

Therapy Chat Episode 316



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[00:00:00] **Laura Reagan:** Therapy chat podcast, episode 316.

[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:** today's episode is sponsored by trauma therapists network. Trauma therapists network is a platform for finding a trauma therapist, learning about trauma and understanding about how trauma shows up in our

lives and what the healing process can look like. Go to [www.traumatherapist, network.com](http://www.traumatherapist.network.com) to learn more.

[00:00:57] **Laura Reagan:** Hi, welcome back to therapy chat. I'm your host, Laura Reagan. Today. I am kind of bleary-eyed after pushing, pushing, pushing all the end of last week and all weekend and all day yesterday to let everybody know about trauma therapists, networks, membership special. That ended actually today. Today's February 1st as I'm recording this. Just so grateful for all the people who joined. I'm still approving membership requests, but the community is filling out now. And I'm so excited that when trauma survivors go to trauma therapists network, to find information, to learn about trauma, to read about how trauma affects us to listen to podcasts episodes about that find resources, they will find right now over 80 and soon to be almost a hundred therapists around the United States who are available to work with them.

[00:01:58] **Laura Reagan:** So that is what this is all about for me. You know, the whole thing that drove this really is that I've struggled myself to find a trauma therapist when I was looking for one, for myself, for my family members, for my friends. Cause you know, when you're a therapist, everyone, you know, asks you for referrals when they're looking for therapy.

[00:02:20] **Laura Reagan:** So I found it really frustrating how hard. It's to figure out who specializes in trauma and, and, and what makes them a trauma specialist. I wanted to know specifically, what do they do? How do they work? What's their background. So I'm really grateful for that. But additionally, I'm excited because for all of the therapists who've joined, you know, That we are building a community and a movement here for trauma therapists to get out of our isolating hour by hour work and into connecting with other therapists who are as passionate as we are about this work to help us remember why we're doing this when it gets hard, because it always gets hard.

[00:03:04] **Laura Reagan:** It's hard work. It's so meaningful. So thank you to everyone who joined. Of course, any of you who are listening, who are therapists, and you're interested in becoming members of trauma therapist, network, community, you get a beautiful therapist profile listing that helps clients find you and understand what you do.

[00:03:24] **Laura Reagan:** That is what they're looking for, but you also get a weekly, or well, one call per week, four calls a month. So there's a weekly. Or there's a monthly Q and a call, a monthly training workshop, a monthly self care call and a monthly case consultation call starting in March, 2022. There are one hour calls weekly, and all of the calls are recorded and kept in the library.

[00:03:53] **Laura Reagan:** So even if you join in, let's say August, you'll be able to access the past calls. And I hope this community will be a support. The registration is only open now for the month of February. Our special has ended, but there's still an opportunity to join if you would like. So go to [traumatherapist, network.com](https://traumatherapist.network.com) to check that out.

[00:04:15] **Laura Reagan:** Okay. Enough about that. Let's talk about this week's episode. My guest this week is an expert on adoption and international adoption and how, and she talks about how she uses brainspotting in adoption. My guest today is Brooke Randolph. So before I tell you a little more about Brooke, I want to share with you a message I received recently from a listener. It says I've been listening to therapy chat for a couple months now and thoroughly enjoying it. So thank you. I wanted to write to thank you for episode 303 attachment and adoption. That was a replay episode of my interview with, with Amy Sugano. Two interviews that we did.

[00:04:58] **Laura Reagan:** And I loved those. I love replaying them. So this is why, this is why I'm reading this to you now, because it's so timely for what this week's episode is about as well. So the message goes on. I'm telling you with emphasis that this is the podcast episode that I've been waiting for. I'm a 39 year old transracial adoptee.

[00:05:19] **Laura Reagan:** I was adopted into a family of nine, 4 other transracial adoptees. And 4 kids that my adopted parents had biologically. For the last several years, I've been struggling with feelings of not feeling connected to my adopted family at all, like nothing, but I couldn't pinpoint why this has been the case. I've definitely been beating myself up about it and to make matters worse, a few family members have been pretty distasteful in their reactions to my distance. This particular episode simply spoke to my heart and reminded me that what may have happened to me before adoption could be part of my current struggles. The things you discussed helped me to step away from my situation a little bit and in doing so, allow me to look in at myself with compassion and almost with a clinical mindset. In short, this episode gave me hope and inspiration to keep trudging along and go easier on myself.

[00:06:05] **Laura Reagan:** As of today, I finally found a financially manageable counseling resource so that I can start to unpack some of the complex topics that make me who I am. So I want to thank that listener for writing in. I am grateful that that episode was valuable. And I really hope that that listener is listening now because you are going to love this episode I believe. Brooke Randolph, my guests today, is the founder and director of counseling at the greenhouse in Indianapolis, Indiana. Her specialties are

adoption therapy and developmental trauma, brainspotting and relationships. She's a certified brainspotting consultant and specialty trainer, coordinator of brainspotting Indy, and member of the Midwest brainspotting Institute.

[00:06:50] **Laura Reagan:** And she's also a certified and Maga(?) Relationship therapist. Brooke is the author of the bully book, a workbook for kids coping with bullies, the loss book, a workbook for kids coping with loss, the choice book, a workbook for kids making choices. The contributing author to adoption therapy: perspectives from clients and clinicians on processing and healing, post adoption issues and the organizing editor of it's not about: you understanding adoptees search reunion and open adoption.

[00:07:17] **Laura Reagan:** She's also authored adoption education materials for parents and therapists. Brooke adopted an older child internationally as a single woman through a pilot program, which she considers one of the most difficult and most rewarding things she's ever done. She has presented at numerous conferences and workshops throughout north America on a variety of topics.

[00:07:35] **Laura Reagan:** Brooke is passionate about promoting excellence in therapy and helping to encourage, equip and empower individuals and couples toward more wholehearted living and conscious relationships. She definitely brings a wealth of experience to this topic. And our conversation is about the needs of children who are adopted internationally and transracially and what their adoptive parents and families may not understand, but what they need to understand to help the child adapt to their new situation when they're adopted.

[00:08:10] **Laura Reagan:** So I hope that listener and all of you will find this week's episode to be as fascinating as I did. And let's without further ado, let's just jump right into it. Here's my interview with Brooke Randolph.

[00:08:24] **Laura Reagan:** Hi, welcome back to therapy chat. I'm your host, Laura Reagan. And today I'm so excited to be interviewing Brook Randolph, LMHC. Brooke, thank you so much for being my guests on therapy chat today.

[00:08:39] **Brooke Randolph:** Oh, I'm ,so excited to be here with you.

[00:08:40] **Laura Reagan:** I am too, and very interested to dive into this discussion today. We're going to be talking about adoption.

[00:08:49] **Laura Reagan:** So this is something that you specialize in. And before we really go into talking about adoption, let's just start off by telling our audience. A little bit more about who you are and what you do.

[00:09:00] **Brooke Randolph:** So I am a therapist, an author, a speaker, a trainer, like you said, I specialize in adoption therapy also in brainspotting.

[00:09:11] **Brooke Randolph:** I'm a brainspotting consultant, it's specialty trainer. And a little bit about my background. I started specializing in adoption even before I went to graduate school. And, you know, we don't have to go through the whole long story. But later in 2007, I was asked to help found an adoption agency that started as both domestic and international and later became primarily international.

[00:09:36] **Brooke Randolph:** And so I was an executive at that agency for about seven years, managing lots of people traveling around the world. It all sounds really fancy. Um, I don't know if it is as fancy as it sounds, but people sometimes think that it is. And then left to really focus in on private practice and doing the, the work with people that I felt like I could be.

[00:09:59] **Brooke Randolph:** I could help people better as a therapist in that, in that capacity. And so I've been in private practice and I now run a group practice in Indianapolis, where everyone is committed to ongoing growth and learning, including in understanding adoption. And we have, you know, about 10 clinicians. And it's, it's a fun and exciting place to be.

[00:10:24] **Brooke Randolph:** Oh, I, I forgot to add. I am also single adoptive parent. I adopted an older child through an international pilot program, not quite nine years ago, I think, um, is where we're at. And so he is almost 15 now.

[00:10:41] **Laura Reagan:** Awesome. And as you're talking about your background, I know it might seem obvious to many of us, but I think for some people who are listening, they might not really understand the difference between what an international adoption agency does and what a group practice focused on adoption does, can you just quickly explain that?

[00:11:00] **Brooke Randolph:** Oh, sure. Um, so an adoption agency is going to be primarily about placement. They may or may not have some after placement services or post-adoption services, but it's going to be mostly about matching families with children and helping them through that whole legal process. So that's going to be the primary thing there.

[00:11:22] **Brooke Randolph:** You know, there is education, there are events, there are sometimes post-adoption services available to families, but not really getting into, you know, the day-to-day and the heart issues and the trauma issues and helping people heal from that.

[00:11:37] **Laura Reagan:** Okay. Yeah, because as I'm thinking of families I've worked with, who have adopted children internationally or families who have a child in the family who had previously been in foster care, even if maybe it's a family kinship adoption, that it hasn't been common in my experience, one for the families to necessarily even identify that having been adopted is a trauma.

[00:12:06] **Laura Reagan:** And also that they're not necessarily seeking an adoption specific counseling, you know, practice. And maybe because there probably aren't a lot that are, you know, a lot of private practices that are focused on that.

[00:12:18] **Brooke Randolph:** Well, so in general, parents adopted parents, want to believe that being in a family and their love is going to be healing.

[00:12:29] **Brooke Randolph:** And so they don't think about adoption as a trauma. But what we do know is that early parental separation is always a trauma and for a child to be adopted or an adult that, because that happens too, but mostly for a child to be adopted, there had to be a separation for some reason. And so that in and of itself is a trauma not to mention all of the stress that's involved in a changing family.

[00:12:57] **Brooke Randolph:** Changing environments changing sometimes countries changing names, changing languages. I mean that in and of it, that that amount of change is such a high stressor that I think it in itself could be considered a trauma.

[00:13:11] **Laura Reagan:** Yeah. That makes sense to me and for the child, just like, you know, children in any family situation, they can't necessarily identify that, you know, They're kind of being moved around the adults are telling them what's what they may not be able to necessarily even name how they feel about any of what's going on or how much, I don't know.

[00:13:32] **Laura Reagan:** I'm just thinking about kind of children are powerless as it is. Right. But when, you know, when you're young toddler or an infant obviously have no, no voice, but you know, you mentioned that it's always a trauma when children are separated from the parent. Can you, can you talk a little bit more about that?

[00:13:50] **Laura Reagan:** I think that's an important understanding, like for the parents and maybe anyone who's listening who might be adopted and feels like something's not right for them, but they don't know quite how to describe it.

[00:14:04] **Brooke Randolph:** Yeah. And I know like for some people, I probably shook them just saying that, but what we know, even if the adoptive parents are in the delivery room and catch the baby is still a separation from the biological mother and children are primed in utero to attach to the biological mother that is for survival.

[00:14:27] **Brooke Randolph:** And so they're primed based on smell and taste. And hearing and in all those ways, they are expecting that mother. And so when they get a different mother that is a stressor to them, not to mention that they just went through those stressful process of birth. That has to be huge. Right. And so when you are primed to attach to the biological mother and you go through this major stressor at birth, but then you are returned to what you have been expecting.

[00:15:02] **Brooke Randolph:** Based on sound and smell and taste and all of those things, then that immediately lowers the heart rate. We know that whether, you know, adoption's involved or not, that the children who are immediately reconnected with their biological mother do better than children who have to be separated for medical reason.

[00:15:23] **Brooke Randolph:** And so that if they are immediately allowed to connect versus having to go have medical things happen and then come back later and connect even then that there are long-term impacts for that.

[00:15:34] **Laura Reagan:** Yeah. So even when the child is prevented from the skin to skin contact with their biological parent in a not adoption situation, it's stressful and can be traumatic and have long-term impacts.

[00:15:47] **Laura Reagan:** So if the scenario you gave where the adoptive parent catches the baby and say that the it's the adoptive mother's chest, that the baby goes to. What is that? You know, if you can talk about it, maybe from a, like kind of a neuroscience perspective, what, what happens there for the baby? Cause when you say expecting that mother and primed, I know that it's not like, oh, I can't wait to meet the mom that I, you know, it's not a thought because their brains, our brains at birth or not, we can't do that.

[00:16:18] **Brooke Randolph:** No, it's more that, that is the, that is all that they are familiar to so that when they are returned to what they're familiar to, that there is a calming.

[00:16:26] **Brooke Randolph:** Yeah. But in an, in a way that doesn't equal, just soothing, that it is a biological calming. We, you know, we know the amygdala

is fully online, prior to birth, but the other parts of the brain that can help us think through things don't really come online until about age three. And so that they have the ability to be afraid, but not the ability to like, understand like this is going to be okay.

[00:16:51] **Laura Reagan:** Yeah so like, they can have a nervous system experience of fear, terror, survival, threat.

[00:16:59] **Brooke Randolph:** And it, and that's really what it is. It's a survival threat. Like their systems are, you know, drawn towards what they have been primed towards and when they don't have it, it is, I can die. Now, if there is someone else who is taking care of them, I think we see different kinds of infant interpretations of that.

[00:17:18] **Brooke Randolph:** Some is like, well, I have to accept this. Some is that, you know, anger and terror can continue. Some are just like, okay, this is good. And for, you know, whether that's in utero experience or personality or, you know, just how well that secondary caretaker can meet their needs. All of that kind of contributes, I think to the response, but that's a very, you know, that's like what some people would consider the ideal situation, but how many children are left in a nursery or go to foster care for a day or three months?

[00:17:55] **Brooke Randolph:** And, you know, recognizing what that impact is for them neurologically.

[00:18:01] **Laura Reagan:** Yeah. So yeah, I mean, I hear on one hand, it's like, okay, so then the secondary caregiver can come in and be very attuned and safe and loving. And that child can have some really positive attachment experiences that are very formative to their life, but it doesn't change the fact of what also happened when they were separated from their birth mother.

[00:18:25] **Laura Reagan:** But as you're saying, it's not, you know, adoption at birth is, as you said, what some might call the ideal. That's a, that's a sometimes can happen type thing, not, uh, that's not the typical situation.

[00:18:37] **Brooke Randolph:** Well, there's so many situation for so many different reasons that I don't think any one situation would be typical.

[00:18:44] **Brooke Randolph:** And then you can think about, well, so would it, would it be better for the child if they spent the first two or three months, with the biological mother first? And, you know, we think about we don't separate

puppies for eight weeks and that is, you know, a real thing that's discussed in the adoption world.

[00:19:02] **Brooke Randolph:** Why are we separating at birth when we would, when we wouldn't do that with animals? And I, you know, there is some like, as we see certain children that who have spent time in their biological family and had a really good attachment. And then there was some reason for separation to occur. Are they then able to attach to another caregiver?

[00:19:22] **Brooke Randolph:** And yeah, they are. And we also, there are so many variables in a child situation and what they've experienced, but there is no like ideal situation and we couldn't, we couldn't make it happen, even if we wanted to.

[00:19:36] **Laura Reagan:** Yeah. Well, it seems like the thought is, and I'm certainly no expert on this and this is your area of expertise.

[00:19:43] **Laura Reagan:** So please feel free to correct me if I say something off base, but it seems like the thought is that if you, if they did, if they stay with their birth parent, their birth mother longer, their biological mother, then that they could develop more attachment and it would be more disruptive to separate them.

[00:20:01] **Laura Reagan:** But I hear you saying that that's not necessarily true.

[00:20:04] **Brooke Randolph:** I mean, if we think about it in the first developmental task from Erickson, Like trust versus mistrust, but it's all about attachment. And so you have to successfully develop attachment to kind of, you know, succeed at that, that crisis, that psychosocial crisis.

[00:20:21] **Brooke Randolph:** But so they, you learn how to form an attachment by forming an attachment. But if they're still in the middle of that process, Could that be more traumatic? You know, how do you know? I think there's just so many variables because we also then get into like personality and, um, how, how the interactions in that biological family were and birth order.

[00:20:46] **Brooke Randolph:** And were you in the third child or the eighth child or the first child? I mean, it, it really changes things.

[00:20:53] **Laura Reagan:** Yeah. There's very many variables involved for sure. Yeah. Can you talk for a second about some of the things with international adoption that add to how this can be stressful? That kind of like

some of the stuff we were talking about before in terms of like cultural, language?

[00:21:10] **Brooke Randolph:** Yeah.

[00:21:10] **Brooke Randolph:** I mean, if you imagine from the child's perspective and they are somewhere between 18 months and 4 years. And they have always been in the small village and they've been in this basically, you know, three rooms for the last time they've known and they've had all these people and suddenly these people who look different than most people they've ever seen, maybe everyone they've ever seen, they just show up and these people look different and they smell different and they sound different because they're using different words.

[00:21:42] **Brooke Randolph:** And then your just handed over to these weird people that are unlike anything you've ever seen, and they take you out of everything you've ever known. And in reality, what's probably gonna happen is they're going to spend at least a couple of days in a hotel holding you in this like room or taking you out everywhere and adding more sensory stimulation, right.

[00:22:06] **Brooke Randolph:** Getting overstimulated. And then they're going to like put you on an airplane, which is for a child who doesn't understand what's going on. They get strapped in. They don't like that their ears are popping and they're uncomfortable. And suddenly they're around more people who look funny and they're moving countries.

[00:22:24] **Brooke Randolph:** And they come to now a place where no one looks like them. No one sounds like them. They don't know what's going on. The food is different. Everything about them, everything around them. It's different. Like that is huge. I don't know how, I don't know how, when you really stop to think about it, how we expect the toddler to survive that.

[00:22:41] **Brooke Randolph:** And so how amazing that some of them do.

[00:22:44] **Laura Reagan:** Yeah. Yeah. I know. I, as, as you were talking, I was thinking, because even you describing it that way just made me think more deeply about what that could be like. But I think what came up was like, where are they taking me? Like, you know, the thought that the child would have, like, you know, it's almost like, it sounds like if you were going to prison or something, it's like, you know, you have no control over it.

[00:23:06] **Laura Reagan:** You're going somewhere. You don't know what's going to happen. You don't know where you are. You don't really understand what is going on. That's, that's a very, I mean, overwhelming and terrifying really don't even touch it. And then again, taking in, like you say, 18 months to four years, They don't have the like perspective and experience to be able to say in any way, oh, I can kind of grasp what this could mean or what's going to be next or anything.

[00:23:32] **Laura Reagan:** It's completely just a wild card. Like no idea.

[00:23:37] **Laura Reagan:** How could you...,

[00:23:37] **Brooke Randolph:** and then even as we get into some of the older children who might have been, had someone explain it to them, maybe they also may have had people say, you be good, or they're going to, um, like cut out your heart. Because in some countries they believe that people are buying children to sell their organs.

[00:23:56] **Brooke Randolph:** And they, they have told children that.

[00:23:59] **Laura Reagan:** They're not like they're not trying to scare them, but they're telling them that because they think that that's a real thing. Cause I guess, I guess it was or could have been somewhere.

[00:24:08] **Brooke Randolph:** I mean, I'm sure that. Some, uh, like there is a black market that exists. There are bad people that exist.

[00:24:15] **Brooke Randolph:** I don't know. Yes. And these are some of them, these are the most vulnerable people in the world. They don't have families to protect them. And I mean, imagine having, you don't have your, the children way out, number of the adults in any of these children's homes. And so how could they even protect them if they, you know?

[00:24:35] **Laura Reagan:** Yeah. Wow. That's really, I never known that that could happen. That's really like horrifying.

[00:24:40] **Brooke Randolph:** Yeah, so those kids are, I mean, even if it's a perfectly wonderful scenario, like they're terrified, or they're told if you're not good, they'll send you back here. All kinds of things. And it, and it's based on usually people who think they're telling the truth, they think they're helping.

[00:24:55] **Laura Reagan:** Not trying to scare them.

[00:24:57] **Laura Reagan:** Right. Ooh. So you've, you started off by saying how adoption is always traumatic, even under the best circumstances. You know, additional flavor of international adoption, cultural loss, or disconnection from culture. And I can imagine too, especially I think like when I was growing up, cause I grew up in the seventies when there was no internet.

[00:25:20] **Laura Reagan:** If you didn't know who you, who you came from, like, you know, quote your people, like not even necessarily just your birth parents, but the community that you had been in before you were adopted finding it would be so difficult. And even like we're in a different world now where you can kind of picture other countries and travel to other countries, there's a lot more common, but you know, it's like, well, I know I was born in China somewhere, but like to know even how to figure out where, who, how to get records.

[00:25:51] **Laura Reagan:** That information, all of that, that just seems like that would feel so such a big undertaking if anyone wanted to know more about their history. So do you think that adoptive parents who, you know, want to bring their children into loving homes and they're trying to do everything they can to give the child a safe, loving, connected life.

[00:26:14] **Laura Reagan:** Do you think they realize that some of these things can be impacting their children?

[00:26:18] **Brooke Randolph:** Well, I think you raised an important point about generations and that different generations have different experiences. And so some parents who adopted, you know, several decades ago were probably possibly even counseled not to do those things or told that they don't need that, or it's fine.

[00:26:36] **Brooke Randolph:** Um, or "you're American now", um, which I do still hear adoptive parents say even now, and, and then some, you know, they come in with their own ideas. That some comes from like this culture of how we talk about it. And so it doesn't matter what they're taught or not taught. They have their own ideas and they're going to try to do that.

[00:26:56] **Brooke Randolph:** And so like the education is out there, but it doesn't mean that people are paying any attention. I think today, parents that adopt today have a better understanding of why that's important than in, you know, in years past. And there are some children who, for whatever reason, based on their experience or based on their desire to attach or to fit in, they

don't, they want to kind of separate themselves a little bit, at least for a period of time.

[00:27:23] **Brooke Randolph:** That doesn't mean that they will always want to. And that's important to remind adoptive parents that they may change their mind, or they may be, they may say, I don't want to be meet my birth mom, because they're really afraid of like, what if she doesn't like me? Or what if or what if or what if, and so it's not that they don't really want to, but they're too afraid to.

[00:27:43] **Brooke Randolph:** And so if, if parents can keep looking deeper and deeper and they may see that it's a lot more complex, um, I don't know so much I could go into, I mean, I think even just, you know, my son was born in Samoa and it's, so it's not a like major country that is, you know, it's, it's a very small country. And so it has been a lot easier in the last few years.

[00:28:07] **Brooke Randolph:** Than, not even just nine years ago. And now we have like relationships in country and I like, you know, international shipping is built into my budget and like, we have all of these pieces that we've built up along the way so that it doesn't, it doesn't feel so difficult, but even then the things that I do, and I see it's very easy, like half of my Instagram feed is from Samoa. Like other people, like it doesn't even occur to them. So how do you, we have to introduce that idea to parents on some also a homeschool mom. So introducing to adoptive parents, that they have to be the lead learner. And it becomes like there are different children who have different personalities and different ages.

[00:28:51] **Brooke Randolph:** And so you can't like take this over for your child, but you also have to be the lead learner. So when they are getting, you know, if you're adopting a teenager, you help make things available to them. If you have a four year old, the only way that they're not going to read that they're not going to be on Instagram, hopefully.

[00:29:08] **Brooke Randolph:** So you do that. And then you share that. And so you become the lead learner and. I believe as adoptive parents, it's your responsibility to learn. Like I am currently reading a book on, I wish I remember the name, but like the ancient history of Polynesian navigators and how an understanding that not from a colonial perspective, you know, but looking for those things and like, okay, like that's part of my, I kind of rotate my books on things that are adoption related, things that are anti-racism things that are fiction and things that are Samoan and others probably, you know, but I'm kind of always going into kind of a, a circle of like pick up this book, read it.

[00:29:50] **Brooke Randolph:** Now let's try something different.

[00:29:52] **Laura Reagan:** You're making it your responsibility to educate yourself so that you can help your child educate himself. And also you can teach him, guide him as he's and be open as he's going through his process of exploration.

[00:30:06] **Brooke Randolph:** And we have to create the opportunity. Like I read books by Samoan authors that he is not interested in reading.

[00:30:13] **Brooke Randolph:** Okay. But I had to read it to know, like, if it was a thing he might be and then present it as an option, you know, we order food from this, this one company and he really likes the cookies and he's kind of okay with this other thing. And then this other thing, he doesn't. We, we present all the opportunities and see what works, but I have to, I have to find those.

[00:30:34] **Laura Reagan:** Yeah. I think you're saying if we just leave it up to the kid, you know, even a teen that it doesn't, it's not really, that's not enough because we're not putting, we're not making it available to them, like a buffet for them to say, Hmm. Well, I would like to look at what that is. What is that anyway? You know?

[00:30:51] **Brooke Randolph:** And they may not, they may not know what to ask for, which is the first part, but the second is at, for adoptive parents, if you don't present it, then they may not know they're allowed to ask for it.

[00:31:03] **Brooke Randolph:** They may have things that they are thinking, but you never talk about it. Exactly. Ended up the parents get defensive on like, well, they don't bring it up. So like, no, you have to bring it up so that they know that it's okay.

[00:31:19] **Laura Reagan:** Therapists. I just wanted to take a minute to let you know more about what is in trauma therapists network membership. So the site is free for use by the general public to read blog articles, listen to podcast episodes, find resources and find a trauma therapist. A membership is a subscription that therapists join to get your listing.

[00:31:40] **Laura Reagan:** That is a beautiful profile directory listing that could take the place of a website. If you don't have one or you're not ready to get one yet clues community. And what that means is we meet on zoom four times a month. Starting in March, the dates will be mailed out, emailed out to all the members as soon as they're scheduled.

[00:32:01] **Laura Reagan:** And we will meet for monthly case consultation, we will meet for monthly self care calls. We will meet for monthly training workshops and I've applied for CEUs. That's in the works and we will meet for monthly Q and A's the Q and A's a lot of them will be focused on things like practice building, but it can be anything that you want to talk about as a trauma therapist, maybe about a podcast episode that was recently on, maybe there will be a followup with a guest potentially.

[00:32:34] **Laura Reagan:** So we're, co-creating this together. And so far, everybody who's, there is really excited about being a part of this community. And I'm super excited because the members of this network are amazing. So many gifted therapists who are passionate about trauma work, who have so much to offer to each other, to learn from each other, support one another, and basically help us keep going, because we can't do this alone.

[00:33:03] **Laura Reagan:** We're human we're social beings. So if you could use some support and connection and community, there's no obligation for staying in the, in the network for any length of time, it's just a monthly subscription. But when you join your, your membership price is locked in. So if it goes up in the future years will stay the same.

[00:33:22] **Laura Reagan:** So if you want to learn more and go over to www.traumatherapistnetwork.com and you can look around the site, learn there's not a page, a sales page with more details about the membership, but you can feel free to email me about it@therapychatdotpodcast@gmail.com or send a message through trauma therapist, network support ticket down at the bottom right of the site.

[00:33:44] **Laura Reagan:** I hope to see you there. Remember a membership registration closes February 28th. So if you want to join February 20, 22 is your chance and we'll reopen membership at some future date. So if you miss out this time around, don't worry about it. You can join in the future. It'll just be a bit more expensive by that time.

[00:34:02] **Laura Reagan:** So thanks for your attention and back to our conversation.

[00:34:09] **Laura Reagan:** Yeah. And that brings me to one thought is about like the implicit messages that kids get from their parents about, you know, the parent may be thinking about it all the time and they don't know how to bring it up. Like, do you want to explore more about your culture from the country that

we adopted you from where you were born, but the kid is picking up, well, obviously this is not a safe topic because mom never talks about it, you know?

[00:34:38] **Laura Reagan:** And I think that I've, I've definitely read about. Parents who don't really react well when their child expresses some interest in exploring more about their, their birth story, their, their birth family and their culture, and the parents feel threatened by that somehow, like they may lose connection with their child if their child were to open that up.

[00:35:01] **Laura Reagan:** And does that, is that a common thing I've seen?

[00:35:04] **Brooke Randolph:** I mean, there's lots of different reasons that people come to adoption and there are a lots of different people in the world. So like they are going to be parents who are more insecure than other parents. There are going to be parents who came to adoption for a variety of potentially health reasons that may make them feel more threatened, or they may not have fully grieved that what they had planned.

[00:35:29] **Brooke Randolph:** And so if we don't, I mean, this is, we all know this is just true. If we don't do our work, it's going to spill out over our children. And so it, we can't, you know, help children learn how to heal from their stuff. We've never dealt with our stuff we can have to. So I think the parents who are, you know, afraid it's, it's their stuff that's getting in the way.

[00:35:49] **Brooke Randolph:** And. I mean, I helped, uh, I organized and edited a book called it's not about you understanding adoptee search or union an open adoption, because sometimes we would get parents, birth parents and adoptive parents who, when we came down to search and open adoption, like you had to comfort them. Like, it's not about you.

[00:36:07] **Brooke Randolph:** It's okay. This is what it is. And some of them that we wanted to kind of shake and say, it's not about you, like...

[00:36:13] **Laura Reagan:** Like get over yourself for a minute, think about your kid.

[00:36:18] **Brooke Randolph:** And so having that kind of collection of essays. To help address all the, or as many of the fears and perspectives on that, that we could. Um, so people could understand that identity is a pretty implicit thing.

[00:36:32] **Brooke Randolph:** Like we all kind of want to know where we come from and that curiosity has a normal, and they may need that to like

complete that identity formation stage. And I say may, because there are people who aren't necessarily interested in that search, but I tend to see more that are than aren't. And some of the ones who say they aren't suddenly become much more interested after their adoptive parents die.

[00:36:56] **Brooke Randolph:** So again, that's kind of.

[00:36:58] **Laura Reagan:** Yeah, exactly. It's like protecting the parent's heart, you know, which is so sweet, but also like not really the child's responsibility.

[00:37:05] **Brooke Randolph:** Yeah. And my, my friend, Christina Romo wrote an essay in that book about why she's not searching. And she is an international adoptee and she is not searching basically because she's scared and it's too much emotion for her to unpack.

[00:37:19] **Brooke Randolph:** And I think she may have evolved how she would talk about that in the last several years since we published that. But she does talk about that online in the diary of a, not so angry. It's Asian adoptee, I think is the full title of her blog that she does on Instagram and Facebook. But like when it comes down to it, yeah.

[00:37:38] **Brooke Randolph:** She has, you know, adoptive parents. But she's, she is curious, but like the, the emotion and the trauma of that per abandonment is, is just more than she wants to go. And so I don't know if she ever turned in the DNA test that was sitting on her desk or not.

[00:37:53] **Laura Reagan:** Yeah. Yeah. I like the way you just explained that because it's just kind of, it's sort of like, makes it so clear to me, like this is that person.

[00:38:01] **Laura Reagan:** This is their curiosity. It's up to them, you know, what, what they do, what choice they make, but, you know, yeah. It's a complicated situation. And I think another point that I want to be sure we get to cover is you were mentioning before. Well, actually we were both talking about that. You know, like I don't specialize in adoption, but we've worked with, we specialize in attachment and trauma.

[00:38:22] **Laura Reagan:** So we've worked with many children and adults who have, who were adopted and have trauma. So it's like to us, it's obvious, but even so I don't have the specialized training that you have. What do you think therapists need to know about working with people who've been adopted or had some kind of also like foster care?

[00:38:42] **Laura Reagan:** Because I think even if they're never actually adopted there's a connection.

[00:38:47] **Brooke Randolph:** Oh, absolutely. So I mean, all the things that we've been talking about certainly important. You know, at a very basic level, understanding the like seven core emotional, I say layers, cause I don't like the word issues, but the, you know, the seven core things that happen.

[00:39:01] **Brooke Randolph:** If you Google seven core issues and adoption, I think you would find that there is a blog I could link you to if you want that. I wrote many years ago, understanding the history of adoption and I think globally and how we came to be at the legal situation that we are. And we can't change things if we don't understand how we got to them.

[00:39:22] **Brooke Randolph:** And so there's a lot of people out there trying to advocate. Um, but do we know how we got there? And really, I start teaching my history of adoption from the code of Hammurabi. Like that's BC, like there's, there's, there's some of that that started there and it's very different than where we are. And so understanding how we evolved legally and how things are different in different countries and how some are pretty similar in different countries.

[00:39:46] **Brooke Randolph:** I think just so understanding that, that early experience, I think that's kind of what we've been talking about, but I mean, I talk about from conception to adoption and then understanding what, what that child's experience was and then what that interpretation was and how is that impacting everything else.

[00:40:03] **Brooke Randolph:** And then we have to know that the greater incidences seen of addictions, of eating disorders of LGBTQ. Like we even have, we have stats, but it's much greater when we have experience with foster care specifically. Let's see what else? Competitive athletes. And then all of the other things that kind of fall under that there may be special medical issues.

[00:40:26] **Brooke Randolph:** We have to understand sensory issues and sensory development, fetal alcohol, and other kinds of in utero exposure is important to, to recognize and understand and see those things. And I think if you're doing, if you're working with anyone with any kind of international is understanding those cultures.

[00:40:45] **Brooke Randolph:** And you can't really know a culture from just one relationship. You can't really know a culture from like a vacation, you

know, how, how do you get to know and really understand the culture? What other kinds of things, you know, and then like, who's your population. If you're working with kids, then, you know, it may be that you're needing to understand TPRI and therapy play.

[00:41:07] **Brooke Randolph:** If you're working with adults, I, you know, brainspotting and ifs to the first kind of top tier, but that I would start with, but there's all kinds of other things. And just recognizing what are the, what are the things that I need to keep learning? And that's, I start my trainings with a handout. That's basically, this is what I'm going to write down my questions so that I know what, and write down the books and write down the other things that I have to keep looking up because there's one training is never the end.

[00:41:32] **Laura Reagan:** Right?

[00:41:33] **Laura Reagan:** Well, and I think one point that you, you made before when we were talking, but you didn't just say right then was that for any therapists who think that they don't work with adoption? You know?

[00:41:44] **Brooke Randolph:** They are, we know that, oh, I think it's, you're 50% more likely to have contact with a therapist if you are adopted or in the foster care system.

[00:41:53] **Brooke Randolph:** I actually, that number seems low, but, and that just knowing like the greater incidences with addiction and eating disorder and all those things, like yes. Every therapist is doing this, and none of us were taught in graduate school. Right. And if you were, you were taught very, very little and possibly wrong things because of the things that I hear even happening today in graduate schools are sometimes abusive to the adoptees who are in the room, let alone just like uneducated.

[00:42:20] **Brooke Randolph:** And I, like I say that with compassion as therapists, we don't know what we don't know until we go and figure out. And you know, I have to say to you, knowing that you are recently trained in brainspotting, like Dr. Grant says that a brain spotters expertise comes from knowing what we don't know. It's not that we have to know everything, but we have to know when there is a thing we don't know.

[00:42:42] **Brooke Randolph:** And when we have to do more research and sometimes when we have to refer and or when we have to consult, I mean, I I'm regularly consulting too. Because eating disorders aren't my specialty, but they show up a lot in adoption. So if it's, if it's presenting problem of adoption with,

with some like secondary disordered eating, then I get consultation and with their help can manage that.

[00:43:04] **Laura Reagan:** But I think that that's one of the confusion. In our field and this, this is a personal bias about trauma too. Oftentimes when someone says, I need, you know, I'm looking for a therapist or when specially, when therapists are looking for someone to refer someone to, you know, this person has substance abuse, depression, eating disorder, history of trauma.

[00:43:27] **Laura Reagan:** It's like, okay, so this person's a history of trauma and they're having these behaviors. But I mean, and I get like, of course you have to know how to treat the things that they're presenting with the substance abuse, eating disorder or depression, or all of the above. But, you know, in, in similar way, it's like this person has, you know, school refusal.

[00:43:47] **Laura Reagan:** Oppositional behavior at home and third adopted child, you know, and it's like not putting it together as a, you know, there's a connection here. Absolutely.

[00:43:58] **Brooke Randolph:** And I think we have both the, like, we have to understand what is the core problem in that case. I was like that child needs an adoption specialist.

[00:44:05] **Brooke Randolph:** The other stuff isn't going to matter, but on the lake of the. Like when you're saying addictions and eating disorders or not. And I'm like, is this an active addiction? Because I am not the person for an active addiction, you know, when, when we, you know, and so when we've gotten to a certain level of sobriety, then I can do the work with someone because I stay in consultation around addiction.

[00:44:27] **Brooke Randolph:** So I know that's not my area.

[00:44:29] **Laura Reagan:** Yeah. So it's really, what's the most pressing need. Of course.

[00:44:33] **Brooke Randolph:** Well, I don't know if I would say pressing need. Cause when I, when we go to that example, you said of the kid that like, they're going to the parents and the teachers are going to say they need to be in school. I think that's the most pressing need, you know?

[00:44:45] **Brooke Randolph:** And if I disagree entirely, you know, I'm a homeschool mom. I was like, this isn't the best scenario. Let's find one that

works. And I do even, even if they couldn't homeschool, like. I'm not saying that's the solution, but that that's not the most pressing need for this child. We've got to start with like regulation and relationship that until there is some level of felt safety, right?

[00:45:10] **Brooke Randolph:** Like nothing changed. Like we don't, we don't change behavior. We don't change

[00:45:14] **Laura Reagan:** like other than forcing more and causing an escalation of the behavior. Yeah. Well, you know, I came at those two examples off the top of my head, so they're not exactly like, you know, super thought out, but, okay. So now this might be a controversial question and feel free to say, I don't really want to talk about this if you don't want to, but what about the concept of reactive attachment disorder?

[00:45:38] **Laura Reagan:** What's where are we with that? These days?

[00:45:42] **Brooke Randolph:** I have a 60 to 90 minute keynote that I do on a why I think reactive attachment disorder is in an inappropriate diagnosis and dangerous to children and families. Awesome. So that's where I stand, because to sum it up very briefly. And we'll just say, like, assuming your audience is mostly therapists.

[00:46:03] **Brooke Randolph:** Well, I think looking at the criteria and I believe it's criterion C, like that tells you how many times I've done this one that says, basically says that they had to have had some disruption and been in like basically blames it on adoption, foster care disruption of like given the scenario. Given what I would say is an a very large stressor, what is an abnormal reaction I was taught and I don't know if they still teach this cause you know, that was years and years ago, but that it, that we've, we measured a disorder by distress in excess of what would be expected from the stressor and given the stressor of parental separation, what distress is actually.

[00:46:48] **Brooke Randolph:** And I, and especially when you think about a small child who will die without a caretaker, what distress is an excess. So I see all of those behaviors, which is a word I don't like very much, you know, it's, it's, it's how they've adapted to their trauma, you know, but the, the disorder, the thing that it is disordered is the trauma is the experience that they've had and their response to that is just how they've learned to survive.

[00:47:16] **Brooke Randolph:** And in some ways it's genius because they figured out a way to continue to survive in this world.

[00:47:21] **Laura Reagan:** Okay. I'm glad you said that. Cause I thought that that was not, it didn't feel right at all to me. And I've never seen a situation that seemed to fit with that either, but I think. It's such a, well, for one, it's a very pathologizing diagnosis, like many, but it's also kind of like a pop culture idea that people, you know, have heard about because of scary news stories and things like that about, you know, bad things that have happened that were almost like portrayed as if it was the child.

[00:47:51] **Laura Reagan:** That was the problem. And not, you know, that the family was in distress and parents couldn't figure out how to deal with it. So thinking about like.

[00:47:58] **Brooke Randolph:** But I think that's part of, for me, that's part of the problem is who's the identified client and who is this behavior actually, a problem for? This behavior is really only a problem for the parent, maybe the school. Um, and really it's only a problem because as adults, we're not meeting this child's needs. And if we could meet the child's needs before putting expectations on them, you know, in an ideal world, then maybe we wouldn't be seeing these kinds of symptoms and I'm not like, yes, there are kids who have a hard time attaching.

[00:48:26] **Brooke Randolph:** And, and .

[00:48:27] **Laura Reagan:** It's hard to have that when you're a parent and your child is having a hard time attaching with you. That's hard for the parent, but it's not a child's fault.

[00:48:35] **Brooke Randolph:** Exactly. And we're not. Solve that problem by trying to fix the kid that it's going to have to be relationship. And it may take a very long time and that's okay.

[00:48:46] **Brooke Randolph:** Because we also have to, then we have to look at what is the developmental experience this child has missed? What is the parenting that they have missed? How are we going to make up for that? And if so, even if we just think of like, they, they were without a parent for six months, And so they missed six months of parenting.

[00:49:04] **Brooke Randolph:** Well, it's not just like in six months, that better. Cause you missed that. And then what if, what they're missing is they're missing all of the cuddling that happens early within they aren't joining a family until they're at an older age where like, you know, a four year olds running around and so that you don't get all of that cuddling.

[00:49:22] **Brooke Randolph:** And so how long does it take for them to catch up? And maybe it's not that, um, oh, there's a good neurological term for this, but like the, the like sensitive period where it's the time you learn those things. And so if we're trying to learn it at a later time, it may take more repetition. And so as, as clinicians, if we can start thinking about all of those things and what we can learn about neurological development, maybe we can help parents have more patience with this process and that like, yeah, it's going to take, it's going to take years.

[00:49:54] **Brooke Randolph:** But we just keep doing it and we just keep doing it and it does get better. You know, I I've, I've seen a lot of kids grow up. It does get better. It does get easier. You know, if, if parents can be loving and consistent.

[00:50:05] **Laura Reagan:** Yeah. I think you're talking too, in a way about the parents need agencies, but parents need appropriate expectations of the child's developmental needs.

[00:50:16] **Laura Reagan:** And I think it feels to me like a lot of what's missing, at least in the families that I've worked with. It doesn't seem like anybody really talked to them about that. Taught them about that. And even, you know, in grad school, a lot of us do not learn a lot about child development. Even, even though we have to like take a class or two or an undergrad, we had to have had at least one class.

[00:50:36] **Laura Reagan:** I mean, that's really not enough.

[00:50:39] **Brooke Randolph:** And for the clinician who thinks they're going to primarily work with adult. They're not going to go back and do extra reading on that. But when you have an adult adoptee come in and all of their trauma is based on this early development, it would help so much if you could understand.

[00:50:56] **Laura Reagan:** Yeah. And I just need to add that you are also specialists in developmental trauma and that's really important because it's, um, it's, it's just so incredibly complex. When you think about a person going through development and their experiences are shaped by their attachment wounds and trauma. And, you know, it's, it's complicates everything, not just with adoption, but just for anyone who experiences trauma in utero during birth and during childhood.

[00:51:24] **Brooke Randolph:** Right. I mean, just in that, like those first two years of a child has to be hospitalized for a really legit reason. Like, because that, that is a separation from the parent and it may be very short term, but we can see some similar reaction.

[00:51:39] **Laura Reagan:** Yeah, my gosh, this is so interesting. And I am really grateful to you for coming here to share your expertise.

[00:51:46] **Laura Reagan:** I know you are a brainspotting specialty trainer, so you do specific trainings within brainspotting, around working with people, working with adoptees.

[00:51:58] **Brooke Randolph:** Well, working with the entire adoption constellation. I mean, we did a lot of talking today about like children and families, but those adoptive parents definitely need to do their work.

[00:52:09] **Brooke Randolph:** And there's working with birth families and biological families and adult adoptees, and then also all of those relationships and how they interplay. So, I mean, my, my passion is just helping therapists know that you are working with adoption, whether you know it or not, and please like, let me help you do it better.

[00:52:28] **Brooke Randolph:** Let me help you see some things from a different perspective. And maybe you can find some more resources.

[00:52:35] **Laura Reagan:** So Brooke, can you tell people who are listening? If it's, let's think about like, if people who are listening are adoptive families, adoptive parents, adoptees and therapists, what, what kinds of help can they find through you?

[00:52:49] **Brooke Randolph:** Um, well, let's, let's go like a little bit at a time. So like for the therapist, you know, I do offer this specialty training. I offer, I also send an email once a month with adoption therapy resources. So things that you can then distribute to all of your. Or things maybe for your own learning, includes research and books and all kinds of things, you know, and they're like, I have a Facebook group because that's the thing we do these days.

[00:53:17] **Brooke Randolph:** Um, and I offer consultations.

[00:53:18] **Laura Reagan:** I've learned a lot from that Facebook group. I'm sorry. I gotta say,

[00:53:21] **Brooke Randolph:** I'm glad you are learning things from that, but I'm just always like, oh, let's share it. Someone should, someone needs to read this, the whole meme. I don't know who needs to read this, but like, that's everything I'm like, I don't know, but we'll just keep sharing.

[00:53:34] **Brooke Randolph:** Yeah. And I offer, you know, individual and group consultation also on this topic. Um, I'm so passionate about it.

[00:53:41] **Laura Reagan:** Brain spotters only, or for all, all therapists?

[00:53:44] **Brooke Randolph:** For all therapists.

[00:53:45] **Brooke Randolph:** Yeah. Awesome. And yeah. And then, or for, I guess for the whole constellation, really the, the best way that I'm helping is like training my staff to all be adoption informed.

[00:53:58] **Brooke Randolph:** And so that we have an addiction specialist, we have, you know, people who work with kids and families and people who work with couples and people. So I have a team so that there's always someone available, you know, and they're all licensed in Indiana that may expand at some point, but that's where we're at right now.

[00:54:16] **Brooke Randolph:** But the other thing for, you know, clients, whoever they are and the adoption constellation is to like tell your therapist to call me like, that's okay. It really is to say like, I want to make sure, you know this. And just for the therapist listening, like we have research that shows that one of the most painful parts about finding therapy is that having to educate that therapist.

[00:54:39] **Brooke Randolph:** So your curiosity is, is nice, but it leaves clients feeling like you're the expert on pain to like help me. And I'm teaching you and that's heavy. So like, like we, we have to learn, we have to always be learning. So, I mean, there's so many resources out there. I keep a binder of like therapist I know around the world.

[00:55:01] **Brooke Randolph:** So if you're really stuck on finding somebody who's good, sometimes I can help. Sometimes I can't, you know, but at least pointing in the right direction can be helpful.

[00:55:11] **Laura Reagan:** You are really doing so much to help in this field and it's very valuable. So I'm grateful that you took the time to come here. Tell us your website.

[00:55:22] **Brooke Randolph:** It is Brooke hyphen randolph.com for therapists. You know, we've mentioned that I do this specialty training and the kind of an introduction to adoption competency, you know, just helping therapists to understand like you are seeing people in the adoption constellation, whether you know it or not. And I would love to just help you see more and understand more and better attuned to your client.

[00:55:46] **Brooke Randolph:** I also send out an email once a month, if you, if people want to sign up for that, that's a bunch of resources for adoption therapy, things you can forward to your clients or things for your own learning that are all included. And about once a month, I do a webinar and adoption therapy webinars. So we just take a single topic and discuss that.

[00:56:09] **Brooke Randolph:** So if someone hasn't felt like they need to sign up for a full three-day training, but they do want to understand how to work with food issues. Because they have a family coming in and so that you can come get an hour of that. And so we record those live and then I put them up on teachable.

[00:56:28] **Laura Reagan:** Do they have continuing education credits?

[00:56:30] **Brooke Randolph:** No, I'd have to charge a lot more if we did that. So, so we just make that as a quick and easy accessible thing for people to just, you know, get, get an hour of information and decide. And of course I do individual and group consultation for therapist. You know, if you have a specific case or you just want to join a group and do some learning for six months to a year. Absolutely encourage all of that. And I have a Facebook group because that's what we do these days. Isn't it. And so there's other ways you can kind of just see, or just follow me on Instagram and see what the things I share that are, you know, usually just elevating other voices and saying like, this is great.

[00:57:11] **Brooke Randolph:** I don't need to repeat it.

[00:57:13] **Laura Reagan:** Like so-and-so said. So what's your Instagram?

[00:57:16] **Brooke Randolph:** It is Brooke Randolph. L M H C.

[00:57:19] **Laura Reagan:** Wonderful. I'll include that in the show notes too. Brooke. Thank you so much for coming and sharing your knowledge on therapy chat today.

[00:57:27] **Brooke Randolph:** Oh, it was fun. I hope it wasn't too heavy. I tend to fall into the heavy sometime.

[00:57:31] **Laura Reagan:** No, not at all. Not at all.

[00:57:36] **Laura Reagan:** Therapist. I just wanted to take a minute to talk to you about why I created trauma therapists network and how I hope that it will benefit your clients. And you pretty simple. There has not been one place to find information about trauma, find a trauma therapist and for trauma therapists to find networking, training, connection, support, practice, building all in one place.

[00:58:01] **Laura Reagan:** So for example, as a trauma therapist, you can have a psychology today profile and they are definitely been the biggest broadest therapy directory that exists. They've been around the longest. But what they don't do is they are not specific in what do you do that makes you a trauma therapist? So if a therapist on psychology today says, I specialize in trauma and PTSD, but when you look down their listing, it also says that they specialize in like every other mental health disorder that exists.

[00:58:36] **Laura Reagan:** And how do you know that they have the knowledge and experience and that they are the person that can help you with your trauma? There's no way to know. So that's why I made trauma therapist network. And initially I felt that it would be useful to create a site for people wanting to learn about trauma and find a trauma therapist all in one place.

[00:58:56] **Laura Reagan:** But what I didn't account for is that therapists are missing out on connection and community even more during this pandemic. So once I realized that this was something that could be added into trauma therapists network to make it a true community for therapists, I decided to go ahead and add in some content.

[00:59:16] **Laura Reagan:** So starting in March trauma therapist, network community for therapists includes your listing that lets people know how you work with trauma. It includes once a month, an hour long training workshop on a topic related to trauma. And once a month, an hour long Q and a workshop about various topics related to our work, including practice building.

[00:59:36] **Laura Reagan:** And I'm going to bring in some outside practice building experts to help with that one time per month, we will have a call focused on therapist, self care. An experiential practice of self care for one hour

per month. And once a month, we will also have case consultation calls. So I'm working on putting all that together in the membership community.

[00:59:59] **Laura Reagan:** The new content starts in March, so you can sign up in February and in March. You'll have access to that. Registration closes on February 28th for any new members. So if you are thinking of joining, this is the time just go on over to [www dot trauma therapists, network.com](http://www.traumatherapistsnetwork.com). And you can take a look around the site, look at the listings, check out some of the amazing therapists that are going to be in community with you and who will be learning with you and learning from you.

[01:00:31] **Laura Reagan:** And you will be learning from them. I'm so excited about this, and I'm so grateful to all of you who. Have already joined. So if you thinking about becoming a member of trauma therapist community, don't wait, just head on over there to [www dot trauma therapists, network.com](http://www.traumatherapistsnetwork.com) and sign up.

[01:00:48] **Laura Reagan:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C. For more information, please visit therapychatpodcast.com.