



THE

FATIGUE

SUPER

CONFERENCE

Case study: Healing the maladaptive stress response

Guest: Jess Thompson

Alex: Welcome to the Fatigue Super Conference. This is one of our case study sessions where we are breaking down real life patient stories, really from the practitioner perspective but also for those that are on the healing journey to understand the different ways that we will work with patients. This session is going to be focused towards the psychology side of someone's healing journey. Obviously with all recovery journeys there are many pieces for that jigsaw so as much as we're going to emphasize some of the psychology pieces, that's not to negate the importance that other pieces of the jigsaw played in this journey and in all journeys.

Alex: I'm joined by Jess Thompson. Hi Jess.

Jess: Hi.

Alex: Jess is Director of Psychology here at the Optimum Health Clinic. Jess, this was one of your own patients that we're talking about, isn't it?

Jess: That's right, yes.

Alex: Do you want to give a little bit of the initial background and context in terms of what was going on for this gentleman and why he came to us in the first place.

Jess: Sure. This client is a male in his late 40s. He is a firefighter. He had a gradual onset with this condition which began with a level of fatigue. He started to experience symptoms like a locked door at night and he would get home from work and be too exhausted to speak. He battled on with that for a while, kept pushing through, he's got achiever type. And then experienced an episode of vomiting, weakness, migraines, all manner of symptoms came on quite suddenly and that's when he got the diagnosis, having everything else checked out, got the diagnosis of CFS and came to us.

Alex: It's always interesting in a sense in hindsight that one can look back and see the many warning signs that are happening along the way. I think with the gradual onset cases there is often still a kind of, as you describe, a tipping point, a kind of final thing that happens where one can no longer ignore it. Was that a shock for this gentleman when that happened or was it a sense of he could see the decline that was building towards that?

Jess: No, I think it was a shock. He was very obviously anxious and worried about the symptoms he was experiencing. He had previously been running marathons, loved hiking, was a very physical man, firefighting is very physical. For him it was a shock. He could look back and see that he'd been exhausted in the lead up to it but at the time when the extreme symptoms kicked in it was a shock.

Alex: Did he come to Optimum Health Clinic fairly quickly? What was his journey to finding us?

Jess: That's right. He did come to us quickly, within six months of being diagnosed he found us, which was great. He signed up for our individual psychology program, which he began with me last year.

Alex: How did that start? I know that as we were talking about the case before we started recording, the what we would call maladaptive stress response or the kind of over-activated, over-stimulated nervous system was one of the key pieces of the jigsaw. But maybe talk a bit about that and also some of the elements that had contributed to that because that's often an outcome of normally a series of events through one's life that has impacted their system in that way.

Jess: Yeah, absolutely. When he came to us for the initial assessment he was in an extreme state of stress, he rated his stress as nine out of ten. He had experienced a divorce and also some very difficult situations at work, which had been ... Meaning that his system was getting higher and higher into the stress state. By the time he came to us, because we added in that he then had all the symptoms to contend with and didn't really know how long it was going to take him to get better or if he was going to get better, his stress state was extreme by the time he came to us.

Jess: The first couple of sessions were really all about psychoeducation about the condition, helping him to understand the predisposing factors. He identified as a helper type, achiever type, trauma type and anxiety type. Just understanding that those various things have come together, including also some immune system problems and digestive problems, he'd had shingles just

prior to the more extreme symptoms as well, helped him to understand why his body was producing the symptoms that it was producing.

Jess: That in itself had an initial quite calming effect. In fact, just getting our information pack had a calming effect on him. He had noticed already that he started to feel a little bit less stress just in understanding what was going on.

Alex: There were the events, the factors that were more recent in his life, but I think there were also some ACEs, or adverse childhood experiences. Maybe touch on some of the longer-term history in terms of how that also had created a foundation in terms of his nervous system.

Jess: Absolutely. At the beginning of treatment we always take a very detailed history of each client and for this client he had experienced a number of ACEs which I know there's another really good video that covers ACEs in great detail on the summit. He had experienced a number of ACEs. He was an only child and his parents divorced when he was 11 years old. He had experienced significant bullying at school. His mother suffered from depression in his childhood. What he said was, "My mom was sad and my dad was angry." That was the childhood he experienced.

Jess: His father was an achiever type, a very angry person. They had a very difficult relationship. His father actually was having a relationship with somebody else, which he expected my client to keep a secret, under the age of 10, and which he wasn't actually able to do and that in itself led to huge issues with his relationship with his father.

Jess: He decided to join the fire service at age 17 and actually experience some really very significant physical, mental and sexual abuse in his early years in the fire service and tried to find ways to cope with that, so experimented with drugs. Also attempted suicide, so he really had a very, very difficult time in childhood and in his teenage years. His mom actually died when he was 21 of a stroke, which was another shocking experience for him to go through.

Alex: We often talk about loads on a boat, like it's no one thing, it's a combination of lots of factors that are happening together. Actually you mentioned the session on adverse childhood experiences, so Niki Gratrix' session was one of the free registration gifts as part of the conference. That's a great one for people to understand more about how ... Because the science behind how those different events can impact in terms of our health and our nervous system. You mentioned that you started off with some psychoeducation and giving him some understanding really in terms of what

was happening, why it was happening. That then moved into, I imagine, teaching him some more practical tools and techniques. Say a bit about how that started to unfold.

Jess: Yeah, absolutely. Once he understood what was going on why his system was in the state that it was in, we started on the top layer really, which was his psychological response to the symptoms he was experiencing and the limitations on his life that he had as a result of the illness. We worked really with his thoughts around that, so the fearful thoughts he had about his symptoms, what they were, what they meant, the fearful thoughts around activities, whether they'd make him worse. He worked really, really well with the stop process, which is the cognitive tool that we use to help people really address the unhealthful thinking they can have around symptoms and activities.

Jess: The idea really at this point was very much ... He was in Stage Two and in another interview we talk about stages, but Stage Two is tired and wired, so he was exhausted but he was in a state of extreme stress. By working on his unhealthful thought patterns he was able to actually come down through the gears as it were and just begin to calm that maladaptive stress response. That in itself had a really ... That went well. He began to stabilize, he began to bring that stress level down, which meant he began to sleep better and some of his symptoms started to reduce.

Alex: I imagine that was quite motivating for him in terms of ... He'd come in, he'd been struggling for a while, ill for six months, having had to stop work. What was his response to realizing that there were certain tools and strategies that he had which could have a meaningful impact in terms of his health and symptoms?

Jess: Basically he began to feel that he had some control over what was happening and just that sense of empowerment that you get from having a sense of control in itself is calming for the nervous system. He was using the stop process many, many times a day and beginning to really change those neural pathways. Rather than responding to his symptoms fearfully, he was able respond to them as information from his body and make a more appropriate response rather than fear. For him it was really that sense of having some control over what was going on.

Alex: How did it progress from there? It's often as, and obviously I'm cheating here because I know a bit about the case from what you've told me, but often what happens is that as the nervous system starts to calm down, we lessen our mind in that wired kind of place and we start to land more on our body and as we come more into our body we often start to then contact some of the

feelings and the emotions that are there. Say a bit about that transition and how that then changed slightly the tack of the work that you were doing.

Jess: Yeah, sure. After we worked through that top layer if you like, the cognitive side of things, the thinking, he began to really ... He got himself into a much better place with that quite, well not quickly, these things do take time, retraining the brain. But certainly within two to three months he began to feel much more in control, as I said, and was having less of these very anxious, fearful thoughts.

Jess: He actually was somebody, and this is quite common in people who've had a significant number of ACEs in childhood, he was actually very disconnected from his emotions. He was unable to identify them, unable to label them. After we had done the cognitive work we started to look at the emotional side and we began really with the very basics of just learning to identify what he was feeling, which he found very challenging. We broke it down into the basics of you're kind of somewhere in the sad place, the mad place, angry, frustrated, the glad place or the anxious place. He began to get a little bit more skilled around that and we started to use emotional freedom technique to work on the moment-to-moment, day-to-day feelings that he was experiencing as he was learning to identify them.

Jess: This he found really, really helpful. The kind of disconnection from his emotions gave me a clue really as to the extent of trauma he'd experienced as a young person, the fact that he was so disconnected from his emotions he couldn't actually initially say what they were. But as I said, he did become more skilled at that and more able to notice. What began to become clear was that actually it was every time he thought about the idea of going back to work he would be triggered straight back into an extreme state of stress. Whilst we did some work trying to resource him, so looking at things like confidence, for example, in relation to work, that worked in relation to social relationships going about his daily life, but when it came to work it was like he had this enormous block, he couldn't connect that sense of resourcefulness that he was growing with him at work.

Alex: It's an interesting thing that ... Obviously it's not an insignificant step to go from being in a wired nervous system to that calming down, to the body being in a healing state, to energy starts to come back to start to move into what we would call Stage Three, the reintegration stage. He was able to be in a calm, healing state in a controlled environment.

Jess: Yes.

Alex: And of course the next challenge is how do you maintain that being in a healing state whilst being back and from to the triggers and the provocations of the stress patterns from the past, what we would call Stage Three reintegration stage. It sounds like that was particularly challenging because some of the actual trauma, some of the ingredients that had caused his nervous system to be maladaptive effectively were easily triggered by being in that work environment.

Jess: Absolutely. There were situations that the abuse that he experienced in his late teenage years from 17 in the fire service had a significant impact on him. And in actual fact, there were people in his work situation in the current day from that time in his life so it was very understandable that for him the initial trauma was triggered each time he thought about being at work.

Alex: And maybe say a bit as well about ... Because I imagine there was the relationships in terms of the people and the events that had happened, but also the nature of firefighting just by the very nature of dealing with life and death and danger and being in circumstances which are ... There's internal stress where we create stress through our own patterns and then there's genuine environments where fight, flight or freeze. Often people are triggering a stress response where it's unnecessary and unhelpful, but he actually was going in situations where a stress response was entirely appropriate because there was immediate physical danger.

Jess: Yeah, absolutely. Interestingly, despite the fact that he has experienced some, obviously as a firefighter some horrific situations, accidents, fires, actually in those situations he was really very resourceful and able to manage them and able to manage not going into an extreme state of stress. It wasn't really those situations that created the trauma for him. As you said, he'd been trained from an early age to be able to, for example, risk assess situations and respond in a crisis so he was actually able to do that.

Jess: It was much more the relational aspects of being at work to the other people that he worked with and also his view of himself at work because of the belief he picked up through his childhood from his parents, but also through the initial experience in the fire service. His underlying since was I am a failure or it's all my fault. These are the two patterns that we identified that he was carrying with him into the work situation but not in the actual kind of what anybody would perceive as traumatic situations.

Alex: Just to kind of track back, he had gone from calming down his system to getting into more of a healing state to then working some of the emotions that were coming up and digesting and processing those. They had also been

working on his helper pattern, his placing others before before himself. And then there's this piece around, okay now coming back into a real world environment, who is he now in that environment? How does he take care of himself? How does he support his own emotions and needs? Say a bit how you approached some of that work with him.

Jess: Yeah, sure. We did a detailed trauma history, so looked at everything that had happened to him through his childhood and also through his experience in the fire service. At this point in the treatment he was certainly feeling a lot more resourceful. As you say, we'd worked on the helper patterns, we'd worked on the achiever patterns, we'd worked on the anxiety patterns, but what we were left with was this sense in relation to work of being a failure, of not being able to cope.

Jess: He'd had some experiences just prior to becoming unwell of actually going into some assessment situations and completely freezing, being unable to take part in the assessment for various different reasons. It was when he thought about these things that really he got triggered back into this extreme state of stress. That's where the work was.

Jess: We began, because the return to work was imminent, we actually began with the kind of future fearful thoughts that were triggering his system into fight, flight, freeze so whenever he thought about going back into work his system would go into that state and all of his symptoms would increase. We actually began by processing the future, processing what he imagined was going to happen when he went back in to work. What we uncovered was that because he was coming from this place of feeling as though he was a failure or feeling that if things go wrong it's all my fault, he was unable to engage in those situations with his rational thinking brain, he was just coming from the limbic system in that state of and fight, flight, freeze, unable to respond in a kind of logical, rational way.

Alex: Say a bit about ... When you say he was looking to the future, almost projecting negative outcomes, say a bit about how you worked to change that.

Jess: Okay. We worked ... I work using EMDR, eye movement desensitization reprocessing, and we actually processed what was going on currently, we processed the future, we processed the past. Usually in actual fact you would start on the present and the past, but because the return to work was imminent and that was the big thing that was triggering him, we actually reversed it and we decided to look at the future first. We set it up in the same way as we would do for the past. I actually asked him to imagine himself as vividly as he could in that work situation to create a picture of that in his mind, who could see, what he could see, what he was feeling and what

he was believing about himself in that situation. His belief was, "I am a failure."

Jess: We then used EMDR, bilateral stimulation, to reconnect the parts of the brain. We've got this kind of frozen neural network where the trauma is and then we've got the rational thinking brain and the idea is that we reconnect the two. We processed that future image of him being at work in a situation where he was literally unable to speak, unable to communicate with anybody around him, just in a state of pure terror. Processed that through and what came up, as is often the case were the situations from the past that had led to him being in this state now.

Jess: As we went forward we did a number of sessions processing the various traumas that he had experienced as a young firefighter and also some things in his childhood came up too. The thing with EMDR is we're getting the conscious mind out of the way and allowing the brain to do its own healing. Whatever comes up comes up and we process that. There was a significant number of incidents at work, for example extreme bullying, being stripped, being tied over a fire hydrant, being tied to a ladder, being basically excessively humiliated on lots of different occasions. All of this needed to be processed in order for him to be able to view the future of going back to work in a way that didn't involve that trauma response.

Alex: Of course, on a very logical level it just makes sense. If someone's had that many negative experiences in a certain context environment, when they think about returning to that environment, that's going to be the set of emotions and things that they experienced about it. Knowing that logically doesn't change it, and what you're saying I think is really important, that we need to use tools and techniques that allows not just the conscious mind but also our emotions and our unconscious to fundamentally digest and process the past to be able to meet the future with a fresh set of perspectives, in a sense.

Jess: Absolutely. It's absolutely key to get that conscious mind out of the way because actually this client was really skilled at working with his conscious thoughts. He knew and he could think logically and rationally about him and his level of confidence and his level of ability and he knew logically and consciously that he would be okay. But it wasn't his conscious brain that was running the show when he was triggered into that trauma state, which is where EMDR is so effective because it gets that conscious brain out of the way, really helps to process and digest everything that's sitting underneath that. It took several sessions to do this and, as I said, it did involve an awful lot of processing things from the past in order for him to actually get to a place

where he's now going back to work and he's actually excited and looking forward to it, which is a significant step from where he was before.

Alex: Were you doing these sessions in person or via Skype? Say a bit ... Because I think often people will think this kind of work, well if I could just get to work with someone in person, and lots of people are either not well enough to travel or they live a very long way away. Say a bit about the methodology of how you were able to work together.

Jess: Yeah, sure. Geographically it didn't work for me to see this client in person so all of our sessions were taking place via Skype. EMDR is actually really effective via Skype, as are the other tools and techniques that we use, the NLP, the EFT. No, we've never actually met in person, it's all been remote.

Alex: Something else that ... I'm just looking at the notes that you shared. Something else that jumps out that I think is an important point to make as well is that you said in your notes that he became more tired initially as maladaptive stress response reduced. Just say a bit about that because I think sometimes people can be a bit disconcerted by the fact that they start to feel calmer but actually they have more fatigue initially.

Jess: Yeah, absolutely. This happened quite early on in my work with this client. As we worked on the surface layer, the thought layer, and he began to really calm his system down from moment to moment he noticed that his fatigue went up. His stress state was coming down, his fatigue was going up. This is very common. What's really happening is an awful lot of energy goes into keeping that nervous system into a state of hyper-alert state and as you bring that down, what you get in touch with is the reality of the depletion and the exhaustion that's been sitting underneath that.

Jess: He had basically been running on adrenaline, underneath that often there is this state of depletion and exhaustion, which is a natural and normal part of the process of recovery, to need to come into that space because that's the place where you can get the quality rest that your system actually needs in order to be able to start to grow real energy, as it were, that you can actually use.

Alex: Ultimately it takes energy to heal, right?

Jess: Yeah.

Alex: And if that energy had all been used to maintain this state of high arousal, we actually take that energy away from that because that's calmed down, it takes a while for that healing process to happen. But I think also, maybe just give us a sense of when you first started seeing this gentleman and

roughly how many sessions and the amount of time that this arc of work that you've been describing has taken.

Jess: Sure. We began working together in December of last year, 2018. We had sessions every two to three weeks for the first five sessions, the sessions that formed part of the individual psychology program. We've now had six one-hour long EMDR sessions together so we're bringing it right up to date now, we're now at the point in time now literally where he's about to go back to work.

Alex: We're talking about 10 sessions or so to do actually what I think is quite a lot of work in terms of calming down the system, dealing with the emotions that come up, working with some of these helper patterns and then dealing with the trauma piece. That's quite a lot of work you guys have done in ten sessions over about five months or so roughly.

Jess: Yeah. Six months. Yeah.

Alex: Yeah.

Jess: It's taken a huge amount of work for him in between the sessions, I think that's really, really important to note that actually he demonstrated really huge amounts of tenacity and determination and bravery to do the work that we've done. He worked hard in between the sessions, certainly in those initial five sessions he worked really hard to develop his awareness of what was going on, to understand it and to really use the tools. The guy's got some determination for sure.

Jess: He did a lot of work between those first few sessions to really calm his nervous system down because we can't actually process trauma while the system is in that kind of hyper-regulated state, that sense of stabilization has to take place first. It was the work that he put in in between the sessions that really brought that nervous system down to the point that we could then start to do the actual trauma work. During the trauma work as well also it takes a huge amount of bravery to do this work.

Alex: It's interesting isn't it that in a sense one of the resources that he had in his favor was his courage and bravery.

Jess: Absolutely.

Alex: Perhaps the level of that might have been part of the reason why he burned out the way that he did because he was almost too resilient, taking on more and more pressure and trauma stress over time, but also that capacity ... Because I often think that people that say, "Well, I'm a massive helper and

therefore I'm totally rubbish at taking care of myself." I'm like, no you're brilliant at taking care of people, you just have to apply that to yourself and you'll fly. It's like he had the resource that he needed, it just needed to be applied with a different set of strategies.

Jess: Absolutely. Yes.

Alex:Just kind of in summary, say a bit about where he is now. This is six months down the line from when you first started working together. He's about to start returning to work. Just say a bit about what were some of the more physical things he's been able to do in that more recent time.

Jess: Yeah, sure. Whilst he was in Stage Two it was really important that he actually kept his daily routine the same to give himself a really consistent baseline. We never encourage people to increase what they're doing, particularly while they're in a state of stress. For those first two to three months very much work was on keeping his pacing very steady, keeping things the same, not physically pushing himself, staying within what felt comfortable for his system.

Jess: Once he brought the MSR level down he then began to very gradually increase his walking, for example. Also he's a really keen gardener, well that's a new actually, his kind of project that he started since we've been work either, got really into the garden, really into DIY. He built those things up really, really gradually. But he's now walking long distances, so he probably does more steps every day than I do, he's certainly doing more than ten thousand a day now, and completing gardening projects. He's really enjoying getting back into his photography, which was something that he loved, and really looking forward to getting back into his hiking and those more full-on physical activities really.

Alex:Fantastic. Just in terms of summarizing, I suppose one of the other things that I think is important to say is that you touched upon how much work he was doing between sessions of how important that collaboration is between practitioner and client. But I think often people can think, well I'm going to go and see this practitioner because they're then going to, basically those sessions are going to sort me out. Maybe just say a little bit about what ... This is a great case study at this point about how much of the work is actually not what happens in the sessions, it's what happens between the sessions.

Jess: Yeah, absolutely. I think what happens in the sessions certainly initially is helping clients to really understand what's going on and that gives them that sense of understanding the situation and control. What we then do

is teach them the tools that they need to work on from moment to moment in every day in order to really start to calm their nervous system down. Expecting a practitioner to be able to get your system into a calm, healing state 24/7 is completely unrealistic.

Jess: The work happens from moment to moment and helping people to understand that. Our brain is like a radio that's playing all of the time, you need to be tuned into what's going up there initially to be able to change it and work on it. The practitioner isn't there in your brain with you, and we become like an inner coaching voice, which I think is super helpful, but we're not actually there so the client really has to incorporate and use the tools regularly daily in order to get the work done to calm the system down.

Jess: We're there really to navigate them through that process, so in the sessions we're looking at what's going well, what we need to look at next, what have been the various potholes or pitfalls that have happened. What information can we take from that? We help them to learn to understand the language of their body and to respond to that in a way which is helpful using the tools and techniques which we've taught them.

Alex: Fantastic. Jess, I think it's a testament obviously to you doing exceptionally good work with this client as well as much as clearly he's the one that's put it into action and made it happen. Thank you so much for sharing your story. Obviously every story is different but I'm sure a lot of people, there will be ingredients of this that they'll see themselves in and I think it's been really helpful, so thank you.

Jess: You're welcome.