

Therapy Chat Episode 320



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[00:00:00] **Laura Reagan:** Therapy Chat Podcast, episode 320.

[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 Therapist Network. Trauma Therapist Network is a platform for finding a trauma therapist, learning about trauma and understanding about how trauma shows up

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[00:00:57] **Laura Reagan:** Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. Today, I'm going to be sharing with you. My recent conversation with Christina Miller Martinez. Christina Miller Martinez is a licensed marriage and family therapist working in Palo Alto, California. Christina is part of the Pacific team of A Good Place Therapy.

[00:01:16] **Laura Reagan:** Christina graduated from the California Institute of Integral Studies in 2014. With a Master's Degree in Somatics. She's a long time yoga practitioner and works with integrating current information on neuroscience with the ancient wisdom of Eastern concepts of mind and body to aid in healing trauma. And today we are talking about nurses and the stress and strain that nurses are under at any given time, but particularly at this moment in history.

[00:01:44] **Laura Reagan:** So I, I hope you'll enjoy this conversation. We both talked about how we have several nurses. That we've worked with as clients, whether on our current case loads or in the past, and how there is a particular way that nurses tend to cope with the stress of their work that can also make them at high risk for burnout, just like most helping professionals.

[00:02:12] **Laura Reagan:** So I hope you'll enjoy this conversation with Christina Miller Martinez. Let's dive right in.

[00:02:21] **Laura Reagan:** Hi, welcome back to therapy chat. I'm your host, Laura Reagan. And today I'm so excited to be talking with Christina Miller Martinez LMFT, who is a somatic therapist in California. Christina, thank you so much for being my guest on Therapy Chat today.

[00:02:39] **Christina Miller-Martinez:** Thank you for having me, Laura. I've been looking forward to having this conversation with you.

[00:02:43] **Christina Miller-Martinez:** I'm a dare I say, I'm a fan.

[00:02:46] **Laura Reagan:** You can say it.

[00:02:53] **Laura Reagan:** I'm very grateful that you, you could do this. And, um, I'm excited because we're going to talk about a topic that has sort of been, this exact topic hasn't been discussed on Therapy Chat, but we've had a couple

of episodes about physician burnout and physician suicide. And here in this point of 2022 February with the long, long, long.

[00:03:19] **Laura Reagan:** Pandemic going on where we're all at least somewhat becoming aware of how nurses are affected by what's going on. So I'm really excited to talk with you about what you see and what you know about working with nurses and what nurses might need to hear about mental health during this time. So before we get into it, though, let's just start by you telling our audience a little bit about who you are and what you do.

[00:03:46] **Christina Miller-Martinez:** Yes. Thank you. Well, as you mentioned, I am a somatic psychotherapist working in California. So I did study, um, counseling psychology with an emphasis in semantics. And I graduated from the California Institute of Integral Studies in San Francisco in, um, 2014, which was the same year that Bessel Van Der Kolk published *The Body Keeps (the) Score*.

[00:04:13] **Christina Miller-Martinez:** So, since then, you know, there's been a growing awareness of somatics and the basic philosophy of somatic psychology, which is that body and mind are the same, you know, that what we see happening in the psyche also has echoes in the body and in bodily responses. So, um, it's been, uh, it's the primary lens through which I do therapy.

[00:04:41] **Christina Miller-Martinez:** I am happy to say that I work with a bi-coastal practice, A Good Place. You can find [agoodplace therapy.com](http://agoodplacetherapy.com) to learn more about that particular practice. I am opening up the office in Palo Alto, California. So we have two locations in California. Um, one office in Pacific Heights in San Francisco and the space that I'm on.

[00:05:09] **Christina Miller-Martinez:** Opening up in downtown Palo Alto.

[00:05:11] **Laura Reagan:** That's wonderful. And then I know Carrie, the founder is based on the East Coast in New York City, right?

[00:05:19] **Christina Miller-Martinez:** Yeah. Yeah. Um, as it turns out, having this practice expand bi-coastally was one of the unexpected gifts of the pandemic. Carrie is very flexible, very forward-thinking and not at all risk averse, which is awesome.

[00:05:35] **Christina Miller-Martinez:** It's really encouraging to work with a person like that because during the pandemic, I love the practice because it's a

practice full of social workers, even though I'm an LMFT, it was really fascinating to me to just see someone who is putting together a practice that was more holistic in that sense, you know, that social workers are thinking more of, you know, socioeconomic situations and, you know, it's more than just somebody's psyche when you're working with somebody who's an LCSW.

[00:06:13] **Laura Reagan:** Yeah, person in environment is our, our training person in environment. So it's like their environment. How it affects them. Sorry for interrupting. Go ahead.

[00:06:22] **Christina Miller-Martinez:** Oh, no, you know, opposite. Thank you for clarifying. You're the LCSW, not me, right? Yeah. You know, and I was, I was really attracted to. Just be like, yeah.

[00:06:33] **Christina Miller-Martinez:** You know, that's a more holistic kind of systems based approach. And so I really felt some resonance with that kind of, of approach to psychology. And during the pandemic, some of the practitioners who were in New York City were just like, well, I think we need to move to California. And Carrie said, well, great.

[00:06:56] **Christina Miller-Martinez:** I have some contacts in San Francisco. Let's open up an office out there. And I had considered working in the San Francisco office, the commutability of it wasn't really feasible for me. And I said, you know, if you want to open up a practice in the south bay, let me know. And she said, let's do that. And I said,

[00:07:15] **Christina Miller-Martinez:** all right, so here we are.

[00:07:17] **Laura Reagan:** Awesome. Yeah. Well, you know, we all know as therapists that. There is a great need for therapy right now. So the more, you know, practices can expand and offer additional services and additional locations the better for everyone. So I'm so glad y'all are doing that. And then I'm glad that you're here. So.

[00:07:41] **Laura Reagan:** You were telling me before that, your background before you got your masters is in yoga, right?

[00:07:48] **Christina Miller-Martinez:** Yes. Yeah. Yeah. I was definitely leading a wonderful bay area, Bohemian lifestyle and teaching yoga and, um, belly dance. And I was watching people change. By changing their bodies, which is how I got, or maybe not necessarily changing their bodies, but

changing the way that they were being in their bodies, changing their postures you know, changing their breathing and just, you know, watching people.

[00:08:22] **Christina Miller-Martinez:** Really start to open up, you know, some women would come into dance class feeling kind of depressed or lacking in confidence. And then, you know, after a couple of months, it was always a big deal when somebody would actually like, be brave enough to bare their belly in class for the first time. And, you know, I was just like, oh, something is changing there, you know, based on how.

[00:08:47] **Christina Miller-Martinez:** You were inhabiting your body. And that was part of what got me very interested in somatics. And, um, it was, uh, wonderful to be able to get a little more deeply into some of the nuts and bolts of somatics. Um, my, my professor and mentor Mark Ludvig really, um, introduced me to the works of neurobiologists like Alan Shore, who was talking about mirror neurons, my inner librarian. We really have to go through some of the card files back there to start bringing up other theorists.

[00:09:23] **Laura Reagan:** That's okay.

[00:09:24] **Christina Miller-Martinez:** Yeah. So after I graduated, I was also quite interested in EMDR and I know that you have spoken about this with some of your other guests. And, um, I did complete the training through this and it was a psychotherapy Institute and I have been using EMDR as part of my practice.

[00:09:44] **Christina Miller-Martinez:** And, um, that was one of the things that got me interested in nursing specifically as a population of folks. And also as kind of a characterological or personality type, because while I was in that EMDR training and we were speaking about this a little bit earlier, a colleague had come up with a training case involving a nurse.

[00:10:15] **Christina Miller-Martinez:** And another one of my classmates was like, oh, wow. Nurses are hard. And I was like, wait, what's that about, you know?

[00:10:24] **Christina Miller-Martinez:** What, what is it that would, that would have you making that statement? You know? And then as I got into working a little more and I started thinking about my own family and friends, I come from a medical family and there are nurses in my family.

[00:10:40] **Christina Miller-Martinez:** Um, some of my nearest and dearest friends are nurses. And some of the deepest trauma work that I've done has been with folks who are some of the deepest trauma recovery work that I've done has been with folks who are in the nursing profession.

[00:10:59] **Laura Reagan:** Wonderful. Yes. And so, as we were saying, when we were talking before, and I just, I didn't say this, but I'm thinking about this is something that I often tell my clients because I have quite a few.

[00:11:11] **Laura Reagan:** Clients. And also several clients who are teachers. I feel like teachers, nurses, therapists, police, officers, firefighters are all like cut from the same cloth, but it's all slightly different in how, you know, like how our childhood experiences in our family dynamics led us to become helper. And. You know, if it's, you know, the one who, the firefighters, the one who's going to run into the burning building and rescue everyone, you know, and the police, officer's the one who's gonna stop crime and make the community safe.

[00:11:48] **Laura Reagan:** And the teachers, the one who's gonna, you know, teach all the young minds and therapists are the ones who are gonna make everybody feel happy. And, you know, it's like, and the nurses are gonna take care of everybody who's sick, you know, but it's all that same ethos of wanting to help and probably in your family, being somebody who really, you know, either everybody came to you with your problems or you are the one who always tried to handle all the family conflicts.

[00:12:17] **Laura Reagan:** You know, I think it's really interesting too, because it's so pervasive. When I look at my nurse clients, it's like they, they have similar backgrounds and they have similar attachment styles and they have similar coping styles, you know? So I think, I think that's just cool in a way to think about, but also like, you know, we're the helpers, we're not the ones that need help and that's what makes it hard.

[00:12:41] **Christina Miller-Martinez:** Yeah.

[00:12:42] **Christina Miller-Martinez:** You through this pandemic, you know, part of the reason I was excited to talk to you was to have the opportunity to publicly say, you know, if you're a helper, it's okay to get help. You know? And especially now burnout rates are rising. And, you know, I, I think I'm going to go ahead and say that at least right now in the middle of an Omnicron surge.

[00:13:12] **Christina Miller-Martinez:** On the west coast, you know, there is definitely a crisis happening because people are burned out. There's been so

many waves of COVID coming through. There's been so much discussion, you know, in the news media of like, well, maybe this will be the last one and so much back and forth around adherence to public health suggestions.

[00:13:40] **Christina Miller-Martinez:** And personal freedoms that this has gone beyond being just something that is public health. It's gone into a type of, this is something that has gone beyond public health that has become highly politicized. Yes. And, you know, I don't think if I were to draw a historical comparison, Vietnam war veterans were some of the first veterans who came home to a negative reception, you know, previously to that on a cultural level, veterans had been very valorized.

[00:14:17] **Christina Miller-Martinez:** People celebrated their returns home. And, you know, the Vietnam era changed all of that. And, you know, similarly we early in the pandemic, we were saying, oh, nurses are heroes and, you know, celebrating them. But once the vaccine turned into a subject of political polarization, nurses have now been in a position of people who don't believe in the science of vaccines.

[00:14:48] **Christina Miller-Martinez:** And who were dying right in front of them. And that is a very, very challenging thing. It's, it's a psychological bind

[00:14:59] **Laura Reagan:** For the nurses.

[00:15:00] **Christina Miller-Martinez:** Yes. It's a psychological bind for the nurses to have to work with that and to have to do even more work than they're already doing on an emotional and psychological level.

[00:15:11] **Christina Miller-Martinez:** To do their job.

[00:15:12] **Laura Reagan:** Yeah, I know. It's, it's really tragic. And we already have a nursing shortage before this pandemic in the United States. And now a lot of nurses are leaving the field and not to mention the fact that many nurses have auto-immune disorders themselves, because I think their work takes a toll on their mental health that really kind of shows up in their physical health.

[00:15:38] **Laura Reagan:** Just like, you know, the rest of us. So you're not only losing nurses who become burnout emotionally, but people who can't work directly at bedside care physically because of the risk to them, you know, and of course, exacerbation of chronic illnesses and stuff too, from the stress.

[00:15:57] **Christina Miller-Martinez:** Yeah.

[00:15:58] **Christina Miller-Martinez:** Yeah. One of the things. You know, thinking of some of the specific stressors of nursing, you know, that there is the psychological, psychological profile or characterological profile of someone who becomes a nurse or someone who comes into the helping professions.

[00:16:17] **Christina Miller-Martinez:** In some ways the helping professions can be more of like a vocational calling, you know, that folks really feel drawn to doing this work, partly because there is that kind of familiarity, you know, based on family rules or whatever it is that we're bringing from our own upbringings that puts us into the role of being helpers and the culture of nursing is also particularly challenging. There's a saying that someone who is a nurse shared with me and they said, you know, nurses eat their young, meaning that the old school way of nursing in some communities is that new nurses go through a period of hazing, you know, in order to kind of build that sort of, I guess the theory behind it is that, you know, you're building the kind of psychological toughness,

[00:17:15] **Christina Miller-Martinez:** or emotional toughness that it takes to do the job, but you know, one of the ways of thinking about auto-immune disorders or um thinking specifically of Gabor Mate and his work on, um, the field of psycho neuro immunology. And when the body says, no, you know, there's a lot in that book about how, when we deny what's going on for ourselves emotionally, our body is going to speak up for itself in some way, you know that.

[00:17:50] **Christina Miller-Martinez:** Yeah.

[00:17:51] **Christina Miller-Martinez:** Yeah.

[00:17:55] **Christina Miller-Martinez:** Yeah. So, you know, some of the things that we are seeing is that, you know, right now in the pandemic, nurses are still being called into work. And in some cases, you know, I know right now there are massive staffs shortages at some hospitals in the bay area. So there is still right now that call for nurses to keep pushing through.

[00:18:22] **Laura Reagan:** And I've heard nurses being asked to work, even if they are COVID positive. Yeah. That's really concerning to me.

[00:18:32] **Christina Miller-Martinez:** It's absolutely concerning because you know, with people who are putting themselves at risk, you know, when do they get the opportunity to, to tap out,

[00:18:45] **Laura Reagan:** heal and recover?

[00:18:46] **Christina Miller-Martinez:** Yeah. Yeah, because you know, that is one of the questions that we ask as part of therapy, which is like, when did you know that you're about a week away from burnout?

[00:18:56] **Christina Miller-Martinez:** You know, what are the signs that your burnout is eminent? And, you know, for some folks who are just so single tracked on, like, I have to do this until this is over. That's where semantics come in. What is your body telling you? What are the physical signs that you are needing time off for rest and recovery?

[00:19:22] **Christina Miller-Martinez:** So, um, you know, I've been definitely advocating for bumped up self-care. I've definitely been advocating for, um, mindfulness around substance usage with the nurses that I have been working with and, you know, advocating for what are the things that. Are renewing to you, you know, if you can't get to see a therapist right away, what are the things that are part of the daily routine that are refilling your cup?

[00:19:51] **Christina Miller-Martinez:** You know, are you able to even walk outside for a moment? Are you able to get adequate water? Are you able to feed yourself well? Can you spend time with friends on a day off? Can you ask your partner to do the grocery shopping? Can you use Instacart instead? You know, it just, all of those kinds of things of just like right now, what are the very small things that can be done for self care until we can get a bigger patch out there?

[00:20:24] **Christina Miller-Martinez:** I have to believe that greater help is coming, or, you know, I have to believe that, um, once we're through this surge. Um, hopefully the attenuation process with the pandemic is happening. And, you know, I have to believe for everybody because it's part of the work of therapy is holding hope for others. You know that the next year we'll see this dwindling and you know, that some systemic reform is in sight.

[00:20:51] **Laura Reagan:** Oh my, I hope so. I would like to believe that too. I hope that your, your hope is well-placed and. Just if it helps you a little, I know that California is surging now with Omicron and here in Maryland, that was, that started for us in mid December. And really just, it's just eased. I literally saw a graphic yesterday or in the past few days that said.

[00:21:19] **Laura Reagan:** This week, we have 44% less cases than last week. And that's, you know, it's like, it's finally, but it was about six weeks of, you know, crisis measures at the hospitals. And it's it's, I don't know why, but it

seems surprising to me that California is after us now, because, you know, I guess because when the pandemic started, it came from west coast to east coast, kind of with, you know, Washington state, California, and then New York and was happening at the same time.

[00:21:48] **Laura Reagan:** So anyway, hopefully that surge will pass, but it's going to be very painful while it's happening and people, nurses. Going to be really the ones on the front lines of taking care of those patients. So I don't know when, you know, when this goes, I hope by the time this airs California is back to a more stable situation, but, um, do you want to talk a little bit about what those signs of burnout could be for a nurse to be able to hear?

[00:22:22] **Laura Reagan:** Because you know, that's strong, you know, that identity as the strong helper who doesn't need rest and doesn't slow down and doesn't focus on themselves is, can be a barrier, I think, to recognizing the impact. And that's when the body starts oftentimes letting us know. But.

[00:22:41] **Christina Miller-Martinez:** Yeah, I mean, when I think when, if a major sign is fatigue, you know, of, of physical fatigue and one of the ways that I kind of conceptual or.

[00:22:54] **Christina Miller-Martinez:** One of the ways that I conceptualize energy reserves, you know, I tend to think of that. We have intellectual energy or mental energy. We have emotional energy and we have physical energy. So, you know, like when we're in school and we're studying intensive intensely, there can be a kind of exhaustion that comes from having extended ourselves mentally from trying to cram in so much information when we are in a deeply emotional process, perhaps grieving or, you know, um, through pregnancy.

[00:23:34] **Christina Miller-Martinez:** Or, you know, through the work of therapy and we're extending ourselves emotionally, sometimes, you know, after a big day of processing emotions or after a big day of having strong emotions, there can be an exhaustion that comes from that. And also just physically, you know, being on your feet and going, we can also exhaust our body's energy stores.

[00:23:55] **Christina Miller-Martinez:** Nursing incorporates all three of those things. You know, nursing incorporates a high amount of intellectual energy because it's a medical field. You need to be paying attention to detail. You have to be specific in your charts. You gotta be dotting your I's and crossing your t's.

[00:24:12] **Christina Miller-Martinez:** There's a mental and intellectual component to it. There's an emotional component to it because, you know, you're seeing people on quite possibly the worst day of their life, maybe even the last day of their life and not only the patient that you're working with, but also working with the families around them and helping to manage their distress.

[00:24:35] **Christina Miller-Martinez:** There's a huge emotional component to nursing. And there's also a physical component to nursing. You know, it is a job that is not a desk job. You know, bedside nursing...

[00:24:47] **Laura Reagan:** Constantly on their feet.

[00:24:49] **Christina Miller-Martinez:** Yeah. Bedside nursing is quite active and not only are you on your feet, but you know, there's a physicality to it.

[00:24:57] **Christina Miller-Martinez:** Of lifting and rolling and touching people, you know? So I think all three of those components together, you know, make it a big job to begin with, but you know, starting to evaluate when is. You know, when we look at each of those components, the intellectual part, the emotional part, and the physical part, you know, starting with the intellectual, how is your work?

[00:25:25] **Christina Miller-Martinez:** You know, are you getting any kind of, let me go back here in terms of identifying burnout. Let's start with the intellectual component. How is your work, you know, are you getting any feedback from your colleagues about charts? Are you noticing any kind of brain fog? You know, how, how is that working there, you know, on the emotional level, are you finding yourself wanting to cry a lot or, you know, are you.

[00:25:59] **Christina Miller-Martinez:** Finding that you are turning to substances, maybe that might be something like alcohol in your downtime, or are you turning to chocolate and TV? You know, there's a lot of different things that we can do when we're in a state of emotional overwhelm to try to manage that emotional overwhelm through numbing.

[00:26:24] **Laura Reagan:** Hey everybody. I just wanted to break into my conversation with Christina Miller Martinez, to talk to you about some of the other amazing therapists who have joined the Trauma Therapist Network. I told you about a bunch of them in the last few episodes, and there are so many more to mention, and I want to give them a little.

[00:26:46] **Laura Reagan:** A little shout out here in today's episode. So as I'm going through the list, we have 103 therapists on our list. Um, the next person from where I left off is Jackie Sitkowski, LPC who practices in Milwaukee, Wisconsin, and throughout the state of Wisconsin. Jackie has been a long time member of my consultation groups.

[00:27:08] **Laura Reagan:** And I am always inspired by her gentle way and her just spirit for helping. I don't know how else to say it. She's an awesome person and a wonderful therapist. Cheryl Taylor LCSW in Kingston, New York. Cheryl is accepting new clients and she practices virtually. So she can see anyone in the state of New York.

[00:27:30] **Laura Reagan:** I'm not sure how to pronounce my next member's last name for sure. So I hope I get it right. Mary gepford LCSW and L C a D C, which means she's a substance abuse counselor as well as a clinical social worker in Pennington, New Jersey and statewide. She's accepting new clients and accepts insurance.

[00:27:49] **Laura Reagan:** Charles Michael King LPC LMF, T a L CDC. In Houston, Texas. He's a Navy veteran and has a master's in counseling psychology and a master's in clinical psychology. So he and an MBA from St. Leo university. So he has a lot of education and he's also a yoga teacher. Which is really cool uses EMDR, CBT, marriage, and family therapy, using the Gottman approach, emotionally focused therapy, Sue Johnson's work, and he works with adults.

[00:28:26] **Laura Reagan:** And next person I would like to highlight is Denita Tanner LCSW. Who's in Las Vegas. She's not currently accepting new clients, but I'm very grateful that she joined our membership. Katie free. From Philadelphia, she's an LCSW and a registered play therapist, Janine Wolf LCSW, who is in Virginia. And I've known her for a long time through my consultation groups as well.

[00:28:52] **Laura Reagan:** Plus she practices down where I grew up, which makes me have a special place in my heart for her. Amy Moore in Lake Orion. Michigan and practicing statewide virtually is one of our members. Amy is a, let's see licensed professional counselor, and she's also a coach. She works with she'd offers therapy as well as parenting help and much more.

[00:29:14] **Laura Reagan:** Let's see, next person. I would like to send a shout out to and thank for joining the network is Carrie Vore, Holt LCSW in Pearland, Texas. She is accepting new clients and she accepts insurance and practices

virtually. So anywhere anyone in the state of Texas could potentially be one of her clients. Stephanie Michelle Taylor LPC.

[00:29:39] **Laura Reagan:** Who's also in Texas and Cypress, Texas 77433. She's also accepting new clients. She takes insurance and she's practicing virtually. Grace Porter, who I've known for years. I met her here in Maryland, but she now practices in Washington state. And she's also licensed in Maryland as well as in Georgia. I believe.

[00:30:02] **Laura Reagan:** Let me double check that. I think it's Georgia. Caroline. Artley LCS, WC, who is here in Maryland and she's a brainspotting therapist. I know that Madeline Burton, LCSW in Ashburn, Virginia. I know her through sensory motor psychotherapy. I'm so happy that she joined. Virginia Sparkman in Flint, Michigan.

[00:30:25] **Laura Reagan:** She's not accepting new clients at this time, but I know her from consultation groups as well. So I'm so grateful that Virginia is in the directory with us. Dr. Barbara Maresca in San Francisco, California is accepting new clients and practices virtually. She's LGBTQ plus affirmative and culturally inclusive.

[00:30:44] **Laura Reagan:** Kenneth Allred in Chandler Heights, Arizona. He particularly enjoys working with people who've experienced religious trauma, which is something that's very much needed. I know he's accepting new clients and practices virtually in the state of Arizona.

[00:30:59] **Laura Reagan:** As you can hear, we have an amazing group of people who are members of the trauma therapist, network, community, and I am, unbelievably lucky to be, get to connect with all of these fabulous therapists that I've mentioned today. Those that I haven't yet mentioned, and those who have been mentioning in the past few weeks therapy chat episodes. So if you are looking for a trauma therapist, maybe you will find someone in trauma therapist network. Just go to traumatherapistnetwork.com.

[00:31:30] **Laura Reagan:** And if you don't see anyone in your area, you can use a little gray shape down at the bottom, right of the website to send us a message and ask us for referrals where you are and be happy to help. All right, let's get back to my conversation with Christina Miller Martinez.

[00:31:51] **Laura Reagan:** Can I add something to that?

[00:31:53] **Christina Miller-Martinez:** Oh yeah.

[00:31:53] **Laura Reagan:** Cause I'm thinking another piece emotionally is neglecting ourselves. Just not eating or not, you know, taking our medications that we normally would be taking daily or any supplements and things like that. Just so it could be like, I wouldn't say you're going to see a lot of like, not wanting to shower, but I mean, An example, but I think with nurses they're like on that, because they're dealing with germs all the time, so they're really gotta be on it, on the ball with that.

[00:32:24] **Laura Reagan:** Yeah. But like, you know, just forgetting to eat or skipping meals and not giving yourself a chance to exercise, which may come into the physical too. So maybe you were going to say this, but anyway, I just wanted to throw the neglecting in addition to the numbing as a way of coping sort of, but it's, uh, it's not, you know, positive.

[00:32:43] **Christina Miller-Martinez:** Yeah. Yeah. You know, because it, again, it's part of that sort of vocational pool to be of service to others and to place others first. Right. You know, so just realizing that, you know what I'm saying about putting on your own oxygen mask first, you know, you gotta make sure that you're fueled and you gotta make sure that you're tending to any of your own health concerns before you tend to health concerns of others.

[00:33:12] **Christina Miller-Martinez:** Yeah. Yeah. And, um, you know, just kind of rounding that out in terms of the physical signs of burnout, there's fatigue, you know, is it harder to wake up in the morning? Are you finding yourself feeling like you're moving underwater or is it just, you know, as your body acting up more than usual. If you have areas of chronic pain and, you know, since nursing is a physical job, that there is a high incidence of lower back pain as a sort of chronic injury for folks.

[00:33:48] **Christina Miller-Martinez:** So how are you managing that? Or what is your lower back pain telling you about the job that you're doing now?

[00:33:55] **Laura Reagan:** A hundred percent.

[00:33:56] **Christina Miller-Martinez:** Yeah. So, you know, I think those are some of the things to look for for folks who might be nursing now of, you know, just kind of doing that sort of interior check of the mental, the emotional and the physical to figure out, you know, am I in a stage of burnout?

[00:34:16] **Christina Miller-Martinez:** And if so, what are the next steps? You know, as I, as we mentioned earlier, I am really glad to be open to. Opening up another branch of that therapy practice. When of another unexpected gift of the

pandemic is the increased availability of therapy because of tele-health and teletherapy. But, um, you know, there still are a lot of us who are ready, willing, and able to work with folks in person.

[00:34:48] **Laura Reagan:** Um, yeah, so that can be really important too. Some people really do not want to do tele-health and having the option to meet with someone in person is really beneficial. Um, I just, I know I said to three o'clock. Well for my time, which is noon for you. Do you have a few more minutes? If you wanted to say a little bit more, maybe we could go to like 10 after.

[00:35:12] **Christina Miller-Martinez:** Yeah, I don't. Yes. I it's. Part of my self-care is working intensely for four days a week. So I'm on my time is open. And after this I'm going to go assemble office furniture. I've got it. I've got a, I've got an open-ended afternoon today. Um, I've been trying to coordinate deliveries and working with supply chain and shortages to get to the point to where I can receive people in person, a specific piece of work that I did with a person, um, for trauma recovery.

[00:35:48] **Christina Miller-Martinez:** This was an experience that also sparked my interest in nurses and specifically treating the kind of PTSD that nurses can get from, you know, just frankly witnessing death, because there, there has been a lot of it in the pandemic, you know, they're early on in the pandemic, there were instances of nurses being the ones who were holding the device, so that they could FaceTime their families. Goodbye. You know, that is a huge emotional event to be that person in between. And, um, I've definitely used EMDR as a therapeutic tool to help people come to terms with those kinds of, with the memories of those sorts of experiences and to help them reduce the emotional charge around those kinds of memories.

[00:36:49] **Christina Miller-Martinez:** There was a person that I worked with who was in an international nurse and who had worked through a previous pandemic. And that person was a career nurse and the experiences that they had had left them in a state of chronic PTSD, where they were still trying to work, bless them, you know, still getting up.

[00:37:18] **Christina Miller-Martinez:** Still trying to go. And while they had done a course of trauma focused cognitive behavioral therapy, it wasn't really getting to the, um, the physical symptoms that they were getting. These, um, we called them energy surges. That were, um, you know, parasympathetic, nervous system activation on, you know, basically seeing things that you would expect to see around a hospital, like an ambulance, you know, when something like an ambulance is triggering to you and you're a nurse?

[00:37:57] **Christina Miller-Martinez:** That's a sign to take a break. That's a sign to shift into a different kind of nursing. And, you know, that's also a sign to seek help if you know, the, and, and this person didn't seek help. And, um, after working together for a while, you know, We were able to get to a point for them to recognize that they had done enough of that kind of work.

[00:38:29] **Christina Miller-Martinez:** And, um, this was a process that did take a couple of years. Um, you know, working through and, you know, getting to the point of realizing that they had given a lot of themselves and that it's okay to have some rest. And also that it's okay to offer a different part of yourself. Whether that means um, working with literacy or, you know, just allowing yourself to work in a different kind of sphere.

[00:39:03] **Christina Miller-Martinez:** There's a sort of personality that goes with bedside nursing. And if you're getting burnt out on bedside nursing, you can switch into a different kind of job. You know, there might be some administrative openings. If you have been working in the emergency room, maybe you can switch over to pediatrics. You know, there are a lot of options and ways to switch and change.

[00:39:27] **Christina Miller-Martinez:** So just exploring ways that one can be flexible in their career to get the rest that you need. 'cause, you know, there's only so much that we can give before we break.

[00:39:37] **Laura Reagan:** That's right. And you know, I mean, this, this part that you're talking about right now is very poignant to me. And I think, you know, as a therapist, it's, it's relatable too, even though I'm not seeing, I'm not sitting with people who are dying and that is very sacred and.

[00:39:55] **Laura Reagan:** But it's like saturating, you know, if you have to do that four times in a week, like who can handle that emotionally? That's just not, we're not meant for that to be exposed to that level of intensity of people just dying and sick all around without respite, you know?

[00:40:13] **Christina Miller-Martinez:** Right, right. It starts to change us. And we also start to change in relationship to it.

[00:40:21] **Christina Miller-Martinez:** You know, there is a lot of compartmentalization that happens, you know, um, we can go through the list of psychological defenses, you know, denial. That's always a good psychological defense.

[00:40:35] **Laura Reagan:** Feels good. It feels great.

[00:40:37] **Christina Miller-Martinez:** Oh yeah, I'm fine. I'm made for this. You know, you're just like, maybe you are and, you know.

[00:40:45] **Laura Reagan:** You are human.

[00:40:47] **Christina Miller-Martinez:** Yeah. Yes. It's part of the human condition of needing to sleep and eat.

[00:40:52] **Laura Reagan:** Right.

[00:40:52] **Christina Miller-Martinez:** Yeah. Yeah. It's, it's part of the human condition to also need variety in the things that you're doing. So, um, yeah.

[00:41:02] **Laura Reagan:** Well, I think with burnout, and I can, I've built this myself, where, when you're getting close to burnout, you've, it's counterintuitive.

[00:41:10] **Laura Reagan:** It's like, you know, you're exhausted, but you feel like you need to do more. And so when you said that with this client, that you were speaking about that, um, being able to get to a space of understanding and embodying I've done enough, requires really being in your body really to be able to say, oh, this is what I've done.

[00:41:33] **Laura Reagan:** Instead of just like, yeah, I do that. Yeah. You know, I just keep going and it's nothing, you know? Yeah. It's just what I do. Yeah. I know. I'm no hero. I'm humble, whatever. But. You know, there's, you have to be kind of detached from your own experience to be able to not recognize how impactful your work is. And I think that we have to detach from the experience.

[00:41:56] **Laura Reagan:** That's what compartmentalization is, is to, um, put a, put this away. I can't feel this right now, but you have to detach from yourself a bit to do that, so.

[00:42:05] **Christina Miller-Martinez:** Right, right. You know, From the somatic perspective. Okay. If you're compartmentalizing, what compartment is that taking? You know, what, what space is that taking up for you?

[00:42:18] **Christina Miller-Martinez:** You know, when you, you know, if, if we're speaking more generally about emotions, if your heart is starting to pound,

just by walking up to the hospital, what is your heart telling you? You know, That's the kind of inquiry that I was getting into as part of the work and, you know, just part of the generally incareer. In inghh getting ahead of myself, 10 thoughts at once.

[00:42:48] **Christina Miller-Martinez:** Um, it's part of. The general work of inquiry that comes with somatic work of being able to have, you know, first cultivating the qualities of interoception, you know, of sitting with yourself, sitting with your breath, learning about your breathing pattern and what your breathing pattern is telling you about your relative levels of stress.

[00:43:14] **Christina Miller-Martinez:** Um, you know, sitting with the sensation of your own heart beat and what is your heart tell you about what is happening inside of you right now? It takes time to gain those skills. And this is the part where I kind of go a little sideways, um, you know, in terms of advocating a slightly more long-term therapy model.

[00:43:39] **Christina Miller-Martinez:** I think it really takes about two years for people to start to affect behavioral change. And, um, you know, in the time that I've done work, I did my master's thesis and defensive long-term therapy. You know, that, you know, there's certain things that you can do. In 10 or 20 sessions, you can definitely start to give people some basic tools for anxiety reduction.

[00:44:02] **Christina Miller-Martinez:** You can give people some ideas and some encouragement to help lift them out of depression. But, you know, I really think it does take, you know, 18 to 24 months. For folks to really start to see the kind of baseline level change that they want. And to also start to gain that level of familiarity with themselves, if they have been compartmentalizing or armoring themselves in some way, you know, it takes time to build trust.

[00:44:34] **Christina Miller-Martinez:** It takes time to dismantle that armor. And, um, sometimes it takes time to find somebody who's down for that journey with you, you know.

[00:44:42] **Laura Reagan:** That's true too. You know, it takes some time to find the right fit, even, even those fits and starts with one therapist for a bit. And then another for a bit can be very instructive about what helping you kind of figure out what am I looking for?

[00:44:58] **Laura Reagan:** What does feel right to me? I know it's not that that didn't feel right. What do I want? And you know, so getting the therapist that

feels like the right fit that you can feel comfortable with, feel safe to then explore, you know, first you have to like, get settle into that therapeutic relationship and go, you know, this, am I feeling comfortable with this person?

[00:45:21] **Laura Reagan:** I'm beginning to finally trust them and then, you know, then you can go, okay. So what's really happening with myself instead of just like, you know, walk in on day one, like, okay, let's do this. Doesn't work that way.

[00:45:33] **Christina Miller-Martinez:** No. And, and, you know, I, I also think that the field of nursing, the profession of nursing does, you know, kind of encourage that kind of cruising altitude, you know, there's, there's like that certain kind of familiarity of just like, okay.

[00:45:47] **Christina Miller-Martinez:** Yeah. You know, um, let's just dive right into something intimate, but, you know, I mean, this kindly it's a sort of shallow end of, of intimacy, or maybe not necessarily a shallow end of intimacy, but it's like a shallow end of vulnerability because there's a certain kind of baseline way of being with other people, you know?

[00:46:09] **Christina Miller-Martinez:** We're going to do this thing that requires vulnerability when you are practicing medicine, but you know, it, it takes time to build the trust that is necessary for authentic vulnerability. That needs to be authentic. Vulnerability is an essential component of therapy, you know, because if you're just kind of towing the party line and saying the things that you need to say to get by, that doesn't really allow for real healing or for real shifting on a deeper emotional level.

[00:46:42] **Laura Reagan:** Yes. I mean, I'll say as a longtime therapy client, one of the hardest things about therapy as allowing yourself to be vulnerable and show vulnerability to the therapist, because it's so uncomfortable, it's so uncomfortable. And we have this identity of being strong. And that's how we want to be not, we don't want to feel quote weak, you know, or yeah, pain, you know.

[00:47:06] **Christina Miller-Martinez:** Yeah I mean, we have this identity of being emotional knee strong. Right. You know, I think for therapists, because we work in the realm of emotions, you know, theres this idea that like, oh, sure. We've got it all together emotionally.

[00:47:19] **Christina Miller-Martinez:** And I'm like, ask my therapist how I'm doing, you know,

[00:47:25] **Laura Reagan:** Unfortunately, they won't answer.

[00:47:27] **Christina Miller-Martinez:** No, they won't.

[00:47:32] **Laura Reagan:** At least not to it to an outside person. They'll tell them. No, no,

[00:47:36] **Laura Reagan:** no, no.

[00:47:37] **Christina Miller-Martinez:** We make sure that we're in completely different consultation groups.

[00:47:40] **Laura Reagan:** That's right. That's right. Yeah. Yeah. Well, um, I know we're nearly out of time, but there's one more thing I'd like to ask you about if you don't mind, which is you told me before, and you've kind of touched on this a little bit, um, that you use a lot of breath work with your clients.

[00:47:57] **Laura Reagan:** Can you talk about that a little bit? How that, how you do that in, in sessions, you know, generally.

[00:48:04] **Christina Miller-Martinez:** Yeah. And, um, I am going to be offering a webinar, um, Uh, I'll get the specific dates to you. But, um, one of the things that we offer on a good place, therapy.com, one of the things that we offer on the website, if you go to the resources page, there are all sorts of therapeutic goodies to be found there.

[00:48:31] **Christina Miller-Martinez:** You know, there are. The most recent webinar that we had was on navigating dysfunctional family dynamics over the holidays. It was a really well-timed webinars, just acknowledging like, Hey, the holidays are a charged time. Here are some tips and tools to help manage holiday stressers. And I will be offering a webinar on breathing as a means to, uh, alleviate these physical symptoms of anxiety because our breath is our breath is kind of like the gearshift of the nervous system.

[00:49:12] **Christina Miller-Martinez:** You know, when we're in fight or flight mode, typically one of the ways that we know that. We're getting activated is through increased heart rate and also through increased breath rate. So we want to think in order to get into the, in order to activate the parasympathetic nervous system, the part of our nervous system that comes online when we're in rest and digest.

[00:49:40] **Christina Miller-Martinez:** We need to work with lengthening the exhale. So one of the things that I do with folks, and, um, since we're on camera right now, I'll just show you is actually like putting hands on ribcage and then taking a breath in. So that you feel your fingers come apart and then taking a very long deliberate exhale out.

[00:50:02] **Christina Miller-Martinez:** Like, you know, sometimes folks will just be like, oh, just take a deep breath and calm down. And it's like, well, there's taking a deep breath, but the real thing that helps you to calm down. The super long deliberate exhale. So the magic ratio is having an exhale that's twice, as long as your inhale. And that's one of the initial starting points of using breaths for anxiety reduction.

[00:50:31] **Christina Miller-Martinez:** And I'll be diving more deeply into that with an informational webinar that will be. I on a good place website, hopefully within another month or so.

[00:50:43] **Laura Reagan:** Great. So probably by the time this goes live, it'll be there. And I'll be sure to link to that. Um, because I know that, um, one way that we can successfully compartmentalize.

[00:50:56] **Laura Reagan:** I mean, it's not conscious, but what we're doing a lot of times it's holding our breath, right. To keep the emotions away.

[00:51:02] **Christina Miller-Martinez:** Right. Right. Because if you start breathing, there's a certain breathing pattern that's associated with crying, you know, and that is one of the first forms of armoring is holding the breath.

[00:51:16] **Christina Miller-Martinez:** So learning how to take full breaths, you know, that's one of the first components that I do with folks, um, going into mindfulness experientials, you know, of just like how much of your lung capacity are you allowing yourself to use if you are. Taking the time to observe. Does it feel like you're just breathing up underneath your collar bones or are you allowing your breath to expand into your ribs?

[00:51:45] **Christina Miller-Martinez:** Can you breathe in such a way that even your belly gets involved? You know, that's part of working with your body to aid in anxiety reduction.

[00:51:57] **Laura Reagan:** I wish we had more time to talk, but I really appreciate everything you've shared today. And I know. That you said you gave

us the website for a good place, but can you say that one more time and I'll be sure to link to it in the show notes as well.

[00:52:13] **Christina Miller-Martinez:** Yeah. The website is a good place therapy.com and for your listeners. Um, they can go to the resources page and there are a lot of resources provided by the practice right there, online@agoodplacetherapy.com.

[00:52:32] **Laura Reagan:** That's wonderful. And Christina, I'm just so grateful that you were my guests today on Therapy Chat, thank you so much again.

[00:52:40] **Christina Miller-Martinez:** Yeah. Thank you for having me, Laura. You know, I'm. My own heart is full. You know, I'm just excited to be able to have this conversation with you and to just raise awareness about nurse burnout during a pandemic, and to encourage the helpers to ask for help, because we're here,

[00:53:00] **Christina Miller-Martinez:** we're waiting.

[00:53:01] **Laura Reagan:** We want to help we're here.

[00:53:03] **Christina Miller-Martinez:** We're on standby.

[00:53:09] **Christina Miller-Martinez:** Yeah. Thank you.

[00:53:13] **Laura Reagan:** Therapists. 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 the trauma therapist and for trauma therapist to find networking training, connection, support, practice, building all in one place. So for example, as a trauma therapist, you can have a psychology today profile and they are definitely then the biggest broadest therapy directory that exists. They've been around the. But what they don't do is they are not specific in what do you do that makes you a trauma therapist?

[00:53:59] **Laura Reagan:** 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. 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.

[00:54:21] **Laura Reagan:** 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. But what I didn't account for is that therapists are missing out on connection and community even more during this pandemic.

[00:54:42] **Laura Reagan:** So once I realized that this was something that could be added into trauma therapist network to make it a true community for therapists, I decided to go ahead and add in some content. So starting in March trauma therapist, network community for therapists includes your list. That lets people know how you work with trauma.

[00:55:02] **Laura Reagan:** 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. 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's self.

[00:55:23] **Laura Reagan:** 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. 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.

[00:55:47] **Laura Reagan:** So if you are thinking of joining, this is the time, just go on over to www.traumatherapistnetwork.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. We'll be learning with you and learning from you and you will be learning from them.

[00:56:10] **Laura Reagan:** I'm so excited about this, and I'm so grateful to all of you who have already joined. So if you're thinking about becoming a member of trauma therapist, community, don't wait, just head on over there to www.traumatherapistnetwork.com and sign up.

[00:56:26] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C.

[00:56:33] **Announcer:** For more information, please visit therapychatpodcast.com.