to be interviewing someone who's been a guest on Therapy Chat before, and who's writing I have admired for a long time because she creates great blog articles, educating [00:07:00] people about trauma. And they're so helpful. I'll link to a few of them in the show notes for today's episode. And the previous interview that we had was back in October 2018. So, my guest, I'm not trying to keep you in suspense.

[00:07:14] My guest is Robyn Brickel LMFT and Robyn's first interview with me was episode 154- You Might Be a Trauma Survivor and Need More Self Care. Which is a really great conversation about how we often don't even realize that we have trauma, one of the things I talk about a lot. Robyn has a really great way of explaining.

[00:07:37] So today we talked about Top- Down and Bottom- Up psychotherapy methods for trauma. Why each one, what each one has to offer. And when each one is a better fit and she gives some examples of what Top-Down trauma therapies are and what Bottom- Up trauma therapies are. And I think [00:08:00] this is a very informative discussion. I hope that you will find it helpful as well.

[00:08:04] As always, thanks for listening to Therapy Chat. Next week my conversation is with Dr. Pat Ogden about her newest book, Sensorimotor Psychotherapy in Context. And in two weeks, I'll be talking with Alison Deneen LMFT, who is the person behind the Instagram account called Notes From Your Therapist and the book by the same name. And I love both of them. So can't wait to share those with you. I'm looking ahead. I mean, there's so many exciting interviews coming up, but I do want to tell you that at episode 300 is a celebration because every 100 episodes, we have a celebration, although I didn't manage to make that happen for 200.

[00:08:47] But hey, 300, we're doing it. So, you are invited to leave me a message using SpeakPipe, which I will link to in the show notes for this episode. And it'll be linked in the transcript as well [00:09:00] on the traumatherapistnetwork.com website. And you can leave me a message telling me the answer to these two questions:

[00:09:07] What is your favorite thing about Therapy Chat? And what's one thing that you would like to hear about on Therapy Chat in the future. And I will use as many of those as I can. It's open to therapists and non therapists to call in. You don't have to give your name at all, or you can just say your first name, but, um, let me know when you leave a message, if

you are okay with me using your message on episode 300. Alright that's it for now, let's dive right into my conversation with Robyn Brickel, hope you find it interesting.

[00:09:40] My guest today is Robyn Brickel, LMFT. Robyn, thank you so much for being my guest on Therapy Chat again for the second time today.

[00:09:52] **Robyn Brickel:** It's my pleasure, Laura.

[00:09:54] **Laura Reagan:** It's it is such a pleasure to talk with you and you are the owner of [00:10:00] Brickel and associates, your group practice in Alexandria, Virginia, but also you have a very popular blog that you write prolifically on that's on that website, and which is how I really found out about you and your work.

[00:10:14] So that is an amazing resource that I'm going to be sure that we can link to for our audience to check out. But before we get into talking today, let's just start off with you telling our audience a little bit more about who you are and what you do.

[00:10:29] **Robyn Brickel:** Sure, I am a Licensed marriage and Family Therapist. I run a group practice in Alexandria, Virginia, where myself and the therapist work from a trauma informed model. So treating individuals, later adolescents, and adults, couples, and families from a trauma informed lens where people show up and feel like either they can own their trauma or even if they don't, [00:11:00] we approach it from addressing those pieces of understanding what happened to them, how, what coping skills they're using and how do they go from there?

[00:11:10] We are in old town, Alexandria, Virginia, and love what we do.

[00:11:15] **Laura Reagan:** Yeah. And so anybody who doesn't really know east coast geography, Alexandria is literally minutes from Washington DC. So it's very much in the DC Metro area. So we're sort of like neighbors in a way, we are about an hour apart, but you know, it's a busy, busy area.

[00:11:32] And a lot of need just like everywhere for trauma informed therapy options. So, you know, when you said that we're a trauma-informed practice and operate through that lens, whether or not people own their trauma, will you go a little more into what that means? Cause I know, I know what you mean. I think it's good for people to hear about that.

[00:11:53] **Robyn Brickel:** Sure. For a lot of people, they come to therapy or feel like they need help with [00:12:00] the symptoms, with feeling anxious, feeling depressed, feeling like their life is a little chaotic, using self-harm or substances, et cetera. And, and there's not really an ownership of how that came to be, what happened to them to cause some of this to be part of who they are.

[00:12:23] And so a lot of times people will show up, will call looking for therapy around anxiety or depression. And as we welcome them into our practice and, and follow a stage

oriented trauma model. So being starting with stage one, which is safety and stabilization, and really helping them figure out what they need and what's going on.

[00:12:49] A lot of times we uncover attachment trauma. We uncover times in which they have felt unsafe, right? [00:13:00] Dysregulated. And so we're really working on it from a trauma lens of how to be able to look at what's happened to them that there's not anything wrong with them. This is how they're coping with life.

[00:13:14] **Laura Reagan:** Thank you. Yeah. I mean, um, it's probably been said on this show a thousand times, but I feel it bears repeating, always that people don't necessarily identify experiences that they went through that caused them to be unable to cope, overwhelm their capacity to cope and their ability to regulate, as traumatic, because I really strongly feel that trauma makes you detach from the emotions in the moment.

[00:13:45] And because of that, you you're disconnected from how it really was for you. You know, you know, it was bad or, you know, it was tough, painful, or scary, but you're like, but not trauma, it wasn't that bad, it wasn't trauma. [00:14:00]

[00:14:00] **Robyn Brickel:** Right. And some people don't even really own that it was scary or unsafe for them. It just was. Right. It was their life.

[00:14:10] And they've learned to survive. They've learned to dissociate for survival and so be able to separate somewhat so that they can just exist. And so sometimes not even understanding that, like it must have been hard to have experienced X or Y and yes, it was your normal and it's not, it wasn't healthy. It wasn't.

[00:14:38] **Laura Reagan:** It didn't feel safe for you.

[00:14:41] **Robyn Brickel:** Right like it wasn't part of healthy functioning to be able to provide you this foundation of safety to grow into, to thrive. Right. It, it, it limited who you were and what coping skills you had. You know, the world was not your oyster, right? You, you only had [00:15:00] two or three choices if you are lucky.

[00:15:02] And so you, you did those. And so, you know, anxiety shows up a lot for people in lots of different areas. And it can also be what we as therapists term, hyperarousal, right? Like I'm really anxious. I'm really paying attention. I'm hypervigilant because I know something bad is going to happen.

[00:15:22] **Laura Reagan:** Danger is always right around the corner.

[00:15:24] **Robyn Brickel:** Right. And so if I just stay a little hyper aware, maybe I can fend off some of that danger. And so to get at, right. Maybe the anxiety that you're showing up with that is actually not helpful for you now. Maybe it saved your life years ago. And so really looking at that as a strength as well as, you know, a lot of, I say all the time that a lot

of times clients will show up in my office when their coping skills are no longer working. What worked for them back then is getting in their way now.

[00:15:57] **Laura Reagan:** 100% I say the same thing and [00:16:00] it's, it's so true. It's like, it's not about like, you are dysfunctional or there's like you're broken in some way, because you don't trust people. Or you feel anxious all the time, or you can't sleep at night. I mean, it's not working for you that you feel that way, but those were ways that you got through those past experiences, you know, it's so it's so like subtle isn't it?

[00:16:28] Cause sometimes it can be a long time before you, even when you know about trauma, even like for us, you know as trauma therapists, just to be like, wow, okay, that's why I was doing that.

[00:16:42] **Robyn Brickel:** Right like to slow down and notice where it comes from, right? Like, oh right. This makes sense that I'm doing X and Y because why wouldn't I?

[00:16:51] Right. It's, it's worked for me at least 50% of the time at some point. That's really, you know, I, I come back to how [00:17:00] important all of the quote unquote symptoms, right? The coping skills. The survival skills are for so many people. And so how important it is to work with that and to notice that and to, to pay attention to how our clients use that, how it what's its function, because otherwise, we're just asking them to make a change.

[00:17:25] **Laura Reagan:** Yeah. I think you're hitting on a point here about, you know, therapy, the idea that some people may have about therapy, including some therapists is like, this person is doing a quote maladaptive behavior, you know, meaning, let's say substance abuse. So we need to make them stop using the substance or abusing the substance.

[00:17:47] You know, that that would be one focus, that some therapists would have, right? And a client may come and say, I want to stop using the substance, but if they don't have some, that was doing something that was helping them in some [00:18:00] way. So if it goes away, then what, what else is going to come up? Because they're not having that need met the way they did before, you know?

[00:18:08] **Robyn Brickel:** Yeah, absolutely. I mean, absolutely. Lots of times when we look at those who show up and their they're using some substances or alcohol and right and it's to quote unquote, relax. It is to fall asleep. It is to come down from the day, right. There is a lot of functions for that. And maybe they don't know. I mean, I've had a lot of clients say I don't know any other way to make this stop, right? Like to make these thoughts stop, to make these feelings stop. And so not until I don't know that it's fair or reasonable to say to people, okay, stop this, then we'll work on maybe giving you another coping skill. Right. I regularly say, okay, I know this works right. You're here. [00:19:00] Are you willing to experiment with trying a few other things, right?

[00:19:04] With noticing that, although this has helped you survive on some level, it is also harming you. And so you're here to change that. So we need to figure that out, right? I think the same is true no matter what I call it, I call all these things, dissociative mechanisms. So it's ways in which, right you can dissociate from whatever you're feeling, to feel less sort of feel less badly.

[00:19:30] Um, and so whatever dissociative mechanism you're using, whether it's alcohol or drugs or self-harm, or shopping, or food or food restriction, or pornography. I mean, the list could go on and on, right. Because people are using something to achieve a result using it for a fact and it stops working.

[00:19:52] **Laura Reagan:** Yes. So this brings me to, I think the main thing that we want to focus on in our time today is to [00:20:00] talk about some of the, you know, it's kind of like we were talking before we started recording how they're kind of like two ways of doing therapy or trauma therapy, really, you know, and broadly it's like, there's a, there's the Top-Down approach and the Bottom-Up approach. And I was wondering if you could kind of describe and explain those, like what they are, and then sort of talk about, you know, how each can be useful or not so useful in Trauma Therapy.

[00:20:29] **Robyn Brickel:** So this is such an interesting conversation and you and I did talk about this before, and I wrote a whole article on this because for me, I see a lot more success for my clients in working Bottom-Up and by Bottom-Up, that means noticing where you are, being present in the current moment, really taking in frame by frame what is going on and [00:21:00] there's bottom up, like noticing the sensations on the inside of you, right in your body. And then there's the bottom up in the brain, right which is sort of the more limbic system piece of the brain versus the prefrontal cortex, which is the thinking part of the brain.

[00:21:20] And I think Top-Down therapy can be great for some things, when the prefrontal cortex, when the thinking part of the brain is totally online and you can think your way through making some changes and and making something different. For our clients, who are trauma survivors, they're living so much of their life in the bottom part of their brain or with the amygdala, the smoke alarm of the brains shooting off danger, danger, danger that they can't [00:22:00] access that top part to be able to start there.

[00:22:04] So I feel like in order to help clients heal, they really need to be, present in the moment, mindful, being able to notice what's going on in the sensations in their body, what changes, like how do, if someone says, 'I feel X,' a lot of times, they'll say, so tell me what tells you that you feel that right?

[00:22:28] Like how do you notice and really what that does is get them so in the moment to be able to figure out, like, what do I, what am I doing with this right now? Like, is this use of alcohol working for me today, right? Is this dissociation working for me today? There's a lot of times for myself as a, as a bottom-up therapist that I will use some top-down and primarily, I stay bottom up until I have the thinking [00:23:00] part of the brain online and then it's excellent. Right. Then when clients can think and feel at the same time, right. I talk

a lot about in my work, um, the window of tolerance of emotions, right. And widening that. And part of a widened window of tolerance is being able to think and feel at the same time.

[00:23:20] And so when trauma survivor clients come in, a lot of times they are either just all feelings, or they are cut off at the neck and they're all thinking and that's protective, right? So that is a way of escaping whatever might be contained in their body. So I find value in Bottom-Up with some sprinkling of Top-Down, at least for trauma survivors, that's the best work that I have seen happen.

[00:23:51] **Laura Reagan:** Yeah. So when, when we say bottom-up and top-down, can you kind of explain especially more, I think you did talk about bottom up a little [00:24:00] more, but what is, what is top down and what are some types of therapies that are top-down?

[00:24:06] **Robyn Brickel:** So the biggest top-down therapy is cognitive behavioral therapy, right? It is changing your thoughts, changing your behaviors, and for a lot of trauma survivors that can lead to feeling some shame, right? Because they're unable to change those thoughts or change those behaviors. And so,

[00:24:30] **Laura Reagan:** Right. You always hear, I know I shouldn't feel this way, but I don't know why I just can't stop these thoughts or I just I'm overwhelmed with these feelings, even though I know it shouldn't or I know it's not real, you know?

[00:24:47] **Robyn Brickel:** Yeah. I mean, that happens every day for us. Um, you and I I'm sure. Right? Like, and, and so then what are you doing with that? Right? Like if, if clients are stuck there [00:25:00] and then they they're landing in this place of shame from a top-down perspective, right. I don't even know if that's fully explored, right? Like what does that do?

[00:25:12] How is that familiar? What does that track back to? Right. That's bottom up. So I can't say that, right. Like we might all try some top down kind of quickly, right? Can our clients make this change? And when they can't then how do we figure out why. Right. How do we figure out what's the block? Cause it's, it's not the client doing anything wrong.

[00:25:35] It's what's happened to them. And if we as therapists, can't explain that to them. Right? If we're just sort of going for changing your thoughts or changing your feelings or beliefs, and that's not working, that that doesn't sit well for me. I definitely feel like that requires Bottom-Up and requires sort of what [00:26:00] part of their brain is online at the moment that could notice or make change?

[00:26:06] Right. Um, just by noticing what do they feel and how do they know that they feel that way? Right. And what would feel okay for them. And, and how would it be if they tried it and it would be scary or it would be right. Um, it would feel similar to something else, really kind of paying attention, attention to the body, the present moment, keeping them grounded here, working on safety and stability, and not shaming. Right. Really working on strengths, um, and growth. I'm not sure that I totally answered your question. I think I'm also not a full expert in the top down. That's not my,

[00:26:50] **Laura Reagan:** Yeah, yeah, well you know what you're sharing is very helpful that, and something you said before too, about not being able to access the [00:27:00] prefrontal cortex, you know, we've seen, like in, for example, Bessel van der Kolk's book, *The Body Keeps The Score* about, you know, the, the studies they did, where they looked at brain functioning, the FMRI right.

[00:27:14] And as people were talking about their traumatic experiences, their prefrontal cortex was not lit up. It was their Limbic System, right?

[00:27:23] **Robyn Brickel:** It was off the grid. It was, it was completely off the grid. So then how are you supposed to just make a change? Right? And for that to stick right where we need to pay attention to what's lighting up, like what in the limbic system, what in the emotional nervous system is connected to this.

[00:27:42] **Laura Reagan:** Yeah.

[00:27:47] 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 [00:28:00] 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 liked the CBD gummies. They taste good and they work well. So if you're looking for a craft CBD product that comes directly from a farm outside, Burlington, Vermont, that's a producer for Ben and Jerry's ice cream, you're going to want to check out Sunset Lake CBD. And remember Therapy Chat listeners get 20% off using the promo code: CHAT. So go to [sunsetlakecbd.com](https://www.sunsetlakecbd.com) and use the promo code: CHAT.

[00:28:39] And I think a lot of the shame can come in. I mean, I think shame is really a common concern or a common reaction to especially attachment wounds and an early trauma. But, but there's shame too, that can come when the therapist gets frustrated because the client, you know, the therapist is trying to [00:29:00] do change your thoughts, change your behavior, and the client isn't able to change. And then it, you know, either the client could blame themselves because that's a common feeling anyway, for people, you know, who've experienced traumas, self-blame and this idea that something's just wrong with me and I'm beyond help. But also sometimes the therapists, because they, they don't understand why the client and this is why I think it's so important to be trauma informed. If they don't understand why the client can't do it so they attribute it to that they don't want to, or they're not trying, or, you know, they're resistant,

[00:29:34] **Robyn Brickel:** Resistant, right versus maybe there's a part of them that is aware that this coping skill is working and they're scared to give it up. Right. Or that they have, they're overwhelmed thinking, like, what am I going to use instead?

[00:29:53] Right. How is this going to work for me? Or, oh, I don't really want to have these feelings I'm having, so you [00:30:00] want me to give this up and then what am I supposed to do with it?

[00:30:02] **Laura Reagan:** Yeah.

[00:30:03] **Robyn Brickel:** Like what are you crazy? Right? Yeah. but I the client I'm doing it wrong because I'm continuing to do the behavior.

[00:30:12] Well, right. We all, we need something else. We need to give them something else. Some other belief about themselves, some other coping skills and they're right, there are some that aren't going to work as well, immediately as drugs and alcohol or even self-harm right. The dissociative quality of those is huge. And so we as therapists have to work to titrate that, to do that slowly enough, and to be able to kind of make the faucet drip, just little drips at a time versus flooding of emotion.

[00:30:50] Right. Really paying attention to as therapists as trauma therapists not going for the details or the core of the story from the very [00:31:00] beginning.

[00:31:00] **Laura Reagan:** Thank you. Thank you for saying that. Do not ask people to tell you what happened.

[00:31:05] **Robyn Brickel:** Right. The dysregulation that comes with that they have to dissociate then in order to communicate with you the therapist.

[00:31:12] How is that helpful? And so it's really our job to make sure that clients have right, it's a very broad term, but this stage one work, the safety and stabilization. Which means a little bit of the widening of that window, thinking and feeling at the same time, knowing that you can come back from whatever is going on, that it's not going to like take you out to sea, right?

[00:31:42] Like these emotions that, that there's a way out. There has to be some, everybody has to have some knowledge that I can feel differently. And, and we, it is our job to help with that.

[00:31:56] **Laura Reagan:** Yeah. Can you talk a little bit about, let's [00:32:00] say when you're early in your work with a client, are there some little things that you do to help people from that bottom up perspective, like early in the work, when you're really in that phase one, because for me, I do a lot of psycho-education, which is kind of top-down, you know, it's talking, it's teaching, but it's, to me it's like a way of scaffolding, you know, because without the psychoeducation to, to understand what's happening, gives the person for my clients they tend to, oh, that's why that's like that. Okay. And that makes it feel a little safer to be able to go to the emotional places.

[00:32:38] **Robyn Brickel:** Absolutely I think it's a combination, right. Doing psychoeducation is so important. It's also important that the therapist is connected enough to notice is the client able to take that in or do we need to do it differently?

[00:32:53] So some of the ways I might do it differently, right, is with imagery, right? Like, [00:33:00] so I might show them a slide and let them look at it. So, I'm touching a little bit of the right side of the brain versus just the talking about it. I might give them model magic to play with in their hands while they're talking about it, or a rock or something to be able to right have that sensation and notice, when are you squeezing that tighter? What feels right? What feels easier? So doing the psycho ed, but kind of coming back regularly to, when I say this, when you see this slide, what do you notice? And, and not just continuing to talk and get kind of that glazed overlook.

[00:33:47] Right. And, and so really having to be connected to your client and, and I believe that connection comes, is bottom-up right. Like it hits [00:34:00] on that feeling, right? What's it like to have someone really engaged, really interested in what's going on with you, really connected to you, to be able to hold that space?

[00:34:15] Maybe like no one has ever done before.

[00:34:18] **Laura Reagan:** One of the things about using semantically oriented methods, for example, where you're like, you know, I noticed when you were talking about that, you're you clench your fist. To me, it's a way it's like a, almost like a hyper attunement that the therapist has to what the client's like body is saying you know.

[00:34:39] **Robyn Brickel:** They're being seen, clients are being seen and that can be scary at times, too so again, we really have to be on and paying attention to all of the details. Right. Can I see you a little bit? And do I notice when it becomes dysregulated? Right? Like [00:35:00] when we, when we something like clenched fist or foot shaking or right.

[00:35:06] Even when we give clients a compliment about something, can they really take that in? Like, do we see squirming? What do we see to be able to notice oh, that might be a little bit too much for them...And to see what they notice and what have they ever even considered. Right. Wow. When I hear this, when I see this, I notice that I'm clenching my fist. What's that about?

[00:35:31] **Laura Reagan:** Right. Because even just the more awareness of one's body, you know, often I'm sure 99% of the time you might find the same- when I do point out and I try to do it in a way that's not jarring or you know, making the person feel too self-conscious but you know, part of it is, as you're getting to know the person you're, you're assessing where they are and how things are landing and what it brings up for them when certain things are inquired about or whatever, but know, [00:36:00] notice helping, helping my, helping clients notice what's happening in their body, even by oh, I noticed it seems like something happened in your hand there, you know, and then they might look and say, oh my fist clenched, why is this like this? You know, then you're beginning to connect that head to the rest of the body. And you know,

[00:36:18] **Robyn Brickel:** And how huge that is right because trauma survivors, a lot of times are very disconnected from their body.

[00:36:25] Right? Like we were talking earlier, and I said, right, sometimes trauma survivors get triggered just by the word body. Right. So just being able to notice whom I do, what am I, what am I doing with my hands? What am I doing with my foot? Right. I have a hand I have, a foot.

[00:36:46] **Laura Reagan:** That's my body I'm looking at.

[00:36:48] **Robyn Brickel:** I'm pulling these pieces together. And so that work is so important. And the psychoeducation, the top down, we're trying to link those [00:37:00] pieces because ideally, right it's a balance of thinking and feeling and being able to have a fairly wide window of that. So it's not all about feelings, right? It's not always, you know, how do you feel about that or what?

[00:37:15] Right. Like, um, as people make fun of therapists and that's what they say, we say it's really about linking the two together. Making sure there's a connection.

[00:37:24] **Laura Reagan:** Yeah. That makes sense. It's almost like the left and the right sides of the brain.

[00:37:28] **Robyn Brickel:** Right? I mean, I talk about this a lot. I'm, I'm an approved consultant for EMDR and I talk about the, one of the amazing things about standard protocol is that it goes back and forth between left and right brain regularly.

[00:37:45] And that's important for us as therapists, no matter what modality of care you're using, right? The idea to be able to go into the right, which is the more emotional limbic system kind of [00:38:00] feelings, and then be able to go to the, left the logic and go back and forth. And I call it toggling. Like we're going to toggle back and forth between past and present, between emotional and thoughtful. Right. That's so important to healing to be able to do both.

[00:38:17] **Laura Reagan:** Yeah. Yes. That makes so much sense. So, you're mentioning EMDR, so we know that's one type of bottom-up therapy. Can you kind of just rattle off a few others not to put you on the spot, but I know you know because you use a lot of different methods.

[00:38:36] **Robyn Brickel:** There's Sensorimotor Psychotherapy, which you and I are both trained in, um, there's somatic experiencing. Right? So, any of the body-based therapies. There's EMDR, there's brainspotting, there's ego state psychotherapy, even the internal family systems kind of parts perspective. There is structural [00:39:00] dissociation, right? Very, um, if the work of Janina Fisher and her new like stabilization treatment models and being able to really integrate right and left to be able to do both and have, have the clients online. Right. I think, I think that's important. I think bottom up and I think I wrote this as I was writing the article on bottom-up and top-down, I was sort of working out the pieces in my own head.

[00:39:32] And I think bottom up incorporates both with bottom, starting with the bottom, right. Starting with being present and grounded, safe in your body in, in the limbic system, part of your brain. And then, and then you can introduce some of the top, right? Some of the psychoeducation, but if your client is curled up in a ball on your couch, in a fetal [00:40:00] position, they can't take in any of that psychoeducation, they just need to feel safe.

[00:40:06] Right. And so that's, that's hugely important. That must come first in my work.

[00:40:13] **Laura Reagan:** Yeah. Yeah. And what you're saying is really about attunement for the therapist to be attuned to where the person is and be able to accurately assess what is appropriate for the situation, which is again, that's one of the reasons why I think trauma training, and a trauma informed perspective is so important because people don't know what they don't know, both, you know, clients who come through our doors and therapists who come out of our educational institutions don't know what they don't know. So, the schools don't focus a lot on trauma training, unfortunately.

[00:40:50] And you know, so people receive clients into their practices who have severe trauma histories, maybe complex [00:41:00] trauma, deep attachment wounds, and they don't know what they're seeing. So they, they use like top-down approaches without understanding that that can be retraumatizing for the client.

[00:41:12] **Robyn Brickel:** Right and I think just to further clarify a little bit when you said earlier, like it's our job to sort of assess it's our job to assess and be curious with the client. Right. We work together to, to be curious about what meaning do they make of something and what's it like to notice that so that there is that connection for them? And we are checking out, right is what we're seeing is this indicative of what we think it is, or it could be something totally different. And I know we've all experienced some of that and as therapists to be okay with that too, right? Like the right here's

[00:41:55] **Laura Reagan:** You don't always have to be the expert.

[00:41:57] **Robyn Brickel:** Yeah. Right? Like this is [00:42:00] a, this is a journey. And I like to say my clients are the experts in them. And I just know what questions to ask. I just know what to pay attention to and bring that to our relationship and to try and help them heal. Um, but I think you're so right. I think more therapists need to know what they're looking at or what they're asking about or, or what to do with that.

[00:42:27] Right. Because if you don't know what to do with it, you might not even ask.

[00:42:31] **Laura Reagan:** Right. Exactly. Yes. Well, thank you for that reminder about really like, even the way I said what I said is like, you know, it's, it's not me looking at you and saying you are dissociating, it's me looking at you and saying, I'm noticing that something seems to be different. What's happening? Can you, or, you know, do you, are you able to tell me what's happening right now? You know, what are you noticing?

[00:42:54] **Robyn Brickel:** Right. And I think the assessing piece is assessing when we need to ask those [00:43:00] questions, right? Like just to be curious and how important that is, right to remind us and them that they are the experts, right? They have survived. They are here and, and some of those coping skills even to use the language of that are maladaptive, right have worked pretty darn well to keep them alive, to keep them functioning, to make them successful. And what it's like when those skills stop working or don't give them the same relief or release that they got earlier.

[00:43:40] **Laura Reagan:** Yeah. Oh, this has been so helpful and so interesting. And I think that, you know, I, what I hope is that people who may have heard this kind of top-down bottom up, or not even know really what trauma therapy can be, like, will feel more clarity about that there are different [00:44:00] approaches and how they each work and can help or not help as much.

[00:44:04] **Robyn Brickel:** And to see what works for them, right, what, what feels like it helps them make the movement that they are looking for and to explore if, if I'm not making the change that we're talking about, maybe there's nothing shameful in that, right? Like maybe there's just a different approach to take because I don't believe our clients do bad or wrong things.

[00:44:31] Right. They're doing the best that they can with what they have. And that's so important for us as therapists to know, and for our clients to know. Right.

[00:44:41] **Laura Reagan:** Yeah.

[00:44:42] **Robyn Brickel:** That's huge. That's reparative just being able to own that.

[00:44:46] **Laura Reagan:** Yeah. So true. Robyn, it's been a pleasure talking with you again today. Thank you so much for being my guest on Therapy Chat.

[00:44:53] **Robyn Brickel:** Anytime, you know, I adore our conversations and, and love all the work that you're [00:45:00] doing to put the information out there so that people know that there are options for them to, to feel better so thank you for having me. I'm honored to always be here.

[00:45:09] **Laura Reagan:** Thank you. And I will link to your, the blog posts that you mentioned about top-down and bottom-up, and probably a few others of your posts, because they're always, I read them and I'm like, yes. And I love that because I'm so, I'm so particular about what I'm looking for when I'm reading things that are written about trauma.

[00:45:31] And, you know, I probably said this last time, but when I read your blog posts, there are among a handful of writings that I see out there where I don't go, hmmm this is great, except for this one part, you know, yours are always like, yep I agree, a hundred percent. Wish I had written that myself.

[00:45:48] **Robyn Brickel:** Wow. That is that's huge. A huge compliment. And I, I am honored to, to hear that, and to hold that. Like you in a different way I just want people to have [00:46:00] so much good information and options about what their choices are, what life can bring the hope, the change.

[00:46:09] **Laura Reagan:** So where can people find all of your amazing blog posts and all that good stuff that you're doing?

[00:46:16] **Robyn Brickel:** On our website which is brickelandassociates.com, there exists the blog, linking to articles going back about six years now. So I think there's over a hundred there at this point. It's, uh, there's a lot. Um, and on there you can find links to our social media pages, um, where we try and share information from others as well, um, non trauma and treatment, and how to view, how to view life from a trauma informed lens.

[00:46:53] **Laura Reagan:** Awesome. I'll be sure to put that in the show notes too.

[00:46:56] **Robyn Brickel:** Thank you so much.[00:47:00]

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