

Therapy Chat Episode 349



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[00:00:00] **Laura Reagan:** Therapy Chat podcast episode 349.

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

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[00:00:56] **Laura Reagan:** And now for all you prescribers out there, therapy notes is proudly introducing ePrescribe. Use coupon code chat or click the link in the show notes to get two free months@therapynotes.com.

[00:01:09] **Laura Reagan:** This episode is sponsored by the receptionist for iPad. It's the highest rated digital check in software for therapy offices and behavioral health clinics used by thousands practitioners across the country.

[00:01:20] **Laura Reagan:** Sign up for a 14 day free trial of the receptionist for iPad by going to the receptionist.com/therapy chat. And when you do, you'll also receive a \$25 Amazon gift card.

[00:01:33] **Laura Reagan:** Hi, welcome back to Therapy, Chad. I'm your host, Laura Reagan. A couple weeks ago, if you've been listening, you heard me hinting that I had a very special opportunity to interview someone that I was so excited and nervous about that I didn't even wanna say it in case something happened to cause it not to happen, but it happened and today you're gonna hear it and I hope you're gonna love it as much as I did. I'm so excited to tell you about this week's episode, my guest today is Dr. Janina Fisher.

[00:02:12] **Laura Reagan:** Janina Fisher PhD is a licensed clinical psychologist and a former instructor at Harvard Medical School, an international expert on the treatment of trauma. She's an advisory board member of the Trauma Research Foundation and the author of Healing the Fragmented Selves of Trauma Survivors, Overcoming Self Alienation, which came out in 2017.

[00:02:33] **Laura Reagan:** You've heard me recommend it many times and her more recent workbook, Transforming The Living Legacy of Trauma, a workbook for survivors and therapists, and the accompanying flip chart, the Living Legacy Instruc. Flip chart, which came out in 2022. And then there's of course for classic flip chart called psychoeducational aids for working with psychological trauma with most trauma therapists I know have one of those in their office that they use all the time in their sessions.

[00:03:05] **Laura Reagan:** I recommend it all the time. Anyway, Dr. Janina Fisher is someone I have admired for years, and she is someone whose training. I recommend whenever anyone asks me how can they get trained in working with complex trauma from a bottom up and non pathologizing approach. And

she's going to tell us about her training method, which is now called TIST Trauma informed stabilization treatment.

[00:03:35] **Laura Reagan:** And in the show notes, we have a special offer for therapy chat listeners. To attend her training. Something that we really haven't talked about as a main topic of therapy chat interviews is borderline personality disorder. I know that I've mentioned it a few times and how I really don't agree with or even believe in that diagnosis.

[00:04:01] **Laura Reagan:** But today we're gonna talk about how Janina Fisher views the borderline personality disorder diagnosis. And so today in my interview with Janina Fisher, we talk about how betrayal and abandonment, traumatic loss, and attachment wounds, even ancestral trauma, can lead to the symptoms that are often labeled as borderline personality disorder and how TIST can help people with these symptoms heal.

[00:04:34] **Laura Reagan:** So whether you are a therapist or not, I think that you will find this episode very informative, possibly eye opening, and hopeful. So. I hope you'll listen and share it with anybody that you know who might need to hear this message. And if you're a therapist, please consider signing up for her training. A few weeks after this episode comes out, there will be another training starting up, and as I said, I have a link in the show notes for you to get all the details about that.

[00:05:07] **Laura Reagan:** So I know that you will love hearing from Janina Fisher as much as I did. Let's just go ahead and jump right in.

[00:05:17] **Laura Reagan:** Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan, and today I am overwhelmed with joy at the honor of having a very special guest. Dr. Janina Fisher is my guest today. Janina, thank you so much for being my guest on Therapy Chat.

[00:05:33] **Janina Fisher:** Oh, my pleasure, my pleasure. Right. We we're on the same, We're on the same mission, so

[00:05:40] **Laura Reagan:** it's good to be here. Oh, thank you so much. I feel that way too. And I'm just, you know, my audience knows, I've been recommending your books and your flip charts and your trainings and your webinars and anything you're doing.

[00:05:54] **Laura Reagan:** For as long as I've had this podcast, so many of them already know who you are. But before we really dive into our interview,

will you just tell our audience for those who aren't familiar, a little more about who you are and what you do?

[00:06:07] **Janina Fisher:** Well, I'm a psychologist retiring from practice after 41 years. But my, my work for probably the last 20 years has been training therapists on how to work with trauma as the field actually learns more and more about the effects of trauma and how we can resolve it.

[00:06:30] **Janina Fisher:** I, I began Sure. Really, by luck, in the trauma field in 1989 and, uh, and the field was just beginning, but it just, it, it made so much sense to me. I mean, this, that was a fian error and it just made so much sense to me that infantile sexual fantasies did not account for why my clients were struggling. And it made so much more sense that they had suffered real overwhelming events and uh, and so I was lucky enough to do a post-doctoral fellowship with Judith Herman and then to spend, Wow, I over 10 years, At Bessel Vander Kolk Trauma Center as a supervisor, and that was the period during which we started to get all this neuroscience research about trauma and the brain, and it totally transformed how we thought about trauma and how we work with it, except that most therapists, even to this day, get trained in, in the model that we knew in the eighties and.

[00:07:43] **Janina Fisher:** Which is, if you talk about it, it will resolve. And, and so all the things that we've learned since then has not reached the, the awareness of most therapists, which is terrible because therapists are out there working. Their hardest, doing their best, trying to help often very, very challenging clients without all the tools that the field has developed over the years.

[00:08:11] **Laura Reagan:** So that's, I couldn't agree with you more about that one, .

[00:08:14] **Janina Fisher:** So that's kinda my mission. That's what I meant by, you know, you and I are on the same path. My mission has to bring the fruit of what we've learned through the science into practical strategies for working with clients in sessions.

[00:08:32] **Laura Reagan:** Yes. And as you said, I mean it's, I still don't, it's almost unbelievable, but I know there are reasons that this knowledge.

[00:08:41] **Laura Reagan:** Getting out there more, but it's just like, I'm glad that more and more people are becoming aware of the reality of the impact of

trauma, particularly in childhood. You know where it starts most often for most of us. Right,

[00:08:57] **Janina Fisher:** right. Absolutely. And of course, we're talking to your audience, which is an audience that is already.

[00:09:04] **Janina Fisher:** On board with these ideas and, and wants to learn more.

[00:09:08] **Laura Reagan:** Yeah. So one of the reasons why I admire you so much is because everything I've ever heard you say, every talk or training or everything I've read, anything I've seen that you've written is always so compassionate. Really acknowledges, you know, people's humanity and why, how trauma impacts us.

[00:09:29] **Laura Reagan:** That it's not like a defect or it's not, you're broken or damaged, it's just a reaction to something that happened to you and it can heal. And you know, you're. Your message is so depathologizing, and that's why I feel like it's so important for therapists to learn this because some of the ways that complex trauma can show up with clients, with anyone.

[00:09:57] **Laura Reagan:** Is someone who needs help. It. It can be in behaviors that, you know, without training the professional interacting with them just doesn't understand.

[00:10:07] **Janina Fisher:** Right. Or, or we've been taught to pathologize those behaviors and to label them borderline.

[00:10:15] **Laura Reagan:** Exactly.

[00:10:17] **Janina Fisher:** Which is such a shame. It's just, it's, it's such a shame.

[00:10:21] **Laura Reagan:** Right. Great. And so one of, one of the things I'd like to just give a little background on something that I heard from you this summer when you were at the Trauma Research Foundation conference and you were talking about working in state hospitals with some patients there who had been, I guess like chronically readmitted for mental health treatment and because.

[00:10:46] **Laura Reagan:** You know, c b T medical model approaches weren't showing effectiveness in these short stays. The, the state brought you in to come

up with some different ways of working with these clients. Can you talk a little bit about that?

[00:10:59] **Janina Fisher:** Yes, and you know, actually it was even worse because the hospitals. Who hired me, one in Massachusetts, one in Connecticut.

[00:11:09] **Janina Fisher:** Were state hospitals where, where, where people go when short stays aren't working. When they are self-harm and suicidality is unremitting. They end up in the state hospitals or they run out of insurance coverage or the the hospital, the short stay. Hospitals refuse to admit them. And so I was asked as anyone who has had any, any kind of relationship with the Department of Mental Health in your state knows that if the state is willing to pay to hire a consultant, it's really bad.

[00:11:51] **Laura Reagan:** Means they're losing a lot of money somewhere. Right? Exactly.

[00:11:54] **Janina Fisher:** Exactly. So I was hired to come up with a treatment model for clients who were diagnosed borderline, who were chronically suicidal and usually and or self-harming, and who hadn't responded to any other form of treatment and someone had noticed many of these patients had been hospitalized.

[00:12:17] **Janina Fisher:** For 2, 3, 4, 5 years, and nobody had noticed until, until recently that they had histories of trauma. So they'd been in the, in the mental health treatment world for many years without anybody. Making a connection between their trauma histories and their,

[00:12:36] **Laura Reagan:** I guarantee, I'm sorry for interrupting. I guarantee their psychosocials said history of abuse and childhood, you know, all these horrible things that have happened to them.

[00:12:47] **Laura Reagan:** And so not seeing that they had trauma. Right,

[00:12:51] **Janina Fisher:** Right. Because even though we have 30 years of research showing that a huge percentage. Clients diagnose borderline have histories of trauma as high as 85% of which is a statistic unheard of and, and so nobody ever seems to remember that research. It just happens.

[00:13:15] **Janina Fisher:** And then another research study is undertaken and that gets the same results. And still nobody trains therapists. Oh, borderline personality disorder is actually not a personality disorder. It's a trauma related

disorder, so, so very, very frustrating. But it was a unique opportunity because we had a sort of captive audience that the clients weren't going anywhere and we had these hospital systems willing to recruit staff members who wanted to try something different.

[00:13:52] **Janina Fisher:** And so I developed. This treatment called trauma informed stabilization treatment. We, which we, we called it that because in the state of Connecticut where I did my second sort of, uh, pilot of this method, we realized that the, that the bureaucracy didn't, like the word, didn't like the word dissociation, didn't like the word part.

[00:14:17] **Janina Fisher:** It was okay with trauma. But trauma informed was better than trauma alone, . So we claim name for it based on what would appeal to the, the administrators. And they liked trauma informed stabilization treatment because that sounded stabilizing.

[00:14:37] **Laura Reagan:** That made them feel better. They were like, ok, ok.

[00:14:40] **Janina Fisher:** Yeah, right, Exactly.

[00:14:44] **Janina Fisher:** And um, and it was interesting. The clients didn't care what we called it. What they liked was that they were, for the first time being seen as people who had suffered rather than as people who are behaving badly. And many of the were, they were very cute. I remember this one woman. I'm not borderline anymore.

[00:15:05] **Janina Fisher:** I'm a trauma patient, , and she was like really proud of herself because she had gotten outta that terrible category of borderline and now she was a trauma patient and she could hold her head up a little

[00:15:19] **Laura Reagan:** bit. That's so true though. I mean because I find it, again, I just keep using the word unbelievable, but I find it unbelievable.

[00:15:27] **Laura Reagan:** We therapist can say, Okay, well I'm gonna explain to you very compassionately what you have is borderline personality disorder and this means that you're manipulative and you are self destructive and you know, you whatever other negative things seeking, Oh, attention seeking for sure. Yeah, you just want attention.

[00:15:49] **Laura Reagan:** And then people are like, I'm supposed to feel better to hear this diagnosis. It's supposed to make me feel like now I understand

myself, but, but it's saying that it's kind of like all these descriptions of myself that are viewed very negatively by anyone. Right. I know I

[00:16:04] **Janina Fisher:** have a wonderful, uh, recording of an interview with a young woman who had made many suicide attempts, had been in and out of hospitals, and she says, she says to me, You know, when I would go to the hospital and the doctors would tell me that I was manipulative and attention seeking, it just wanted, made me wanna kill myself more.

[00:16:28] **Janina Fisher:** Uhhuh, , . Yeah. Which, Does not shock us.

[00:16:32] **Laura Reagan:** Exactly. It wouldn't feel that way.

[00:16:34] **Janina Fisher:** Right. So this, the theoretical idea that I went into these hospitals with was the idea that that self destructive behavior in trauma survivors is a reflection of traumatic responses. And a fragmented self, which has become at war against himself.

[00:16:59] **Janina Fisher:** Obviously, these clients are alive because part of them wants to live, and at the same time they have a relentlessly suicidal part that keeps leading them towards self destruction. And my theory was that the self destructive drive was actually. Site response. It was a trauma related survival response that got triggered in various contexts, well, most of which ironically, are usually relational.

[00:17:32] **Janina Fisher:** And so, so again, this was a hospital desperate enough to, to try anything. And I, I had a strategy which I've used in many hospitals. I just asked the staff are, how many of you are willing to try something different, even if you have some skepticism about it and some, some staff. It was always interesting to see.

[00:18:00] **Janina Fisher:** Many staff were determined to just keep on doing what they'd always done. But always 30 or 40 or 50% of the staff would raise their hands and say, I'm tired of not being able to help these clients, and I'm willing to try anything. And so, So the treatment that I created was a treatment in which we looked we help the client notice the self-destructive impulses as parts, so that using the structural dissociation model developed and widely accepted in Europe, just not well known or accepted here, and.

[00:18:43] **Janina Fisher:** And to my shock and delight, the clients really got it. So I would, I would teach them this model, which basically says in the context of trauma, we all fragment. We split so that the left brain part of our

personalities, Keep on keeping on, because that's part of what happens for every trauma survivor, right?

[00:19:07] **Janina Fisher:** They pick themselves up. If they're kids, they go to school, they do their homework, they clean their rooms, they manage very, very difficult parents, adults get up. Go to work, take the car in for service, take care of the kids. So there's a side that of everyone that keeps on keeping on and, and then there's a side which we see in the neuroscience research on trauma.

[00:19:36] **Janina Fisher:** The right brain side of the personality remains poised on guard for the next and the next, and the next traumatic. We also know from the brain science research that traumatic events are recalled more frequently in feeling memories, body memories, tactile memories, old factory memories, um, visual memories rather than as a clear, coherent narrative.

[00:20:08] **Janina Fisher:** So my assumption was that the right brain, part of the personality held the feeling memories of the trauma. But also the survival responses. And so which are fight, flight, freeze, like at deer in the headlights, submit and cry for help and, and that it wasn't hard to identify the parts because we only have five survival defenses.

[00:20:36] **Janina Fisher:** So any behavior has to reflect one of those. Or a combination like fight and flight, which it, you know, which you see when people explode in anger and then walk out, Right, Right. Or attach cry for help and submit can go together where the submitting is in the service of maintaining the relationship at all costs.

[00:21:03] **Janina Fisher:** So it was not hard for these clients. To start to see the parts. It just, I mean, I would spend 15 minutes with my psychoeducational flip chart, explain the model to these clients who had never met me before in their lives. I just walked into a hospital interview room and. Said hello, and then showed them my flip chart.

[00:21:28] **Janina Fisher:** And it was amazing how, how quickly and easily they saw themselves in the smile. It's just, it's been overwhelming. In fact, since the publication of my book, *Healing the Fragment itself of Trauma survivors*. Oh. Holding it up. Thank you, Laura. Um, I get emails every week, sometimes several in a day from trauma survivors all over the world saying, I just read your book and I wanna thank you because it taught me how to understand myself.

[00:22:06] **Janina Fisher:** I've never understood why I couldn't get help, why I frustrated my therapist, why I drove my loved ones crazy. I just, all I could

think was that I was a mentally ill person. And then I read your book and I understood myself. It's just. It's so, so gratifying to know that people can de pathologize themselves, to absolutely use it.

[00:22:34] **Janina Fisher:** It's like not only therapists who can de pathologize clients, but clients can de pathologize themselves if they have the information.

[00:22:46] **Laura Reagan:** Running a group private practice has been a challenging and rewarding experience, and one thing that has made it so much easier is therapy notes. Therapy notes, makes billing, scheduling, note taking, and telehealth incredibly easy. If you're coming from another EHR like I did, Therapy Notes makes the transition incredibly easy.

[00:23:05] **Laura Reagan:** Importing your demographic data free of charge so you can get going right away. My team has found Therapy Nodes very easy to learn. It's intuitive. The customer support is second and none, and that's one of the things that has kept me a Therapy Notes customer for several years now. Anytime I've needed to contact therapy notes for help with an issue I couldn't figure out on my own, I've been able to get through to someone and resolve the issue within 15 minutes.

[00:23:34] **Laura Reagan:** 99% of the. Find out what more than a hundred thousand mental health professionals already know. Try therapy notes for two months, absolutely free. Just click on the link in the show notes or enter the promo code. chat@therapynodes.com. Therapist, has this ever happened to you? You're sitting with a client in the thick of a therapy session, fully focused on the important work that's happening between you and the client.

[00:23:57] **Laura Reagan:** Suddenly 30 minutes into the session from down the hall, you hear the door to your office suite open. You and your current client were the only people in the suite, but now someone has come in, you're distracted from your current client as your anxiety shoots through the. Is it your new client who's scheduled to meet with you in 30 minutes, but your current session has 20 more minutes to go and you don't wanna interrupt this client's process to go check on who's there?

[00:24:17] **Laura Reagan:** Are they wandering through the suite looking for a receptionist? Is it a delivery person here to drop off a package that needs a signature? Are they about to come knocking on the therapy room door? Is it your neighbor from across the hall dropping off a piece of your mail that was left at their address?

[00:24:31] **Laura Reagan:** You hear the door closed, Did they? This has happened to me so many times over the years. As I anxiously anticipated this session with the new client, I would worry they were feeling anxious or abandoned cuz they weren't greeted when they got to the office. Now you don't have to worry and your clients can relax too, knowing that you have a discreet stress-free way for them to check in when they arrive for their appointment.

[00:24:50] **Laura Reagan:** The receptionist for iPad is a simple, inexpensive way to allow your clients to discreetly check in to notify providers of a patient's arrival. And to ensure your front lobby is stress free, the software sends an immediate notification to the therapist when a client checks in and can even ask if any patient information has changed since their last visit.

[00:25:07] **Laura Reagan:** Sign up for a 14 day free trial of the receptionist for iPad by going to the receptionist.com/therapy chat. And when you do, you'll also receive a \$25 Amazon gift card.

[00:25:19] **Laura Reagan:** That's so true. And you know, when we talk about structural dissociation, when I talk about that with therapists that I work with often it sounds complex and you know when you show it and you have a diagram in your book as well as your flip chart, it makes it more concrete.

[00:25:38] **Laura Reagan:** But every time I've ever used that with a. Showing it to them, they get it. They just get it immediately. Just like you were saying. So we have this idea that someone who's been in a state mental hospital for two to five years, seen as, you know, almost, you know, the state is like, Well, let's try anything, you know, last resort.

[00:26:01] **Laura Reagan:** Let's get an expert in here. Hey . But that, that would be, Too complicated, too complex for, for a client like that to understand or a patient. And clearly people know themselves. They just need the information. And

[00:26:14] **Janina Fisher:** also that was someone, Juda Herman taught me because she believed that it was very important that victims get educated so that they were not coming for.

[00:26:28] **Janina Fisher:** With the therapist in this lofty position above them, um, knowing about trauma, while the client had no self-esteem, no sense of having any strengths and didn't understand what had happened, so she taught us to educate clients about trauma. Just as a natural part of therapy. And, and of

course as the years went on, we had more and more information to share, which made it even more valuable.

[00:27:00] **Laura Reagan:** Absolutely. Yeah. Yes. I love her perspective too. The dignity of each person just really comes through in her writing and her way of being. Um, at the Trf also.

[00:27:11] **Janina Fisher:** Yes. That's right. That's right. She was at the conference too. Yeah. Yeah. So what, what I've really appreciated about this model is that it's also, it's also an attachment model because I had this epiphany, oh goodness, I can't even remember how many years ago, Over 10 years, and it was what led me to write the fragmented selves book.

[00:27:39] **Janina Fisher:** I had this epiphany thinking about a question that had been posed by a supervisee. She, she asked, What is healing? Like, what are, what are, what's, how do we know when somebody's heal? And I thought, Oh my gosh. We talk about, we talk about healing, but have we ever defined it? And so I began to think, right.

[00:28:01] **Janina Fisher:** What do we mean when we talk about trauma healing? And I thought, Well, it's, it's definitely not what people feel after they've processed their memories. Even with emdr, people feel relieved, they feel exhausted. They feel like they made it through something, but they don't feel healed. Mm-hmm. . And so I began to think, ok, what's the moment that people feel healed?

[00:28:26] **Janina Fisher:** And then it just came to me. It's when, it's the moment that they deeply accept themselves. They, they, you know, they, they forgive themselves. They, for the first time feel warmly and lovingly toward themselves. We could call it self compassion, but it's that moment that they go from fear and self attack to acceptance and compassion.

[00:28:54] **Janina Fisher:** And, and then I began to think, okay, how do we help people get there? And, and it, and then it made sense to me. It's easier to get there if we try to attach to our parts. Because our whole selves are complicated. Everybody has qualities in themselves they don't like as well as other qualities. So, so it can be hard to accept one's own self a hundred percent unconditionally, but it's easy to accept and welcome and, and be, be warmly disposed toward a young child part or an angry teenager.

[00:29:34] **Janina Fisher:** And so, That was really the, the other component, not only helping people to see, Oh, it's not me that wants to die. It's this part of

me that wants to save me by killing me. And then for them to take this second step, which which is to say, Can I make a relationship with this part that wants to kill me? Can I rema, Can I make a relationship with.

[00:30:03] **Janina Fisher:** The child whose sadness is overwhelming and how, how can I welcome all of these parts to the table? Because if I don't welcome them to the table, they're going to be in a struggle and conflict.

[00:30:17] **Laura Reagan:** They're gonna be running around under the table, making it jostle all around and not. The leg out.

[00:30:25] **Janina Fisher:** Absolutely.

[00:30:25] **Janina Fisher:** That's a great way to put it. I love it. I'm just seeing little parts running around as table

[00:30:35] **Janina Fisher:** Fantastic. I love it. So that's the of, of, of trauma informed stabilization treatment called TIST because every trauma treatment has to have initials.

[00:30:47] **Laura Reagan:** Yeah, without an acronym, does it even exist?

[00:30:50] **Janina Fisher:** I know and we've just had our first, um, certification training in the approach. We've graduated a hundred certified therapists.

[00:31:03] **Janina Fisher:** Which is really exciting and, and already I, I know I get a lot of requests for, do you know someone in this state or this country that can work the way you describe in your book and my, my list or my directory now gives me those resources to offer to clients, which is fantastic.

[00:31:28] **Laura Reagan:** That is so beautiful. It, you're spreading it.

[00:31:33] **Laura Reagan:** Those 100 therapists, they work with thousands of people. More people get trained. That's, that's the movement.

[00:31:40] **Janina Fisher:** Exactly, exactly right. Because everyone that we reach or teach has a, has an impact on hundreds of people. Yeah. And, and it's also so. For trauma survivors to feel a whole community behind them.

[00:31:59] **Janina Fisher:** Mm-hmm. . Cause if there's a community of therapists as there is for the, the podcast, that means there's a community that's

on their side that thinks that what they've been through is significant. That their needs are legitimate. Yeah, That's

[00:32:15] **Janina Fisher:** important.

[00:32:16] **Janina Fisher:** Yeah. Yes, absolutely. And in these state hospitals, I didn't deliver the treatment.

[00:32:21] **Janina Fisher:** I was the consultant. I would meet with the clients for a half hour a month, and I would train the staff to work with them. But what the, this, the factor we hadn't even built into the model was that my presence. Mm-hmm. as a member of the team, had enormous power for these clients. It was like, wow, this person that we think is important thinks that we're important to work with our team and to, and to support our healing.

[00:32:57] **Janina Fisher:** And so it was great. Sometimes, sometimes the would ask their therapists, Could you ask Dr. Fisher, , you know, such and such, right? Could you ask Dr. Fisher why I hear voices and, and of course just the fact that the therapist could ask me and then, you know, the therapist could have answered that question yeah, a million times.

[00:33:22] **Janina Fisher:** But it felt there were certain questions that they needed. They needed somebody they perceived as having a smarter brain. To answer.

[00:33:31] **Laura Reagan:** Well, and you're like an attachment object there already. Like they're saying, this person cares about me. So their role here is a crucial piece.

[00:33:40] **Janina Fisher:** Right? Right. Yes. Yeah, that's great.

[00:33:43] **Janina Fisher:** I love it. I kinda, the matriarch of the family that's,

[00:33:48] **Laura Reagan:** Have you heard that? Have you heard that expression? I think. The millennial generation and generation Z are brilliant at coming up with little catch phrases to describe things. And one thing that I've been hearing is your therapist's therapist is your grand therapist

[00:34:04] **Laura Reagan:** So you could be the grand therapist for the therapist that were in the hospital. I

[00:34:09] **Janina Fisher:** love it. Oh my God. If I live long enough, I'll be the great grand . Please do . Well that's great. I love it. .

[00:34:21] **Laura Reagan:** Yeah. Well, I wanna ask you something. I think it's almost like the un, I guess it's like the elephant in the room question in a way, because I think it's common for therapists to understand that people have trauma histories and they understand that trauma is real.

[00:34:37] **Laura Reagan:** They know it's a thing, and they may have some training in how to work with trauma, but they don't always recognize their clients. As having, you know, they'll say, Well, I've already ruled out trauma. And it's like, well, how did you rule it out? And they'll say, I asked the client if they had any trauma and they said no.

[00:34:53] **Laura Reagan:** You know?

[00:34:54] **Janina Fisher:** Right, right, right. Which is, I think one of the, the problems with our, our sort of narrative memory way of thinking. Like we, we only believe the history the client has told us. And so now obviously we don't wanna put words in any client's mouth, but it's so common for people to have been traumatized and not know it, you know, particularly when the trauma is unusual.

[00:35:23] **Janina Fisher:** Like medical trauma, like accidents, the death of a parent in childhood. Yeah, just traumatic. And many people don't realize that being a witness to domestic violence, even if the victim where there's so many types of trauma and

[00:35:41] **Laura Reagan:** things that were preverbal memory.

[00:35:44] **Janina Fisher:** Absolutely. Absolutely. And we know from the attachment research that having parents who are frightening or peer frightened has a traumatic effect on children.

[00:35:58] **Janina Fisher:** So one of the things that I've learned to do is I don't ask people, Were you traumatized or. I asked them when you were growing up, were either of your parents ever frightening? And that gets a lot more Yes responses. And then I asked them, And when you were growing up, did either of your parents appear frightened?

[00:36:21] **Janina Fisher:** And I can remember, I can. I'm just remembering a client right now who said no when I said, Were either of your parents ever

frightening? But what I said, Were either of your parents ever frightened? She said, Oh my gosh, my mother was the most frightened person I've ever known. And then it turned out, and so that I, I could say, Okay, so when you have a parent who appears frightened and you're little kid, that's scary.

[00:36:50] **Janina Fisher:** It later turned out what the client had neglected to mention because she minimized it all through her childhood into her adult. Was that her mother was also frightening if the mother wasn't frightened. She was enraged and, and scary in her anger. So, so, so usually if I ask the frightened and frightening question, I get fewer of those nos and you know, we also know now, which isn't really in our client interview.

[00:37:27] **Janina Fisher:** Repertoire. We also know that about intergenerational trauma. Mm-hmm. , right? We know that if you're a child of an untreated trauma survivor, you have a statistical likelihood of having ptsd. So, so we, we gotta remember to ask that question too. Were either of your parent, did either of your parents have frightening?

[00:37:53] **Janina Fisher:** Did either of your parents ever experience any losses? I'm, I'm thinking of many, many clients whose parents, parents died when they were very young. So the parent generation had been, had, had traumatic losses at an early age, and so that trauma kept getting passed down. Yeah.

[00:38:15] **Laura Reagan:** Well, and you know, when I think about it, when you think about just the context of history, even just in the 20th century, The parents, you know, my parents were in their eighties, were raised during World War ii and what they, you know, so they, they grew up during war.

[00:38:31] **Laura Reagan:** Even if it wasn't on US soil, it affected everyone who was living at that time, including certainly their parents.

[00:38:40] **Laura Reagan:** Oh, absolutely. And then if their

[00:38:42] **Laura Reagan:** parents were like World War I vets, one of 'em was, you know, then that's another layer and not mention the depression and the, you know Right. Assassination of Presidents and Martin Luther King and all thing,

[00:38:56] **Janina Fisher:** and all the, the immigrants who make up the Yeah.

[00:39:00] **Janina Fisher:** You know, the bulk of of Americans. You know, I'm thinking about the Irish coming from the potato famine in Ireland. So they were

coming from a very traumatic situation to the us So there's so much more intergenerational trauma actually, I just had a client just. The other day, who said to me, bless her heart, I was really the one, She said, You know, besides my family, you know, I had another trauma too.

[00:39:31] **Janina Fisher:** I'm Jewish. Right. And I, And I really, She's absolutely right. Yeah. Because she carries the multigenerational legacy of the persecution of Jews, which well precedes the Holocaust, goes back thousands of years, thousands of years. So, so we, and of course, are gonna, we have to look forward to the generation of children who've been impacted by Covid.

[00:39:59] **Laura Reagan:** Yes. I just saw a headline. Said that, Did you see this? I think it was either in the New York Times or Washington Post, but it said something like, 80 million children in America lost a parent or caregiver during Covid. Wow. Yeah.

[00:40:13] **Janina Fisher:** But that makes sense. If, if a billion people have died, many of them were caregivers.

[00:40:19] **Janina Fisher:** Yeah.

[00:40:19] **Laura Reagan:** Yeah. So that's, you know, again, we're living this now, but it's, it's impacting us now, but it's impacting developing bodies and brains. Right. Even more. Significantly. Mm-hmm. .

[00:40:32] **Janina Fisher:** Yeah. Yeah. And you know, we've all been doing the sort of the equivalent of, of hiding in bomb shelters. Mm-hmm. trying not to get COVID, Yeah.

[00:40:44] **Janina Fisher:** Yes.

[00:40:44] **Laura Reagan:** So, so think about parents being frightened.

[00:40:46] **Janina Fisher:** Yeah. There's a lot of work for us to do.

[00:40:50] **Laura Reagan:** Well, I wish we could talk more. I wish we could talk for hours. But I know that you are a very busy person and, and certainly we can't do that, but I'm excited the about the fact that your TIST training is really pretty accessible because it's available online.

[00:41:07] **Janina Fisher:** So that was something I really wanted because I realized that's. I couldn't, I couldn't travel enough to give trainings in New York

or the DC Metro area or Chicago. I had to have a way to reach people virtually and, and luckily I was able to partner with the Academy of Therapy Wisdom to create an online training.

[00:41:35] **Janina Fisher:** So it's very exciting that we're starting our second round of our certification training coming up in a couple of months.

[00:41:44] **Laura Reagan:** Yeah, that is so exciting and um, I'm planning on joining that.

[00:41:48] **Janina Fisher:** Oh, great. , lovely to have you.

[00:41:51] **Laura Reagan:** Yeah, thank you. I can't wait. But also I'm excited because, uh, and I'll share a link to this in the show notes, but we have a special gift or something for our listeners that the Academy of Therapy Wisdom has shared, so,

[00:42:06] **Janina Fisher:** Oh, how nice.

[00:42:07] **Janina Fisher:** Yeah, that's great. That is great. Wonderful.

[00:42:12] **Laura Reagan:** So Janina can you tell everyone who's listening where they can find. Everything you're doing, your books, your flip charts, your trainings, where do they find all that stuff?

[00:42:23] **Janina Fisher:** The best place, so thank you for reminding me, um, because I have to update my website, is to go to my website, [janina fisher.com](http://janinafisher.com).

[00:42:32] **Janina Fisher:** Another good way is just to Google, just to Google my name. You know, Janina Fisher upcoming trainings. And, uh, I will try to get my assistant to update the list of trainings on my website, but the TIST training information should be there and, uh, and, uh, you know, information, Um, I think, I think there's a way on my website to add your name to my mailing list.

[00:43:00] **Janina Fisher:** Mm-hmm. , which I don't abuse. Just so everybody knows , I actually have a pet peeve about those, uh, programs that incessantly email us apparently every day, it seems like

[00:43:14] **Laura Reagan:** I know, sometimes three times a day.

[00:43:17] **Janina Fisher:** So I try to be very thoughtful about just railing a few times a year when there's something that I'm doing or one of my colleagues is doing that I think will interest people

[00:43:30] **Laura Reagan:** Well, I know that everything you, you put out into the world is thoughtful and high quality.

[00:43:36] **Laura Reagan:** So, and I'll be sharing the link to the TIST training that's coming up soonest for people to sign up too. So, I'll put that and your website in the show notes. And I just wanna say one more time, thank you so much for sharing your, uh, little sliver of your wisdom and knowledge with us today on Therapy Chat, it's been such a pleasure talking with you.

[00:43:57] **Janina Fisher:** It has been such a pleasure, Laura, And thanks to you and your audience take good care and keep doing the good work that you all do.

[00:44:08] **Laura Reagan:** Thank you to Therapy Notes for sponsoring this week's episode. I do love therapy notes. It's such an asset to my business and makes my job as a practice owner and a therapist much easier.

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