

Therapy Chat Episode 305



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[00:00:00] **Laura Reagan:** Therapy Chat Podcast, Episode 305.

[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.

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[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. 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. 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, and may be wondering, do I

have trauma, 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 connect with [00:03:00] whatever type of resource support, whether it's therapy, or a podcast that you'd like to listen to, to learn more about it, or an article or another website- this is my hope in creating Trauma Chat. And the second part of that is the new Trauma Therapist Network community that I'm creating. It's unbelievable to say this because I've been laboring behind the scenes to bring this to you for a long time, starting in around 2018 is when I first had the idea.

[00:03:32] And then the process of getting from there to here has been slow and with many twists and turns, but I'm creating a community for people who have experienced trauma to find help for trauma therapists, to find other trauma therapists to network with and refer to, and gather and collaborate and share ideas and hopefully come together in person in [00:04:00] gatherings that I don't know if they'll be able to happen in 2021, but maybe by 2022, we can have in-person gatherings of trauma therapists to provide support to one another and combat the isolation of trauma work. Even if you work in a large agency or group practice, trauma work is so isolating. It's just part of the nature of it and connecting with other people who get it is so valuable. The participants in my trauma therapists consult groups share how useful they find them to be because we're in our offices doing our work, and then we go home and it can be really hard to receive the same kind of support that you give to your clients.

[00:04:43] So I hope that Trauma Therapist Network will be a useful resource for you, whether you are trying to find more information about trauma, or if you are a trauma therapist, yourself to learn more, please go to traumatherapistnetwork.com. The [00:05:00] website is not live yet as of June 28th when I'm recording this, but it will be live by August 1st, if all goes well.

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

[00:05:33] And I hope that this resource that I've really created from the heart will bring healing to more people. I really. People who have experienced trauma to be able to find the right kind of support. And that's why I created the trauma therapists 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. And I'm just so excited for you to see it.

[00:06:23] Thank you so much for your support.

[00:06:30] Hi, welcome back to Therapy Chat. This week, we are talking about a topic that is sensitive and very important, and I would say mysterious to the general public and therapists. And the topic is healing sexual trauma. Today's guest is Erika Shershun, who is a somatic psychotherapist specializing in working with sexual trauma survivors.

[00:06:53] Her work is body based and trauma informed, incorporating neurobiology and EMDR to [00:07:00] help ease and resolve symptoms. Passionate about getting the needed tools that alluded herself for so long into the hands of all survivors, she wrote the healing sexual trauma workbook, which was released by New Harbinger in July, 2021. Drawing on the powerful mind body techniques of somatic therapy, it's a step-by-step guide to overcoming the physical and psychological effects of sexual trauma, increasing positive body awareness, and restoring a sense of hope and vitality. Erika sees individual clients residing in California and facilitates an ongoing weekly therapy group for female identified survivors at her practice in San Francisco, which currently meets remotely.

[00:07:38] A second specialization is working with artists, performers and creatives. Erica welcomes and values diversity, including all races, sexualities, genders, body sizes, and abilities. I loved talking with Erika because healing sexual trauma is something that I am also very passionate about and she has some awesome things to share.

[00:07:59] [00:08:00] So I hope you will enjoy this conversation. Of course, it's a sensitive topic, and if it brings up anything for you that feels overwhelming. Please take a break and take care of yourself. Reach out to your supports. It's a common problem and specialized therapy in sexual trauma is not very common. So I think that this is something that really all therapists should know about because it's a big problem for everyone.

[00:08:28] I hope you will enjoy my conversation with Erika!

[00:08:34] Hi welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I'm so excited to be speaking with Erika Shershun LMFT, who is a therapist in San Francisco who specializes in sexual trauma using a somatic approach. And she is the author of Healing Sexual Trauma: [00:09:00] Somatic Skills to Help You feel Safe in Your Body, Create Boundaries, and Live With Resilience, which is an incredible book. And I'm so excited to talk about it. But before we get into that, I wanted to thank you for being here.

[00:09:13] **Erika Shershun:** Thank you for inviting me. It's my honor to be here and talk about this important subject.

[00:09:20] **Laura Reagan:** Oh, I'm so glad that you are able to join me because as I mentioned to you before we started recording sexual violence and working with survivors of sexual traumas has been my focus for 19 years, and it's, it's so important, and so specialized. Even though a lot of therapists don't actually know that they don't, you know, we don't learn in grad school that sexual trauma is a specific type of trauma that has specific ways, you know, to help healing. So I'm really, really excited about your book and about talking with you today.

[00:09:57] So before we get into it, [00:10:00] can you just take a minute to tell our audience a little more about who you are and what you do.

[00:10:05] **Erika Shershun:** So, I'm in private practice in San Francisco, as you said, specializing in working with sexual assault survivors. And I come from a background, of fine art and also worked with bodywork and massage therapy and some other modalities before I started studying somatic psychotherapy.

[00:10:30] So I also have a history of sexual assault that led me to this specialty since I did struggle for years to to heal. And, and I did go to therapy for quite some time where the sexual assaults just weren't addressed, you know, mentioned, but. And I also wasn't addressing them. I [00:11:00] was suppressing it and really deep down, I felt like I didn't want to be a victim.

[00:11:07] And if I acknowledged these traumas, I felt like I'm now a victim. And so that played a role in it. However, it also taught me how important it is that therapists take a trauma history and, and do address it, whether the client is coming in every week and saying, Hey, I need to work on this or not. I think it's really foundational to any work you're going to do with a client.

[00:11:36] This has to be addressed.

[00:11:38] **Laura Reagan:** Absolutely. And I've heard from so many of my clients, the same thing that you said just then that I get many clients who are, they've been in therapy like five years. 10 years with the same therapist, particularly a few clients I have who were sexually abused in [00:12:00] childhood or experienced multiple sexually traumatic experiences.

[00:12:05] You know, whatever the specifics were, where they told their therapist, in the beginning of the work and they mentioned it, you know, that that happened. It was never something that they were not sharing that it happened, but the therapist was just working with the symptoms that were showing up, you know, and trying to, you know, maybe use a strengths-based approach and saying, but look how well you're doing.

[00:12:28] And we need to learn more coping skills and, um, in a way that perpetuates the detachment and disconnection from the experience that one has had, you know, that, you know, like you said, we don't want to be a victim. Nobody in our culture wants to be a victim. Our culture is very anti victim.

[00:12:47] Uh, I think, um, whether it's, you know, I could mention a lot of big ways in our current cultural discourse. That people's experiences of victimization are just denied [00:13:00] by our culture. So, and we all know that in sexual violence, that's a huge issue. It's either victim blaming statements, not believing victims or thinking that someone has an ulterior motive when they come forward and say that this has happened to them.

[00:13:16] So it's sort of like an internal and external message that don't talk about this. Your experience isn't real. It doesn't matter. And we therapists should not be doing that to our clients, you know, and I know it's not conscious, but as you and I were talking about before, I think like sexual violence is so common and we know it's like one in four women and one in six men have been experienced some kind of sexual violence, but rape is also the most under reported crime.

[00:13:46] So it's probably a much higher prevalence than that. And you know, most people may have experienced those kinds of things and don't even identify it as that it was a traumatic experience. So, but then it's affecting us in [00:14:00] all these ways.

[00:14:01] **Erika Shershun:** Yeah. Under reported and also under prosecuted, like less than 5%.

[00:14:07] And there's so many reasons why survivors just don't seek help immediately. Obviously sometimes resources financially are prohibitive. And that's part of why I wanted to do the book as well. That at least, I mean, it's always better to work with a therapist, but if you don't have a low fee clinic where you live and you can't find a sliding scale therapist, um, and you can't afford that, at least you can go through the book and, and get some help with your symptoms that way.

[00:14:46] The other thing that was coming up for me while you're talking about it being missed in therapy was all the ways it shows up. There's so many ways it shows up and a lot of people just aren't [00:15:00] aware.

[00:15:00] I talk a little bit about how the common digestive issues are for survivors and other physical issues and that so many don't realize that there's often a direct connection to the trauma. And so people might be bringing other things into therapy and maybe they've mentioned the trauma one time, but they're coming in with their stressors, their, their daily and weekly stressors and talking about that.

[00:15:30] But they're having symptoms that are a result of the trauma. So it's another reason why it's so important. And, I do want to say that I, I appreciate the therapy I got for years and it, there are ways that was beneficial, but it, there, there came a point when I was a body worker that I started having intense symptoms and flashbacks that I couldn't ignore.

[00:15:56] And had I been working on getting help to [00:16:00] work on the trauma. All those years, I was doing therapy. I would not have gone through that time. It would not have come out in such a disruptive way because I would have already been some healing from it. So, I do think it happens a lot. I mean, there's also that piece where sometimes we're just not ready yet to heal.

[00:16:23] We don't have the resources yet that we need both internally and externally. But I'm, I'm talking about people are really seeking out healing and not getting that trauma healing that's needed. And I think you mentioned now not receiving training around sexual

trauma and in, grad school, it was the same in my program. There was no specific attention given to sexual trauma, even in the trauma course that I took. And one trauma course is not enough. I do think trauma training is, is [00:17:00] lacking in our education and a lot of therapists seek it out on their own, which is very expensive, but it's so well worth it.

[00:17:09] Yeah. I think everyone should take some courses and whether it's somatic experiencing or Sensorimotor, Developmental Trauma NARM or Diane Paul Heller brings in the attachment theory norm and her work are both offshoots of somatic experiencing, but to at least take an online course or two in it to get started.

[00:17:33] If you can't do something more in depth.

[00:17:37] **Laura Reagan:** Yeah I think for therapists to read your book will be very very, very beneficial. Honestly, I feel like your book, even though I haven't read the whole thing, but from what I see, I feel like there's probably like five books that I commonly recommend for people to read, to learn about somatic trauma work and not sexual trauma. Because again, I don't think [00:18:00] there are really a lot of books out there covering that. There may be more than I think, but. I haven't come across many and, and none that do it the way you do, but I felt like this is like, wow, this is an easy way to get the information that you would have to read five very dense books to take away the same.

[00:18:20] Now maybe those books have, you know, obviously. It may be in more depth than each book or whatever, but the information that you present is just so understandable, clear the way it's laid out. I think it's really great for anyone who's wants to work on healing and any clinician who wants to understand more.

[00:18:41] I know, I have one associate, I work with who's who works in my practice who's very interested in working with sexual trauma and I know she's gonna love this book, so I'm looking at it from all the angles. But can you talk a little bit more about the, some of those [00:19:00] indicators that you mentioned? Like you mentioned digestive issues and IBS.

[00:19:04] And I know there's a list in the book of some examples of ways that trauma can kind of show up that we don't necessarily identify as trauma symptoms. But, uh, you said flashbacks, you mentioned the digestive issues. Would you be willing to mention a few more?

[00:19:22] **Erika Shershun:** Sure. Um, well, you know, one way it shows up is in our sexuality, so we can go, um, sometimes survivors alternate between sexual avoidance and compulsion. Sometimes they go to one extreme sometimes to the other. Sometimes it's alternating, a period of time. In one and a period of time and another. So like they might be bringing in a lot of drama every week because they're, they've gone towards sexual compulsion and, all sorts of relational issues coming up and, you know, [00:20:00] it could be repetition, compulsion, taking place that they're very unaware of. And, you know, it might be the other direction where they've lost interest and have a lot of grief around that. Or it might not be that they've lost interest, that they're not able to go there. A lot of pelvic floor issues, a lot of times that contributes to sexual avoidance where, it's so painful.

[00:20:32] And really just pain in all parts of the body, tensing up issues like, you know, the throat or the heart center for sure. The gut a lot. There's so much with the gut because of the Vagus nerve. And when we're spiraling between fight flight sympathetic or dorsal vagal freeze, our [00:21:00] digestive track is not prioritized. Our blood rushes away from there like it does from our prefrontal cortex Anything not needed to survive which those states are taking us into that threat response. So your body's responding as though there's an actual threat going on. And so you can see when you start to learn about these things, how much it does impact your health, In a multitude of ways and it's it shows up different for, for different people.

[00:21:35] Shame is also such a huge symptom for survivors.

[00:21:41] **Laura Reagan:** Yeah. Yes. And another thing that I know so many people struggle with is sleep disturbance. And like panic symptoms or definitely anxiety, and nightmares and yeah. Yeah. Hyper-vigilance obviously. [00:22:00]

[00:22:00] **Erika Shershun:** Yeah. And, um, I appreciate, you know, what you said about the book that was what I was going for, , to get an overview of these things in one place. One resource. And a lot of, a lot of it is to just help each survivor to understand why their body's doing what it's doing, why they're experiencing what they're experiencing and knowing in knowing these things they can take in that it's not them.

[00:22:32] There's not something that they're doing wrong in any way that that's contributing to their symptoms.

[00:22:41] **Laura Reagan:** Yeah. and I was thinking just as we talk about these somatic responses, I was thinking about how sexual assault, sexual abuse, rape sexual trauma of any kind it's, it's such a loss of control over your body.

[00:22:57] And then the symptoms also [00:23:00] would feel like you can't control what your body's doing. And so, you know, I hear a lot of people describing, just sort of like a mistrust of their body and it makes it hard to want to be in your body. I mean, we want too, but it feels intolerable when your body is doing these things that are so uncomfortable and you don't understand.

[00:23:23] **Erika Shershun:** Yeah. I hear a lot of survivors feel that their body betrayed them. And again, that's why it's so important to just understand where that's coming from. So I do talk about polyvagal theory in the book, give a little bit of an overview of that. And really work with identifying what state you're in and your nervous system's in. And then, knowing what practices to use from the book for each state.

[00:23:54] I have in the online resources that come with the book. There's a chart that [00:24:00] you can look up when you're in sympathetic fight flight for the freeze which exercises are most effective for that state. Um, but as, as you go along in the book there's certain things I recommend practicing, making daily practices of, so people start to see their

symptoms improving by doing that and also start to realize which ones help them since we're all different. Our systems are all different. It's not one size fits all. So our experiences are all different too.

[00:24:49] **Laura Reagan:** 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 [00:25:00] and tension that tends to wake me up at night. I really like Sunset Lake CBD's products. The full spectrum CBD tincture is mild tasting compared to others I've tried and I find it works quickly. It doesn't feel sedating, but it does have a pleasant calming effect. And I also like the CBD gummies, they taste good and they work well. So if you're looking for 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."

[00:25:42] That is another thing I love about it is that I saw charts like charts that say, these are some of the ways you could know if you're in fight. These are some of the ways you could know if you're in flight. And then these are some of the things you can do if you're in fight or if you're in flight and, and these are some body [00:26:00] sensations that can indicate freeze or the other responses.

[00:26:04] So that's exactly, that's exactly what I do with my clients. It's like, I know a lot of those, and I think that I'll probably learn more through your book, but so I can say, oh, what you're describing is an example of a fight response. And so here are some ways that you can discharge that when you're your body needs to do something.

[00:26:27] And I mean, just having that to look at, that's like the money I paid for some of these trainings, I'm not saying it was wasted or anything, but having that information right there, like that is a huge gift for the cost of a book compared to, the years of training, which are great too, but not always accessible, especially for newer clinicians.

[00:26:51] And people who anyone who doesn't have the means and then the therapists that offer those services a lot of times it's so it's kind of [00:27:00] financially inaccessible because the therapists are paying all that money for all the trainings and so they're charging more for their services and, , then it creates barriers to access.

[00:27:09] So I love this, that you have this book available.

[00:27:15] **Erika Shershun:** Thank you.

[00:27:16] **Laura Reagan:** Can you maybe share one or even two, if we have time of the types of practices that you have in the book that I loved, how you talked about and you told me this before, and you, you just mentioned it as well, that you're, you encourage your

clients to do these practices regularly, daily even as a way to deepen the process and make healing happen.

[00:27:41] **Erika Shershun:** And it really does make a difference. I see it in my clients those who are able to incorporate the practices into their daily life, they have much faster results pays off. So, the first chapter of the book is kind of devoted [00:28:00] to helping you come into your body. You just mentioned that a minute ago, that so important, survivors often don't even realize they're not in their body, that they're not embodied that they're dissociating a lot or they're numbing out because it wasn't safe to be in their body. So it wasn't that you made a choice that you're avoiding it consciously, but you are doing it often. And so we can't heal when we're continuing to do that if to heal, we have to come into our body, and it's a gradual process. And so for some people that's really frightening at first, it can take a little more time to slowly get in touch with there's subtle sensations in their body and learning to follow those and learning that they'll shift and change. There'll be okay. [00:29:00] In the same way that their emotions come and go, which there's also some chapters devoted to emotions from further on in the book.

[00:29:11] But starting out with this is so important. Grounding is so important, so that we do come into the body and so having a grounding, a daily grounding practice is one of the things I asked all of my clients to do and in the first chapter I share an exercise for grounding daily that is my favorite called toe tapping. I have an online resource on healingsexualtrauma.com which says it's an ebook, The Many Ways to Ground. It's not very long. It just gives a lot of different alternatives to the toe-tapping, but other ways a [00:30:00] person can ground. But the toe-tapping is quite simple.

[00:30:03] You lie down and you just simply tap your big toes together. So the widest part of your big toe is below the nail is tapping together. Your feet are a little bit apart. They're not going to be touching so that you can go in and out with them. And you get a rhythm going and you, what I love about that is you can combine other practices with it.

[00:30:26] Like you can do self-compassion while you're doing that. Or you could do breath work or you could do mindfulness while you're toe-tapping, or you can tune out and watch TV or read or something, listen to music. So it's nice that way but you just get that going for five to 10 minutes and, it's cumulative.

[00:30:50] So the results get stronger as you been doing it for a month and then a year. And it comes [00:31:00] from traditional Chinese medicine but I had amazing results from when I found that and I read about it, and started practicing it. And it was the first thing that made a difference in my healing so that my flashbacks and triggers didn't have the same intensity or frequency. So it was really something that gave me hope. And at the end of the the first chapter, I have an exercise that I break down, earlier throughout that chapter I break down why we're doing each part of this exercise, but it's called coming into safety.

[00:31:44] And if safety feels triggering for anyone to use that word, you can change it to coming into presence. But start out with grounding. Do you want me to go through it? Is there time?

[00:31:59] **Laura Reagan:** I [00:32:00] have time if you do!

[00:32:01] **Erika Shershun:** Okay. So we started out with grounding for the grounding just push your legs into the ground.

[00:32:08] You feel the strength of the muscles in your legs as you engage them and then feel your feet making contact with the floor and the earth welcoming you, supporting you. And if your back is against something, you can also feel into your spine, your spine strength and support, but we do that for a minute and then just relax the push and wiggle your toes for a moment.

[00:32:37] And then I have people repeat it. And it, it just helps you to, and your body to begin to feel supported, um, and to ground. And then. We move into orienting. So just slowly turning your head and neck as far as you can from side to side and taking in your surroundings. So it's like slow motion, [00:33:00] really, really slow.

[00:33:01] And this helps to inform your nervous system that there's no real threat present. You can begin to relax the fight flight response. And then of course, if there's an actual threat, you would not do this exercise. You would do whatever you needed to do to protect yourself and become safe. So after we orient we go, we go into a few belly breaths.

[00:33:24] So just taking slow deep breaths. As you relax your belly, give it permission to soften. As you inhale gently, let go of the breath release as much air as possible without strain. So when you inhale, you want the belly ribcage and shoulders to expand slightly making room for the breath as the diaphragm moves downward and the lungs fill. And that's why it's important to do the belly breath, to make space for the lungs to fill. And, and so you can imagine they're called belly breaths because people [00:34:00] sometimes imagine that there's a balloon filling up with each inhalation, and it just nourishes your entire being to get a full breath.

[00:34:10] And then I end it with soothing touch. So if, if the clients comfortable just placing your hands on your heart and giving your phone now a hug. If that feels good. But placing the hands on the heart and just acknowledging in this moment I'm safe. I'm okay. I'm safe. Again you could replace it within this moment I'm present. I'm okay. And the touch is soothing to the nervous system. So, so that practice on a regular basis as needed can really start to shift how much time we're spending in a state of sympathetic fight flight or dorsal vagal. And now anyone who's aware of [00:35:00] polyvagal theory, it's all about making shifts.

[00:35:03] So even though you might not come completely out of that state a shift in the right direction toward calm and safe is what we're looking for.

[00:35:11] **Laura Reagan:** Yeah. Ah, thank you for sharing those. And I have, I have a little feedback and a question. The feedback is for the second one, coming into safety or coming into presence.

[00:35:24] I was sorta doing it along, but I didn't want to be, I didn't want to distract you with my movements cause you and I are seeing each other on video, but I was, I was doing it and, um, my dog that was her she's laying on the bed, in the room that I'm in. And, um, she, as I was doing the coming into presence, I could hear her deepening, like she was already sleeping and then she's like start snoring.

[00:35:52] And like she's really relaxing more, which is letting me know that my nervous system [00:36:00] relaxing more and she's sensing it. So it's like, if I can help feeling my dog is my mirror. Cause you know, she'll even come like real close and she's sitting right by me and leaning up against me or she's like, ah, or she'll like roll around on the floor.

[00:36:15] **Erika Shershun:** So do you bring her into your session?

[00:36:18] **Laura Reagan:** Well, she's here usually, but she's not, um, she's not an active participant. Yeah. She's my emotional support animal. But clients like to see when she walks by on the video cause I do most of my sessions by video.

[00:36:34] **Erika Shershun:** Wonderful. I have two kitties so my client's see them quite a bit.

[00:36:41] **Laura Reagan:** Yeah. People love that and I love it too. It's so good to have these little beings with us. Um, well, so my question is about the first activity. I just want to clarify with the toe tapping. Is it the, you said the biggest part of the toe, so I'm [00:37:00] picturing, it's like the part that would touch the ground when we walk. Is that it, or is it the side of the toe?

[00:37:06] **Erika Shershun:** It's the side of the toes. So it's like right below the, now where, so the widest part, the widest part of the toe where, so right below the nail or that part sticks out. Okay. Does that make sense?

[00:37:20] **Laura Reagan:** Yes. Thank you. I wanted to, yeah. Yeah. And if I had the book open, I know there are drawings too, so it would be very if I wasn't sure it would be clear, but I didn't have it in front of me open. So I just want to, I was trying to do it, but I wasn't sure if I was doing it right.

[00:37:36] **Erika Shershun:** Well, thanks for clarifying. It's it's quite simple once you, um, do it, but it sounds like more than it is, I think, but yeah, it's very effective and yeah, the orienting piece is so helpful to survivors on that second part of coming into safety. It's because of the Vagus nerve having a direct link [00:38:00] to your eyes. And so your eyes are taking in no threat. There's no threat in this environment right now. And as a result, then your nervous system calms down in a way that it doesn't if you just say it to yourself, but actually taking it in helps.

[00:38:19] **Laura Reagan:** Awesome. Yeah. And another, I feel like I've heard aspects of these, but I've never heard that put together the way they each just shared it the toe tapping one I've never heard of at all, but I'm going to be trying it. So I'm like excited about

that. Cause I like the idea that I could just be watching TV or laying in bed and helping my nervous system remain more regulated in general, so it's not because I'm activated at the moment. It's just like a practice to almost like exercising, like you're doing to build that muscle of resilience and, and regulation.

[00:38:55] **Erika Shershun:** Exactly. I forgot to mention the blue angels are flying [00:39:00] overhead today and they just begun again so I'm sorry it might get extremely loud and that can be triggering for people. Um, I don't know how much you're going to pick, pick that up.

[00:39:14] **Laura Reagan:** Okay. Well, thank you. If that happens, we'll know what it is, but I know we're almost finished too. And how can people find all of these wonderful things that you have that you're offering your ebook, your workbook that we're talking about, the people who want to work with you. I don't know if you have any availability in your practice but

[00:39:34] **Erika Shershun:** So, um, I have minimal availability. Um, I, I also forgot to mention that I facilitate a group I don't have availability in the group right now, either, but we'll be starting another one up early next year. So yeah, they can find me for therapy through erikashershuntherapy which is, I can spell it out if you want, [00:40:00] if you want me to,

[00:40:01] and I'll put it in the show notes too.

[00:40:02] Okay. It's E R I K A S H E R S H U N therapy.com or they can also find the book at healingsexualtrauma.com and The Many Ways to Ground ebook is there, healingsexualtrauma.comawesome.

[00:40:23] Awesome.

[00:40:24] **Laura Reagan:** And I think you said that was a free resource.

[00:40:26] **Erika Shershun:** Yeah. Yeah, and the book is available through newharbinger.com and just anywhere that books are sold online.

[00:40:35] **Laura Reagan:** Awesome. Erica, I'm so grateful that you were my guest on Therapy Chat today. Thank you so much for spending time with me.

[00:40:43] **Erika Shershun:** It was a real pleasure to talk with you today and really appreciate that you're doing this work. We need more people like you

[00:40:53] **Laura Reagan:** and you, thank you.

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[00:42:11] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com