Would this approach work for social anxiety?
A: All of these grounding techniques work for social anxiety. As I mentioned, when using them with your client(s), track their response, and if it’s too much for their system, then slow it down even more. For example, have them do one voo and then stop and check in with their system.

Do you ask the client to verbalize what they notice about the surroundings when they are orienting?
A: Sometimes, yes. For those who are having a difficult time staying present and in the room (vs. dissociating or being highly dysregulated), it can be very helpful for them to name what they are noticing.

When orienting is there anything you do differently if it’s a telemedicine session vs in the office?
A: There are 2 main differences: if we’re on telehealth, I won’t be able to actually see their surroundings, so I might ask them to name what they’re seeing, so I can assess how present they are. The other difference is that if you have difficulty attuning to their nervous system when you’re not in the room with them, it can be helpful to have them name what they’re tracking in their system, and for you to be more attuned to what you’re tracking in your own system.

What would be some additional movement ideas for children/adolescents that would work in the school setting? I like the walking while moving arms but could ask to see how administration could possibly view that as a student ramping up too?
A: I would educate the administration on the need for discharging energy and how that will actually contribute to the children being more settled and resourced – and better able to focus.

Could you speak a bit on how to use these techniques with someone who may be not yet be a patient, how we can we use these on the street?
A: These techniques can be used with people regardless of the environment, whether it’s vooing, orienting, grounding, etc.
Is shutdown part of parasympathetic and dorsal Vaal?
A: Yes, the dorsal vagal is part of the parasympathetic system (it has 2 parts – the ventral vagal and dorsal vagal). The parasympathetic system is the “brakes,” so the ventral vagal is a sense of calmness and capacity to feel safe and socially connected. The dorsal vagal – or shut down – is another way to feel safe when the body is threatened. It shuts down to protect itself from feeling pain.

Are the self-protective responses the same as defensive accommodations? or how are they related exactly?
A: They are pretty much the same thing – defensive accommodations is just the term that Kathy Kain and Steve Terrell use in their work (and in their book Nurturing Resilience) to describe how we respond to trauma.

Instead of saying to a client they are "acting out" sexually, how else can I phrase it?
A: Unhealthy use of sexuality; unhealthy sexual response; sexual defensive accommmodation

I have some clients who have episodes of vasovagal syncope (diagnosed by PCP's) which seem heightened/more frequent in times of high stress. They've ruled out other medical causes, and I'm wondering what interventions are safe to encourage them to use?
A: I want to start by staying that I am not a physician, so this is my anecdotal experience. Techniques that can support the nervous system’s sense of balance and capacity for regulation are a good idea, assuming the vasovagal response is stress-related. Somatic experiencing (or other body-based techniques like Sensorimotor Psychotherapy) can be really useful, as can TEB (Transforming the Experienced Based Brain), which is a somatic developmental trauma resolution technique. Steve’s website is austinattach.com. For some people, acupuncture, that focuses on supporting the kidney/adrenals can also be very helpful, as it can allow the nervous system to settle.

Is titration like exposure therapy?
A: Yes and no. With titration, we are paying deep attention to the nervous system’s response to the stimuli, and slowing things down tremendously if the person goes outside their window of tolerance. We honor the body’s timing in terms of building capacity and growing the window of tolerance, rather than being focused on the cognitive. In my experience, exposure therapy does not have that level of somatic attunement, including not being as congnizant of when the client is able to tolerate the stimuli because of greater capacity vs. them tolerating it because they’ve overriding
what the body needs or is capable of in the moment and they’ve actually moved into a defensive accommodation (like compliance) or shut down (dorsal vagal).

**Do you continue to voo until you run out of breath or do you do many short voos?**
A: It depends upon the person who is doing it. The voo technique is designed to help downregulate the nervous system, so if doing it until you run out of breath is too much for the client, I would try doing a few short voos first, and then check in with the person’s system to see what feels helpful.

**I'm wondering what the purpose is for checking in with your nervous system before and after? Is it to notice the changes or does that influence what's next?**
A: Yes, it’s to notice the changes, and to help the client be better attuned to what their capacity is, and how it has increased (or decreased if a technique is too much for them in that moment). Think of it like cooking a recipe: you taste it and it’s not quite right, so you add a little bit of spice to it (titration) and then taste it again to see if that’s helped.

**Is this similar to benefit of crystal bowl meditation?**
A: I don’t know when during the presentation this question was asked, but I’m guessing it was during the voo. For many people, crystal bowl meditations are going to feel very grounding and centering. As I mentioned when I taught the voo, for some people who’ve been in freeze, it’s actually going to be triggering, so go slowly and have the client check in to see what’s helping, and what is too much.

**Have you observed success incorporating tai chi or other internal/external martial arts into SUDs treatment?**
A: As I mentioned in the presentation, if someone has activation in the body, movement can help discharge the energy. So if t’ai chi or martial arts are helpful, then use it. I would go slowly, though, to continually assess if the movement intervention is helpful or it’s too much for someone’s system.

**Do you have suggestions for clients that can't imagine / visualize things like safe place, petting cat, imagine the magnet collecting energy?**
A: I would give them something tactile to work with so that rather than imaging it, they can feel it. For example, rub your feet back and forth on the carpet or floor (preferably with their shoes off) and feel the pressure of the floor against your feet. I’d invite them to rub harder and let any energy in their body that wants to leave move out of their system, and if there’s a sound they want to make in addition, allow for that.
Another thought is to use art or figurines (like in sand tray) or props in your office space (I use colored scarves, too) to create a safe space – almost like a kid’s fort, for example. Then have them go sit or stand in that space and feel the difference in their body (if they can). If they create it in your office, I would them have them find an object or create an image (don’t say draw) to represent that safe space that they can take with them so they can look at it in between sessions, when they are feeling anxious.

I am working with a client with lifelong enuresis, and she had birth trauma (stuck in birth canal), Is this related? Caught my attention with fear=bladder?  
A: Yes, any people with a history of trauma have enuresis because they are holding fear in their bodies. Doing body-related work that can support the kidneys and bladder (such as acupuncture, TEB (see austinattach.com) and Somatic Experiencing) can helpful