**Dr. Mcayla- Thought Coaching and Therapy**

**Jeffrey:** Welcome to the Chalene Show. You found the podcast where all the super smart people hang out. Welcome to the club.

**Chalene:** Hey there, I’m so happy that you joined me today. And yes, this is the podcast where all the smart kids hang out. And this show in particular is for the smart kids. This show as you know, the Chalene Show is all about balance and success, and fitness and food, and family and faith, and just getting the most out of your relationships.

And today’s episode is dedicated to what I call a secret weapon. It’s a secret weapon that can propel you and it propels so many people that I’ve worked with. Forward, faster than any tool, any resource, any seminar, any habit, anything else I can share with you.

Today’s episode is dedicated to the notion that your brain is the most influential, the most important piece in all of this. It doesn’t matter what we’re talking about: fitness or family, or faith, or relationships, or success, work. It doesn’t matter.

Your brain is the most important piece of this. Do we agree? If we do, then we can move forward. Because my goal is for this episode to help remove the stigma that surrounds the thought that going to see an expert to give your brain and advantage; AKA, considering therapy and really understanding that there’s probably a form of therapy out there that would be perfect, practically painless and just right for you.

I think the number one reason why most people don’t go to therapy is they just don’t understand it’s a short cut. The minute that you’re going to open up a can of worms and they’re like, everything is good. I don’t even need to go there. I have already worked through that stuff.

Well you know what? You’re probably wrong. I can say that with great authority because I’ve worked with thousands of entrepreneurs. I’ve worked with people who’ve paid me $25,000 to coach them for the year. And my job is to help them be successful. And there comes a point with even the most successful people, that there’s some stuff you just need to work through, to break through to the next level.

Now this is part two of a two-part interview with Doctor Mcayla. Doctor Mcayla is the bomb. This chic is completely gifted in what she does. And in our first episode, she really helped people identify the difference between, kind of nervousness and fear and anxiety. And then the difference between anxiety and having a full blown anxiety attack.

And perhaps, even more useful, how to handle it, so that you can avoid going into that dreaded state of panic attack. This lady changes lives. No, this lady saves lives and I’m so honored to share this episode with you. Now this is taken from a live interview I did in my studio. After I did this interview with Doctor Mcayla, I’m like so many people need to know this. I just have to put this out there. So I’m honored to share with you this episode with Doctor Mcayla.

Oh, and hey, after we finished this interview, Doctor Mcayla wanted to make sure that I included some links so you have the information and perhaps even a way to evaluate how we’ve done and the reason why is because your stuff works.

And I just think, when I got into this space, when I say the space, I mean like, personal business development; when the first things I realized is that, you can learn like all the techniques and all the exercises and all of the tips and the steps and the formulas, but if this isn’t right, then you just, either don’t do it or you don’t apply it, or you self-sabotage

 And this is a program all about confidence. And this program has been so tremendously helpful for people because it’s like a strength training program. You’re constantly building confidence. And you and I know how important that is. But we also know because we’ve seen it helped so many of our very successful entrepreneur friends, that there is a short cut when you do therapy.

But for whatever reason this, like this massive, here we kind of know why there’s stigma associated with it. But I want to bring you here today to have an honest conversation about therapy and the different types of therapy so that people can make a really well-informed decision because they’re confident enough now to realize like; “oh okay, this is what cool kids are doing. This is like a short cut. This isn’t going to be new to these people so I thought would be.” So let’s help them understand a little bit more about therapy.

**Dr**. **Mcayla:** Okay.

**Chalene:** So let me ask you, there, how many different types, I mean there’s a bazillion, but if you had to narrow it down into like the most common types of therapy, if someone just goes to the yellow pages, I guess no one goes to the yellow pages anymore. If somebody goes to Yelp, and they search therapist, what kinds of therapy can people expect to see.

**Dr**. **Mcayla:** Well there are tons of different types of therapists.

**Chalene:** Okay.

**Dr**. **Mcayla:** Probably more than I can even name in an hour or two so, but technically there’s talk therapy.

**Chalene:** Okay.

**Dr**. **Mcayla:** You’ll probably hear more often, cognitive behavioral therapy.

**Chalene:** Well, just say that again slowly.

**Dr**. **Mcayla:** Cognitive behavioral,

**Chalene:** And that’s different or that’s the same thing as talk therapy?

**Dr**. **Mcayla:** It’s part of talk therapy. So when you’re doing talk therapy, every therapist pulls from a different model. It’s a different strategy.

**Chalene:** Sure.

**Dr**. **Mcayla:** But inevitably it’s just talk therapy.

**Chalene:** So over generalize, I know that this is like your industry still probably feels weird to over generalize, but can you just kind of simplify how you would describe talk therapy. And what would I expect if I go to a talk therapist.

**Dr**. **Mcayla:** Well, talk therapy is where you’re going to talk about whatever the circumstances are about your history…

**Chalene:** About.

**Dr**. **Mcayla:** About your past, possibly. You’re just going to talk and process, which is, you’re going to go back and forth, and your therapist is going to share their views depending on the strategy they use. They might ask you about a question, they might advise you, they might use a strategic approach; it just depends on their approach but you’re inevitably just talking about the problem and coming up with solutions.

**Chalene:** Okay. Got it. And then you said cognitive - same thing. Same therapy.

**Dr**. **Mcayla:** It’s the same thing.Cognitive behavioral is more focused on the behavior.

**Chalene:** Okay.

**Dr**. **Mcayla:** So we’re not just going to get you to change behaviors and we use that a lot with addictions, things like that.

**Chalene:** Okay, so, cognitive therapy, talk therapy, what’s the next most common form of therapy?

**Dr**. **Mcayla:** Well, there’s EMDR therapy,

**Chalene:** Okay.

**Dr**. **Mcayla:** There’s hypnosis.

**Chalene:** So hypnosis. Tell me about hypnosis.

**Dr**. **Mcayla:** Hypnosis is, I mean, everyone is going to have their own way of explaining it. But hypnosis is where you’re going under, more of a deep state of mind and the clinician is going to kind of walk you through a guided imagery or visual imagery and props, positives and changes and things. And then when you wake up…

**Chalene:** Is it really like that? Like your dog. Can you really do that?

**Dr**. **Mcayla:** I don’t know. I mean it just depends.

**Chalene:** Okay.

**Dr**. **Mcayla:** Depends on whatever you, if you believe it works, then it works.

**Chalene:** Okay. All right.

**Dr**. **Mcayla:** Yeah.

**Chalene:** I get it.

**Dr**. **Mcayla:** So there’s hypnosis, there’s neurofeedback, which is really kind of looking at the brain and brain specs scans.

**Chalene:** Okay.

**Dr**. **Mcayla:** And looking at from a more technology.

**Chalene:** Meaning like, somebody who’s had a brain trauma, someone who’s had severe concussion, and then looking at trauma on the brain, like an MRI? Like Doctor Ammon does?

**Dr**. **Mcayla:** Well, similar to, Doctor Ammon uses the brain specs scans. What that is, is that it’s telling you, okay, we know there’s a problem? We can see it. Yeah, that’s a diagnosis. That’s not really treating it. It’s just diagnosing it.

**Chalene:**  Got it.

**Dr**. **Mcayla:**  Neurofeedback is also really diagnosing it because they’re saying, okay, we’ve got this for now, this is what’s going on. You’ve got anxiety. So we should now, let’s figure this out and help you work through it.

**Chalene:** Wow.

**Dr**. **Mcayla:** Hm-mm.

**Chalene:** Okay, and then EMDR.

**Dr**. **Mcayla:** And then there’s EMDR which stands for eye movement desensitization and reprocessing for people that don’t know that.

**Chalene:** Eye movement desensitization and…

**Dr**. **Mcayla:** Reprocessing.

**Chalene:** Okay.

**Dr**. **Mcayla:** It actually began just EMD which is eye movement desensitization. And it is, just be, let’s just desensitize them from these phobias and these fears; and then it was the reprocessing part was added about ten years later. Since its been around for about thirty, forty years now.

 **Chalene:** Okay.

**Dr**. **Mcayla:** The thoughtthat was, well, why just desensitize it, if were working with the brain, why can’t we then add the positive belief in the same way that the negative belief was uninstalled.

**Chalene:** So reprocessing in layman’s terms is what you would say, we’re taking out the negative belief. Let’s say for example, I believe that when I walk into a room everybody is looking at me and judging me and thinking I’m stupid.

**Dr**. **Mcayla:** Hm-mm.

**Chalene:** And what you’re saying is, it’s not just desensitize them with this form of therapy but you actually replace that thought with a different thought. So that when I walk into a room like everybody, everybody thinks I look amazing and they can’t wait to meet me.

**Dr**. **Mcayla:** Exactly. And that thought is, I’ve been using the word caption lately.

**Chalene:** Okay.

**Dr**. **Mcayla:** Because when I use the word belief, although those captions are beliefs, I’m noticing that the caption really is, imagine like a scene or an image is you describe it someway. There’s a caption there.

**Chalene:** Okay.

**Dr**. **Mcayla:** And it’s all about the captions, but a good way to look at the difference between talk therapy and EMDR, and what I love about EMDR, and why I’ve really just focused so much…

**Chalene:** Yeah.

**Dr**. **Mcayla:** On that concept is, if you got to talk therapy, you’re dealing with the stuff, just on the frontal cortex.

**Chalene:** Okay.

**Dr**. **Mcayla:** If you go into EMDR, we’re dealing with everything that’s in the back subconscious part of your mind. So you think of it as, you have a computer.

**Chalene:** Okay.

**Dr**. **Mcayla:** And you’ve got all these apps in your phone, you’ve got all these apps. And you know what is happening once you take the app out.

And you think that the app is gone. And till you go in the applications you’re like, oh my gosh, all these apps are still here. So, because we just delete the app, because we just talk about in talk therapy, unless you go into that hardware and,

**Chalene:** It’s still there.

**Dr**. **Mcayla:** Uninstall it, it’s still there.

**Chalene:** Okay.

**Dr**. **Mcayla:** Just because we don’t see it doesn’t mean it’s not there. And that’s why we can go to talk therapy. And depending on the problem, if it’s just occurring like issue or challenge we can work through, but otherwise it’s all still there in the hardware. And that’s why I wanted to find a treatment that’s specifically with getting into the hardware.

**Chalene:** And whoever have sitting here is going to believe most strongly and their form of therapy. The therapy that they’ve devoted their life to. And you’ve done all these different types of therapy and practiced them as well, and you would, I would say tell people. EMDR is the one you’re most passionate about because you’ve seen people, have the most permanent change.

**Dr**. **Mcayla:** Absolutely.

**Chalene:** And for me, being a big fan of therapy, I’ve done therapy since I was a kid, I think smart people do therapy that you, it’s really the reprocessing. And I’ve done EMDR and I’ve also done talk therapy. And I’ve done talk therapy sessions where I feel like I reprocessed in that session. I literally changed my thought process. But it always seems to me that happens like super-fast especially of the deep difficult ones. The ones that are like deep track in my brain, that those have required me to do EMDR.

Okay. So let’s just be honest and say we both love EMDR and for no reason because I am not associated in any way, shape or form with the EMDR organizations. I just, had seen a change, so many people that we’ve worked with, just seen people have the most permanent change. Because people, I think associate EMDR with hypnosis and it’s not hypnosis.

 **Dr**. **Mcayla:** No. Hypnosis actually it promote…

**Chalene:** I guess it’s because the eyes, you think like in the movies, when they would like, you’re getting sleepy; so it has something to do with eye movement.

**Dr**. **Mcayla:** Yup.

**Chalene:** And EMDR, it has something to do with eye movement. Can you explain why you use eye movement to reprocess? Well how, I mean scientifically, how does that work?

**Dr**. **Mcayla:** Well, when you, it’s not just the eye movements. It’s a combination of the bilateral movements. That’s back and forth, so you can use eye, you can use tones, you can use…

**Chalene:** So it’s bilateral of the brain?

**Dr**. **Mcayla:** It’s a back and forth movement.

**Chalene:** Okay.

**Dr**. **Mcayla:** Okay, and when you have any back and forth movement, and you combine that with an image or scene about something in your mind, a problem…

**Chalene:** Okay.

**Dr**. **Mcayla:** And you put the caption, the belief with it.

**Chalene:** Alright.

**Dr**. **Mcayla:** If you hold those three things in conjunction with each other…

**Chalene:** Yes.

**Dr**. **Mcayla:** It activates a part of your brain, the hippocampus part of your brain in your limbic system, and the hippocampus part of your brain actually holds meanings.

**Chalene:** Okay.

**Dr**. **Mcayla:** And so, because we know that that’s the part of the brain, it stimulates that, it causes what’s called an…

**Chalene:** And that’s not stimulated when I’m thinking about that…

**Dr**. **Mcayla:** No.

**Chalene:** Scene and not doing eye movement…

**Dr**. **Mcayla:** No.

**Chalene:** That there, is not stimulated?

**Dr**. **Mcayla:** Not stimulated.

**Chalene:** Okay, got it.

**Dr**. **Mcayla:** Okay.So stimulate that and what happens is it creates this engram map which is kind of like, this, imagine pouring a cup of syrup over the top of your brain. It just, it ignites it basically. Wakes it up. Because all we’re doing is taking this image, this scene, this problem and the caption, the belief, well, holding it together; and we’re activating hippocampus. Now the back and forth movements are a distracting the frontal cortex part of your brain.

This part of your brain is what we basically operate on every day. This is the part of our brain that says look normal.

**Chalene:** Don’t think about it, don’t think about it.

**Dr**. **Mcayla:** Look normal. Well, its job is to make sure you’re, you’d look normal.

**Chalene:** Okay. I love that literally.

**Dr**. **Mcayla:** Look normal, be normal. And so this is what we work from. But typically, what we’re doing is, when we have the back and forth movement, it’s distracting the frontal cortex part of your brain so that as the client is sharing what’s coming up in EMDR, they’re just giving reports, what they notice. It’s all coming from the subconscious mind because now we’ve shut this down. This is busy over here. And so now this is able to surface and come out.

**Chalene:** Okay.

**Dr**. **Mcayla:** This is where all those captions are, is back here.

**Chalene:** Okay.

**Dr**. **Mcayla:** And so…

**Chalene:** Yes, I want to share with you, so I can ask. Maybe I shouldn’t even ask because I love that this just works and sometimes I don’t even want to know why it works but, here we go. On your behalf, I may ask. So when I did EMDR, when I do EMDR, and what I love about it is you don’t have to go through like, well, then this happened, then this happened, then this, hey, until you go all over the details again.

You just bring up like something that’s upsetting, like a belief or scene or something from my past, and hold on to it like you said, and then start the eye movement. And, I don’t know if this is normal. But when I did it, my, that the things were coming up, were so, it seems disconnected.

But almost like a dream say. Like when you have a dream, I mean I was totally awake, but I was thinking, why am I thinking about that, why am I thinking about that? And now I’m thinking about something that happened last week. And now I’m thinking about something that I knew, neither sure that happened. It’s almost like a vision.

And then I’d be like, now I’m at the mall, and now my daughter just morphed in to my mother like it was very dream-like and disconnected. Then all of a sudden I was like, whoa. And things started like, is that normal?

**Dr**. **Mcayla:** Yes.

**Chalene:** Okay.

**Dr**. **Mcayla:** Yeah. And I can explain that. It’s really quite fascinating actually.

**Chalene:** And it wasn’t painful like I wasn’t like, you know what I mean?

**Dr**. **Mcayla:** Yeah.

**Chalene:** There were parts where I cried but it was, all it felt like a relief. It was weird. It’s the craziest, coolest feeling but I kept thinking I must be doing this wrong because my therapist told me to think about this one and my head is going to eighty-five different places, really fast right now. And that’s normal?

**Dr. Mcayla:** Well, EMDR, you’re in REM sleep mode, it’s the same state as REM…

**Chalene:** But you’re awake?

**Dr. Mcayla:** But you’re awake, so when you’re dreaming, the things you dream, they are all kind of choppy and they don’t make sense and when you’re doing EMDR, and you’re reporting what you noticed in between the--as we do it in sets, fifteen, thirty seconds eye movements and then you just report what you noticed.

What you report isn’t going to make sense to you either and it’s going to be just like as if you were telling somebody about a dream you had, it doesn’t make sense.

**Chalene:** Yeah, yeah, okay.

**Dr. Mcayla:** But what's coming out is in your subconscious mind, the mind has compartmentalized as different parts and their different ages, different times in your life.

**Chalene:** Yes.

**Dr. Mcayla:** So because we’ve accessed the subconscious mind, we’re accessing different ages. The brain has no concept of time. It just records the age the way you thought, the way you felt, the way you experienced it? So, we hear all kind so things that, might not make sense to the client, it doesn’t matter, the fact is, EMDR comes from the AIP model, which is the Adaptive Integrative Processing.

**Chalene:** Okay.

**Dr. Mcayla:** All were doing is we’re integrating all those different parts. We have to integrate them into one.

**Chalene:** Okay.

**Dr. Mcayla:** Okay?

**Chalene:** Yeah.

**Dr. Mcayla:** And that’s why when we’re all done, the client will get a sense of “hah”, I feel, more put together. I feel more whole or so that’s really what we’re doing. I think that explaining the way EMDR works is really important. And I think it’s been a huge piece to my success is I feel like when you walk out and you’re not sure what’s going on.

**Chalene:** Yeah.

**Dr. Mcayla:** Did it work, did it not work?

**Chalene:** Yeah.

**Dr. Mcayla:** And a huge part of my philosophy is knowledge.

 **Chalene:** That’s true.

**Dr. Mcayla:** Knowledge. And I think the more knowledge you have, the more knowledge you know, is my therapist doing this right?

**Chalene:** Yeah.

**Dr. Mcayla:** Is this working right?

**Chalene:** Yeah.

**Dr.** **Mcayla:** You’ll notice the changes that are happening and being able to identify as your own therapist that this is the way it needs to be going because it may not be going the right way depending on your therapist. They’re human.

**Chalene:** Yeah.

**Dr. Mcayla:** And that’s really why I created the UnStuck Program, once I understood the concept of what was happening? That we’re dealing with recorded tapes, captions, and forget about the anxiety, the fear. All of that, you cannot eliminate all of those things.

**Chalene:** Right.

**Dr.** **Mcayla:** But you can if you start up here.

**Chalene:** Yes.

**Dr.** **Mcayla**: And once I realized what was going on, that’s why I came up with that. But I really feel like knowledge is huge.

**Chalene**: True, that’s very true. How was EMDR discovered?

**Dr**. **Mcayla:** EMDR was discovered by Francine Shapiro, she’s the creator. She’s amazing, very smart. But she was actually was walking one day on a lunch break and every day she would have this memory of an uncle, a bad memory in her mind.

And one particular day, she was walking and her eye was twitching. Just twitching and she realized or noticed that the next say when she went out, she would always go to the same walk every day during lunch, she noticed that for the first time in twenty-some years that this memory of her uncle was different. And she didn’t know how that happened.

 It was the same exact memory remembered the same way every day. And the only thing she can remember was her was twitching that day, and that’s really where it began as she started testing.

**Chalene:** Okay, yeah. Am I correct in understanding initially, this was used on war veterans?

**Dr.** **Mcayla:**  Veterans of war, phantom limb pain children in other countries. Phantom limb pain and then veterans of war.

**Chalene:** I see.

**Dr.** **Mcayla:** Yeah.

**Chalene:** So like to remove a trauma from a war incident and using EMDR to help them reprocess the event?

**Dr.** **Mcayla:** Absolutely.

**Chalene:** And why do they used to love EMDR versus other forms of therapy?

**Dr.** **Mcayla:** Because it works.

**Chalene:** Yeah.

**Dr.** **Mcayla:** Really.

**Chalene:** It’s faster.

**Dr.** **Mcayla:** It works and it’s faster and yeah, it’s…

**Chalene:** [Inaudible 0:19:22]

**Dr. Mcayla:** Exactly.

**Chalene:** That’s why I’m a big fan too. Great stuff, obviously every one doesn’t live here in Southern California and I know you don’t take on many individual clients who do mainly [inaudible 0:19:34]…

**Dr.** **Mcayla**: [Inaudible 0:19:34].

**Chalene**: and obviously speaking and her program the UnStuck Program has helped thousands of people, amazing! So, where can they find out more about the UnStuck Program?

**Dr**. **Mcayla:** www.drmcayla.com

**Chalene**: Dr. Mcayla, we will put that up on the screen too and what about somebody who wants to find a good EMDR therapist in their area? What should their first step be?

**Dr**. **Mcayla:** Go to EMDR.com.

**Chalene**: EMDR.com?

**Dr**. **Mcayla:** dot com, because you want to make sure your therapist is actually licensed by the institute.

**Chalene**: Okay.

**Dr**. **Mcayla:** So that’s the safest way to do it and it also has specialties for different types of EMDR therapist as well. But you always want somebody who is accredited.

**Chalene**: Yes. So I find somebody in my area, and I’m going in my first session, how do I know if this person is really good at EMDR, because I have to say that only because I’ve been to therapists too, I was like I didn’t feel like it was their strong suit. I had to search around and not everyone has the benefit of calling you and saying, is this right? Is this normal?

So, if they were to go and see someone, what are like good or a pretty strong indicator that this is somebody who’s going to be pretty good at EMDR?

**Dr. Mcayla:** EMDR or just, I mean you want to make sure of first…

**Chalene:** I would say EMDR.

**Dr**. **Mcayla:** Okay, so once you feel like…

**Chalene**: Go ahead.

**Dr**. **Mcayla:** It’s a good match…

**Chalene**: Alright, you mean that the two of you have a rapport?

**Dr**. **Mcayla:** Exactly, yeah. Because if that’s not there, it’s not going to matter how good they are. You got the rapport as number one, fifty percent of how that’s going to actually happen…

**Chalene**: What should I feel?

**Dr. Mcayla:** You should feel none judged.

**Chalene:** Okay.

**Dr.** **Mcayla:** You should feel comfortable, you should feel like the conversations are not being monopolized by the therapist’s stories and things that they’re sharing?

**Chalene:** Good.

**Dr.** **Mcayla:** You should feel safe enough to be able to bring up whatever you want, you need to feel in control.

**Chalene:** Yeah.

**Dr.** **Mcayla:** And safe, when it comes to EMDR, I always do what’s called target sequencing and a lot of EMDR therapists don’t do that and I don’t know why. And that’s one of the first phases of setting up EMDR. Target sequencing is taking without starting the EMDR; it’s taking a current trigger…

**Chalene:** Okay.

**Dr.** **Mcayla:** And then setting it up just like we would with the EMDR and then from that floating back, floating back, floating back where the clients just floating to different memories from the last to the next, to the next, so that we get a nice list of…

**Chalene:** And you decide which one to take first?

**Dr.** **Mcayla:** We decide based on which one’s more disturbing…

**Chalene:** I see.

**Dr.** **Mcayla:** earliest and or most disturbing. But if you don’t do that, then we’re just kind of pinning the tail on the donkey with I think this is a good one. And when I seek clients, I know that if their, especially my clients.

**Chalene:** Yeah.

**Dr.** **Mcayla:** They’re coming in, they’ve got this current issue, if I do target sequencing we’re following a memory network literally from memory to memory so whichever memory we pick, we know it’s going to have a direct impact on the current issue.

**Chalene:** Okay, okay, yeah. That’s huge. So if I go in to see an EMDR specialist and are there a few questions I could ask to find out if in fact they do regularly practice it?

**Dr.** **Mcayla:** Well you could just ask that as well just…

**Chalene:** Okay.

**Dr.** **Mcayla:** Do you do this on a regular basis? What are your specialties and so…

**Chalene:** So what would be a red flag that someone is certified then but they’re really not practicing it?

**Dr.** **Mcayla:** You have to go by their word, with how often they’re practicing it. I think you’ll know, I mean a lot of clinicians will still use their hands and that doesn’t necessarily mean that clinician’s not good if they don’t have the tools or whatever.

**Chalene:** Okay so there’s the hand, they can follow hand movement?

**Dr.** **Mcayla:** They can follow your hand.

**Chalene:** Or what are the other options?

**Dr.** **Mcayla:** We have holsters.

**Chalene:** Okay.

**Dr.** **Mcayla:** Light bar, there’s hand holsters.

**Chalene:** Okay so they go back and forth?

**Dr.** **Mcayla:** Also go back and forth, there’s audio and some therapist have even been known to put a sticky tape on each side of the wall and have you follow yourself, it really just depends. I wouldn’t judge a therapist based on their mode.

I also wouldn’t judge them based on their license. There’s some MFT’s…

**Chalene:** True.

**Dr.** **Mcayla:** that are just as good as psychologist so I would really go with the rapport, make sure their doing target sequencing and if the rapport is good, you’ll probably going to trust if they are telling you, this is what I do.

**Chalene:** Yeah.

**Dr.** **Mcayla:** You know?

**Chalene:** Yeah.

**Dr.** **Mcayla:** Yup.

**Chalene:** Obviously the people come to see you, I found the very best I believe that.

**Dr.** **Mcayla:** Thank you.

**Chalene:** But I just had to say we worked with a lot of clients who searched for an EMDR therapist and their first attempt in finding someone who’s EMDR certified resulted in working with someone who is EMDR certified but never do the EMDR with them.

So I just want to make sure that people, just ask the right questions to make sure that, if that’s what you’re searching for and maybe your happy with finding a talk therapist or hypnosis, I don’t think there’s a one size fits all for diet or therapy or for any of those things.

 But it’s fun to just figure out how to be better and to find, just the same way you find a work out that best suits you and makes you feel like a million bucks and get you the results you want fast, the same is true for therapy.

 So if you’re specifically looking for an EMDR therapist, I would say just based on my experience and working with a client searching for one, that in that first session, you just have to ask them how important is it, how passionate are you about EMDR because I don’t think you want to spend another year and then going, when are we going to get the EMDR?

**Dr. Mcayla:** Great, great question is, ask them to explain how EMDR works.

**Chalene:** Ah, because now they know.

**Dr.** **Mcayla:** Now they know.

**Chalene:** Now you know.

**Dr.** **Mcayla:** And if you understand based on their explanation then they probably know what they are doing.

**Chalene:** Yeah, that’s awesome. Well we’ve included Dr. Mcayla’s contact information here and I invite you especially, why not get that competitive edge and find yourself somebody who can fix your brain, just help you understand what’s going on. Help you as you say, kind of become a therapist for yourself.

I mean why not and go to an expert, we go to a dentist, we go to doctors, we go to experts or just about everything else and I can’t think of anything more important than your brain.

 So thank you for being here Dr. Mcayla.

**Dr. Mcayla:** Thank you for having me.

**Chalene:** So there you go, now the question is, are you curious? What happens when you invest in an expert? Well, we know you get the treatment you need. The know-how, the short cuts, the answers, the help. It’s funny; we’ll consult with experts in just about every area of our life.

We’ll go to the dentist; we’ll go to the doctor, a business coach, a personal trainer, why? Because we want results and we know we don’t have all the answers.

 So my question to you is why wouldn’t you look into an expert who might be able to give you those things in the most important area, hello! Your brain. Now you might wonder why, why is Chalene such an advocate for this stuff?

 Well aside from the fact that it has changed my life, aside from the fact that it is therapy that I was able to move from completely stressed out success. Like having the car in the house and all those things and being the top dog and making all the money and all those things, it’s only because of therapy that I’ve been able to make more money and work a lot less.

 And quite frankly, enjoy happiness, enjoy my life. It’s because of therapy; I really had to do EMDR therapy to figure out why was I over compensating with my “work ethic”, my workaholicism. And I always wear that as a badge of honor until I went to a therapist to do some EMDR training and realized, holy cow!

 There’s kind of a reason why I do this stuff, and I had to resolve that and didn’t take long. It literally took three sessions for me to solve this and I feel like many of you that that would mean months and months of talk therapy.

 Painful talk therapy, I’m like I really don’t have anything to talk about, I had a great childhood. But there was just some minor episodes, major episodes I guess you could say that caused me to form some incorrect beliefs that led me to become a workaholic.

 And since that time, my husband and I have been on a mission, to coach other entrepreneurial couples and people in general. And the one thing that we realize is that we’ve got to be honest with people. And this isn’t about one person or one mentor like having all the answers because so many of you will find the answers once you work through your stuff.

 And to build trust means, I have to be honest and to be honest, whether it’s a diet program or a business course or a couple’s seminar, the people who we work with, the ones who go the furthest who actually learn to enjoy their life.

 The ones who seem comfortable in their own skin, not paralyzed by fear, not overcompensating with work or trying to achieve awards or being number one. The ones who really are able to have smart success and feel happy are the ones who have this one thing in common, they figure their stuff out. They go to a therapist, they go to the expert.

 The stuff from our past, the stuff that keeps us on this perpetual hamster wheel. Now the piece of yourself that you know that kind of lights your fire. For me, I was afraid to lose whatever it was that made me have drive and work ethic.

 I kind of feared losing that, but what I found by doing some therapy is that I didn’t lose it, I in fact learned to embrace it and understood where it came from so I could harness it.

 I hope you’ll do more than think about this episode, I hope that you’ll explore. So I want you to tweet me and use the hash tag therapy is smart, #therapyissmart. If you’re a believer and you can tweet that to me or you can use that same hash tag under my last Facebook post, and I want you to use that if you’re willing to take the challenge and just look into this.

 This episode was dedicated to your potential. I believe in your potential. So until we talk again I just want to tell you, I love you, for investing in yourself. So please be sure to go to ChaleneJohnson.com/podcast where you will find the links to everything we discussed in this episode and some free resources that Dr. Mcayla wanted to share with you.

**[END OF RECORDING]**