

Therapy Chat Episode 299



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[00:00:00] **Laura Reagan:** Therapy Chat Podcast Episode 299.

[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's episode. Use promo code: "CHAT," for 20% off your entire order at sunsetlakecbd.com. Sunset lake CBD is a farmer owned, small business that shifts craft CBD products directly from their farm outside of Burlington, Vermont to your door. Sunset lake CBD has something for everyone.

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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 name what you've been through so that you can then can act 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.

[00:03:10] 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, 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] gatherings that I don't know if there'll be able to happen in 2021, but maybe by 2022, we can have in-person gathering of trauma therapists to provide support to one another and combat the isolation of trauma work.

[00:04:15] 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 trying to find more information about trauma, or if you are a trauma therapist yourself. To learn more, please go to totraumatherapistnetwork.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. A beta version. So please go to totraumatherapistnetwork.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.

[00:06:30] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today in the 299th episode of Therapy Chat I'm going to share a replay of an interview- two different interviews with a very treasured guest, Lisa Ferentz, LCSW-C. Lisa Ferentz is a therapist in Baltimore who has been practicing for over 30 years.

[00:06:57] And she specializes in [00:07:00] complex trauma, PTSD, and dissociation. Lisa Ferentz is an incredible resource for anyone wanting to learn about trauma for several reasons. One is she has a training Institute the Ferentz Institute in Baltimore that offers trauma certificate training programs level one and level two that are based on expressive arts, mindfulness, parts work, and other bottom-up approaches to trauma therapy.

[00:07:27] Now that a lot of the trainings are offered online because of the pandemic, this resource is accessible to everyone, even if you can't get to Baltimore. So whether you decide to take one of the certificate program trainings or one of the day long or two day long workshops that she offers. Everyone I've attended and I have the level two trauma certificate, but I've also attended a lot of other trainings through her Institute and there they've all been excellent.

[00:07:56] And I think they're well-priced. So, this isn't a sales pitch and she [00:08:00] did not pay me to say this, this is just my genuine feeling about how much I appreciate that Lisa Ferentz and the Ferentz Institute are doing such amazing work training trauma therapists. And Lisa has a couple books that you'll hear about in the podcast, at least three books that are amazing resources for both therapists and anyone who has struggled with behaviors and emotions that come from past traumatic experiences.

[00:08:31] So I hope you'll enjoy this episode. It's kind of a lead into episode 300, which I was going to have be a compilation of listener comments, but there haven't been any comments. So, I'm trying plan B, which is to give you a list of an explanation of my favorite resources for healing from trauma learning about trauma.

[00:08:57] Yeah. So, I'm really looking forward to putting that [00:09:00] together for you for next week's episode. So, settle in for this double episode, a replay of my two past interviews with Lisa Ferentz and you're going to, I'm sure you're going to find them very interesting, but I love the way she explains about how trauma is held in the body.

[00:09:17] And she really goes into detail about that. So, I think it's really a great one to listen to. I hope you enjoy it and I'll be back to you soon with episode 300 that I hope will be a resource for a long time to come for anybody who's looking for a bunch of information about getting help with trauma all in one place.

[00:09:37] Take care.

[00:09:41] Hi, welcome back to the podcast. My guest today is Lisa Ferentz, who is a clinical social worker in private practice, specializing in helping child and adult survivors of abuse and neglect. She's also a nationally known author, speaker, trainer, and consultant. Lisa, thank you so much for being here.

[00:09:58] **Lisa Ferentz:** It is my pleasure and thank you for [00:10:00] having me on your wonderful podcast.

[00:10:02] **Laura Reagan:** Pleasure is really all mine. So Lisa, can you tell our audience a little bit more about yourself and your work?

[00:10:07] **Lisa Ferentz:** Sure, I'd be happy to. So I've actually been in private practice for about 32 years now. And I specialize, as you said in treating adolescent and adult survivors of abuse and trauma and neglect. And you know, what that then means is that there are so many coping strategies that survivors use, including eating disorders and, uh, other addictions and acts of self-mutilation.

[00:10:31] And often they struggle in relationships, and they can present with the experiences of depression and anxiety. So, you know, when you say that you work with trauma, you're also then working with a lot of those other issues and presenting problems. So that's a large part of what I do. And I also have an Institute in Baltimore, Maryland.

[00:10:50] We're in our ninth year. I'm very thrilled to tell you and you know about it because you're one of my most stellar students [00:11:00] who've graduated from that program. So we offer certificate programs in advanced trauma treatment, and I'm really very proud of that. It really is state of the art trauma treatment.

[00:11:12] Meaning that we talk as much about bringing in expressive modalities and working with the right hemisphere of the brain, as we do talking about the more traditional kinds of talk therapy. So there are certificate programs in that, and then we just offer lots and lots of continuing education classes, individual single classes for mental health professionals.

[00:11:32] So that's, uh, one of my loves, and that takes up a good amount of my time, but it's quite joyful. And I do a lot of consulting work for clinicians both in the United States and in Canada who are working with complicated trauma cases, which is also great fun for me to do. And I have several books out and I'm working on the next two.

[00:11:52] So a lot of great stuff, but as you know, if you're doing things that you're passionate about, you can do a [00:12:00] lot right. As you do.

[00:12:00] **Laura Reagan:** Yeah. I don't do as much as that- writing two books at once.

[00:12:07] **Lisa Ferentz:** One to balance out the other. So I think of that.

[00:12:10] **Laura Reagan:** Well, yes, I'm a huge fan of yours. And as you said, I met you through your trauma certificate program.

[00:12:18] And while I was there, um, I don't know if you remember this, but last spring. Um, I remember we were in class for one or two days that week. And then two more days that week I took a workshop that you led at the psychotherapy networker. I tell people this all the time. I don't know if I've said it to you, but after spending days with you in the same week,

[00:12:39] **Lisa Ferentz:** by the way, I'm sorry that you had to spend four days with me in one week that's alot.

[00:12:43] **Laura Reagan:** It was wonderful. It was wonderful. And that's the thing is that I was with you for four days and you never repeated yourself. You never told the same story. You, your energy stayed high the whole time. And I learned so many techniques for working with [00:13:00] clients who have trauma and I'm an experienced trauma clinician myself.

[00:13:03] So you were teaching me so many more things that I didn't know, even in all those days, never repeating the same exercise. And I was just extremely impressed with that says a lot about the depth of your knowledge and the experience you bring to training.

[00:13:19] **Lisa Ferentz:** Thank you, Laura, and you, I know you are quite experienced yourself, so that really is a high compliment coming from you.

[00:13:26] And, you know, but as I said, I've been doing this work for a long time and I, I realized very early on in the process, how important it was for me to approach my clients with the mindset of really being a good student and really needing to learn from them. And, um, I've been very, very blessed over the years because you know, trauma survivors in particular can be quite, quite generous and quite gracious in terms of both letting you know, when, when you're doing something that's effective and letting you know when you're screwing up.

[00:13:56] So, um, I've, I've really have learned so much from, from my [00:14:00] clients over the years and. You know, it's important. If you're in this field, it's important to read state-of-the-art stuff and go to conferences. And you know, this, I always say this is such a thrilling and exciting time to, to be a trauma specialist.

[00:14:14] But it's also difficult because we're just now beginning to make these incredible connections between trauma and what we're learning about the brain. And the impact, you know, the impact that trauma has on the brain. And we're just beginning to learn about those more expressive modalities that, that really are so critically important.

[00:14:33] So, you know, even though I've been in the field a long time, I too am constantly going to conferences and trainings because there's just so much new stuff out there, which

also makes it fun, you know, and keeps, it really keeps it alive and interesting for all of us in the field.

[00:14:47] **Laura Reagan:** That's true. It's such an interesting work to do. And all of the new developments that are happening really make it even more exciting. So talking about your trauma certificate programs, um, [00:15:00] something that was really profound for me in the program was you taught us as clinicians to be checking in with our bodies during sessions. Can you talk more about sort of working with the body in trauma therapy both as for clinicians and with clients?

[00:15:16] **Lisa Ferentz:** Sure. I think it's such a great question that you're asking, because it really is kind of the newest way that we have to both work with clients as you suggest, but also to help us as clinicians really be able to be more mindful and more aware and track our own countertransference experiences because no matter how much of a veteran you are in this field, there's no question that there are lots and lots of very emotionally loaded moments that we have with clients.

[00:15:45] And we're certainly listening at times to very toxic and difficult trauma narratives. And so it's so important that we have what I call a dual awareness, where we're both simultaneously aware of what's happening for our [00:16:00] clients and asking them many, many times in the course of a session to pause and to really look within and to notice what they're feeling in that moment on their bodies, because I think the body is such a critical compass and a guide for both the client and the clinician in terms of understanding, you know, are they fully present versus dissociative? Do they feel grounded? Are they aware of their body? Are they aware of their surroundings?

[00:16:26] Are they having a body memory? Which can often happen when people are talking about trauma, which can then lead to, you know, again, feelings of dissociation, or it can create an exacerbation of, of anxiety or, um, just a state of being flooded and overwhelmed. So it's really important that we're often asking your clients in the course of a session, not just how they're doing, but how they're doing in terms of the experiences and the sensations that they're feeling on their bodies.

[00:16:55] And at the same time for the clinicians who are doing this really challenging and difficult [00:17:00] work. We have to have that second awareness of right now, as I'm listening to this client, disclose a very difficult and very painful, very moving trauma experience. What's happening on my body? Am I grounded? Am I present?

[00:17:15] Do I have an awareness of my body? Um, and using our bodies as a way to be more grounded. So very simply like just remembering as clinicians to put, to keep both feet on the floor. And I tell clients the same thing, because you know, oftentimes in session, if clients begin to get triggered or overwhelmed, they will kind of go into a constricted or a collapsed body posture.

[00:17:39] They'll often literally go into a kind of fetal position where they'll tuck their legs underneath them. And that's a really important indicator to the clinician that, that client is

really not fully present anymore. Um, and so having the client pay attention to body sensation really can help keep them present and aware, [00:18:00] and it can keep us present and aware.

[00:18:02] You know, that one of the things I always say in the trauma program is that someone's got to be grounded in presence at all times. And it better be the therapist. Right?

[00:18:10] **Laura Reagan:** I love that

[00:18:11] **Lisa Ferentz:** because it's not always the client. Um, now you and your listeners may notice that as I talk about this, I say on your body, what I re what I mean is in your body.

[00:18:21] But Laura, one of the things that I learned from my sexual abuse survivors was that the phrase in your body actually felt quite triggering to them. It had an association with invasion or penetration or violation of some kind. And so I've learned to kind of make that less triggering by saying what's happening on your body.

[00:18:44] Clients know, you know, that we're really talking about in your body. Um, but, but framing it as on your body, I have found is a little bit less threatening. And, and just to be even more specific with you and with your listeners, what we're really asking our clients and ourselves to track [00:19:00] is, is what's called the vasovagal zone.

[00:19:03] So not to get technical, but if you start at the top of your head and you just notice and track, what's the sensation in your forehead, is there tension? Is it relaxed? What's happening with your eyes? Is there tension in your jaw and then you just sort of move straight down. What are you noticing in your throat?

[00:19:19] Is there constriction or tightness there? What do you feel on your chest and really traveling all the way down to the pit of the stomach. We know that about 85% of what we feel emotionally gets housed in that zone. So that's really where we're wanting to bring our clients attention and where we're wanting to have our own awareness in terms of tracking whether or not we're triggered and how forward and, and present we are versus how dissociative we are.

[00:19:47] The other reason why working with the body is so important is because people like Bessel van der Kolk, who's really one of the forefathers of, of, you know, understanding trauma treatment in our field now has been able to show through [00:20:00] pet scans and functional MRIs that trauma is stored viscerally, meaning on the body as well as visually.

[00:20:08] And that's part of why clients often will have flashbacks about their trauma experiences. And it's why they'll often present with what we call somatization, which means physical pain. So it's very, very common for people who have a prior history of physical abuse or sexual abuse to hold those experiences literally on their bodies.

[00:20:29] And the by-product of that is that they have chronic migraines, and they have a lot of GI and stomach upset, and they have a lot of, um, limb pain and, and just incredible feeling of fatigue. Fibromyalgia is a really common diagnosis with folks who have experienced trauma. So it's, for those reasons it's important that we're really paying attention to the body because so much of their past traumatic experiences really get stored there and kind of stuck on the [00:21:00] body.

[00:21:00] **Laura Reagan:** Wow. Thank you for explaining that. For so many clients who've experienced trauma when you ask what emotions come up, when they're discussing something, oftentimes there's nothing.

[00:21:11] **Lisa Ferentz:** I think it's a really great point that sometimes as therapists, when we asked about what they think or what they feel, they can get stuck and there, and they're not able to articulate that.

[00:21:20] So if, instead, we're asking them, take a moment and notice, you know, is there any sensation anywhere on your body and, and really guide them, you know, take them through that vasovagal zone. So are you noticing any tension on your face or in your head or your jaw, your throat, you know, what are you feeling on your chest and your belly?

[00:21:39] That's often a way into then finding the verbal narrative. So what you were really just talking about was what Bessel van der Kolk and Dan Siegel and other people are talking about is working from the bottom to the top, meaning starting with the body and then having that flow into verbal [00:22:00] narrative and words, rather than starting with words and hoping that that's going to connect to emotion. And body sensation.

[00:22:07] So this is, as you know, this is a very different way to work with trauma and in our fields now, when people agencies and private practitioners talk about doing trauma informed care, that's really what they should be talking about when they allude to that there, you know, if they genuinely are doing trauma informed care, it means that they understand the importance of bringing the body into the process.

[00:22:35] And also what that means is, is, and we all are guilty, we all did this in the old days, myself included. It's about no longer having a client do a 50 minute monologue about their trauma narrative in kind of frozen position, right? It's actually having clients move as they talk about their trauma. So that all that energy that's been sort of bound up on the body and truncated [00:23:00] on the body can be literally released.

[00:23:03] So as hokey as it sounds, now, those of us who work with trauma, when we're having clients share a painful experience, we're often having them stand up and walk in the office back and forth or move their arms. And this is actually very spontaneous and natural. It's not, it's not imposing movement on the clients.

[00:23:21] It's really us watching and tracking how their bodies move and then inviting the client to continue with that movement, to amplify that movement and make it even bigger.

And then attach words to the movement because there's, there's part of the trauma narrative is in that movement as well.

[00:23:38] **Laura Reagan:** So you've talked about working with trauma in the body, or on the body, um, and using movement. Can you talk about how you use expressive arts in trauma?

[00:23:50] **Lisa Ferentz:** Sure, sure. So I had said a little while ago that what we know now is that trauma is stored viscerally on the body. The second place where we know [00:24:00] that trauma is stored is visually. And so what that has taught us as trauma specialists is that one of the best ways that we can help our clients to reconnect with and reaccess experiences that have kind of gone underground, you know, for safety reasons, one of the ways that we can begin to gently help them reconnect with memory and emotion and experience is visually and very simplistic art therapy based strategies, uh, can be a great way to open that door.

[00:24:31] So just to give you a couple of examples. If, uh, if you're sitting with a client and you're asking them to tell you something about their past and they say, you know, I, I know stuff happened, but I have this sort of feeling about it, but I don't really have words for it. That actually becomes a really nice opportunity for a therapist to introduce a more visually based modality, so inviting a client to think in terms of shape, line, and color, those are kind of the simplest ways to [00:25:00] introduce art therapy into the session. I will often say to the client, You know, it's perfectly okay that, that you can't really verbally talk about an emotion, something that you're feeling. Let's see if maybe you can visually depict it and again, just using shape, line and color.

[00:25:16] Think about what color or colors that feeling might be. Think about the shape or shapes that might in some way, um, you know, illustrate the emotion that that you're feeling. And it's quite extraordinary how, how easy it really is for clients to kind of take that ball and run with it. So just inviting them to draw emotion, inviting, inviting them to draw body sensation, uh, before they can kind of decode it and talk about it verbally.

[00:25:45] There are certainly lots of clients out there who don't feel comfortable with art and don't feel comfortable drawing. And that's a pretty normal, actual, uh, actually that's a pretty normal response. And so the other modality that I use a lot is collaging. So that's where [00:26:00] we just have lots of different, different kinds of magazines in the office.

[00:26:03] And rather than having the client draw something, you know, which can be frustrating. If a client doesn't feel like that, you know that there are good artists, I just literally had them look through different magazines and I invite them to choose images and words in the magazines that might again speak for whatever it is that we're working on a memory, a feeling, an experience that they had, that they don't, maybe they don't yet want to talk about it, but they want a way of showing us some aspect of their narratives so that, so that frankly, we can be compassionate witnesses to their experiences.

[00:26:37] So collaging is really easy for clients. And then you have them cut out or rip out the words and the images, and they can spend the whole session really doing this and

deciding where they want words and images to be in relation to each other and then pasting them on paper. And then you've got this really concrete, tangible piece of work that not only in that [00:27:00] session, but certainly in many subsequent sessions, you and the client can, can revisit and process.

[00:27:05] And it's, it's actually quite fascinating how each time a client, at least I find this anecdotally that each time a client goes back and revisits a piece of art that they've done, they attach new meaning to it. You know, they gain more insight about it. And so it's, it's, it's a great tool that you can continually revisit.

[00:27:23] And the other modality that I use a lot is sand tray. I'm just such a huge, huge fan of sand tray work. And for people, for your listeners who are not familiar with it, it's, it's a big tray that literally has sand but it's a very specific kind of sand. It's very soft. So texturally, it feels very soothing and comforting for clients.

[00:27:44] And then you have all kinds of different little figures, animals, and people and objects, and you invite the client to create sand scenes and that this becomes another visual kind of nonverbal way that they can either share a memory with [00:28:00] us or process an emotion. And again, quite remarkable how deep clients can go in in terms of interpreting once they've put the objects in the sand.

[00:28:11] And we're always curious about where objects are in relation to each other. I think that holds a lot of meaning for clients. The one important caveat, Laura, that I want to make about using any art based modality is the importance of not interpreting the art for your client, you know, but because art is such a projective thing that when, when clinicians, you know, really well-intended clinicians begin to go down that road of interpreting their client's art, they're actually giving the client information about them, about the clinician, because it's so projective.

[00:28:43] So all that matters is just inviting the client to be curious about the meaning that they want to attach to the art that they've created. And that's what you go with. Not, you know, the clinician's interpretation. In many of the trainings I give, I show a [00:29:00] lot of client's artwork and it's always amazing how I can have 50 clinicians in the room and I can get 20 different interpretations of the same piece of art, you know, because it, because it really is going through everybody's subjective filter.

[00:29:12] So I think that's an important word of caution. If, if, uh, if you're going to incorporate these modalities, which I hope you do, because they're so powerful. And I think they're really quite necessary given that so much of the trauma is stored visually. It's important to really let the client take the lead and let the client interpret at their own pace in their own way, the meaning that they want to attach to their work.

[00:29:35] **Laura Reagan:** Thank you for adding that point, because I know it's very tempting to be like, oh, that's your dad. And exactly what you're really saying as the therapist is that's my dad and

[00:29:47] **Lisa Ferentz:** There you go, that's it.

[00:29:50] And you know, sometimes we're right. Sometimes the work is obvious, but I have to tell you more of the time we're wrong.

[00:29:55] And that's why it's so important that we really just, you know, get very humble
[00:30:00] about it. And, and, and truly trust that the interpretation that the client is giving us, that's the one we want to work with. That's the one we want to go with.

[00:30:08] **Laura Reagan:** Absolutely. So, Lisa another thing that I admire about you is your perspective on borderline personality disorder.

[00:30:18] Can you talk a little bit about how you understand that?

[00:30:23] **Lisa Ferentz:** Sure. I think, and, and for some of your listeners, you know, this may completely resonate. And I also really respect that for some of your listeners, particularly clinicians out there. What I'm about to say might feel very dissonant, uh, because it's really not the mainstream perspective that I'm, that I'm going to offer.

[00:30:42] And I believe very, very strongly that borderline personality disorder is a death sentence in the mental health field. I think it automatically puts a glass ceiling on the extent to which the therapist believes the client can get better and it often even creates a
[00:31:00] lack of hope and some pessimism for more educated clients who hear that diagnosis.

[00:31:06] And I think even they understand all of the connotations that go with it. And unfortunately in our field, those connotations include things like this is going to be a very difficult client. He or she is going to be very high maintenance. They're probably not going to get that much better. They're going to be very high risk.

[00:31:25] They're probably going to do a lot of, you know, suicidal gesturing and acting out. And, um, you know, therapy's not going to get very far and right from the get-go. I really think therapists whether they're conscious of it or not, when they're presented with a client who has that diagnosis already, the level of, of hope and optimism has dramatically decreased.

[00:31:46] So what I believe instead is that anybody who has the diagnosis of borderline personality disorder is in actuality, a trauma survivor and, and Laura would, I, would I find amazing cause I do this little experiment [00:32:00] in the United States, in Canada and in England where all the places where I train. When I asked, you know, the audience of clinicians, tell me, honestly, what's your reaction when you're, when you're presented with a case and you're told she's borderline or he's borderline, and there's a universal reaction of literally sitting back in their chairs, shaking their heads.

[00:32:21] No, uh, uncomfortable laughter and basically people saying, you know, I don't want that client. Um, I'm booked, I'm busy, you know, I don't have room in my case load. When I then say to audiences around the world, well, if you got a phone call and you were, you were asked, could you please please help this client? I know you could help please make time in your practice.

[00:32:41] She's a trauma survivor. The shift in response is so palpable. You see people very spontaneously. It's quite amazing clinicians, very spontaneously putting their hand over their heart. They nod their head. Yes. Do you see this warm smile? And I think it's because in our field trauma [00:33:00] survivor evokes a very empathic and compassionate response and borderline evokes an almost angry, certainly frustrated response.

[00:33:11] And so in fairness to clients and frankly in fairness to therapists as well, because you don't want there to be a glass ceiling on, on the extent to which you believe a client can heal. I tell the folks that I train when you hear borderline think trauma survivor, because really that's what it is. Right.

[00:33:31] We know that with borderline, so much of what drives that diagnosis is the ambivalence that they feel about attaching both to their therapist and to other people in their lives. They, they desperately want the connection and the attachment, and yet their template for relationship is getting close, equals getting hurt because right, because that's really what happened to them.

[00:33:53] So that's, that's the dance of attachment of, of traumatized attachment or [00:34:00] disorganized attachment that manifests in what we call borderline, but I just think we'll get so much- I know that we get farther with these folks when we can hold that compassion that we seem to just very inherently have when we talk about trauma.

[00:34:15] And when we talk about insecure attachment. And so yes, I travel around the world, you know, on my soapbox, really discouraging mental health professionals from stamping that diagnosis on their client's charts.

[00:34:29] **Laura Reagan:** I agree with you. I tell people that borderline personality disorder is a diagnosis that just describes behavior of people who experienced childhood trauma.

[00:34:42] You know? So why not just give the diagnosis that actually fits the cause rather than just the behavior that results from something terrible having happened so long before.

[00:34:55] **Lisa Ferentz:** Exactly. Right. I have, I had a colleague who, years ago. I wish I could remember her name to give her [00:35:00] credit for this. I thought this was brilliant a way in which she distinguished it after she heard me say what I just said to you, she raised her hand.

[00:35:07] And she said, I think what you're saying is that we should think about borderline as an adjective and not a noun. And, you know, I thought that was such a brilliant way to, to

conceptualize it. Because if we think about borderline as noun, then we're saying this is who the person is, as opposed to what you just said, which is, this is a shorthand way in the mental health field to talk about some of the behavioral manifestations of trauma, rather than she is borderline.

[00:35:34] Right. Which becomes a sort of all encompassing, uh, identity and diagnosis for the client. So yeah thinking of it behaviorally I think makes, makes a whole lot more sense.

[00:35:45] **Laura Reagan:** Yeah. And I have, um, I've definitely had the experience of clients coming to me who had been in therapy before. And they say, you know, my other therapist said, I have borderline traits.

[00:35:54] What do you think? And I say, well, the first thing I think is how [00:36:00] shameful they seem to feel about being told that, you know, how shaming that is. And I, I just say what I said before. Like I don't, I don't diagnose, I don't use that diagnosis. It just doesn't resonate for me. I work with people who've experienced trauma and you know, when you feel powerless, you find other ways to communicate, you know, And I'm not going to label people with that diagnosis.

[00:36:23] So I love that you're out there telling people that, because feel like it gives me a little more oomph with my Lisa said...

[00:36:30] **Lisa Ferentz:** Yes, yes. Listen, you have it right. You have it right. And, and I love that you get it. Um, you know, and even if we, uh, just educate one clinician at a time, I think it, I think it makes a really significant difference.

[00:36:44] I really like that you pointed out the shame that's associated with that diagnosis. I think you're a hundred percent right about that. And you know, me and, you know, my work so much of the way that I work is about de- pathologizing clients. I'm so interested in what's right [00:37:00] with them rather than what's wrong with them.

[00:37:03] And, uh, I think borderline, absolutely does shame and it does keep the focus on what's wrong with the client. And I know you and I work in very similar ways and we're both very interested in really assessing for a client's resiliency and their strengths and their creativity, and, you know, borderline doesn't let you do that.

[00:37:23] You know, it, it, it, it really keeps the focus in a very pathologizing place and in a very negative place. And, um, so yeah, you get it. I get it. And, um, hopefully for the folks who are listening, you know, they can take this to heart. It I'll tell you, it really makes a difference for us as therapists, because when I let go of that, and again, in 32 years, I've never once given anybody that diagnosis and I never will.

[00:37:48] And trust me, there are tons of psychiatrists who could look at my caseload and said, oh, say you've worked with a hundred borderlines in your career, but I've never ever once given that diagnosis, because I don't want to in any way, [00:38:00] put a ceiling on my

sense of hope about the client. You know, I don't want to buy into the idea that, well, there's a limit to how much better this client can really get, because in terms of therapy and the efficacy of therapy, what we know is it's really not so much about the treatment modality.

[00:38:17] It's really about two things: the therapeutic relationship and the hope that the therapist brings into that process. And so if a particular diagnosis is going to in some way, compromise the therapist's sense of hope, nobody benefits from that.

[00:38:34] **Laura Reagan:** Exactly. That's so well said. So, um, your books now, I don't know all of your books, I'm thinking about, I believe your most recent books about working with self-destructive behaviors.

[00:38:48] **Lisa Ferentz:** Right? Right. So currently I have two books out that I, I'm very, very excited about because they're not, they're different. They're not kind of, again, the mainstream thinking about [00:39:00] how to work with self-destructive behavior. So the first book that I wrote that's now in its second edition is called treating self-destructive behavior in trauma survivors, a clinicians guide.

[00:39:12] And really much of what you and I were just talking about is the underpinning of that book. It's a very strengths-based de-pathologized approach to working with any form of self destructive behavior. And again, that includes things like eating disorders and, and acts of self-mutilation, uh, any addictive behavior, uh, addictive relationships.

[00:39:33] So it's this it's look it's really reframing those behaviors as a form of communication as a way that clients attempt to self-medicate and cope. And it is in no way connected to borderline personality disorder. It is connected to trauma. So that's the book that I wrote for clinicians. And in fact, the last third of that book, treating self-destructive behavior in trauma survivors is really about self care for the clinician, because as you well [00:40:00] know, these can be very complicated and, and complex cases. And it's so important that clinicians don't lose sight of the need to do a whole lot of self care when they're working with people who are doing, you know, behaviors that actually can feel scary to the clinician.

[00:40:18] You know, you have a client who comes in and says, I'm cutting. Understandably that can evoke anxiety and, and fear and, and upset on the part of the therapist. So we need to, again, it's kind of cool Laura this brings us full circle that we need to be very grounded. We need to be very present as therapists when we work with those issues and, uh, we need to do a lot of self-care.

[00:40:40] So that's the book that I wrote for clinicians. And then two years after that, I wrote the book that it was really kind of my dream book. And that was a workbook called letting go of self destructive behavior, a workbook of hope and healing, and that's for lay people. Now, those two books are actually meant to be sort of [00:41:00] companion books to each other.

[00:41:01] Um, so they're, cross-referenced a lot for the clinician, but the book letting go of self-destructive behavior I also wrote for, for folks who might not have access to mental health resources, you know, there are millions of people in more rural areas who cannot, I mean, the closest mental health professionals, a hundred miles away.

[00:41:21] And so I really wanted to write a book that could give folks the opportunity to de-pathologize their destructive behaviors, help them make sense out of their behaviors, help to connect their behaviors to a prior history of trauma, abuse, neglect, or some kind of pain narrative that I think has happened in their lives.

[00:41:42] And then give them a lots and lots of hope. Give them lots of strategies, concrete tools, and strategies to help them regulate, and self-sooth in ways other than doing their self destructive behavior. So, um, it's been very exciting actually, because the [00:42:00] feedback is just very humbling and very wonderful from people all around the world who, who are using the workbook and, and, and say, you know, for the first time, I'd, I've let go of my shame, which you and I have talked about is so important.

[00:42:12] And here's the thing that I often say to family members, as well as to folks who are struggling with self destructive behaviors, you actually cannot expect the person to give up their self destructive behaviors until you give them new tools and new ways to accomplish what their eating disorder was doing for them, you know, or what getting high or, or, uh, or cutting was doing.

[00:42:33] Because the truth is, even though it's, sometimes it's hard for, for a significant others to believe this people do these behaviors because they get something from the behavior. So in order for them to really let go of the behavior, we need to give them other ways to, again, self-sooth and regulate and, and communicate their pain narratives.

[00:42:54] And that's what this workbook does for them. So thank you for allowing me to talk about it's something I'm very excited [00:43:00] about and people can get those books either on Amazon. Um, I also, if it's okay, I want to let people know about my website because there's a lot of free resources there.

[00:43:07] **Laura Reagan:** Yes. Please.

[00:43:08] **Lisa Ferentz:** Including access to my two books. And it's just very simple. It's just lisaferentz.com so I'm going to spell it cause I know ferentz sounds weird on the radio, um, or over the air. So it's L I S A and then it's F as in Frank, E R E N as in Nancy, T as in Tom, Z as in zebra. So lisaferentz.com and people can for free, they can access my blogs.

[00:43:32] They can access archives of my radio show. They can certainly access the books. So yeah, we want people to have resources and that's why I love what you're doing too, you know, is it's you understand? It's so much about educating, right? Um, because that's what takes away the shame. That's what gives people back a sense of hope.

[00:43:51] And so the more resources and tools we can give people to educate them, that what they're doing makes sense and what they're doing [00:44:00] probably is connected to unresolved pain or trauma, and that as they work in the direction of resolving that pain, a lot of the other quote symptoms, which for me are really creative coping strategies, but a lot of, a lot of those symptoms that, you know, cause shame and create other problems begin to dissipate.

[00:44:18] So we, we want to give people lots of tools to educate them.

[00:44:21] **Laura Reagan:** Yes. And I imagine it's very empowering for someone to find that workbook and see a different understanding of, oh, I'm not, you know, the, so often people who've experienced trauma, um, when they contact someone for therapy, they'll say, you know, I just really think something's wrong with me.

[00:44:41] And I think trauma makes you feel that way. So. For people who don't have access to therapy, or they're not ready to reach out yet to pick up your workbook and see that, oh, like this makes sense. I'm not weird. Like this actually what I'm doing makes sense. And there's a way to find [00:45:00] something maybe more effective that I can do that will really sort of meet the need that I'm trying to meet.

[00:45:05] **Lisa Ferentz:** You know well said. Exactly. And I think what happens for folks who are doing self destructive behavior. And again, this is something that we all have to really be sensitive to and respect and understand is that in the short term, those behaviors work, you know, in, in the short term, there's, there is an immediate sense of relief.

[00:45:24] There is a distraction away from other pain. There is the experience of a numbing. There is the release of endorphins, which are actually opiates. You know, that our brains release that make us temporarily feel better, but in the longterm, see, that's not the end point, right? The end point then is going to be guilt and shame and, um, anxiety and fear about, you know, my family's going to be mad at me or my therapist is going to fire me or I promise, I promised myself, I wouldn't do this again.

[00:45:53] And now I've done it again. So. You know, it's the stuff that they're doing does work in the short term. It's just the end [00:46:00] game always is a place of guilt and shame, feeling worse about themselves, which actually then sets them up to keep doing the self destructive behavior. Because when you hate yourself, it resonates to hurt yourself.

[00:46:13] So we want to give them tools that that accomplish what you know, cutting accomplishes without that end point of guilt or shame. That's the difference.

[00:46:24] **Laura Reagan:** Yeah. I love that. And for clinicians, the book really is. I think when clients are cutting, sometimes clinicians can feel really worried and overwhelmed and not know how do I make this person stop?

[00:46:37] How do I make this stop? You know? And, um, with your book for clinicians, I think that there's a kind of a, like light in the darkness there to help us understand.

[00:46:49] **Lisa Ferentz:** Yeah.

[00:46:50] **Laura Reagan:** You know, first of all, it's not me trying to make someone stop doing something. It's understanding the behavior and helping the client understand and find better ways to cope.

[00:46:59] **Lisa Ferentz:** [00:47:00] Exactly. I, it's a great point you're making, because I think again, folks who are working with these behaviors get anxious, get intimidated, get worried. And you're right. I think what happens in therapy is that the agenda becomes the therapist and not the clients that, you know, from their own place of anxiety, the therapist can get actually pretty aggressive about, you know, sort of quote, forcing the client to give up behaviors.

[00:47:25] But again, if they're, if they're making, you know, I'll only see you contingent upon, if you stop doing what you're doing sooner or later, some other self-destructive behavior is going to pop up because you've neglected to give the client other resources, other tools, uh, other ways to, you know, to be calm and to self-soothe and, and, and to work through your trauma.

[00:47:47] So, yeah, the, you know, just sort of forcing people and which is why just as an aside, I mean, you know this about me, but I'm very opposed to standard safety contracts because I think they set up power struggles between [00:48:00] the therapist and the client. And they don't really work. I mean, they really don't work.

[00:48:04] I can tell you, anecdotally years and years and years ago, when I was trained to do standard safety contracts and, you know, clients would very reluctantly and begrudgingly signed them. And then they would come into session the next week and say, oh, guess what? I cut myself three more times last week.

[00:48:20] And that's all about a power struggle that I inadvertently created by forcing them to sign something that, you know, they were not ready to sign and didn't resonate for them. So in my book, I give clinicians an alternative to standard safety contracts so that, um, you know, I'm not, I'm not leaving them without a resource.

[00:48:40] I'm just saying, you know, forcing your clients to sign something. It just, it really doesn't work. And I've gotten so much feedback from so many clinicians around the country that, that really echo that idea that yeah you know, you're right. Standard safety contracts really don't work.

[00:48:56] **Laura Reagan:** Yeah. Yeah. And it's nice to know that [00:49:00] with your books, that there are some other ways that maybe feel better to the clinician and certainly feel better to the client.

[00:49:06] **Lisa Ferentz:** Yep. That's the goal.

[00:49:08] **Laura Reagan:** Yeah. So Lisa, what other programs and trainings do you have going on that you want people to know about?

[00:49:13] **Lisa Ferentz:** I want people to know about our Institute, which again is in Baltimore. And, um, that gives CEU's to clinicians, all mental health professionals who are either in the state of Maryland and Washington, DC and Virginia and West Virginia. And one of the really fun things is that we offer really good ethics trainings. I know that sounds like an oxymoron to say that ethics trainings can be fun, but we really do make it fun.

[00:49:42] We bring in a lot of clips from movies and TV, uh, episode shows like the Sopranos and in treatment and those become fabulous teaching tools, frankly, to, to talk about what not to do, right as a therapist, cause you know, psychotherapy is, is often [00:50:00] depicted as you know, in such negative ways and, and inappropriate ways.

[00:50:03] So our ethics classes, you know, we get wonderful feedback that they're really, really fun. I think all the trainings that I I'm very, I cherry pick my speakers there. They're just phenomenal teachers as well as being excellent clinicians. And so I do want people to, to check out the, the Institute and again, through my website, lisaferentz.com, that will take them to a calendar of all the continuing education that we offer the Institute.

[00:50:29] And I also do provide a lot of consultation to therapists who are working with more complicated cases. And those might be cases that involve as we've already talked about self destructive behavior, uh, that might include cases of DID dissociative identity disorder. Cause those certainly can be complex and challenging cases.

[00:50:49] And that happens to be one of my areas of expertise. So I love doing the consulting work. It's great. It's great fun. Again on my website or all the ways that my contact information and my email address, so [00:51:00] people can access me if they, if they just want, you know, another sort of objective pair of eyes in terms of managing some of their more difficult cases and well, I don't know that's enough, right?

[00:51:13] **Laura Reagan:** Yeah. Well, I, um, I would like you to say that you have the trauma certificate level one and trauma certificate level two programs, so people can know in addition to your individual stuff.

[00:51:24] **Lisa Ferentz:** Right, right. So, and again, Laura is one of our, um, best examples of a, of a graduate of a grad truly.

[00:51:32] I really mean that I, I. I remember you so well. And I remember the insightful questions that you ask throughout the trainings. And, um, so yes, we have level one, which I am, I I've created, and I'm the course master for that, for that. And it's nine classes over four months. So it works out to be about twice a month.

[00:51:53] And we also have then level two, which where I bring in other experts, an art therapist [00:52:00] and, somebody who has tons of experience with psychotrauma and somebody who has over 30 years of experience doing Sandtray work and, movement. And I do two day training and parts work and visualization and guided imagery.

[00:52:14] And it level two is great fun. It's it's very, very highly experiential. And so for, for people out there who are working in agencies or working as private practitioners, and you understand that now in our field, there really is this push to do "trauma informed care." I can tell you with assurance that these certificate programs really, really embrace fully embrace that concept of trauma informed care, teaching you how to work bottom up, teaching you how to incorporate the body and the expressive modalities, helping you to understand in very simplistic and straightforward ways, the impact that trauma has on the brain.

[00:52:56] Putting trauma, putting our clients into a family of origin [00:53:00] context so that we really trace both the development and as well as the impact that trauma has on development for our clients you know, as they go through the developmental phases in life. So I'm very proud of it. And I've graduated close to 700 clinicians now.

[00:53:16] Yeah. And there's, you know, I, I keep hearing, I don't know that I knew this necessarily, but I did keep hearing from, from people out there that there's not a lot of programs across the country, you know, that, that have this kind of focus on truly doing trauma informed care. So I'm very proud of that. And, um, I'm very delighted that there are over 700 folks out there who are talking the talk and walking the walk and, you know, doing the work in a way that that really brings true healing to clients because we do have that responsibility, you know, to do the work in a way that is safe.

[00:53:49] We need to understand how to, how to contain clients and not flood them, not emotionally overwhelm them, we need to know how to incorporate working with the body. We need to understand the impact that [00:54:00] trauma has on them developmentally and so you know that's our obligation as trauma specialists and the more we do that, the more effective the work is, and the more safely the work unfolds for our clients. And, you know, my passion is making sure that trauma therapy does not re-traumatize. And I think that we owe that to our clients to make sure that what we're doing is not inadvertently, certainly we would never intentionally, but inadvertently not retraumatizing our clients.

[00:54:30] **Laura Reagan:** Yeah. And I can attest that the trauma certificate program, the level two that I took is top notch. And I heard from everyone who was in level one, how wonderful that was too, but also there's a huge number of CEU's for each level.

[00:54:46] **Lisa Ferentz:** Yes, 54. So there you go. You get, you get more than two years worth of CEU's in four months. You're right. And, and listen, I, you know, clinicians really like that because our time is limited. And, my feeling is that, you know, rather than just [00:55:00] grabbing CEU's wherever you can, if you can commit to a program that really gives you a lot of depth and at the same time gives you lots and lots of CEU's, yeah. That's a win-win for clinicians, you know, what's really cool, Laura, this has happened um,

particularly this semester we had, not only did we overfill the amount of students, because that's great because I really do try to keep it somewhat intimate. So not only do we have over 40 students, but I had a waiting list of 27 additional clinicians right.

[00:55:28] So I could have had 67, which I don't do, because again, I want to keep it intimate, but the reason why that's happening and I'm really, really thrilled about this is because I'm seeing this wonderful trend where supervisors are sending their entire staff.

[00:55:42] **Laura Reagan:** That's great.

[00:55:42] **Lisa Ferentz:** And I love that because I think that when an entire staff comes and gets this kind of training, it truly changes the culture of the whole organization.

[00:55:52] And so that's kind of the newest trend that I'm really, really thrilled about that it's not just, you know, one brave soul [00:56:00] who comes to this program and then comes back and, you know, kind of speaks a different language in a way. From the rest of their colleagues, but this semester I've got two wonderful agencies and they've each brought, one has brought 14 staff and the other has brought 10 and it's completely changing the culture of how they're working.

[00:56:17] So I love that. I'm very excited about that. And so I do encourage supervisors and folks who run agencies to really consider making that investment of, you know, it doesn't be all at the same time, but kind of over time. Cause you know, I'm gonna be doing this till I'm 95. I'm not going anywhere. So allowing, you know, many, many of their clinicians to, to go through the program because then it really does, again, completely changed the culture of how they're working with their clients.

[00:56:46] **Laura Reagan:** That's amazing. Thinking about how, if an agency is, you know, focused on wanting to become trauma informed instead of just sending one supervisor and then hoping that they'll be able to teach, [00:57:00] you know, everybody who works under them. Just bring in the whole group. Oh my gosh. That's amazing.

[00:57:05] **Lisa Ferentz:** It's a good model because so much of what we do is experiential that even when you have, and I know people do this and it's fine, you know, the supervisor comes in and then they go back and report what they learned.

[00:57:15] But what they're missing, what the rest of the group is missing is, is just the experiential piece of it. So, because I think learning can happen on many, many levels. So it's not just talking about an art therapy technique, it's having the chance to play with that technique in the program so that you can really experience firsthand how this works and why it works.

[00:57:36] And, um, so that's something that you have to be in the program, obviously, you know, to really get.

[00:57:43] **Laura Reagan:** Yeah. Some of the things that we learned in the program. I remember thinking, oh, I've heard about this activity before, you know, oh, this is kind of basic. And then as I did it, I had this profound experience and I'm like, wow.

[00:57:57] **Lisa Ferentz:** Yeah. Right. And that's what we hear [00:58:00] over and over it, you know, it's, it's like when you, when you're willing to kind of access that creative part of yourself and, and really participate on a deeper level, you just get it on such a deep level and then you can communicate it differently when you bring it back to therapy.

[00:58:16] You know, when you, when you kind of hold your client's hand through that process of working creatively, um, you just, you get it as a clinician because you've, you've done it. You know, it's not just from the neck up. Right?

[00:58:28] **Laura Reagan:** Exactly. And again, clients appreciate that. They say, you know, I know you can take me there because you know, you've done this like, when you talk about, you know, I'll say I tried this new technique and it was really amazing. I think it's going to be really powerful and, you know, sort of being a little vulnerable with them and then they're like, you tried it, I'm willing to try it. And, and then they'll have this great experience.

[00:58:49] **Lisa Ferentz:** I really like what you're saying. It's sort of like, you have to endorse it first and then the client will find the courage, you know, to, to try it as well.

[00:58:58] **Laura Reagan:** Yeah. You're walking with [00:59:00] them.

[00:59:00] **Lisa Ferentz:** Yeah.

[00:59:01] **Laura Reagan:** Well, Lisa, it's been such a pleasure to have you on today. Thank you so much for giving me your time.

[00:59:08] **Lisa Ferentz:** You're a wonderful interviewer. You, you make it so easy.

[00:59:12] So thank you. And thank you again, Laura, for what you're doing. I think this is wonderful and, um, I hope, you know, millions and millions of people listen to all the podcasts that you've done because you have, yes, you have, you have a lot of wisdom and you've got a lot to offer and a lot to share. So, um, I just, I just hope that this keeps unfolding and, and, you know, gets amplified a thousand times over.

[00:59:35] So thank you for this wonderful contribution that you're making to our field.

[00:59:39] **Laura Reagan:** Oh, thank you, Lisa.

[00:59:44] 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 [01:00:00] products. The full spectrum CBD tincture is mild tasting compared to others I've tried and I find it works quickly. It doesn't feel sedating, but it does have a pleasant calming effect. And I also like the CBD gummies. They taste good and they work well. So if you're looking for a craft CBD product that comes directly from a farm outside of 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."

[01:00:37] Hi, Welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I'm deeply honored to have a very special person returning for a second interview. I'm here with Lisa Ferentz today. Lisa, thank you so much for coming back to Therapy Chat.

[01:00:53] **Lisa Ferentz:** My pleasure to be with you.

[01:00:54] **Laura Reagan:** Yes, though really the pleasure's all mine. I wanted you to come back to [01:01:00] Therapy Chat because of course, as you know, I love your work and I recommend you to everyone, but right now you have something special. You have a new book coming out or it's out now, right?

[01:01:11] **Lisa Ferentz:** It's out. Yes. About a month. Yup.

[01:01:13] **Laura Reagan:** So tell us about your new book and why you chose the title that you did. Let's just start with that.

[01:01:20] **Lisa Ferentz:** Sure. So the book is called Finding Your Ruby Slippers: Transformative Life Lessons From the Therapist's Couch. And as you could probably guess the title is directly inspired by the movie, The Wizard of Oz, and, you know, in the movie, Dorothy spends the whole film, really trying to find her way back home.

[01:01:38] And she's convinced that the wizard has the answers. Uh, and of course, when she reaches the Emerald City, she discovers, he's just a short guy behind the curtain and he doesn't have any magical powers. And although she's initially quite despondent and upset, Glenda comes down in this moment that I always thought was so beautifully metaphoric.

[01:01:57] And she basically says to Dorothy, [01:02:00] look at your own feet. You've been wearing the Ruby slippers all along and that's always stuck with me, Laura, because I think it is such a great metaphor for this idea of inner wisdom that we actually spend a lot of our time believing that other people have the answers that we need, you know, for our own healing or personal growth, or even to make a very important life decision.

[01:02:24] And although I'm all in favor of people getting support and incorporating resources and, you know, nobody should go through life alone. I really do have this strong sense, and I know that you do too, as a clinician- that people have this remarkable inner wisdom and that they often either don't realize it's there or they minimize it.

[01:02:45] And so the book, the theme of the book is really reminding people and then encouraging and inviting people to be able to turn inward, to find that inner wisdom for, I think that the real answers that they need in life to be [01:03:00] happy to have inner peace, to truly know what's best for them. So that that's what inspired the title.

[01:03:06] And, and that's really the overarching theme of the book is self-empowerment and knowing that you have that inner wisdom, and I think that we can access that wisdom and work with that wisdom when we can approach it from a place of curiosity and from a place of self-compassion. So, those are also kind of themes that are woven into the book as well.

[01:03:26] **Laura Reagan:** Wonderful. Thank you for explaining that. And I love that connection between the Ruby slippers and that idea that, you know, it was really, the answers were really within you all along. I really think that's so powerful. You know, I do, like you said, I do believe that we all have inner wisdom and we have the strength within us to probably a lot more strength than we give ourselves credit for, to heal.

[01:03:51] And at the same time, I'll give you credit that in training with you is where I actually began to believe in my own inner wisdom in a way [01:04:00] that I really hadn't felt connected with it before I did your training. So that's the magic of your experiential trainings.

[01:04:09] **Lisa Ferentz:** You know, that means a lot to me because I think you are such a phenomenal therapist and person. And I think though it's actually a nice example of how, you know, the wisdom was a obviously always there and it's again, it's perfectly okay. And more than okay. To, to let others into our life, teachers, I think that we all, we all hopefully have the privilege of having many teachers in our lives.

[01:04:32] Sometimes those teachers are other clinicians or mentors. Sometimes those teachers are our clients, right. At times the teachers can be books, like the one that I wrote in and many other people have written that, that just kind of give us that guidance and, enable us to access and connect with what's there.

[01:04:52] I always tell my clients, I never think it's about re-inventing who you are. I think it's about reconnecting with who you are. And so, [01:05:00] you know, you came into my training and obviously the inner wisdom was already there. Uh, but if it's, and I believe this, that it gets a nurturing, safe relationship environment that helps us to be able to feel safe enough and comfortable enough to look inside, because I think it is important to, to add that it is an act of vulnerability to turn inwards. Part of why I think people are so externally focused is not necessarily just because they don't realize they have that wisdom, but they also use external scenarios and relationships to serve as a distraction away from themselves. And I think that, sadly, it's because sometimes people don't trust that if they were to turn inward, what they would find, what they would connect with, would be something that is precious and beautiful and helpful and meaningful.

[01:05:51] You know, I think a lot of the clients that you and I work with when they come from trauma or they come from dysfunctional families of origin, they don't trust [01:06:00] that turning inward is going to yield something positive. And so they do spend a lot of their lives distracting through chaotic relationships or crisis driven workplace environments.

[01:06:11] And so I think that people sometimes need that reassurance that no matter what they've been through and no matter how much trauma is there, I still believe that there's this internal resource that is truly wise, truly self loving, and really capable of insight that is genuinely helpful and kind. It's there.

[01:06:33] Right. We just sometimes have to convince our clients that it's worth turning inward.

[01:06:38] **Laura Reagan:** Yeah. Yes. Yes. And I do think that now that myself as a clinician, now that I know that it's there in me, I really believe it. I know it. I can, I can better help my clients believe it because if I didn't believe it and I'm telling them, their not going to believe it either.

[01:06:56] **Lisa Ferentz:** No, you're right. You know, you're making a great point. Actually. It's part of why I've been [01:07:00] so dedicated to training clinicians, because I think that we deserve clinicians deserve to have as much inner peace and confidence and healing as possible. So that then we can be, you know, authentically effective and, you know, have credibility, you know, when we talk to clients about what you just said about inviting them to trust that wisdom.

[01:07:20] We have to be able to trust our own inner wisdom. You know, I think it's a really valuable point that your making.

[01:07:26] **Laura Reagan:** Yeah. Well, the truth seems to be for most therapists, it seems like we, we do go into this work with some experience from childhood that makes us really good at helping and taking care of people.

[01:07:40] And, you know, whether, regardless of whether it was a traumatic childhood or one in which the child just had to be very responsible for whatever reason, you know, which we wouldn't normally think of as traumatic, although it can be, I think that influences a lot of what brings us therapists into becoming [01:08:00] therapists.

[01:08:00] **Lisa Ferentz:** Exactly. Right. And, you know, cause you know, we've talked about this, that it's not a coincidence that we do what we do and, and you know, I, I feel like we're destined to do this work and I agree with you. I think it's very connected to our family of origin experiences. You know, that I'm a little bit in the minority, you may be as well, but I'm in the minority in that I, I had a very safe, loving childhood, but I was the oldest of four kids.

[01:08:23] And so as you suggested, there was a lot of responsibility that went with that. And so I was able to gain mastery over, you know, certain skills, being a good listener, being

a good mediator, you know, feeling comfortable kind of giving guidance and suggestions and advice because I was the oldest, you know, and I felt very responsible in some ways for the wellbeing of my younger siblings.

[01:08:47] So, that wasn't a trauma, but it certainly was a formative life experience that I think gave me those skills and, and kind of predetermined this destiny of mine, you know, to do the work that I'm [01:09:00] doing. So very connected to our earlier experiences in life. For sure.

[01:09:04] **Laura Reagan:** Yeah. So that, that theme jumped out at me.

[01:09:08] And in your newest book now, I haven't, I'll disclose to everyone who's listening. I haven't finished the book, so I don't have a total picture of what it is, but from what I have started to read, the first thing I noticed was that it was different from your previous two books in that it seems to me more written for a general audience, rather than specifically people who've experienced trauma and have self-destructive behaviors.

[01:09:33] **Lisa Ferentz:** That's right. So, um, the first book really was really for clinicians treating self-destructive behavior. The second book is a workbook and that is a kind of a self-help book for clients to either use with their therapist or on their own. But you're right to suggest that the theme there is still very connected to the inevitable byproduct of trauma, which often leads people to do self-destructive things as a way to manage their emotions and to do [01:10:00] self-soothing. This book really is a bit of a departure and in some ways between you and me was more fun to write. It's not really just, it's not just about trauma and it's not just about, um, you know, any act of self-harm it's really written for anyone and everyone. And in fact, you know, when we were designing the cover and I knew I wanted the title to relate to Ruby slippers, as you can imagine, the image that I kept getting from the graphic designer was a pair of high-heeled ruby slippers.

[01:10:29] And my concern with that was that I thought that that message would kind of instantly say, this is a book for women, right? You know, you see, you see a pair of high heel shoes on a cover. And I think it's reasonable that most men would pass that book by. So the reason why we went with the Ruby sneakers, is cause I really wanted to make sure that, that the message, you know, whether it was subliminally or more overtly, but I wanted the message to get out there that this is a book for everyone.

[01:10:57] It's a book for teenagers, adults, for [01:11:00] men and for women. And it's a book that anybody can benefit from. I've been really humbled and really thrilled by the feedback. The book's only been out a very short time, but we're getting just really beautiful reviews on Amazon and other places. And what I love is that people are saying, this is a book for everyone that, that no matter where you are in your life, there is a chapter or chapters in here that will speak to you, and that will help you to really just continue to move forward in your life.

[01:11:29] So it's not, it doesn't have to be specific to healing from trauma. The theme of this book is just how to continue to self-actualize and how to continue to strengthen, being

able to talk to yourself with kindness and, and not living from a place of guilt or shame being, becoming more mindful of the messages that you give to yourself about yourself.

[01:11:52] Cause I think that's such a pivotal force in, in all of the subsequent emotions and behavioral choices that we make. [01:12:00] Um, there are different sections to the book. So the first book talks about overcoming obstacles because I think all of us again regardless of where we've come from, you know, do get confronted with different obstacles in our lives, whether it's in, within a relationship or within a workplace or within ourselves.

[01:12:17] And so, you know, there's a focus on looking at those obstacles and learning how to navigate those obstacles in ways that empower you and reminding you that you it's okay to, to reach out. It's okay to ask for help. In fact, that's a sign of strength rather than a weakness that oftentimes in life, we get confronted with what I call brick walls and, you know, people spend a lot of time trying to move brick walls and, and I've always believed that, you know, when you try to move a brick wall, all that happens is you get a concussion, you don't move the wall.

[01:12:49] So it's giving people permission to both recognize what those potential obstacles are in their lives. And then understanding that the, that the answer is not to [01:13:00] keep expanding energy, sort of feudal energy, trying to move, you know, something that you can't fix or change, but, but rather to make a different life choice and decide, you know, what that is no longer acceptable to me, or I'm going to, I'm going to turn in a different direction. I'm gonna, I'm going to walk somewhere else.

[01:13:17] So it's just helping people kind of navigate those obstacles in, in ways that I think are far more effective. So that's the first part of the book. The second part of the book is about relationships because you know, most of us are in a variety of relationships.

[01:13:31] And I think this is very connected to not giving away your power, understanding what you're able to do in a relationship and what you're not able to do. And, and I think what we're not able to ever do is fix or change another person. And so, you know, a lot of the chapters kind of impart that message that the only person you ever have the power to change is yourself.

[01:13:54] And so it's just kind of giving people permission again, to step away from wanting to [01:14:00] fix or change someone else. There are chapters that do speak to trauma survivors, and one of the messages I've been giving my clients for years and I'm sure you've seen this in your work as well as a lot of trauma survivors think that unless they get an apology from their abuser that they're not going to be able to heal.

[01:14:18] Is that something that you confront as a clinician?

[01:14:20] **Laura Reagan:** If you get down to they'll say all I want is for the person to acknowledge what they did and apologize. And of course that's probably the one thing that most abusers are never gonna do.

[01:14:29] **Lisa Ferentz:** Exactly, exactly. And I think people underestimate the extent to which that actually holds them hostage and really kind of puts a glass ceiling on the extent to which they can heal.

[01:14:40] And when you think about it, it's like it's a perpetuation of continuing to turn their power over to the abuser. So the idea that I really can't fully heal until my abuser apologizes, that paradigm really gives the abuser, once again, the power and the control. So that chapter does [01:15:00] talk about, you know, helping people to begin to slowly let go of that idea and to realize that they don't need an apology or the cooperation, uh, or, or anything else, frankly, from an abuser in order for them to continue to move forward in their healing journey.

[01:15:18] So that's a piece of what the relationship section is about. And then the third section is something that I do pretty much every week in my work as a therapist. And I know that you do as well, and that is really trying to empower clients to be more in the present moment. And whether that comes about through really understanding what it is that they have to be grateful for in the present, making decisions in their lives from the current reality of their life, rather than how things used to be or how they think potentially things could be. That's something that I see a lot with women in particular who are in very unfulfilling relationships. And what they'll often say to me [01:16:00] is, but, you know he used to be so loving and so attentive, and that's why they hang in there, right.

[01:16:05] Because of how it used to be, or they'll say to me, you know, I just, I know that if he could just get his act together, you know, he could be so loving and so attentive. So I'm just going to hang in there because I think he has so much potential. Right. And the reality is, is that in the present, it's not fulfilling and they're suffering tremendously.

[01:16:25] So that's a chapter a lot of people have told me that really really speaks to them because it's not something that we're necessarily consciously aware of. But I think an awful lot of people do often make decisions from the past or the future. And so this is really kind of empowering people to look at their present circumstance.

[01:16:44] And to find the courage to make decisions, you know, from, from that place, you know, instead of what was, or, or what they imagine or hope will be, or could be. And then the fourth unit is about growth and change because obviously that's what therapy is all about. And I think that's what a good [01:17:00] self-help books should be about.

[01:17:02] You know, I want people to read this book and, and say, you know, I learned stuff and I, I feel like I'm beginning to take baby steps in the direction of changing something in my life that's now making me feel either more empowered or, or taking away some of my suffering or, um, helping me to recognize some of my strengths that perhaps I wasn't as, as tuned into before.

[01:17:25] So it's really, it's being willing to take those growth steps. And for me, one of the more important chapters in that unit is a module that I've said to my clients, you know, for forever, which is be afraid and do it anyway because, uh, I'm sure you see this in your work

as well. So many people really operate from the core belief that says I'm afraid, therefore I can't. Right. So this is about, you know, being afraid first of all, is a normal human emotion. And, uh, it's important. There may be very valuable information in [01:18:00] that theater. And so I'm not in any way advocating that we minimize or we ignore the fear. We really have to look at the fear. And sometimes it's about just bringing comfort to the fear.

[01:18:09] Sometimes, you know, the fear is saying to us, you know what, I'm not resourced enough, or maybe this is not going to be a safe decision for me. So we definitely want to understand the fear and we, and we want to, you know, make sense out of the fear and having said all of that, I never believe that fear is something that should then be translated into therefore I can't.

[01:18:29] So that chapter about be afraid to do it anyway, I think can be really empowering for people to read. And then the last chapter, which in some ways, for me maybe is the most important is, is really about how to strengthen and grow. And access self-compassion because I really believe that self compassion and curiosity are the antidotes to shame and you know that some live their lives from a place of shame and it can just so hold them back.

[01:18:58] And so when we can bring [01:19:00] self compassion and curiosity to our thoughts, our feelings and the choices that we make in life, I think that completely sets us free. And it really enables us to talk to ourselves in ways that are much, much kinder. Um, I don't know if this is something that you encounter a lot, but, but I really think, and this is not just within clients.

[01:19:20] I think this is really cultural. I think this is almost universal that people believe that they can be motivated through shame. That if I just bully myself enough, if I yell at myself enough, that'll motivate me to do the things that I know I need to do for myself.

[01:19:35] **Laura Reagan:** That really seems to be something in our culture, at least here in the U.S and you know, probably everywhere.

[01:19:41] **Lisa Ferentz:** Yeah, I think so. And you know, I have this theory that I think a lot of that has its roots in sports for kids when they're very young that coaches, I mean, will often, you know, very openly be little a kid on the, on the field, you know, yelling at a kid telling, you know, what are you doing? Run faster, you know?

[01:19:58] Um, you know, you just dropped the ball, [01:20:00] look what you're doing. And, and I think unfortunately, a lot of parents sit on the sidelines and don't intervene. Um, and so there's a, this kind of silent collusion around, okay I accept the idea that my kids only can be a better athlete if you, if you shame them in essence. And that's really what it is. And I just think, and I've seen this in 33 years as a therapist that I just don't believe that we're ever, ever motivated by shame.

[01:20:25] I think ultimately it holds us back. And so I'm very passionate about trying to make people both aware of how they talk to themselves about themselves to really notice

the extent to which they're using shaming, bullying, judgment, criticism, perfectionism, you know, what's the extent to which they're using those things in their lives, in the hopes that that's going to somehow motivate them and then to really teach them how to shift that thinking into thinking that is much kinder and gentler and more compassionate, because that's ultimately [01:21:00] what enables us to move forward.

[01:21:01] I think that if we truly love ourselves, the sky's the limit in terms of the healthy risks that we can take and the good choices that we make and our threshold for what is, and is not acceptable- in relationships, in the workplace- all of that flows from ultimately how we feel about ourselves, and how we talk to ourselves about ourselves.

[01:21:21] So that part of the book to me is really important because I want people to have to be more consciously aware of how they talk to themselves and what they can do to enhance their sense of, of self love and self care.

[01:21:36] **Laura Reagan:** I love what you're saying. I feel like there is no way to overstate just how crucial self-compassion is and how powerful of a practice it is for increasing self-love, and self-worth- it's incredible.

[01:21:53] **Lisa Ferentz:** And, you know, we are still a little bit salmon swimming upstream, as I like to say, because [01:22:00] oftentimes people equate self-love self-care self-compassion with being selfish, you know, and I think that too is kind of a cultural norm or just, you know, a mindset. And so I think it is important that people like you, people like me do continue to promote this idea that we're not talking about being selfish, but we are talking about taking the time to be kind to yourself because the more you can do that, the more I think that becomes externalized.

[01:22:29] And the more we're able to do that, you know, for other people and to other people in our lives, I really believe that we can only love others ultimately to the extent to which that we love ourselves.

[01:22:39] **Laura Reagan:** I agree with you a hundred percent. And I truly believe that if everyone practiced self-compassion, our world would be a totally different place.

[01:22:47] We wouldn't have war.

[01:22:49] **Lisa Ferentz:** You're right. That is the truth. You know, the whole, the whole empathy quotient would dramatically increase and you know, where there's empathy, it means that people are kind to each other and people [01:23:00] think before they say certain things and they think before they act, and they actually take a moment to ask themselves what impact is what I'm about to say going to have on that person. You know, if we all, if we all took those five seconds to ask that question before we said what we said to our children, to our spouses, to our significant others, to our employees, it would be a different world.

[01:23:21] You're totally right.

[01:23:22] **Laura Reagan:** Yeah. I'm so glad. And I know you use self compassion in your work to great benefit to your clients and, and then all the people you teach. I think it's so powerful. And I'm really glad you included that in the book.

[01:23:35] **Lisa Ferentz:** Yeah, yeah, yeah. Me too. And again, that's why I'm saying this is a book for everyone, you know, because we all need that practice and we all do need to pay attention to how we talk to ourselves about ourselves.

[01:23:47] I, even though I know this is, you know, a big statement to make, I really think there's nothing more important than the way we talk to ourselves about ourselves. I think it impacts every facet of our lives. And that tape is [01:24:00] so rooted in family of origin experiences. I know that you, you are a real expert in that, and that you really understand that in the work that you do with your clients, that so much of what we see as clinicians has its roots in, in their family of origin experiences.

[01:24:15] And I think that the way we talk to ourselves, you know, is literally mirroring that, that original tape that we got, which was rooted in how our caretakers spoke to us, the messages that they gave us about who we are and how we should feel about ourselves and what we can expect from the world and how we can expect or should expect other people to treat us, all of that is a part of that tape. And, you know, it's, it's given to us in, in the most formative part of our development. And as you know, we don't question that tape when it's given to us by people that we love and trust. And so even if 90% of the messages on that tape are dysfunctional or toxic or inaccurate or just filtered through [01:25:00] the parents' trauma or limitations.

[01:25:02] The truth is that most people really do not evaluate those messages or reevaluate those messages until they're in a therapist office.

[01:25:10] **Laura Reagan:** Exactly because those messages are being taken in by a child's brain so young three, four, you know, and earlier that isn't capable of that kind of critical analysis of the information and saying, oh, she says I'm bad, but I know I'm not really bad-developmentally that's impossible.

[01:25:28] And then it just kind of sticks there. And we, when we look back, you know, I think with a lot of self-reflection and probably what can be done through the processes in this book that we can say, oh, you know, that's not, that's not even my thought, that's something that I was told by someone else.

[01:25:46] **Lisa Ferentz:** I love that you used the term self reflection because one of the major parts of the book that we haven't oh, there's my dog.

[01:25:52] Is that okay?

[01:25:54] **Laura Reagan:** Sure.

[01:25:55] **Lisa Ferentz:** She weighed in, in the last podcast.

[01:25:57] **Laura Reagan:** She wants to be heard.

[01:25:59] **Lisa Ferentz:** [01:26:00] Yeah. She's got a lot of wisdom that dog, let me tell you. But I love that you use the term self-reflection because one of the facets of the book that we've not yet touched upon is the fact that with every chapter there are journaling prompts.

[01:26:12] There are six questions that the reader gets at the end of each question, and there's actually space within the book itself. It is a sort of a combination book in journals, sort of diary for people so that they can actually be writing in the book. And those questions are very intentionally designed to create self-reflection and to invite that inward focus that I alluded to earlier.

[01:26:35] And you touched on one of, kind of, I think the recurring journal questions that runs through the book, and that is continuing to invite the reader to notice, who's thought is that? Where did you learn that? And have you ever be evaluated it? And perhaps most importantly, does that thought continue to serve you well?

[01:26:54] And when I say serve you, well, for me, it's a very simple litmus test [01:27:00] it's does that thought either help yourself esteem or hinder your self-esteem? You know, it kind of gets crystallized down to that. And so every chapter the reader is invited to journal about the chapter, the content of the chapter, but to take that chapter information and really personalize it, really look at how does this relate to me?

[01:27:23] How does this relate to me? In answering those journaling questions I think that also kind of moves people forward in their journey, whether it's a journey of healing or it's a journey of increased personal or professional growth, or, you know, a journey of enhanced self-actualization or a journey of, of enhanced self-compassion so I love journaling. I'm a big fan of journaling. I find, I find it kind of funny, you know, with the book coming out, I've been doing a lot of podcasts and interviews on TV and writing articles. And it's really kind of funny. I think you'll appreciate this. That a lot of the younger people who [01:28:00] interview me, you know, get very excited about journaling and they talk about it like it's this brand new treatment, you brand new paradigm. And you know, I've been in the field for 33 years. And I always say, you know, journaling was one of the very first things, 33 years ago that we had to give people to encourage them to feel a sense of continuity in between the therapy sessions or to strengthen their self-insight and, and their awareness.

[01:28:26] And so certainly journaling is not anything new. It's cute though. There's a lot of stuff on YouTube now, you know, about bullet journaling and all different, you know, variations of how one can journal. And I mean, I think that's great because I love that there's

a whole new generation, of young people who are discovering really the power of journaling and the value of journaling.

[01:28:47] So this is not anything new by any means, but I love that in some ways it's kind of being reintroduced, not only in the mental health field, but again, just to the general population. And I think that's part of why [01:29:00] this book Finding Your Ruby slippers, you know, resonates for people because people like to journal again and I'm thrilled that they do.

[01:29:06] And I think that this book will really speak to them around that strategy.

[01:29:11] **Laura Reagan:** Yeah. And, you know, I think for those of us who don't find journaling to be a new idea, there can be some association with oh you know yeah. I used to write in my diary when I was 13, but that's like really dumb and, you know, um, but once we actually start journaling with some prompts, it can be so powerful and really move the emotional process in a direction past what the loop in your head was doing before you started writing, you know?

[01:29:40] **Lisa Ferentz:** And I think you're totally right. And I, and I, I agree completely that when you are given a specific prompt, meaning a specific question, what that helps to do is it focuses your thoughts. And I think when our thoughts are more focused, when we write, I think the writing can be, you know, we can go deeper first of all.

[01:29:58] But I think it's also, it's [01:30:00] more productive, we can get more out of it. And what I say in the very beginning of the book is you don't have to do this book in any particular order. Each one of these little chapters and there, you know, I keep using the word chapters, but they're literally three pages each.

[01:30:14] And, and it's just, I made that decision very consciously. You know, me I could have written 50 pages about every topic but I very intentionally decided not to do that because what I wanted to do was just kind of put out little ideas that I think are words of encouragement, perhaps hopefully words of wisdom.

[01:30:33] Just kind of get you thinking a little bit about it, but then really kind of invite you to take that inward focus and to go to those specific questions and kind of take it wherever you then want to take it. And what I say in the preface of the book is you can either just write in short answers, inside the book itself, or it what some of my clients have been doing is they've actually purchased a separate journal or notebook.

[01:30:58] And, you know, they're writing for [01:31:00] pages and pages. You know, one of, one of the journal prompts, you know, takes them down a road without they'll write for five or 10 pages. So there's no wrong way to do it. It's whatever resonates for each reader. And again, there was no specific order in which you have to read the book.

[01:31:15] What I tell people to do is go to the table of contents each day and just kind of notice what statement calls to you on any given day and just focus on that, you know, and, and kind of make that a practice in your life just to choose one idea and sit with it and really let it kind of germinate and then settle.

[01:31:36] And it's a book that you could read in a day, truthfully, cause it's, it's written layman's terms. It's a very easy read. I'm told that the voice is very encouraging and compassionate and that's how I always try to write. But I actually say to people, you know, don't read it in one day, like really savor it, really take your time with it and, and go to the sections that, that speak to you and know that at any [01:32:00] given time in your life, different sections will speak to you and at any given time of your life, the same section could speak to you differently.

[01:32:07] So I'm hoping that it's a resource that people can continue to return to.

[01:32:13] **Laura Reagan:** That's fantastic. I'm planning on buying like six copies so I can lend them to my clients use them myself and so on. And so on. Let all my family members do it.

[01:32:24] **Lisa Ferentz:** The good thing is even though this is, you know, a self-help book and it is definitely designed for the general population, it is something that I know a lot of my colleagues who are therapists have incorporated into, you know, the therapy sessions. And so I know that I'm assuming a lot of your listeners are in fact therapists. And so I think it's, it's useful just to put out there that those questions that are woven into the book as journaling prompts certainly can also be a roadmap for clinicians where they can be asking those questions verbally and then [01:33:00] using those questions as, as a starting off point for a conversation in, in a session, you know? So I, I think that it certainly has that application as well. Wonderful.

[01:33:11] **Laura Reagan:** Can you say one little bit about journaling just, I know you are very well versed in neuroscience and you could probably talk about how journaling helps with processing and would you take a moment to just talk about that real quick before we finish?

[01:33:29] **Lisa Ferentz:** And I have a feeling you're probably an expert in that, by the fact that you asked the question, you know, that you understand that, you know, in, in the world of therapy now, and I, I don't even, I want to say, I don't even think this is exclusive to trauma therapy anymore.

[01:33:43] I'm hoping that this is kind of, there's a universality to this therapy in general, what we continue to learn and what continues to get reinforced through things like neuroscience and functional MRIs and pet scans is that the more we can be integrating both the left and the right hemispheres [01:34:00] of the brain, you know, both in therapy and outside of therapy, the more deeply our clients can process their memories, their emotions, their thoughts, and the more deeply they can install the resourcing that we're giving them.

[01:34:14] And so we want to always, I think, be thinking as clinicians about what am I bringing into therapy and what am I giving the client to do as homework that can achieve that idea of left and right hemisphere activity. And so when we're writing we're accessing a certain part of the brain. When I have my clients read their journal entries out loud, we're actually bringing in a different part of the brain. When they're visually reading what they've written, we're accessing something else. And so I'll even add this piece that sometimes I encourage my clients in addition to journaling to add drawings, you know, whether it's doodling or a particular image that really kind of accentuates what they've just journaled about.

[01:34:57] So when we do those things and I'm going to even [01:35:00] add another layer and that is as they journal, I will often invite them to pause and to notice what they feel in their bodies. You know just notice the sensations kind of do a quick body scan, you know, given what you've just written, given what you've just re-read or read out loud.

[01:35:15] So when we bring in all those different pieces, the writings, the speaking, going to the body, we are really turning on all the different parts of the brain that we know are creating the greatest degree of, of integration and processing and insight, and compassion. We know that compassion is in the insulates and the prefrontal cortex. And so we, when we get people to think and to write and to journal, we're putting them in the prefrontal cortex, we're putting them in the reasoning part of their brain. So not only is that going to help with affect regulation so that they don't get flooded or overwhelmed, it's also going to activate empathy and compassion and self-compassion.

[01:35:57] So it is very important that our [01:36:00] clients are not just stuck or living in limbic system when they're, where they're in that perpetual state of fight flight freeze. And just doing survival. We want them to be in the parts of their brain that require more thought higher reasoning cause and effect analysis and journaling will do that. Journaling will light up that part of the brain. And I think that that helps our clients both with affect regulation. And also as I say, to strengthen insight and empathy.

[01:36:26] **Laura Reagan:** Yeah. Yes, yes. Thank you for explaining that. And it seems just related to what we were talking about before that when you have an inner voice and inner critic, that's based on when you were four years old, accessing those higher brain functions can really show you that that's, that's a child's way of thinking, you know?

[01:36:47] **Lisa Ferentz:** Yeah. I liked that a lot. That's a great, great point, Laura. I think, you know, one of the chapters in the book really talks about helping people to discern between then versus now past versus the present, you know, So many [01:37:00] folks, particularly if they have been traumatized, it's almost like they're frozen in the past.

[01:37:04] So I love what you just said. I think it's really wise that, you know, when, when people can, can do the journaling and can reason and think, and gain insight from the more adult and mature part of themselves, that's another great way to help them kind of strengthen the idea that it's not that it is now. And in the now, they have more choice. They have more control, they can make choices. They're not trapped, they don't have to be

frozen. So I love that idea. You know what you're suggesting- it's a great reinforcement for people that, that reminds them, that that they're safer, right? That they're empowered and they're safer and they're adult, and, and they can look at themselves and life through a different.

[01:37:49] **Laura Reagan:** Yes, that's so beautiful. Lisa, I am so happy that you have this book out now to really help an even broader range of people than you [01:38:00] have in your previous work. I am so excited for you, and I think this is going to be huge. I just can't wait to see what happens.

[01:38:08] **Lisa Ferentz:** I'm so grateful to you that you're willing to talk about it and bring it to your audience. And you know, my thing at this stage of my life is to reach and teach as many people as I can. And, um, and you are doing the exact same thing, Laura. Both as a therapist and in this phenomenal podcast that you've been doing for a while now. So, you know, you and I are very much on the same path. And I think that we have the same passion and we do want to reach and teach as many people as we can.

[01:38:36] So I do have a lot of faith in this book and as I said, the feedback has been just so humbling and so beautiful. Is it okay to let people know where they can get this?

[01:38:47] **Laura Reagan:** Please, please

[01:38:48] **Lisa Ferentz:** We've increased their curiosity about it. So, um, certainly they can get all my books on Amazon and I know in some ways that's the absolute easiest place to get it.

[01:38:57] But I also just want to let people know about my website [01:39:00] because there are, in addition to the books, there's a lot of other free resources there. And the website is theferentzinstitute.com and they can also access a lot of free resources on the Facebook page, which is the Ferentz Institute or on LinkedIn.

[01:39:16] But I do encourage people to visit the Facebook page because all my blogs are there. And my radio shows are archived there. We do try to put out a lot of articles and videos and just free resources for people so that they can continue to grow and to heal.

[01:39:33] Thank you. And I'll put a link to your website in the show notes for this episode.

[01:39:38] **Laura Reagan:** And, um, any therapists who are listening, Lisa, didn't say it, but on her website, you will find the best trainings for trauma that I've seen. So I'm recommending them all the time to everyone. And, you know, you're, you're creating a real army of therapists who are skilled in trauma. That [01:40:00] is what we need in this world today.

[01:40:02] **Lisa Ferentz:** Thank you. I, you are, you are one of those people. Yeah. I am thrilled about that. And I appreciate your mentioning the Institute in Baltimore. We're just

getting ready next week we start our spring semester and we start the trauma certificate programs again. And I think this is my 22nd time teaching the Trauma program.

[01:40:21] And it's so funny. It never gets old. I am excited about it every time I bring something new to it every time. And, um, I love the fact that there are more and more people like you out there doing the work in the way that you're doing it, because that's what I think is really, you know, making a difference in the world.

[01:40:39] So thank you again for everything that you do to help your clients.

[01:40:44] **Laura Reagan:** Thank you, Lisa and thanks for being on Therapy Chat today.

[01:40:46] **Lisa Ferentz:** My pleasure.

[01:40:51] **Laura Reagan:** Thank you to Sunset Lake CBD for sponsoring this week's episode, use promo code "CHAT," for 20% off your entire order at [01:41:00] [sunsetlakecbd.com](https://www.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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[01:41:41] And for more information and resources on trauma and healing from trauma, go to www.traumatherapistnetwork.com. Trauma Therapist Network is a community for therapists and a place for anyone to go to learn more about trauma, and find [01:42:00] resources, and connect with help. www.traumatherapistnetwork.com

[01:42:04] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com