

Ep #61: Healing Trauma Without Alcohol with Juliet Keeler-Le Bien



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You are listening to the *Drink Less Lifestyle Podcast* with Dr. Sherry Price, episode number 61.

Welcome to *Drink Less Lifestyle*, a podcast for successful women who want to change their relationship with alcohol. If you want to drink less, feel healthier and start loving life again you're in the right place. Please remember that the information in this podcast does not constitute medical advice. Now, here's your host, Dr. Sherry Price.

Well, hello my friends. I am super excited to have an amazing guest on today's podcast, her name is Juliet Keeler-Le Bien and she is a licensed clinical social worker who received her graduate degree from Columbia University. Her work draws upon cognitive behavioral therapy, mindfulness, psychodynamic, psychotherapy and trauma informed psychotherapy to help people get positive results and enhance their wellbeing. Now, Juliet and I met through a mutual friend and I am so delighted to have her on this podcast, so welcome Juliet.

Juliet: Thank you so much for having me. I'm excited to be here.

Sherry: So Juliet and I had a fascinating conversation a couple of months back. And we wanted to circle back and bring some of those pearls to you on this podcast. She is very knowledgeable in many areas and one that I want to start talking about right away is about trauma and your work in this area. I find that many people have experienced trauma in their life. And it's a big reason why people turn to alcohol and drinking to cope. So I'd love to hear your take on what trauma is and are there different types of trauma?

Juliet: Yeah. Thank you so much. This is a great launching off point. One thing that I say is no one gets out of life with a trauma free card. It just doesn't happen. Everyone faces some sort of trauma. And one of the best ways that I can describe what trauma is, because it's such a buzzword lately. We're hearing trauma this and trauma that. But what actually is trauma? And one of the best descriptions of trauma that I've ever heard is

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actually from a book I'm reading right now by Merissa Nathan Gerson called *Forget Prayers and Bring Cake*.

And she describes trauma as a rupture in the ordinary fabric of life. And one thing that I just want to add to that is those ruptures are often so large that happen to us that they defy our ability to comprehend and therefore our mind, brain and body needs to find another way of coping with what happened. We truly cannot comprehend what happened. The other thing about trauma that I always like to say is, it's subjective. What might be traumatizing to one person, a terrible car accident may not actually be traumatizing to another person, so it's subjective.

So that's something that I always like to say to people, to kind of alleviate the shame of trauma, why is this happening to me? I shouldn't be feeling this way. It's actually, well, no, trauma is subjective. There is no one definition of what trauma is. It is actually quite subjective. How trauma shows up in our lives is it can show up in flashbacks. It can show up in dissociative behavior where you feel detached from reality and detached from your life. It can show up in nightmares. It can show up in sort of snapping out at people and having other behaviors come out.

So that's one of the ways that trauma can manifest. And a lot of times people will come to me and they'll be coming to me for some other reason and we will get to the trauma that is actually kind of at the seed of what is happening. Are there different types of trauma? Yes. And one of the ways that we kind of categorize this uncategorizable topic, I don't even know if that's a word, but we talk about little T traumas and big T traumas. And I'll start with big T traumas.

Big T traumas are what I just mentioned, car accidents, terrorist attacks, death of a loved one, something sudden that is huge, that goes outside of your comprehension. It causes you to go into shock, you may experience grief and sort of goes into that large onetime event thing.

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But little T traumas are actually they're kind of a misnomer because little T traumas can actually be worse than big T traumas. Because they're the small traumas that we have over our lifetimes, the microaggressions that we have over our lifetime that can actually kind of carp away at our systems that we have for dealing and cause us to adapt maladaptive behaviors.

Sherry: Yeah. And I think little T traumas at least as my brain perceives them and as I work with people, we kind of minimize them. We think this shouldn't affect me. I remember a time where I was made fun of a lot in middle school. And I was wearing glasses, I have red hair, it's just those were easy targets. And I know it's a period of time where we're all figuring ourselves out. A lot of people get made fun of. And I carried a lot of that with me and maybe I even still do.

And I oftentimes will say, "Well, that's how girls act going through that time. Or that is a stressful time in adolescence. And of course people pick on us." And we've been picked on probably most of us for something or just a casual comment that somebody said about our ability to draw, or our ability to take a good test, or good at math skills, or reading skills, or anything. And I think our tendency is just to make it small and say, "Yeah, that was one person's opinion and I know I should get over it." But we don't, we still carry that with us.

Juliet: We carry it with us. And I think that the example that you used is exactly the example that I was going to use which was the middle school teasing that we really follow and we internalize that dialog and we carry it with us. And one of the things that trauma is it's so overwhelming and it's so deeply meaningful to us in a lot of ways that we carry it. And we don't even realize that we're carrying it in our bodies, our muscles will tense up.

Bessel van der Kolk wrote a very famous book, *The Body Keeps the Score*, which I think a lot of your listeners will know. But if they don't, pick it up,

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read it, it's a great book. Of how we just trap trauma in our bodies. So all of a sudden things will show up and we'll have jaw pain or we will have some other different things that we couldn't say, or we will have back spasms. Of course go to a physician to get everything ruled out and to find out what's going on. But a lot of times trauma will show up in a lot of ways.

And those little T traumas really do accumulate over a lifetime. That's why when people come in and say, "I shouldn't worry about what happened to me in third grade." I'll say, "Well, what happened in third grade because we may need to excavate that so that you can do better at work." And sure enough, they'll come in, we'll work on it and all of a sudden, the workplace is a better place because you're not actually reacting to what your boss said. You're reacting to what happened in third grade and how you're still not treating that little child inside of you.

Sherry: It's so interesting. So what are some of the modalities that you use? I have heard of EMDR for trauma. What are effective ways to treat trauma?

Juliet: Okay. So one of the first ways is psychodynamics, psychotherapy which is one way of treating which is talk therapy, which is going in and just being able to talk about these things that have happened. And actually being able to be in a space that's non-judgmental. And I think that's something that you provide your clients too which is just something that is absolutely needed. Because there's so much shame around trauma. I really shouldn't be feeling this way. To use your example, kids tease all the time. Well, that's kind of like shame talk.

Another form of therapy that is very popular and that is the therapy that I do is EMDR. And everyone is always very intrigued by EMDR. And I'm happy to talk about it here. It's a little complicated so hopefully I'll be able to sort of get the message through. I'm going to start out with EMDR stands for Eye Movement Desensitization Reprocessing. But it's a bit of a misnomer

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because we use different sorts of what's called bilateral stimulation in EMDR. We can use tones in the ears. We can use these are called tappers that put pressure in alternating hands.

Or you can move your eyes back and forth using either a light bar or using your hand going back and forth, the therapist's hand going back and forth. The idea is, is that the first thing that you do is you target in and really bring to vivid life a memory that has happened to you of something traumatic and you bring that to vivid life. And then you attach the negative cognition that you believe about yourself now. So this is very CBT influenced.

You attach the negative cognition, what is it that you believe about yourself now? I believe I am unable to have friends. And then what is the positive cognition that you would like to believe? I believe that I can trust other people. I'm sort of using your example of being teased as a kid.

Sherry: Great.

Juliet: And then using bilateral stimulation, I actually use the tappers most because I do work with people with head injuries. And using the bilateral stimulation we allow people to reprocess and think about their trauma to create a new memory map to hook up to a more positive cognition and desensitize the traumatic event that happened. Again, we don't say that the traumatic event never happened. We accept that the traumatic event happened.

What we're doing is we're changing our memory map and how we are reacting and responding to that traumatic event and thinking about it in a different more positive way. And we do that through using bilateral stimulation.

Sherry: Yeah, it sounds a lot like similar to reframing. Reframing the story so that you are not super victimized and still acting as that victim. But now you've reframed it in more of a positive light where now you're able to

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overcome and create different association with that timeframe so it's not holding you back and you're not carrying it forward.

Juliet: Exactly. What we say in EMDR in my EMDR training which I thought was really powerful is, is that we go in and we take out the infection that trauma has caused. And we clean it out and allow for there to be a band-aid over it, a new bandage over it. That new bandage is the positive cognition that you can think of.

Now, we don't know the whole science behind why bilateral stimulation works so well but it really does. And it allows people to kind of go into an interior space where they can think and reprocess the traumatic events that have happened to them and allow them to be desensitized to them and have a more positive frame. I really like that word that you used, more positive frame to think about their trauma and to consider their trauma.

Sherry: Yeah. It's really interesting. I do a technique with the ladies in my program doing bilateral stimulation as it results to compulsive behavior that I learned through a therapist. And I find that it's very effective, very effective.

Juliet: Yeah, absolutely. Another technique that I think is excellent and it's getting a lot more research is EFT tapping. And it's really helpful to kind of combine the somatic experience of tapping on our key pressure points along with starting off with the negative, the truth of how you're feeling and then hooking it up to the positive that you're feeling. So EFT tapping is another one that I'll use to help people bridge through a week of work. And that will be a kind of a helpful thing because one thing is, is EMDR is only done with a therapist. It is not something that is done on your own.

But EMDR is not for everyone and that's something that I always say which is there is so many modalities. There's more than one path to healing. So if EMDR is not for you then there is sensory motors type of therapy which is another type of psychotherapy. I actually don't do that but it's another type

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of psychotherapy that is available for people. There is somatic experiencing which again takes into account the fact that trauma is locked in the body and one of the ways that we can do to kind of use the body to help people reduce their traumatic experiences, and flashbacks, and night terrors etc.

So there is more than one path to healing. And I always say that to people. There is not just this one straight road of EMDR. And also one thing that I say to people is, you can weave them together. So a lot of times I will weave together psychodynamics, psychotherapy with my EMDR so we're not doing EMDR the whole time. Or maybe with someone we are doing EMDR the whole time, the process always should be individual and client led.

Sherry: Absolutely. And just to second that, we use a lot of emotional freedom tapping here in the household because my daughter has these terror thoughts at night. And she gets very anxiety provoked and then this will worsen her Tourette syndrome. And it's really difficult for her to get down and go to sleep. My head can hit a pillow and I'm out in five minutes, but her, she's got this certain body thing that she does where she shifts her feet with the covers. And the way in which she does it, the intensity you can tell is increased by the amount of stress she's experiencing.

And the worst night of the week for us is Sunday because she's already worried about how she's not going to be doing well at school Monday through Friday. And so she's got all this anxiety. And so we just turn to the tapping app, we'll start doing that. And sometimes she doesn't like to follow the app so we just do it together. Or sometimes she just has so many tics that I have to do it for her.

So it is a wonderful modality to bring down that anxiety, to calm the stress, to calm the nervous system, to stimulate that vagal nerve so we can just release some of that tension that we're holding in our body.

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Juliet: Absolutely. I just love that you're using tapping. And it really is a great resource. And there's some really exciting research being done around it. EMDR has been studied and I'm really excited to see so many new research papers being done about EFT because these modalities are really helpful. And again, if one modality doesn't work for you, look for another one. And that's absolutely how I feel about drinking as well.

Sherry: Right. And speaking of drinking let's talk about how that pertains to people using alcohol around trauma, do you see this a lot in your practice? And I'd also like to get your thoughts as we go down this path is, people oftentimes ask what's the difference between addiction and problematic drinking? And I know that's a lot of questions I get and questions I had before I was looking at really trying to solve my overdrinking issues. So I'd love to hear your perspective on trauma drinking and this whole grey area, or a fine line, whatever you want to call it from addiction and what's considered problem drinking.

Juliet: Yeah. I graduated from graduate school in 2005. And I worked in HIV services and in neurosurgery at a major New York hospital before I went into private practice. So in all the different areas that I have worked in I really have seen how people tend to self-medicate using alcohol to tend to their traumatic flashbacks, their traumatic symptoms and some of what can happen with PTSD. And one of the things is, is that alcohol temporarily works seemingly. It helps people fall asleep. It is a little bit of a social lubricant.

It allows you to go from feeling detached from the reality around you to all of a sudden, you're in with people and you're able to talk to people and you're life of the party. The problem is, is that it becomes – too much drinking becomes problematic in that it can increase dissociation, in that it can disrupt sleep even more and cause you to have more PTSD symptoms. It can cause you to rupture relationships in your life. Too much alcohol can cause all sorts of social problems, not just a social lubricant.

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So I would tend to see a lot of people treating their PTSD symptoms or not all trauma results with PTSD, but they would be treating PTSD symptoms or treating their reactions to their trauma they have dealt with, with alcohol. And that was incredibly problematic and leading to overdrinking, leading to embarrassing social situations, leading to problems with the law, leading to the things that can happen when people start overdrinking. And all of it is a search for self-medication, to just quell that feeling that they were having, those multiple feelings I should say that they were having.

Sherry: It's so interesting that we do, we self-medicate in so many ways. Some people turn to food to do it by overeating. Some people overspend. Some people spend many hours at work and overwork. There is a lot of different things we can do to try to appease something that feels off inside or something that is causing us pain inside.

And like you mentioned, going overboard with it then just compounds the problem because not only do you have the initial problem but now you have the overdrinking problem, or the problem with the law, or a smashed car, or ruined relationship, or what have you. So there is that line that if you rely on this only as a modality it's eventually going to take you to a place where it's only going to compound and make problems worse rather than truly solve them. And we know it temporarily numbs, it doesn't truly solve the underlying issue, yeah.

Juliet: Right. And the thing is, is that as people's tolerances grow, they need more and more to sort of get to that place of numbing, that numbing out. And one of the things that I always like to talk to people about and also myself, I mean I come from a family with a lot of addiction issues. So I've always been very attuned to my own drinking behaviors. And really working with people to get curious. I mean that's one of the nice things about being a trauma therapist is being like, let's get curious about this. Let's just sort of talk about this from this safe place that we're at now.

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Because what happened, happened in the past. But we're in a safe place now, we can kind of get curious about these things, which we couldn't get curious back then. And getting curious about why do you need that third glass of wine or that fourth glass of wine?

And definitely the pandemic has been really traumatizing for people too. And here we are and this is more than we can handle and we're herd animals and we aren't able to hang out with our herd. And we're not able to do the simple things in life. And I am very much a proponent of masks but masks can also be really stressful for people to wear. And all of a sudden, we're having to wear these things that sort of feel uncomfortable on our faces and it's really difficult.

So why not at the end of the day have a glass, two, three, four of wine or a few beers or something like that to just kind of numb out from the day rather than doing something else that will actually lower your cortisol? Because too much alcohol, you're going to raise your heart rate and you're going to get the jitters the next morning from hangxiety as I call it.

Sherry: Exactly, yes, because we know it worsens the anxiety and it worsens the stress by the mechanisms which you just said, yeah.

Juliet: Right. And so I have definitely seen more of what I call problematic drinking in the pandemic. These are not clinical distinctions. An addiction is something that needs to be treated by medical professionals. And that is something that when there is physical and psychological dependence on a substance, that absolutely needs to be medically monitored and cared for. And I think one of the exciting things that we're seeing in addiction treatment is the embracing of different modalities. For so long it was just this one way of thinking about addiction.

And now all of a sudden, we're seeing all these different wonderful modalities that people are using. They are using animal therapy, they're using equine therapy, they are utilizing meditation, they are utilizing

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mindfulness. I mean all of these really cool things that they're doing in addiction because we so need it.

Problematic drinking is definitely something that I talk to people about which is, "How do you feel about your drinking?" Getting to talk to people about, "You're drinking more." Because for some people problematic drinking may be one drink a day. And for another person that is totally fine. So again it is subjective. But if someone is starting to rely a little bit too much on that buzzed numbed out feeling, and there's something in their intuition that's just like, this isn't right. Then that's something to definitely explore.

And also a lot of people are saying, "In the pandemic I'm noticing that I'm drinking a little bit more. That doesn't feel so good, but what can you do?" And it's like, well, there's actually a lot you can do. And one of the things that I really like about your message is we are not powerless over alcohol. We have the ability to decide what works for me and what doesn't. And when we eliminate that shame that can so often be around our behaviors, our coping behaviors, there can be shame around some of our coping behaviors that may not be as well adaptive as others.

Once we remove that shame, we're able to get curious and then say, "Alright, what works for me and what doesn't?" Now I can say, "You know what? I don't need that third glass of wine. I don't even need that second glass of wine." And it does become something that is enhancing in your life and not escaping from your life.

Sherry: I love how you said that because those are exactly some of the tools I use with my clients. It's really getting curious because if we come at ourselves with shame, or like the last podcast episode I just did was about punishment and I've been bad so now I can't have alcohol for another week, or a month, or whatever parameters we give ourselves, or put

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around ourselves. It just feels punitive and that we are people to be shamed when this is just a behavior.

If we get really curious about it, we can see why it's occurring. We can address some of those root causes. We can develop other coping skills that actually feel amazing with no hangxiety the next day, as you called it. And then we can place alcohol as I like to think for my life, it just goes in this, I get to have some and I enjoy it when I do. And I don't have negative consequences because of my drinking. And so it's in this category where it doesn't make me feel bad about who I am. I get to do it because I enjoy it at times. And I am in control of that and I have power to do that.

And I love being powerful being over my life because I think any woman, man too probably, when we feel powerful we do take the best actions for ourselves and for our health.

Juliet: Absolutely. When you're coming at it from an empowered place we are saying, "I'm enjoying this", rather than, "I'm using this to treat something." When you're coming at it from that place of a wellspring of good feeling, I guess I want to say. Then we're able to be our best selves. But a lot of times in this time of, and let's face it, this is a lot of stress. This is really intense. Our children are going to school and we're like, "Oh my goodness, how are the COVID cases going?"

And I have two kids, they're now both vaccinated which is quite a relief. But before, my younger son going to school was like, oh my goodness, you get the COVID report at the end of the week and you're just like, "Oh my gosh." It's a lot of stress that we're carrying around. And it's one stress among multitude stress around how work is changing, stress around isolation. And one thing that alcohol can sort of lie to you and make you feel is a little bit more connected. But the connection, it's just a false connection, it's not real.

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Sherry: Right. Because we don't even remember half of the things we said or the conversations we had when we overdrank. Yeah, so we think we're connecting but all cylinders are not firing up there, especially the next day when we can't recall what we said, what we did. And then that leads to more of the shame, more of the embarrassment, more of this, why do I keep doing this to myself which is a place I stayed in for many years. And I just didn't know a way out.

So I'm so thankful for this discussion, talking about all these different modalities and different ways to look at the behavior, as I like to say, not good or bad, it's just something that we don't want to keep doing. If we just don't call it good, we don't call it bad, we just say, "Hey, this is a behavior that I'm doing and I'm not feeling like it's working for me and here's all the reasons why. And what can we do to solve that and change that?"

Juliet: Absolutely. And when we take that tack of this is neither good nor bad and sort of eliminate the shame around it, we're able to say, "Okay, this fits in my life and this doesn't fit in my life anymore." I smoked for 10 years, I admit it. And one day I was like, "I am tired of my hair smelling like smoke all the time." I am dating a man who's now my husband who is a non-smoker and he's told me, "I'd really like to move in with you but I don't know about the smoking."

And I'm realizing that this is becoming something that I'm taking away from my lunchbreak because I go out for cigarette breaks at work and it's getting docked from my lunch hour and everything. What is this? This is not working for me anymore. And when you step into the place of it's not working for me anymore, that's an empowered place. That's a decision that you're making for the best purpose for you, the best intentions for you versus, oh my God, I'm so stressed out.

I was working in a really busy corporate job at that time. Oh my goodness, I'm so stressed out, I need to have a cigarette to start my day to perk me

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up and everything. It's like actually, no, when I quit smoking it was so freeing. And that really good feeling of I don't need this is a really, really necessary thing especially for women to feel.

Because as you said, I'm going to go back to our little T conversation, men too but I'm going to focus in on women, we have so many little T microaggressions that happen in our lives that we may not even be aware of our stressors and what is bothering us. Which is why I'm like getting curious, working with a life coach, or working with a therapist, like I said, there's more than one way to heal, can be a really good thing. So you can get curious and adapt better behaviors that work for you in where you are right now. And that's what matters because all we have is the present moment.

Sherry: It's so true. And I do want to go back to something you also said about the littles in our lives. This is maybe a big T for them, this COVID. I know it's disrupted our schedules, it's changed how we work, it's changed how we shop, it's changed our dynamics, just the way we look at life I think has changed now. And so as moms we also carry that stress from our kids, and how things are disrupted for them. And I know my daughter just got the vaccine last week. She was so excited.

We would go out in public and we would be without masks because it's outdoor, or picnics, or whatever we were doing, or at the beach. And she did not feel comfortable taking down her mask. She thought the risk of COVID is there. I'm going to school and we have to wear them all the time. And there was a bit of fear that she would pick it up. And even when I gave her the permission, "Hey, we're outdoors, it's very unlikely it's going to happen. Let's just enjoy the beach or let's just enjoy the outdoors, or the park."

I mean she was even doing soccer practice being the only child with her mask on running. And that trauma is real for her, I could pick this up. And

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then as the mom I'm seeing this and I'm picking up her perceptions of this. So it's also a trauma. And then what I also understand with this new work life balance and all of us at home it makes it so easy to start drinking earlier, to disguise it on a Zoom call, it's in a thermos or in a coffee mug. And I just think it's a slippery slope that starts where we can just start imbibing a little earlier. I've heard that from many women.

And it really is something that we should be thinking that these are little traumas that are happening for us and our kids. And we need to equip ourselves with solutions and strategies that work.

Juliet: Absolutely. And you just really gave a great explanation of vicarious traumatization. And how other traumas that we're hearing about that we're watching, that may not be directly happening to us, can be incredibly traumatizing to us and we pick it up. I mean we were talking about this a lot at the hospital where we, you know, therapists and healthcare workers, particularly during the really tough days of the pandemic and even now.

Seeing so many horrible things, seeing so much just tragic cases happening, not just from COVID but from so many people who, you know, delayed cancer treatment or delayed other sorts of healthcare treatment. Seeing all these horrible cases and all these very advanced stage illnesses and just being traumatized by this. Even though they were not the ones with COVID, even though they were not the ones with cancer. So we really are living not only our own traumas but also vicarious traumatization.

So you're absolutely right, it becomes a very slippery slope of oh my gosh, this is so stressful. Let me just pour myself a little more wine. And you fall into that false feeling, and meanwhile you could be moving on to glass number five and blacking out and not aware. And then other things that happen, as your performance at work starts slipping because you had a glass of wine at five. We're in this new work life balance, everyone knows

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where you are at all times. So they know they can send you an email and you'll be there.

People are answering emails back at seven o'clock after having a few glasses of wine. Well, that's not great for workplace performance. So really helping people understand that these behaviors are more deleterious than they are helpful is a big part of working with people in helping them live through the trauma that we're living through right now.

Sherry: Beautiful, yes. And as I'm listening to you, I just want our audience to hear that these are stressful times. And drinking is a behavior that does help, it feels, in the moment, we know. And there's nothing to be ashamed about there, it's just looking for modalities that work. So, Juliet as we wrap up, what are some ways a trauma therapist can help drinking or help someone with a problem drinking?

Juliet: Drinking is the symptom. So drinking is the symptom. So one of the things that we really work with are, when people come in and see me, I want to know, I take the first four sessions to get to know how you are. We don't jump right into EMDR. We don't jump right into trauma. I want to know who you are, what's going on in your life, who you're married to, who you're not married to, kids, no kids, what are you eating for breakfast, how much are you sleeping, all of that stuff. So I really want to get a picture of who you are as I'm doing my assessment.

And then kind of what are the things that you want to work on? What are the behaviors that are coming out? And understanding that these are symptoms. And once we get to the root cause of what's going on, whether we use EMDR, or talk therapy, or EFT tapping, or mindfulness, meditation, whatever modality might be used, that we get to sort of the root cause of what's going on. So that you feel free enough to not need to numb out. So that you feel free enough to not need that glass of wine every day. But that instead you feel this is something that I can take or leave.

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Sherry: Beautiful, yes, I love working with clients to get them to that point too. It's so rewarding when you see somebody say, "This is something I felt I needed to now this is just something, yeah, it doesn't have that pull on me anymore."

Juliet: Right. And I also just want to add an asterisk in there, I do keep a careful eye and keep myself up-to-date on clinical issues of addictions. So that is something that I do look out for too. What are we working with here? And really, like I said, social work is very much about the person in the environment and how they're responding to their environment and clients right of self-determination, really keeping a clear eye to how is this functioning in your life? And is this an addiction that maybe we need a different form of healing to?

But really the thing that we say in EMDR all the time is we are co-constructing together. And that's, when people are looking for a therapist, or a life coach, or any other healer, that's the thing that I always say, we're, you know, people will say to me all the time, "Juliet, what should I look for in a therapist?" And the first thing I say is, "You want to look for someone who's co-constructing with you."

Sherry: I love that. And I also say to add on to that is, "A safe environment where you can feel free to explore everything that's bothering you from a non-judgmental perspective." Yes, because without that safe space you're just never going to get there. You're going to never make the progress that's needed to be made.

Juliet: Absolutely. And especially when we're talking about issues of women and drinking particularly, there is so much shame there of I should be this kind of a mother, I should be this kind of a person, I should be this kind of an employee. We really can get past the shoulds to what has happened and what would you like to be?

Sherry: And then empower them to get there.

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Juliet: Exactly.

Sherry: I love our discussion, Juliet, this has been wonderful, so wonderful. So how can people find you or any closing remarks you want to leave our audience with today?

Juliet: You can find me on Psychology Today, I'm Juliet Keeler-Le Bien. I also have a website that is in the process of being revamped, lebienpsych.com. And if I can leave people with anything it's there's more than one way to heal and there's also lots of different paths. And when you do heal, the freedom that you feel is so wonderful, it's so worth it. And ultimately it is guided and driven by you, not by anyone else but you get to decide. And when you really take that on, when you take on that responsibility, the feeling is wonderful.

Sherry: Agree 100%, beautifully stated. And we'll link to all the links in the show notes so you can head over to the show notes to find all of Juliet's links if you want to look at her resources, and tools, and her website. Well, Juliet, it's been so fun to have you here. I have treasured this discussion. I love that we are helping women heal together and thank you for this opportunity. And thank you for your time today for coming on the show.

Juliet: Awesome. Thank you so much, it's been a pleasure.

Sherry: Alright, friends, well, that's it for today and we will see you next week.

Thanks for listening to the *Drink Less Lifestyle*. If you're ready to change your relationship with alcohol, check out my free guide, How to Effectively Break the Overdrinking Habit at sherryprice.com/startnow. That's sherryprice.com/startnow. I'll see you next week.