

# TABLE *of* EXPERTS



*Moderator*  
**Dr. Chantelle Thomas**  
Executive Clinical Director at  
Windrose Recovery

Dr. Chantelle Thomas is a Clinical Psychologist specializing in substance use, trauma, and health psychology. Within Windrose Recovery she guides the comprehensive assessment and treatment process while integrating alternative therapeutic modalities, including ketamine assisted psychotherapy, to better explore and understand the physiological and somatic manifestations of chronic stress and trauma.



**Dr. Todd Kammerzelt**  
Medical Director and  
Psychiatrist at Windrose  
Recovery

Dr. Todd Kammerzelt is an addiction psychiatrist certified by the American Board of Psychiatry and Neurology (ABPN). As the Medical Director of Windrose Recovery's continuum of care, Dr. Kammerzelt treats each client individually, utilizing his expertise in mental health and substance use disorders with compassion and dedication.



**Pamela Peckham, APSW,  
CSAT, SAC**

Assistant Clinical Director  
at The Manor by Windrose  
Recovery

Pam Peckham is a Certified Advanced Practice Social Worker, substance abuse counselor and certified EMDR therapist and consultant working in the mental health field since 1994. With extensive experience working with trauma survivors and dual diagnosis clients and specializing in assessment for process addictions, Pam provides clients at The Manor with trauma-focused individual and group therapy.



**Dr. Christopher R.  
Nicholas**

Assistant Professor, Clinical  
Psychologist at University  
of Wisconsin Department  
of Family Medicine and  
Community Health

Dr. Christopher Nicholas is Assistant Professor at the University of Wisconsin School of Medicine and Public Health. He conducts research on the therapeutic mechanisms of psychedelic and other psychoactive compounds in conjunction with psychotherapy for addiction and trauma. Dr. Nicholas provides specialty clinical services in chronic pain and addiction and is a behavioral health supervisor for the UW Addiction Medicine Fellowship Program.



**Tammy Limbach**  
Certified Rolfer, Somatic  
Experiencing Practitioner, Yoga  
Instructor in Private Practice in  
Milwaukee

Tammy has been steeped the field of body mind awareness since 1999 when her yoga passion began. Her profound interest in the human body, movement, and structure lead her down the path of trauma studies, where she's received her certifications in Rolfing Structural Integration® Rolf Movement® and is a trained Somatic Experiencing Practitioner. Tammy currently has a private practice in Milwaukee and practices at The Manor, a center for personalized addiction treatment.

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# Transforming Trauma

Focused approach helps people realign their selves and rebuild their interpersonal relationships

**M**any trauma-affected individuals prosper in the business world by channeling all of their energy away from their trauma and into their work. However, their interpersonal relationships may suffer. Their management style may lead to high turnover and low employee morale. They become distant from family and friends, and their quality of life outside of work deteriorates. Some people may not even realize they are affected, because there was no single, recognizable event that they would consider a trauma. Instead, their trauma could be the result of a continual series of events that occurred in their formative years. The Milwaukee Business Journal recently sat down with experts to discuss trauma, how it can be hidden in the business world, how it can adversely impact a person's professional and personal lives, and how trauma therapy can be used to realign the person with their core values.

**CHANTELLE THOMAS:** Trauma is an important issue for the business community because it can impact their employees and their corporate culture. Many times, trauma goes undetected, because it is not caused by a single event, but rather a series of events that may have happened decades ago. How would you describe trauma and trauma therapy to someone who may not have a framework for treating trauma in any way?

**TAMMY LIMBACH:** Trauma is "too much happening too fast." We digest experiences through our nervous system. If something happens so fast that our nervous system can't digest it, it gets stuck or lodged. Trauma therapy helps to

dislodge that "stuckness."

**PAM PECKHAM:** Trauma occurs when your psyche is not ready for an event or events that change your sense of self.

**CHRISTOPHER NICHOLAS:** Trauma therapy is about reconnecting people to their core values, which can be done by mitigating the nervous system's response to the thoughts, emotions and memories associated with the trauma. We try to bring someone back to what is essentially their homeostatic baseline so that they can start to grow from the experience in a way that aligns and supports their core values.

**TODD KAMMERZELT:** The metaphor I like to use is a spider web. There are behaviors, patterns, belief structures and experiences that radiate out from the trauma, which is like the spider at the center of the web. The spider builds a web around itself that expands and protects over time. Trauma therapy identifies the behaviors and belief patterns built to protect the self and contain the trauma so they can be disrupted and reintegrated in a way that allows the person feel safe and in control again.

**THOMAS:** How can untreated trauma affect your business?

**PECKHAM:** People who have extensive trauma can run a company and make business decisions, but they aren't able to connect on a personal level in a way that would be effective. They have a hard time connecting with and trusting people. As a result, they may be experiencing turnover because the staff is not happy.

**THOMAS:** By identifying and fixing the behaviors associated

with the trauma, you can also help the company.

**KAMMERZELT:** And improve the bottom line. Exactly. We talked about some of the symptoms of trauma - emotional lability, trouble with concentration, changes in appetite. All of them have a direct impact on performance, whether you are the CEO or a new employee. They affect the ability to be present and interact with others.

**NICHOLAS:** The person is spending so much time managing all of the things that you mentioned that they are not able to multi-task or have a real command of what they need to do in their job.

**THOMAS:** What are your first "tells" that someone might be experiencing unresolved, unprocessed traumatic experiences?

**PECKHAM:** One tell is somebody who comes into the psychotherapy relationship very defensive and protective of their feelings and vulnerability. They are used to wearing different hats for different people. Usually it is somebody who very much needs to be in control. Sometimes you can have someone who is over-giving and over-caring, which is their way to keep people from getting deep inside them.

**LIMBACH:** There can also be quickness to tears or an inability to regulate emotions in general. They may be hyperaware of surroundings, sounds and smells. Some people have physiological issues like trouble sleeping, irritable bowel syndrome and fibromyalgia.

**NICHOLAS:** The common thread that precedes these

manifestations is sensitization to something within the self that feels disruptive and threatening. Over time it becomes automatized as people develop an almost procedural response that they are not even aware of. It affects how they dialog with themselves and others. It can manifest itself in health issues or psychological behaviors.

**THOMAS:** I have seen hyper-successful people who triumphed over really difficult backgrounds by channeling themselves into their work. We discover they have no "off switch" and they often rely on substances to regulate themselves because they cannot do it themselves.

**NICHOLAS:** In some cases, focusing solely on work over all other responsibilities and relationships provides predictability. Unpredictability and uncertainty are often threatening to anyone with trauma.

**PECKHAM:** Most of the clients that we see are unable or unwilling to ask for help. Successful, driven professionals can think of asking for help as a weakness.

**KAMMERZELT:** They won't ask for help until their very last domain has fallen. Until then, they rationalize that because one area of their life is intact, they just need to figure out the other parts. But, they are so overcompensated in that one area the other parts of their life can be in a smoldering ruin and the denial remains. That is why it is usually the people around them that lead them to treatment.

**LIMBACH:** They may also fear losing the gains they perceive they have achieved as the result

of their way of being. What they don't understand is that when you go through trauma treatment, you don't lose your natural abilities, but gain more abilities – like the ability to collaborate more easily and to be more creative. There is more joy.

**THOMAS:** Our culture values success and financial viability. It reinforces overworking as a badge of honor. As a result, people with trauma can prosper in the business world because they are resourceful and will figure out how to make things happen. Their hyperfunctioning is reinforced and rewarded, yet they have children or a partner who don't know them.

**LIMBACH:** And when people practice overriding for so long, they themselves don't know who they are.

**THOMAS:** People understand that being in a plane crash, being assaulted, or being in battle are traumatic experiences. We call these "Big T" traumas. But, there are also more subtle, "Little t" traumas that can be just as pervasively disruptive. Let's talk about these.

**PECKHAM:** Kaiser Permanente did a study that measured adverse childhood experiences and their connection to physical and emotional illness. There were three categories. One was physical, emotional or sexual abuse. The second category was emotional or physical neglect. The third category was household dysfunction, which may be due to mental illness within the family, a mother who is emotionally or physically abused, incarcerated relatives or substance abuse. These chronic little traumas can dysregulate a person's nervous system.

**LIMBACH:** With continual stresses, the nervous system doesn't get a chance to find its way back to homeostasis. People stop sleeping well, they lose control of their emotions and they wonder why they are so short with everybody. It can sneak up without us realizing it, then suddenly spiral out of control.

**THOMAS:** What types of environmental circumstances

are likely to destabilize people who have trauma in their background?

informed lens. There are a lot of competent practitioners, but not everyone has a trauma-informed lens or background.

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- Midwest Detox for private, medical detoxification and stabilization.
- The Manor for fully-integrated and holistic residential treatment for substance use disorders with a focus on trauma.
- Windrose Counseling for comprehensive, personalized outpatient treatment.

**LIMBACH:** It can be anything. It could be as simple as getting a flat tire.

**THOMAS:** Uncertainty, unpredictability and lack of control can all be things that set people off. If someone has quickness to anger, hyperirritability or is spontaneously being moved to tears, we would encourage them to talk with someone. That can be tricky, however, because when someone feels very exposed, saying the wrong thing can often make them shut down or be defensive.

**PECKHAM:** I think the worst thing you can do is to tell someone that they should feel or think differently about whatever they are feeling or thinking. You have to show up where the person is at without judgment or reaction.

**KAMMERZELT:** Giving unsolicited advice isn't a good idea. You have to make sure they are okay with talking. And you have to prepare yourself to receive what they say and not feel compelled that you have to fix it.

**LIMBACH:** Just being near them can be one of the best interventions, because the co-regulation of nervous systems can be very impactful.

**NICHOLAS:** Ideally, you want to refer them to someone who is specialized in working with trauma or at least has a trauma-

**THOMAS:** There are different kinds of trauma therapy. Exposure-based therapies re-expose the person to the traumatic event as a way to become desensitized. These can be more fitting for people who have "Big T" traumas where an obvious event occurred. There is a different focus for people who don't understand why they can't be successful in relationships or why they have a difficult time allowing themselves to be vulnerable. These resource-based therapies focus on re-experiencing self and learning how to feel safe within one's own body. Does anyone want to comment on these?

**LIMBACH:** The style of trauma therapy I practice is called Somatic Experiencing. The goal is to help the nervous system learn how to regulate itself. I start every session giving clients an infusion of safety cues that they can use to get themselves more associated with the conversation that their body is having with them in the present moment. Once a client's system is settled and they can feel it, we introduce minute amounts of charge or stress very slowly so their nervous system can adapt and find homeostasis automatically. For people whose systems are dysregulated, any more than a tiny amount of charge can send them in the direction of too much too fast.

The goal is to redirect their attention back to the felt-sense of homeostasis they experienced just before that little drop of stress was introduced so that they can integrate that stress into their wholeness. Over time, the nervous system learns to do this dance of expansion and contraction, and the person's capacity for life experience increases.

**PECKHAM:** EMDR, which stands for Eye Movement Desensitization and Reprocessing, uses REM-state eye movement in an awakened state. The client is asked to bring up the traumatic memory and the feelings, emotions and somatic experiences associated with it. As they start to become overwhelmed, they are asked to move their eyes, which disrupts the trauma. We then add resources that help the person feel safe in that experience so they can grow beyond it.

**THOMAS:** Chris and Todd, how do MDMA-assisted psychotherapy and ketamine-assisted psychotherapy honor each individual's process as a way to heal?

**NICHOLAS:** MDMA – Methyl enedioxymethamphetamine – otherwise known as ecstasy, is being revisited as a potential adjunct to psychotherapy. It is currently in Phase 3 FDA-approved trials, including one that Dr. Thomas and myself are working on at the University of Wisconsin-Madison. MDMA seems to activate properties of psychotherapy that we know work. Its amphetamine properties, for example, support cognitive flexibility, divergent thinking, imagination and new ways to look at one's self. When you combine MDMA and two well-trained therapists in a safe setting, you optimize the conditions where the person can really interconnect to their own internal capacity for healing, as well as their ability to have insight and engage their own emotions. It allows the therapy to unfold in a way that really respects the person's own inner-healing process. That is why we call it an inner-directed therapy. The therapists are there to facilitate the person's own ability to make lasting change.

**THOMAS:** It is a therapy that goes at the pace of the individual's system and internal capacity to tolerate and learn to regulate difficult sensations.

**NICHOLAS:** Yes. Essentially it is an integrated therapy. There are cognitive pieces. There are somatic pieces. There are emotional pieces. There are psychodynamic pieces. It is really exciting as a therapist to be able to engage all of these mechanisms.

**THOMAS:** Dr. Kammerzelt, ketamine-assisted psychotherapy has a lot of overlap with MDMA-assisted psychotherapy. Can you share your sense of that work?

**KAMMERZELT:** Ketamine is a little bit different than MDMA in that it has been FDA-approved since 1970 and is well-known in the medical field. It primarily has been used as an operating room anesthetic. At lower doses, it has psychedelic or

psychoactive properties that allow people to access their own internal healing capacity and change the behavior patterns that once served a protective purpose but are now getting in the way. It allows people to change their relationship with the trauma.

**THOMAS:** These treatments can be incredibly helpful for really driven, hyper-successful and intelligent people because "top-down" therapeutic processes can take longer to get to the root of the problem. A "bottom-up" therapy can get to the core of what needs healing much quicker.

**PECKHAM:** I agree. Traditional talk therapy is a top-down approach, where you talk through the experience hoping to change the feeling and physiological reaction associated with it. More somatic forms of trauma therapy are considered bottom-up therapy. It starts with the

physiological reaction and the body's somatic experiences to the event and helps the brain process that.

**THOMAS:** What should employers make sure they have in their benefit plan to help employees with trauma? Is this something an EAP (employee assistance program) can address?

**NICHOLAS:** It is not always a given that EAP or other providers will have the training or bandwidth to treat trauma. While trauma therapy can be a time-limited treatment, often people need months, if not longer, depending on the modality.

**PECKHAM:** This is not a quick fix. It is a long-term arrangement for both the therapist and the client. In my practice, the average length of treatment is minimally a year. You can be trauma-informed or you can have a wealth of trauma training

and certifications. We would recommend someone who is not just trauma-informed but trauma-trained.

**THOMAS:** To sum up, a sharp intellect can be vital in business but can also serve as an impressive form of self-protection, which can unconsciously defend against needed change and healing. Some very high-functioning and successful people have been able to channel their unresolved trauma into productivity and professional avenues that optimize their sense of control. This often wreaks havoc in their personal lives and relationships. In addition, solely cognitively based therapies can sometimes be less impactful on highly intelligent individuals. These same individuals could be more likely to experience relief and discernable progress from experientially focused therapies that enhance body awareness.

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**If you or your loved one are struggling with substance abuse, call us today at 414.409.5300 or visit [WindroseRecovery.com](http://WindroseRecovery.com).**

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