Introduction to Trauma and Healing

Welcome back to the conversation. And today I have Alex Howard. Alex, you are the creator of the therapeutic coaching methodology and the founder of the Optimum Health Clinic.

You're an expert in trauma, which is why I've asked you to join this conversation and help us understand the impact trauma has on the healing process.

Welcome. Laura. Thank you so much for having me. I'm excited to be here. I think this is such an important conversation to have because in my experience in working with people with low energy, you know, brain fogginess, digestive symptoms, body aches, autoimmune conditions, chronic health conditions.

They're on this neverending journey to solve this. And if we don't address the trauma piece, what I find is that people stay stuck. So I'd love you to speak into that right away here and explain to us what is trauma and why would I make this such an important part of this summit?

Yeah, well, of all, thank you for having me. I think it's a it's a great question. And I think, you know, trauma is something that we hear a lot about in conversation these days.

For those of us that have been working in this area for a few decades, I know you're one of those people it suddenly feel it's a bit like having a band that you've loved for 20 years that suddenly gets like, like 20 years later.

Like, well, we've been kind of having this conversation for a long time, but one of the things I realize is that a lot of people have been talking about trauma without recognizing that they're actually talking about trauma, because I think a lot of people's definition of trauma is a more classic PTSD, like trauma, where someone's been in a car accident, someone's been in a war zone.

And it's a massive overload to the system, which clearly we would define as being traumatic. The challenges that are often the things that most shape us when it comes to childhood experiences are in the context of a conversation we can talk about is trauma.

Often the reason why they have such an impact is we normalize to them. We don't recognize that those experiences and those things are anything other than just the way that the world is.

And then what we do is we build defenses, adaptations, functional ways of responding that work, and they work because even if we're suffering from chronic health conditions, inflammation, whatever it may be, we did survive.

Like we're still here to tell the tale. The problem is that the ways that often that we adapt, the defensive strategies, the ways we learn to often shut down and not respond to our feelings and our emotions, the very things that help us survive often become the things that become the source of our suffering later in life.

Like one of the ways that I talk about it is the walls of defense that we build to help us survive childhood, become the walls of the prison that entrap us in adulthood.

Big T vs Covert Childhood Trauma

And so being able to bring some awareness and understanding to the events that happen, but also the context within which the events happen and how we respond to them, can then help us make sense of how all of this may be showing up in our lives now in ways that we may not even have identified, we may not even have recognized.

So I would love for you to unpack and explain because I think some examples would be really helpful here. You

explained big traumas, so when I think of big traumas, I think of, you know, death.

Loss of a loved one. Mental, physical, sexual abuse. These types of car accidents, these type of big traumas. But you mentioned that it doesn't have to be big.

It could be a small thing. And so can you give us some examples in your experience of people you've worked with where they've tried for a long time to get well, and then they've come to somebody like you who specializes in trauma and had an aha moment and realized it was that thing that is holding me back that was so small.

And like you said, people have normalized it. They've made it not a big deal. And humans are very resilient. Right. So we keep going. We keep going. But what are some of the things that people may not realize?

I think everybody gets the big stuff right. But the little stuff that's not post-traumatic stress disorder. What is that? Yeah, well, I think in a way, it's a best answer to the question.

I want to give a bit of a framework to to to help organize this because, you know, like you having interviewed many, many people over the years and online conferences and events, particularly our annual trauma super conference, where I think I've asked the question, what is trauma to probably 250 plus people over the last the last four years?

I realized when I was writing my last book, it was like, I need to really organize this because there's lots of pieces to this jigsaw. So what I realized is that a particularly we're talking in the context of childhood trauma here.

And that's not to say, by the way, that adult trauma isn't significant. It is. But often what determines how we respond to traumatic experience in adulthood is predefined somewhat by the experiences that we have in childhood.

So what I came to realize is that what happens in childhood is really an echo by echoes through our lives. But echo isn't just a description. It's also an acronym of really four steps or four stages in the process of how we end up suffering from the effects of trauma.

So just to break those down very quickly, then we can come into them a little bit more detail. So the E of Echo is the events, and we'll come back to that in a second.

We're talking about kind of the more obvious events, but also the more subtle of that's the C of Echo is the context within which those events happen.

You can have two people that have the same event happen, but it doesn't necessarily have the same impact on that person. The H of Echo or the third step of what happens in trauma is the homeostasis, the homeostatic balance of our nervous system changes.

So the place of safety and calmness that we want to be able to come back to becomes increasingly dysregulated. The O of Echo, all the full force stuff.

What happens in trauma is there are certain outcomes in our lives. Now, this is why I think this is particularly important in the context of this conversation.

We will in a minute go back and break this all down in a bit more detail. But often people come to medical doctors, to psychologists, psychiatrists, to online conferences with certain effects or outcomes that are happening in their lives.

Anxiety, depression. Self-esteem issues. Relationship issues, health issues, particularly chronic health issues. Inflammation is a good example of this because those things are symptoms of a dysregulation altered nervous system.

A dysregulated nervous system is the result of these events hitting a context where we can't process them. We can't support them. The problem is when we when interventions are only focused on the outcomes, they're only

focused on the symptoms of trauma.

We're not really healing the source of what's going on. Someone can do the best detox programs, have the best supplement protocol, eat the best food, do the best movement practices, have the best environmental cleaning, all the best things that they can do.

But if there is a dysregulated nervous system which is caused by trauma experiences that have happened, that's going to have an impact of how those things are received.

So if we just jump back a little bit, if we talked about events to go back to your question, Nora, around that is the PTSD type events that these more subtle events.

So one way people talk about it is the comparison of people called big T trauma versus small t trauma. I'm not a particularly big fan of that phrase because I think the point is it suggests that small t trauma is small, but actually going back to where we started.

Sometimes those events are actually more significant. And so I tend to talk about the difference between covert trauma by obviously traumatic things and the excellent research on adverse childhood experiences.

Be a great example of that. Things like fit in a childhood where there's physical abuse, sexual abuse, emotional neglect, physical neglect happening incarcerated parent or so.

To answer your question, what I call covert trauma may be a subtle as, let's say one day we were enthusiastic in the classroom at school, and we put our hand up to answer a question and we got the answer wrong.

And the other kids laughed. But also the teacher laughed and we felt shame, we felt ashamed or we felt shame. And we came home and we expressed this in some way too, to our parents.

And rather than responding in a way that really honored and allowed us to have that felt, sense or experience, they did something else. Maybe they saved us as well.

Or maybe they just responded by sort of trying to get us to snap out of them and telling us, you know, you may be a big boy or a big girl and, you know, you know, rise above it.

Maybe they were really busy in their own lives trying to, you know, trying to earn money, look after the household to take care of us, look after siblings or whatever.

But what we learned was that our feelings and our emotions aren't important. Well, we also learned was that the better you get us at suppressing how you feel, the more love the world gives you.

So we have these experiences where we learn things about ourselves. We learn things about other people. We learn things about the validity or the the validity, if that's a word for our feelings and emotions and so on.

And we then normalize to these things. Now, if I can just add one more piece in here as well. We talked about going back to this Echo model as the events I mentioned, the context.

That context is really we all have three core emotional needs. These emotional needs are as important to our emotional development as things like food, oxygen or water are to our physical development.

Now, if we don't get the best food or enough food as a child, our physical body will still develop. But it won't develop in the optimum way.

How Trauma Dysregulates the Nervous System

So these core emotional needs, just very briefly, the need for boundaries, that that's the ability to say yes and no,

yes and no to other people, but also yes and no to ourselves.

The need for safety as a small child that would be getting co regulation like nervous system learns it safe from our caregivers and our caregivers being a soft place to fall that teaches our system that we're safe if we get healthy.

CO regulation as a child will learn how to self-regulate into adulthood. And so the world becomes too much for us. But we have a place we can come back to, where we can we can settle in ourselves.

And then the third core emotional need being the need for love. And this is no love for what we do and what we achieve. In fact, it's very much something different to that.

It's love for who we are as we are one of the best predictors of long term, healthy self-esteem is how we will responded to emotionally as a child, what we validated in our experience, or we were rejected or or shot down for from experience.

So the events over us will cover that trauma, the context, the core emotional needs, boundary safety and love. If the events overwhelms and or if the core emotional needs are not met.

The balance of our nervous system, the homeostatic balance, light homeostasis, meaning safe, same stable hormones, our sleep patterns, our blood sugar, they all have balances that balance becomes disregulated, what we call a maladaptive stress response, a healthy stress response that's become maladaptive.

And this is what leads to those outcomes of trauma in our lives. And so just to go back to absolutely your question, but it's not just what happens, it's the context within which that happens.

And often it's the things which are the less obvious because they're normalized too, that really become wired into our system as patterns. And then it's this this regulation of our nervous system, which is really how it's impacting us in our lives. Now.

As you're speaking, I'm just thinking of all these moments in my own childhood and the moments that I remember as embarrassing or sad or traumatic in some way that really had me feel like I'm not enough and that had me be less curious, less likely to speak out, less likely to raise my hand and ask a question.

And I have to admit, I've spent a large part of my adulthood working on that. So join the club. Those self-limiting beliefs and all of it. But from a from what I do now in the functional medicine space and I work with people who, as you mentioned, were doing the best protocols ever.

Right? We know how to fix people's gut health. We know how to get toxins out of their body. We know how to get the immune system back online. We know how to get nutrients absorbing back into the body.

But there's this small group of people that I work with that no matter what kind of amazing protocol I write for them, they're still stuck. And these are the people that spend a lot of time, effort, money in trying to solve their health issue.

So what I'd love for you to connect now is how does the trauma and I love how you describe it. This echo model is brilliant. How does this trauma relate to inflammation and inflammatory diseases?

So bridge that gap for us? Because I think you've made the case that, wow, I think people's eyes are open right now, like, oh, my goodness, it's not just the trauma, it's the context in which it happened and what I made up about it.

Right. Or how I interpreted it. Right. Because we are meaning making machines as humans, we make an interpretation out of everything. So the most benign, harmless thing if if based on the context, could have been huge for us.

Yeah. And I can think of those moments in my own life. So how does this relate to inflammation and the problems that people are here right now trying to solve?

Yeah. Yeah, yeah. So to answer that question, I'm going to give a little bit more context of how I came to doing this work. Can we maybe come to that more detail later?

But I suffered from Chronic Fatigue Syndrome for seven years in my mid-teens to early twenties and one of the results of that was eventually making a full recovery.

I set up the clinic that I wanted to exist in those years that I'd been ill, and that clinic or that the optimum health clinic we have a combines functional medicine train nutritional therapy team where the therapeutic coaching psychology team and it was really interesting in that in the very early years it was just, you know, myself and one other psychology person, a nutritionist in the super small teams and so we would work very, very closely together with each patient that came in learning and figuring out what works and what didn't work.

One of the things that we found was there were some people that would do come in and we would do what we'd call like low hanging fruit on the nutritional therapy side, and they would get pretty obvious good results quickly.

And that's great. Others would do the same on the psychology side, but they were, to answer your question, as you point to, there were a group of people where you do all the obvious things.

In fact, you'd find functional imbalances, you put protocols to target that, and then they would react to the supplements and they couldn't tolerate the protocol, or you would do the protocol, and then you'd go back, you'd revisit the blood markers and stuff that hadn't changed in the ways that you would expect it to change.

Or you do the protocol and you'd address one set of symptoms. Another set of symptoms would stop and say a lot of discomfort. Like playing whack a mole. Alex I suck.

And it's like and it's of course, it's incredibly frustrating for, for, for the patient, but it's also like, you know, those of us who get into this work, particularly, that have gone against the mainstream sort of grain and so have had to sort of step out on our own somewhat like we're really not.

I'm not. So people don't care. They care as well. But there's an additional level of caring that, you know, that people have a level of trust in the way of working, which isn't the most the most sort of well-trodden path.

And then it's like, you know, we fail that, you know, and it's like we would be up until the early hours talking about like, why, why what's happening in this case and what were lots of factors.

But one of the things that particularly we came to realize was the for the body to heal, it has to be in a healing state. And one of the natural capacities of our physical body and also our emotional body is healing like that.

I go back to the emotional example, that child that comes home from school that's felt shamed. If that child gets the physical, the emotional holding that it needs, that gets the reassurance.

Maybe once it's had that it gets a few strategies or how it may have navigated it differently, then that's just a bad day at school. And so we are resilient, but we need to have those core emotional needs met to be resilient.

The same is true physically. You know, we get a scar on our skin and it bleeds and then we need to seal the skin. Maybe we do that with a plaster, maybe the skin is stitched together, but there's not the drug that you then take that makes the skin heal slightly.

You break a bone, okay? You got to set the bone. You may take painkillers to manage the pain, but again, it's not the drug that you take that makes the bone repair itself.

And in fact, the research says that the strongest part of that bone, once it's healed, will be the point of the break.

And so that capacity towards healing is within us.

So the question the question often people have is why is is why am I sick? And sometimes it's the wrong question. The question is, well, what's stopping you from healing?

What's in the way of the natural healing process that's there? No kicking into the way that it needs to. It's like you take a bar of soap in the bath and you put it underneath the surface, you let go and it floats like that.

That's the natural instinct. When we are in a maladaptive stress response.

Trauma, Chronic Stress, and Inflammation

So just to give that a little bit more context as well, our system can be in a stressed or healing state. When we're in a stressed state. There's two basically two types of stress.

There's acute stress and there's chronic stress. Acute stress. You and I are walking down the street in London. There's we now have electric busses, those big red London busses.

Everyone's seen on the on the movies, whatever. But now electric, a lot of them. So you can't hear them. So you're walking down the street, you don't hear the bus.

You suddenly see the bus. You got to get out of the way. So we leap out of the way on. So I think he's called it the sidewalk, we call it the pavement.

And in that moment, you get a big hit of adrenaline and cortisol, just like if thousands of years ago, we've been walking along, we don't see the sabertooth tiger.

We go to escape from the threat that hit of adrenaline cortisol and that that immediate acute stress response is why we survive. It's what allows us to respond really quickly to get out of that nature.

Chronic stress is like the bus is chasing us the whole time or the sabertooth tiger is hunting us the whole time. Now in that state that shifts to an immediate stress response, doesn't get to resettle.

So we get sweat, we get locked. Like going back to my point in the Echo model, the homeostasis, the point of balance starts to shift and we become more and more normalized to being in this state of being on because it happens often over time.

We don't realize it's happening, so we now become normalized to being in a state of maladaptive stress response. When we're in a state of maladaptive stress response, our body can't do everything at once.

It's going to prioritize survival over some of those other repair functions and so on. In fact, it's fascinating study that was done exactly when it was now ten, 15 years ago, where they were looking at wound repair in people which were experiencing chronic stress.

So they had a control group and then they had a I guess we call it intervention group. That group was selected by people that were caring for a relative that had Alzheimer's or dementia make sense as the ongoing stressful situation to them.

They did a three and a half millimeter muscle punch biopsy to basically cause a wound and then measured how long the wound took to heal. Those that were caring for the relative that had Alzheimer's or dementia took around 25% longer for the wound to heal.

So to get back, to answer, to answer your questions, I don't have to point out specificity, but just to tie it together to answer your question. So what is inflammation?

Inflammation is ultimately a sense of overactivation in a certain part of the body, like it's a sense of irritation or activation or immune system responding to something that may not necessarily be a danger or be a threat.

Well, firstly, to heal inflammation, we need to be in that healing state. It's taking longer if we're in a state of stress, when we're in a maladaptive stress response for our body to be able to heal, to overcome complex chronic illnesses, inflammation being one elements of that, it needs to be in a healing state, which it's not when we're in a maladaptive stress response.

And then we add in an additional piece that many of the conditions that have inflammation as part of the beta issues where there's digestive issues, bare immune issues, beer muscle issues, part of what is going on in those situations is that we have a condition that we don't fully understand, otherwise known as medically unexplained illnesses, we just got a whole new level of maladaptive stress response.

What's wrong with me? Why is it wrong with me? Will I ever recover? Do I do this drug treatment? Do I do that thing to I do that. So the very experience of suffering with a condition that's likely to have inflammation as part of it is another trigger to this maladaptive stress response.

I am fascinated by this talk and the ease with which you explain this. I think light bulbs are going off for our audience right now. They're understanding maybe for the first time that this is a critical piece and just that punch biopsy study with the people taking care of parents with Alzheimer's.

I mean, if that doesn't illustrate this perfectly, I, I can't even believe this study happened. I mean, it's pretty impressive that this passed. You know, a human regulator, regulatory board says, hey, you know, we're going to inflict pain on somebody and then measure what happens.

I think that's that's pretty remarkable. Thank goodness for that study. I want to get into next about the steps to reset your nervous system. Before we do that, Alex, I want to thank you for joining us today for the first half of our talk on the impact of trauma in the body to our audience.

I hope you found our conversation thus far insightful and helpful. If you're a summit purchaser, stay right here, because we're about to dove even deeper into this discussion with Alex.

If you're not, click on the button on this page to get access to a continuation of this conversation and many others, and get the tools you need to reclaim your health.

If you're watching this continuation of my talk with Alex Howard, thank you for being a valuable member of our community. We're going to dove right back in.

And Alex, you've outlined so beautifully how the body responds to stressors, how it's so important to look at not just the event but the context of the event and then how it gets incorporated into the our physical experience, our experience here in this lifetime, on this planet like that, we've heard the concept of the issues are in the tissues.

Right? And they're they are in our body. And we are. And I think you've illustrated quite beautifully that we're probably not going to heal with the best supplement protocols, the best nutrition and the best, you know, biohacking, whatever it is, if you don't help your body resolve this piece.

So what I'd love for you to do now is to talk about how we reset the nervous system, because you you explained that and I was so good. I wrote it down that for the body to heal, it has to be in a healing state.

And so if you're in this nervous system of fight or flight, not healing state, the red bus is following you everywhere, which is a hilarious analogy about.

Trying to update the outside of a true tiger. Now, as you've ever. Known, that's so good. I've been on those red busses in England and they were very noisy when I was on Still Gas Powered, and I brought to mind that I've almost been run over by a Tesla in a parking lot before because you don't hear them.

It's like a Prius is a Tesla. Like, I've almost been killed, so talk to us about how we start to reset this. I'm sure that there's steps to this. I'm sure that there's a process.

So if if you could unpack that and give our audience some really great tips on how do we start to solve this? And in a way that's not traumatic, because I think you could well, nobody wants to relive the trauma.

Do we have to? Yeah, they're all great questions. And I also want to tie it back to what we touched on a little bit earlier, which is that that group of patients where it feels like they're doing all the right things, but it's not fully working.

So just to set up where we're going to go when we're effective in research, seeing the nervous system, what you often find for that group of people is those hyper sensitivities calm down.

Or those people where you're playing Whac-A-Mole, you actually find that the the effectiveness of the intervention starts to stick and you actually see more of a lasting change that's going on there.

Resetting the Nervous System

And so the way I often contextualize this is for some people, psychology is the piece of the jigsaw, but for other people it's the piece of the jigsaw which allows the other pieces of the jigsaw then to come together and to stay in the place that they need to be.

And so the combat suits answer your question. Well, to answer the last part first, do we need to go back and re-experience those trauma events to heal?

The answer is possibly, possibly not. So we I'm going to give a framework where for I would say the majority of people, we don't then need to do trauma processing work.

The fact is those events already happened. So we can't change the events. What we're looking to do is to change what we've learned in our nervous system from those events.

When those events are overwhelming, when they are more those overt trauma events of things like physical abuse, sexual abuse and so on, we may need to do somewhat to process what's held in our body around that.

So for a real. Quick the real thing I just want to end up with, because what you just said is really important is that we need to change what we've learned in the nervous system.

And I think I want everybody to write that down and really process that you need to change what the body has learned and not necessarily relive the trauma.

Yeah. Or for some people, maybe they need to bring that back up and and yes. Think Yeah so sorry to interrupt interrupted. I want you to keep going. But I think that was a really critical point to drive home.

Yeah, yeah. The sequence in which we do intervention, in my experience, is very important. Typically people will go, I've got events of trauma, I need to go and heal the events.

And then you see situations where people's quality of life actually goes down, not up, because they've now got all of this stuff being reactivated in their system and there isn't much capacity to really ground and a place from which to really fully process that.

And so I like acronyms just like we have a code, we also have an acronym for, for, for resetting, which is reset, funnily enough. So it's five steps which, which in my experience need to happen sequentially.

And I'll come back in, in a few minutes to the piece we talked about around the processing and where that sits it. So the first step is in a way what we've been talking about so far, the so the are of recess.

We have to recognize what's happening, go back to where we started today. People will typically normalize to the experience that they have. Remember I said that the walls that we build, protect us and keep us safe in childhood often become the walls of the prison that trap us later in life.

If we can recognize our triggers, what's happening when it's happening, just recognizing that we're disregulated. Often back in the 20 years ago when we started the clinic, I would explain some of these principles and people would come in and say, That all makes sense, but I'm not, you know, my system's not disregulated.

And yet they'd be so disregulated that my empathetic quality means that I can feel some of what's going on for them. And I'm now fairly disregulated just by being sat with them because they're so jacked up in the nervous system, but they're normalized to it.

So for them that's just normal. So we have to recognize the next step is we have to examine why that dysregulation is happening, what are the patterns, what are the things that we learn from childhood?

What are the beliefs? What are the often the ways we've learned to try to meet our core emotional needs, which are unhealthy? They're the walls of the prison that we built up.

You know, things like the core emotional need a safety wasn't met. And so we're self-medicating with way of drugs or alcohol or food to try and find a way to get regulation.

So like, what are the what are the steps and things we put in place that often are making things worse, not better? So we recognize when we examine the piece of research is stop.

We need to have tools and strategies to stop those habits and those patterns, both to literally catch the pattern, stop, and to shift what's happening in our nervous system, but also practices which will help us learn to meet those core emotional needs.

So for example, if we don't have that didn't have that core emotionally to safety measure, we need to have ways to learn to self-regulate or nervous system meditation, yoga, tai chi, qigong, breathwork, lots of different ways.

But we need to learn how to bring that regulation back. So we need to recognize where to examine. We need to have those strategies and that to stop. And then we can come to working with the emotions, which is the second year of reset.

Some people that emotion is just repressed anger, hatred, sadness or so on that needs to be felt. Sometimes it needs to be to be allowed to move, and other times it just needs to be given permission to be there.

And sometimes we may need tools like tapping or EMDR, ways to actually process trauma that's more more deeply being held onto. If we try and do that emotional work before we bring some regulation to the system, often what happens is we become more disregulated and we actually find that things feel worse rather than feel better.

So this is just like with some functional medicine interventions, sequencing, important. Like you don't want to go into massive detox until you resource the body to be strong enough to be able to hold that detox.

People come in and they say, I've been detoxing for the last three months. I've never felt so well. It's like, Well, of course your system's not strong enough to hold this.

The same is true with emotional healing. We need to build a certain amount of of regular portion of learning to meet those core emotional needs, a self-awareness of what's happening.

And then we can come to the fifth step, which is transforming our relationships. So to transform, transforming our relationship with ourselves, our relationship with other people and the world around us.

What this really means is learning to meet those core emotional needs for ourselves as children. One of the

reasons why we're so vulnerable is we are dependent upon those around us to meet our needs.

The blessing or the curse of being an adult is we don't get that. We don't have that reality anymore. We can learn to meet those core emotional needs for ourselves.

And so to really reset the nervous system, it's part awareness like recognize and examine and have the understanding. It's part tools and strategy, like having practices in ways that teach the system to come, which is more of a sort of cognitive tool camp.

And then it's also part emotional healing. What the if all that stuff is being held in our system, we need to have ways of processing a feeling and of moving it.

If we just do, the more people might call it brain training or the more cognitive work. And we don't do the emotional healing work. One of the problems is we spend a whole life trying to calm our system, but part of the reason that activates is to escape the feelings that we're not feeling.

And so we can constantly be calming and constantly be activated. To really have a lasting change in our nervous system, we need to go through this whole process of awareness of tools and strategies and emotional healing.

And when we do that, this is where we see these sort of miracle cases where people have been stuck for months or years, and all the things that were making the worse or not working often start to work because they've gone from being in a stressed state to being a healing state in a healing state, which means that all of this internal resource has freed up for our body to do what it ultimately knows how to do, which is to heal.

So as you're going through this and explaining each step of reset, what comes to mind is people may be feeling like, Oh, that's a lot of stuff. There's five steps there.

But I have a feeling that it doesn't have to be a big, long, drawn out experience. So could you speak into that a little bit? Because I bet there's some overlap even between some of the steps and you've just explained it and laid it out in five steps.

Does that mean I'm assuming you don't have to spend a month in every step? I'm assuming like you can start to get really fast. So can you talk about that?

So how quickly you know, if people are really following the steps and really getting the support and really taking this seriously and really doing the things, not just kind of doing it, dabbling, stepping a toe in and oh, maybe I want to do this, but really committing to it.

What, how explain what people can experience with this, because I want people to see how easy this can be and it doesn't have to be a big, long, drawn out experience.

Yeah. So it really depends upon the person, depends upon the level of of the kind of trauma and so on that what we're looking at, we teach this in a, in a 12 week highly structured online program.

And at the end of that 12 weeks, the vast majority of people have learned how to reset their nervous system. For some people that if there's like information that's already showing up in significant physical changes, other people, they calm the system.

Then the healing process takes some more time. But it's not a 12 week process that you do 12 weeks and then you notice a positive light from early on.

Just understanding that the way that our trauma is impacting us now is how we are responding to ourselves right now. Like that alone can be transformational, like it's not some mysterious thing.

These things happened and there's this deep, unconscious programing. It's like we learn as a child, for example,

that our feelings and emotions were not valid.

We feel something now. What do we do? We reject and we ignore it. That is trauma in action to change that. We change how we're in relationship with ourselves.

Like in a way, what we're doing is we're learning to meet these three core emotional needs for ourselves that means learning how to self-regulate, like practices like breathwork, meditation, yoga.

Different things work for different people. We have very specific ways of teaching these some of these things that seem to have the widest generic impact, but also people can really stick to using those practices when we do that, for many people, relatively, there's an initial.

Oh, yes, okay. There's like a sense that something drops in in their system. And what I find is for people to really stick with doing the work. If we can give them early wins, then the motivation builds to follow through.

It's when someone has to stick at something for months without seeing anything shift. It's like, you know, there's a kind of reasonable response that kicks in.

Like, what's the point? Like is it working? And so we can get early wins. And if we've spent decades getting things set up in a certain way, it can take some time to unpack that and unravel that.

But we be seeing the benefits of that along the way, not waiting to some mysterious destination to finally see that the return on that investment. And what's the age range that you are working with in this, you know, 12 week program?

How young can people be and is it ever too late? Yeah. So we will say if someone's below 18, then we want to have some sort of parental oversight in the program.

We also make the point there are there is therapeutic use of foul language, certain points in the program, particularly when it comes to taking back the power from our inner critic.

And so we're always careful to frame that. But we've had teenagers be very with the program and we've had people in their nineties that have worked with the program so that it's as broad as range as you can imagine.

Good. What it comes down to is someone committing to do the work. Yeah. I want to open the floor to you in the last moments that we have here, because I know you probably have some messages that you really want people to hear.

You've been so gracious to answer all of my questions. And I know that you have, you know, your own personal history here of what got you here.

How Fast Healing Can Happen

Oftentimes, those of us who specialize in in, you know, the things that we do, what made us so great at it as that we have personal experiences with what we do, especially in the in the functional, integrative and natural medicine space.

So I'd love to open up to you just to share whatever you'd like with our audience. Yeah, I think my fascination over the years as a clinician and overseeing a quite large team of clinicians has been often the people that think that they're the most impossible cases because they've been around a bunch of different practitioners and tried a bunch of things and often will have the belief.

I've tried everything, by the way, that that always gives me a little bit. The kind of part of me always must make the point You've not tried. I am. I'm pretty across the research on what's going on.

I conduct of all conferences probably 100 interviews a year or something. I am always reading research or and I'm still learning stuff all of the time.

But often people have this narrative because they've tried a bunch of things that haven't worked and they often feel that they're the one person that can that no one can help.

They're my team will tell me off for efforts facing this, but they're the people that in a way we most like to work with because they're the ones that we learn the most from.

And, you know, where is when somebody is complex and not responding, as one would expect. And for a lot of clinicians, that can be a kind of, oh, what I want to deal with that we found over the years that all protocols constantly evolve and improve through understanding complexity and bringing maps and frameworks to make sense of of those things.

And so as much as we can feel that it's hopeless, nothing works. We've tried everything. That's not true. It may feel that way, but just because we feel something, it doesn't make it true.

And the sometimes it's like having the the ten digit code for a safe and we've got all ten digits. Right. And we've gotten we've got eight of them in the right place and there's just two digits.

We've got to switch around and we do that and the whole thing opens up. And there are people that I work with that have done so many things right and well, and they figured out a of things that haven't worked, things that have what they've learned to understand their body.

But there's one or two pieces that just need tweaking and the whole thing then starts to move forward. And so sometimes those cases that are the most complex are the ones where people are actually closer than they realize to things changing and all of that stuff that people have tried that hasn't worked to a skill clinician is just a ton of valuable insight and information because there's not just value available information and what does work, there's also and what doesn't and how someone reacts to you to that approach.

So we would never claim to have all the answers. In fact, my observation is people that taught with a lot of simplicity and certainty about complex matter, some of it because they understand that the subject well but when they when they reduce things down too much, what it tells me is they're spending too much time teaching and not enough time practicing because you do a lot of clinical work.

Who the Program Helps and Final Takeaways

You have it in your face all day, every day about where the limitations are and where the sort of nuances are of of those things. And so it's yeah, you know, it's an enormous privilege to work with people, but also to recognize we learn together.

But there absolutely are always answers and there are always new answers. And even the most complex cases, there are pathways forward. So that Alex where can our audience find you.

I know they're wanting to know how they could do this program with you. Where can they get a hold of you? Yeah. So the best place to go is my Website, which is AlexHoward.com and in AlexHoward.com You'll find signposts to various things that I do.

So that includes the Optimum Health Clinic and our team of clinicians there. And there's a five part video series called Decode your Trauma, which takes what we've talked about and takes some more time to unpack the specifics of that therapeutic coaching practitioner training program, which is a two year certification program.

And then there's my books, but particularly I like to point people towards my YouTube. One of my great passions is we do a series of films, therapy sessions with people really working in the way that I teach.

And people go for a therapeutic journey and we film the journey because one of my own is a very mindful of as people often have a narrative of what they think going through therapeutic work is, and that's often not what it's like.

And so to really demystify that and often, you know, we have sort of on average about 10,000 views per per episode and we have hundreds, 100 comments of people saying just by watching this, I feel like I've gone on the journey.

And so it's a great way of just getting free access to a lot of these ideas. I love this. I love that you make it so easy for people to get help. All this free content is out there and then if you want to work deeper, that's available as well.

But this is the hallmark of a of a really caring, loving practitioner who really is leaving legacy in the world. So thank you so much for sharing this, for being a part of this project.

you know when I sat down and created the speaker list and what the topics we were going to talk about, I really wanted to bring one of the world's greatest trauma speakers on with us, because this is so critical in people improving their overall health and resolving inflammatory diseases and getting rid of these symptoms that are plaguing them and preventing them from living their best, you know, life and experiencing their families and being in relationship with people.

So at the end of the day, this is really important. It must be part of a protocol. And thank you for contributing so much to this project until next time.

Pleasure. Thank you for having me. I appreciate your questions and appreciate your time. Thank you. Yeah. You're a delight to interview until next time, everyone take good care.

Bye now.