



**Service & Program Guide for Medical Providers  
in Michigan**

# Rethinking ‘Nothing’s Wrong’: Trauma and Stress as an Underlying Medical Factor

Chronic fatigue, GI issues (like nausea, bloating, and IBS), muscle tension, headaches, chest tightness, shortness of breath, dizziness, sleep disturbances, sensory sensitivities, pelvic pain, and frequent infections are all physical symptoms that may stem from chronic stress or unresolved trauma. These symptoms often reflect a dysregulated nervous system, heightened stress response, or emotional suppression—not just medical conditions.

Many medical providers face ongoing frustration when clients continue to experience symptoms like fatigue, chronic pain, or gastrointestinal distress despite appropriate medications and normal lab results. These persistent, unexplained symptoms can create diagnostic ambiguity, strain the provider-patient relationship, and leave both parties feeling discouraged. With limited time during appointments, it's often challenging to explore deeper psychosocial factors or trauma histories that may be driving these issues. Additionally, the lack of seamless integration between medical and mental health services can make referrals to behavioral health feel disjointed or ineffective. If you're finding that medications aren't helping and your patients still aren't getting better, it may be time to consider trauma as a root cause.

Bright Spot Counseling offers trauma-informed therapy that addresses the mind-body connection, supporting clients in healing the emotional wounds behind physical symptoms.

Collaborating with our team can offer your patients a more integrative, holistic path to wellness—one where they feel truly seen, and where symptom relief finally becomes possible.



# What if your patient hasn't disclosed trauma?

Many clients benefit from therapy at Bright Spot even if they haven't disclosed a trauma history or don't view their life challenges as traumatic. Often, what seems like "normal" stress—work demands, family conflict, or health issues—can still overwhelm a person's coping system, especially if there are unrecognized patterns from the past shaping their current responses. Our therapists are skilled at gently exploring underlying stressors and using evidence-based approaches like CBT, EMDR, and mindfulness to help clients build resilience, improve emotional regulation, and feel more in control of their daily lives. Therapy isn't just for trauma—it's for living well.



## Beyond Survival Mode: Evidence-Based Support to Help Your Patients Thrive



Recognizing that your client's symptoms may be trauma-related is an important first step. At Bright Spot Counseling, we help clients move beyond survival mode through evidence-based, trauma-informed care. Whether they're dealing with anxiety, somatic symptoms, emotional dysregulation, or relationship challenges, our services are designed to meet them where they are. We offer EMDR, CBT, DBT-informed therapy, somatic and mindfulness-based approaches, as well as EMDR Intensives, individual and couples therapy, and medication management. As you read on, you'll get a clear picture of how Bright Spot can support your clients and enhance your care plan.

# You've identified Mental Health as a contributing factor. Now What?

Your patient is experiencing:	Services that may benefit your patient:
Persistent physical symptoms without medical explanation (e.g., chronic pain, fatigue, GI issues)	EMDR Therapy, EMDR Intensives, Brainspotting, Polyvagal Theory Therapy, Safe and Sound Protocol (SSP), Clinical Hypnosis, Mindfulness and Meditation
Chronic anxiety or panic attacks	CBT, ACT, EMDR Therapy, Medication Management, Mindfulness and Meditation, HeartMath, Safe and Sound Protocol (SSP)
Depression or emotional numbness	CBT, ACT, IFS, EMDR Therapy, Medication Management, Mindfulness and Meditation
Sleep disturbances or insomnia	CBT-I, EMDR Therapy, Clinical Hypnosis, Mindfulness and Meditation
Emotional dysregulation or mood swings	Distress Tolerance Skills, EMDR Therapy, IFS, Mindfulness and Meditation, Polyvagal Theory Therapy
Relationship challenges or attachment issues	Couples Therapy, IFS, EMDR Therapy, Animal-Assisted Therapy, Polyvagal Theory Therapy
Grief or unresolved loss	Grief Counseling, EMDR Therapy, EMDR Intensives, ACT, Mindfulness and Meditation
History of trauma or PTSD symptoms	EMDR Therapy, EMDR Intensives, Brainspotting, Polyvagal Theory Therapy, Safe and Sound Protocol (SSP), Clinical Hypnosis
Perfectionism or high-functioning anxiety	CBT, ACT, EMDR Therapy, Mindfulness and Meditation
Neurodivergent traits (e.g., ADHD, Autism Spectrum)	Neurodivergent-Affirming Therapy, CBT, Executive Function Coaching, Mindfulness and Meditation, Animal-Assisted Therapy

# EMDR - Eye Movement Desensitization and Reprocessing

Eye Movement Desensitization and Reprocessing (EMDR) is a structured, brain-based therapy that helps clients process and heal from psychological distress linked to trauma, anxiety, and chronic stress. Endorsed by the APA, VA, and WHO, EMDR is proven effective in treating:

- Post-Traumatic Stress Disorder (PTSD)
- Anxiety & Panic Disorders
- Complex Trauma & Childhood Adversity
- Medical Trauma (e.g., ICU stays, chronic illness, labor and delivery, surgery)
- Depression linked to unresolved experiences



## EMDR is great for your patients who demonstrate:

- Chronic pain, GI issues, headaches, or fatigue without clear medical cause, especially when treatment fails
- Lingering grief or loss disrupting daily life
- Nightmares or sleep issues without other diagnosis
- Hypervigilance, exaggerated startle, or panic—signs of a stuck fight-or-flight response
- Emotional numbness or reactivity (easily triggered or shut down)
- Flashbacks or intrusive memories, even without labeling them as trauma
- Avoidance of appointments, people, or daily activities
- Trouble concentrating or with memory not due to neurological issues
- High-functioning clients who feel overwhelmed or “barely holding it together”
- Little progress in talk therapy—EMDR may help when insight isn’t enough

Flash EMDR	Weekly EMDR	EMDR Intensive (Half, Full, Multiple Days)
<p><b>Phases:</b> Uses EMDR principles but skips directly to rapid processing using the <i>Flash Technique</i>.</p>	<p><b>Phases:</b> 8-phase protocol (history-taking, preparation, assessment, desensitization, installation, body scan, closure, reevaluation).</p>	<p><b>Phases:</b> Follows the full 8-phase EMDR protocol: history-taking, preparation, assessment, desensitization, installation, body scan, closure, and reevaluation</p>
<p><b>Targeting:</b> Client doesn't need to fully engage with the traumatic memory (they briefly identify it but "keep it over there").</p>	<p><b>Targeting:</b> Therapist and client identify specific traumatic memories or negative beliefs (e.g., "I'm not safe").</p>	<p><b>Targeting:</b> Treatment focuses on identifying a small number of high-impact memories or themes that are driving current distress, allowing for deep, uninterrupted processing and accelerated relief within a condensed timeframe.</p>
<p><b>Processing:</b> Client focuses on a <i>positive, engaging memory or image</i> while receiving BLS. Trauma is processed subconsciously.</p>	<p><b>Processing:</b> Client brings up the memory while focusing on bilateral stimulation (BLS), like eye movements or tapping.</p>	<p><b>Processing:</b> In EMDR Intensives, processing occurs in extended, uninterrupted blocks using bilateral stimulation, allowing clients to move more deeply and efficiently through trauma material than is typically possible in shorter, weekly sessions.</p>
<p><b>Goal:</b> Reduce emotional charge <i>without</i> high distress or full exposure.</p>	<p><b>Goal:</b> Reduce distress linked to the memory, install adaptive beliefs, and resolve somatic responses.</p>	<p><b>Goal:</b> The goal of EMDR Intensives is to achieve rapid, lasting relief from distressing symptoms by resolving core trauma memories and installing adaptive beliefs in a condensed, immersive format.</p>
<p><b>Experience:</b> Typically gentler and faster; good for clients with high dissociation, avoidance, or intense emotional reactivity.</p>	<p><b>Experience:</b> The experience of weekly EMDR is gradual and paced, allowing clients to build trust, increase emotional tolerance, and process trauma in smaller, manageable segments over time; this format supports ongoing integration between sessions and includes space to address current life stressors while developing insight, self-awareness, and coping strategies.</p>	<p><b>Experience:</b> The experience of an EMDR Intensive is immersive and emotionally focused, often leading to faster breakthroughs, deeper insight, and more immediate symptom relief compared to weekly sessions; clients also leave with a better understanding of their nervous system, enhanced communication skills, and a personalized set of coping tools to support ongoing regulation and integration.</p>

# EMDR Intensives - 6 months of Therapy in Less than a Week

## Who is a Good Fit for EMDR Intensives?

EMDR intensives are ideal for individuals seeking **faster progress** in therapy, especially after recent trauma. They're a strong fit for those with persistent negative core beliefs, complex or childhood trauma, or anyone feeling stuck in traditional weekly sessions. EMDR intensives are also well-suited for people with demanding schedules or limited availability, as well as those looking to make a more cost-effective investment in their mental health over time.

## Intensive Sessions Involve

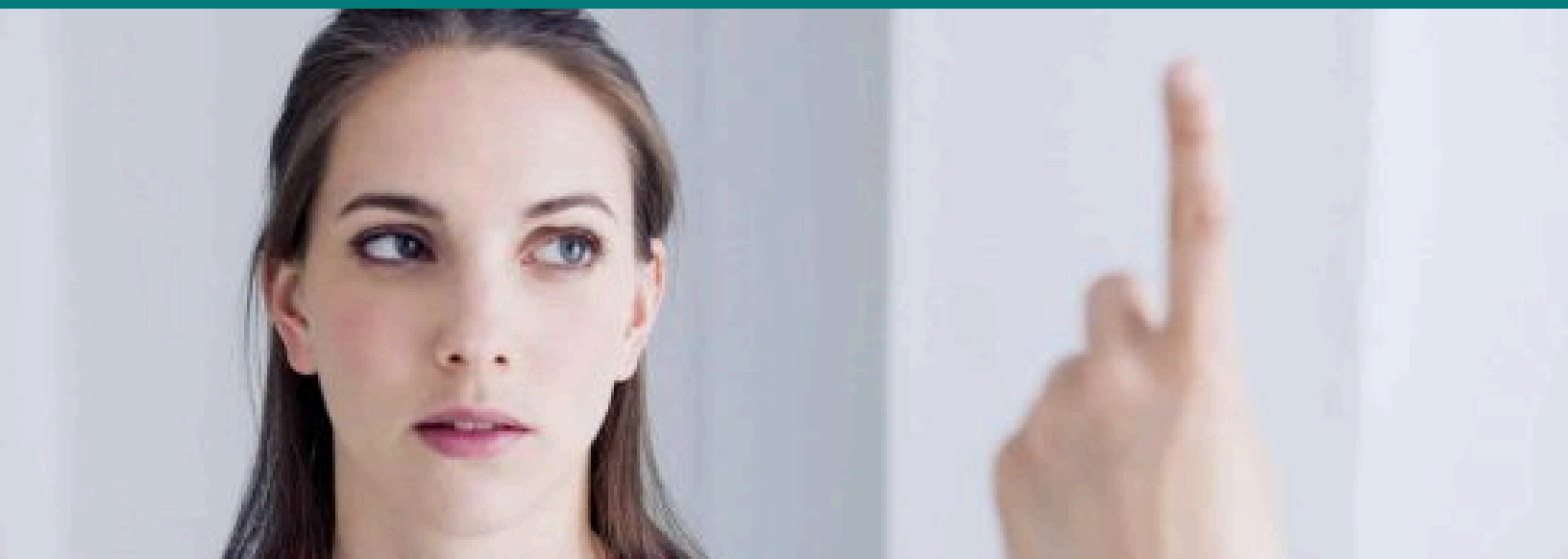
- Pre-Consultation or Intake (60-90 minutes)
- Comprehensive history-taking and readiness screening
- Identify targets using the standard EMDR 8-phase model
- Psychoeducation and resourcing (e.g., safe place, container, affect regulation skills)

### Schedule Options (customizable):

- Half-day: 2–3 hours
- Full-day: 4–6 hours
- Multi-day: 2–3 days in a row or spaced over a week

### What does a full day look like?

The daily structure includes reviewing goals and readiness at the start of the session, followed by the use of bilateral stimulation to process targeted material. Breaks are incorporated as needed to support nervous system regulation, and sessions conclude with time dedicated to integration and grounding activities. The post-session integration plan may include a follow-up session, either virtual or in-person. Clients are provided with journaling prompts, grounding tools, or specific coping strategies to support continued processing. If the client was referred in, the therapist may also coordinate with the client's regular provider to ensure continuity of care.



# Brainspotting

Brainspotting is a brain-body therapy that uses eye position to access and process unresolved trauma. Based on the idea that “where you look affects how you feel,” it helps clients reach deep emotional or somatic pain through fixed gaze points, often paired with bilateral sound. Compared to EMDR, Brainspotting is less structured, more client-led, and focuses heavily on body awareness and nonverbal processing.

## Key differences from EMDR:

- Brainspotting uses a steady eye position; EMDR uses rapid eye movements.
- Brainspotting is more somatic and intuitive; EMDR follows a structured protocol.
- Brainspotting allows deeper access to subcortical brain areas; EMDR focuses on reprocessing specific traumatic memories.

## Why a PCP might refer for Brainspotting over EMDR:

- The client is highly somatic or presents with medical symptoms linked to stress (e.g., GI issues, chronic pain).
- The client struggles with talking about trauma or dissociates easily.
- The client has sensory sensitivities or found EMDR too intense.
- The client prefers a slower, body-based, or less directive approach.



# Polyvagal Theory

Polyvagal Theory explains how the nervous system responds to safety and threat via three states: ventral vagal (calm/social), sympathetic (fight/flight), and dorsal vagal (shutdown/freeze). In therapy, it helps clients understand and normalize stress responses while building regulation through grounding, co-regulation, breathwork, and somatic awareness.

## PCPs might refer a patient for Polyvagal Theory-informed therapy if they present with:

- Chronic stress-related physical symptoms (e.g., pain, GI issues) without medical explanation
- Trauma history or ACEs contributing to dysregulation
- Panic, anxiety, or emotional reactivity not fully managed by medication
- Shutdown, numbness, or dissociation
- Somatic symptoms triggered by relationships or stress
- Social withdrawal or difficulty with connection
- PTSD, complex trauma, or medical avoidance
- Stuck in "fight, flight, or freeze" despite other therapies

Polyvagal work supports nervous system regulation and healing at both emotional and physical levels, supporting both emotional health and physical healing.



# CBT (Cognitive Behavioral Therapy)

Cognitive Behavioral Therapy (CBT) is an evidence-based, structured approach that helps clients identify and change unhelpful thoughts, emotions, and behaviors. By targeting cognitive distortions and building skills like cognitive restructuring, behavioral activation, and problem-solving, CBT improves mood, reduces symptoms, and enhances functioning. It is goal-oriented and often includes homework for skill practice between sessions.

## PCPs may refer a patient for CBT if they present with:

- Anxiety, panic attacks, or excessive worry
- Depressive symptoms such as low mood, fatigue, or loss of interest
- Insomnia or sleep disturbance linked to stress or rumination
- Obsessive-compulsive symptoms or rigid thinking patterns
- Avoidance behaviors interfering with daily functioning
- Poor coping strategies or maladaptive habits (e.g., procrastination, substance use)
- Difficulty managing stress, anger, or interpersonal conflict
- Health anxiety or preoccupation with physical symptoms
- Low self-esteem, perfectionism, or persistent negative self-talk



## CBT-I (Insomnia)

Cognitive Behavioral Therapy for Insomnia (CBT-I) is a short-term, evidence-based treatment that addresses chronic sleep issues by targeting thoughts and behaviors that disrupt sleep. It teaches long-term strategies like sleep hygiene, stimulus control, sleep restriction, cognitive restructuring, and relaxation to break the insomnia cycle and improve sleep quality. CBT-I is effective even with co-occurring mental or medical conditions.

## PCPs may refer a patient for CBT-I if they present with:

- Chronic insomnia (difficulty falling or staying asleep for 3+ months)
- Sleep difficulties that persist despite use of sleep medications
- Racing thoughts or anxiety at bedtime
- Irregular sleep schedules due to work, caregiving, or stress
- Fear-based avoidance of bedtime or sleep environments
- Frequent nighttime awakenings with trouble returning to sleep
- Daytime fatigue, irritability, or cognitive fog linked to poor sleep
- Sleep disruption related to depression, anxiety, or trauma
- Interest in tapering off sleep medications safely with behavioral support



# ACT (Acceptance and Commitment Therapy)

Acceptance and Commitment Therapy (ACT) is a mindfulness-based, values-driven approach that helps clients build psychological flexibility by accepting difficult thoughts and emotions rather than trying to eliminate them. Instead of changing thoughts like in CBT, ACT focuses on cognitive defusion, mindfulness, acceptance, and values-based action. Clients learn to act in line with what matters to them—even when discomfort is present. While CBT targets changing thoughts to reduce distress, ACT emphasizes accepting internal experiences and committing to meaningful action. Both are evidence-based and suited to different client needs.

## PCPs may refer a patient for ACT if they present with:

- Chronic stress, anxiety, or depression that persists despite insight or cognitive work
- Emotional avoidance or difficulty tolerating discomfort
- Persistent negative self-talk or shame
- Perfectionism, rigidity, or fear of failure that limits meaningful action
- Difficulty adjusting to life transitions, grief, or loss
- Struggles with chronic illness or pain and the emotional toll of long-term health conditions
- Burnout, low motivation, or disconnection from personal values
- Behavioral avoidance interfering with daily or occupational functioning
- Interest in a mindfulness-based or values-oriented therapy approach



# The Safe and Sound Protocol (Auditory Intervention)

The Safe and Sound Protocol (SSP) is a five-hour auditory intervention developed from Polyvagal Theory that helps regulate the nervous system and improve emotional and physiological safety. By using specially filtered music to engage the ventral vagus nerve, SSP can reduce anxiety, sound sensitivity, and emotional reactivity—supporting a foundation for better physical and mental health.



## PCPs may refer a patient for SSP if they present with:

- Chronic anxiety, irritability, or emotional reactivity
- Auditory sensitivity or sensory processing challenges
- Difficulty self-regulating or calming after stress
- Trauma history, including medical trauma or early attachment disruptions
- Social withdrawal or difficulty engaging in relationships
- Sleep difficulties related to hyperarousal
- Nervous system dysregulation presenting as GI issues, tension, or somatic complaints
- Attention difficulties or poor focus not fully responsive to medication
- Children or adults with neurodivergence (e.g., ADHD, autism) showing emotional or sensory overwhelm
- Client appears stuck in dysregulated states despite traditional therapy

## Mindfulness/Clinical Hypnosis

Mindfulness and meditation involve intentionally focusing attention on the present moment with openness, curiosity, and non-judgment. In therapy, mindfulness-based practices help clients become more aware of their thoughts, emotions, and bodily sensations, improving self-regulation and reducing reactivity. Techniques may include breathwork, body scans, guided imagery, and mindful movement. These approaches are especially helpful for managing stress, reducing anxiety and depression, and improving overall well-being by strengthening the mind-body connection.

**PCPs may refer a patient for mindfulness-based therapy if they present with:**

- Chronic stress, tension, or emotional overwhelm
- Anxiety or rumination that interferes with daily functioning
- Depression with low energy, lack of motivation, or self-criticism
- Hypertension or somatic complaints exacerbated by stress
- Sleep difficulties related to racing thoughts or hyperarousal
- Difficulty with emotional regulation or impulse control
- Pain conditions (e.g., fibromyalgia, migraines) with a stress component
- Interest in non-medication approaches to managing mood or health
- History of trauma or PTSD with a need for grounding and safety in the body
- Occupational burnout or difficulty staying present during daily tasks



## Neurodivergent Affirming Therapy

Neurodivergent-affirming therapy is a strengths-based, inclusive approach that validates neurodivergent experiences (e.g., Autism, ADHD, sensory differences) without pathologizing them. It supports emotional regulation, reduces masking, and fosters identity, self-advocacy, and coping—without pressuring clients to conform to neurotypical norms. Therapy may include executive functioning support, sensory awareness, self-compassion, and boundary setting, all rooted in respect and acceptance.

**PCPs may refer a patient for neurodivergent-affirming therapy if:**

- Identifies as Autistic, ADHD, or neurodivergent and experiencing stress, anxiety, or burnout
- Masking leads to exhaustion, identity confusion, or depression
- Needs support with executive functioning, transitions, or life skills
- Feels misunderstood or unsupported in traditional therapy
- Emotional dysregulation or meltdowns impact daily life
- Struggles with low self-esteem, shame, or rejection sensitivity
- Distress from social challenges, sensory overwhelm, or rigid thinking
- Exploring neurodivergent identity later in life and seeking affirming support
- Co-occurring anxiety, trauma, or mood symptoms in a neurodivergent context



# Couples Therapy and Couples Workshops

Couples therapy is a structured, evidence-based approach to help partners improve communication, resolve conflict, rebuild trust, and strengthen emotional and physical intimacy. Therapists may use modalities like Emotionally Focused Therapy (EFT), Gottman Method, or Imago Therapy to explore relational dynamics, attachment patterns, and barriers to connection. Therapy provides a neutral space where each partner's perspective is validated while learning healthier ways to relate, problem-solve, and navigate life's challenges together—especially when external stressors like illness, parenting, or trauma affect the relationship.

## PCPs may refer a patient for couples therapy if:

- Relationship stress is contributing to anxiety, depression, or physical symptoms
- Marital conflict is creating emotional distress or impacting treatment adherence
- A recent medical diagnosis or chronic illness is straining the couple's dynamic
- The patient reports communication breakdowns, emotional disconnection, or repeated arguments
- Infidelity, mistrust, or unresolved betrayal is present
- Sexual dissatisfaction or intimacy concerns are affecting well-being
- Co-parenting challenges are impacting the family system
- The couple is navigating a life transition (e.g., postpartum period, retirement, caregiving)
- Domestic tension or emotional escalations are affecting home safety or stability
- A partner expresses readiness to work on relational repair or preventative support

Couples therapy can improve not just relational satisfaction but also individual emotional and physical health—making it a meaningful referral pathway for whole-person care.



## COUPLES WORKSHOPS

Bright Spot Counseling also offers couples workshops, which are structured, psychoeducational group experiences designed to help partners learn relationship skills in a supportive and less intensive setting. Workshops often include guided exercises, communication tools, and opportunities to reconnect in a shared learning environment.



# Internal Family Systems

Internal Family Systems (IFS) is an evidence-based therapy that views the mind as made up of parts—like protectors or wounded inner children—that form in response to life experiences, especially trauma. These parts are not pathological but adaptive. IFS helps clients build compassion for their parts, access the healing core Self, and unburden parts stuck in reactive roles, fostering emotional balance and internal harmony.

## PCPs may refer a patient for IFS therapy if:

- The patient reports inner conflict, self-criticism, or shame that affects their mood or functioning
- Trauma history is present, especially with complex or developmental trauma
- Emotional reactivity, dissociation, or internal overwhelm interferes with daily life
- The patient struggles with rigid thinking, compulsive behaviors, or sabotaging patterns
- Traditional cognitive or behavioral therapies have felt invalidating or ineffective
- The individual has difficulty identifying or naming their emotions
- Chronic pain, fatigue, or somatic complaints appear linked to emotional stress or trauma
- The patient expresses interest in a deeper, insight-oriented approach to healing
- There's a desire for a non-pathologizing, holistic method that promotes internal self-leadership

IFS can be especially effective for clients with trauma, anxiety, chronic shame, or mood instability, and is often used when a client feels "stuck" despite insight or behavioral change efforts.



# Dialectical Behavior Therapy Skills (Distress Tolerance Skills)

DBT skills are evidence-based tools for managing intense emotions, reducing impulsivity, and improving relationships. Originally developed for borderline personality disorder, DBT is now widely used for emotional dysregulation and trauma. Skills are taught in four modules: Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness, helping clients build awareness, balance, and long-term stability.



## PCPs may refer a patient for DBT skills if they present with:

- Intense emotional reactivity or frequent mood swings
- Self-harming behaviors or chronic suicidal ideation
- Impulsivity or risk-taking behaviors (e.g., substance use, unsafe sex, reckless spending)
- Difficulty tolerating distress without shutting down or acting out
- Interpersonal chaos, including intense or unstable relationships
- A trauma history with symptoms of emotional overwhelm or dissociation
- Co-occurring mood, anxiety, or personality disorders
- Poor coping strategies, including avoidance, numbing, or anger outbursts
- Struggles with boundaries, assertiveness, or fear of abandonment
- Previous therapy has focused on insight but not provided concrete tools for regulation

## Animal-Assisted Therapy

Animal-Assisted Therapy (AAT) is a goal-directed therapeutic intervention that incorporates the presence of trained animals—typically dogs, horses, or other emotionally attuned animals—into the therapeutic process. AAT is facilitated by a licensed mental health professional and is used to enhance connection, regulation, and engagement in therapy. The presence of an animal can lower stress hormones, regulate heart rate, and create a sense of emotional safety. AAT is particularly effective for clients who have difficulty opening up in traditional talk therapy, or who benefit from relational, sensory, or experiential forms of healing. The human-animal bond often helps clients build trust, practice empathy, and improve mood and nervous system regulation.

### PCPs may refer a patient for Animal-Assisted Therapy if they present with:

- Trauma history or PTSD, especially with relational or attachment disruptions
- Anxiety or depression that has not responded well to traditional therapy
- Emotional numbness, detachment, or difficulty forming trusting relationships
- High physiological arousal (e.g., hypervigilance, panic, or sensory sensitivity)
- Children, teens, or neurodivergent individuals who struggle to engage verbally in therapy
- Grief, loss, or isolation, particularly after the death of a loved one or pet
- Difficulty with emotional regulation, social interaction, or self-soothing
- Medical trauma or chronic illness leading to fear or avoidance of care
- A need for a more embodied or sensory-based approach to therapy



## Medication Management with Psychiatric Mental Health Nurse Practitioners

We value the important role PCPs play in identifying and supporting mental health concerns. Our psychiatric mental health nurse practitioners (PMHNPs), offer specialized expertise that can complement your care.

**Advanced Mental Health Training:** PMHNPs have focused training in psychiatric assessment, diagnosis, and psychopharmacology, providing nuanced insights into medication management and complex mental health presentations.

**Whole-Person Approach:** We explore the interplay of mind, body, and environment, considering therapy, medication, and lifestyle interventions tailored to each individual.



**Extended Appointment Times:** Our sessions typically last 30–60 minutes, allowing for in-depth evaluation, psychoeducation, and collaborative treatment planning.

**Collaborative Care:** We coordinate closely with therapists and other providers to ensure continuity, alignment, and clarity across treatment plans.

Our goal is to work alongside you to support shared patients with thoughtful, evidence-based care that enhances well-being and functioning.



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**Providing virtual services across Michigan, in-person sessions  
at our Farmington Hills office, and animal-assisted therapy at  
Bright Spot Sanctuary in Plymouth, Michigan**

Find more resources online at:  
**[www.brightspottherapy.com](http://www.brightspottherapy.com)**