

SHPA

Rebuild, Renew, Revitalize!

Core Competencies Toward Resilient Services Series

Workshop 1

**Core Competencies Introduction
with Trauma Awareness & Care**

Summer 2021

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Midwest Harm Reduction Institute

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a few notes & considerations

- Tech issues
- This series continues from the brief overview presentation during the SHPA Spring Conference on EBP
- Each of these workshops will build on the previous (a short review before each)
- Today's material is the essential foundation & key
- When we *get* Person Centered, Trauma Aware the rest becomes almost natural
 - Consider supports and coaching on application over the coming months
- Interactive through chat today; HR & MI & Supervision will have more interactivity and assignments – short break at each hour
 - A lot to cover and take in in 3 hours
 - Material will be available PDF & CEUs
- **Self-care** during and after; talking about trauma is evocative

- **Why** is talking about trauma so central to our work?
- **What** is trauma and **how** does it impact people?
- **How** do we interact with each other then knowing about trauma and its impact?

FROM **TRAUMA**
TO **TRAUMA AWARENESS**
TO **TRAUMA INFORMED CARE**
TO
HEALING & RESILIENCE
THRIVING

What is your present **understanding** of trauma?

What **instances** of trauma do you see every day?

How are you **responding** to the trauma you see?

Please give some thought too about how these apply to your interactions with each other also, your coworkers and supervisors

The work culture you're a part of each day

#parallelprocess

objectives

- ❖ Identify how trauma impacts a person
- ❖ Increase awareness of our own trauma and how it impacts our actions
- ❖ Decrease our trauma responses to trauma responses
- ❖ Increase awareness how our trauma responses impacts our work culture and relationships with each other
- ❖ Identify ways to support each other and respond in affirming ways
- ❖ Identify ways we can collaboratively in partnership with, be most supportive of participants in cultivating their use of power from trauma response self-preservation toward trauma healing self-actualization

3 Parts

- ❖ Us – Our Role
- ❖ Trauma
- ❖ What We Can Do

points of consideration

- Most often TIC focuses on participants
- Now also beginning to include a staff and organizational focus, a growing awareness of our times and evolution for our work and work culture
- A time of awareness in which we must invest
 - staff care = participant care
 - self care & community care → world care

Vulnerability of our staff

- Witness to trauma
- Personal lives - past and present trauma
- Care stress and performance examination
- The attraction of this work to wounded healers
 - the search to heal one's self
- Defending/coping, confusion, re-enactments of own trauma
 - improper use of power and influence
- Inexperience and missed role models, role confusion and blurring
- Economic and health concerns
- Income, housing, healthcare tied to employment in our society

Vulnerability of our staff

- Managed care and FFS have impacted much of the nurturing time/events in the press for needed billable hours
- Productivity and lag time become primary measures of worth
- The impact of high turn over & open positions
- Introduce systemic traumas and re-traumatization
- Systems and communities which have yet to be brought under the TIC umbrella of awareness and change
- We're working on it. Hope for the future. We need your help.
- Become a trauma informed care ambassador

decades of hardship

- Grant in Aid funding (pre-2000)
- Managed Care and accountability (2000 – today)
- Fee For Service and Medicaid
- 60-80% reimbursement
- Financial solvency and expansion competition
- Productivity burden on staff
- **Costs** – reflection, rejuvenation, connection, trauma, healthcare & housing; other?
- Value based outcomes?
- What will our future require?
- **We must act to heal our work environments**

revitalization

- Parallel process and lived experience
- Trauma and shared power – collaboration, partnership
- Staff and participants as people and equals
 - Implications for supervision and participant support; our environment
- Building a work culture in which we all thrive
- Thriving = restoring our use of power and energy
 - from trauma related self-preservation to trauma released self-actualization
- Commitment & dedication to this

Fully Integrated Trauma Informed Care

- **Individual** – this presentation: A guide for staff, the work, personal commitment and learning
- **Team & Supervision** – Team Shaping & Work Place Cultivation - separate training and coaching*
- **Organization & Leadership** – separate training and coaching*

* Includes participant inclusion & participation as equals in program management – how do we get there?

A vision and hope for ...

- Community
- Nation
- World

acknowledgement & gratitude

this is uniquely difficult work – and must be

“This work hurts on a core fundamental level” Dr Joshua Bamberger

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PART 1

GETTING STARTED
CONTEXT & ORIENTATION

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4 Core Competencies

- ❖ PERSON CENTERED
- ❖ TRAUMA INFORMED CARE
- ❖ HARM REDUCTION
- ❖ MOTIVATIONAL INTERVIEWING

Interrelated, intuitively flow from each other and are integrated –

Pull on one and the rest follow

one thought system

Not limited to work – truly life skills and approaches

At the Heart of Our Work

- ❖ **When we begin with a PERSON CENTERED foundation***
- ❖ **Then we know people have lives with TRAUMA**
- ❖ **And if we are to respond to trauma with care & healing, HARM REDUCTION will be needed**
- ❖ **And to facilitate these, MOTIVATIONAL INTERVIEWING becomes our partnering conversation style**

* How did we become Person Centered? Historical background ...

Our 4 Core Competencies for staff to be highly skilled in:

- **Person Centered**
- **Trauma Informed Care**
 - **Harm Reduction**
- **Motivational Interviewing**

What else do we need to be successful?

- ❖ **Self-reflection:** self-awareness and sensitivity to those around us
 - ❖ **Empathy:** being present and caring
 - ❖ **Welcome feedback** and input on how we're doing
-
- **Work Culture:** *mutual respect, mutual trust, mutual accountability*
 - **Personal Qualities:** *personal integrity, act with intelligence (the ability to think through a process, connect dots with understanding in a progressive positive way, and present a pathway toward a desired outcome, and to make adjustments as new information is received), and active level of energy.*

In trauma work in particular it becomes broad and personal

- **Self-reflection:** how to better empathize, use input to improve our self (tool)
- **EMPATHY.** At the heart of our work. *If don't have this, it's incredibly difficult, if not impossible to be in this line of work.* Like a firefighter who doesn't care if things burn. A doctor who isn't interested in healing. A cashier who isn't gentle with items. We all know circumstances in which we feel these results. What does empathy look like in our work?
- **TRAUMA RESPONSES BETWEEN OURSELVES.** Don't like each other, argumentative. Expressed felt aura energy. Insensitivity and opposition. Openly or contained. It's what's toxic cultures are made of. Instead, mutual trust respect accountability. The need for therapy counseling to heal our trauma. Why this work is difficult. How we keep our self as our tool prepared for this work. Feedback from each other. From participants.

In trauma work in particular it becomes broad and personal (continued)

To think about today's presentation then with these in mind:

- How we present & share our self
- How we get along with co-workers and supervisors/team leaders
 - How we get along with participants
- Team meeting & supervision discussions & sharing

These 4 Competencies

- Are **a way of looking at the world**, a way of looking at each other – they guide our perception
- What we see and hear are processed by **how we think** and **how we think leads to how we act**
- **The 4 Competencies guide**
 - How we think
 - What we see & hear
 - What we do
- **Motivational Interviewing** also provides a particular process with specific evoking-listening-responding skill sets (EBP) that begin to amplify the inner voice which is central to **Person Centered Care**

Expanded on as 2 additional **Core Competencies**:

- **Application/Development** in program services and program development
 - Housing First, Individual Placement & Support, Positive Youth Development, EBPs, “case management” (partnerships) ...
- **Supervision** with a Person Centered, TIC, HR, MI approach – applying the core skill set with staff
 - nurture a “lived experience” demonstrated for staff to act from

6 Core Competencies

Presented and enacted within a:

- Neuro biological and social impact context
- Billing compliant documentation and tech use skills requirements
- Power of language awareness (art & science)

Core competencies impact:

- **Engagement** – critical, foundational, central, relationship building
- **Crisis Intervention & De-escalation**
- **All interventions**
- Cultural, racial, gender, and personal humility
- Personal awareness and self-care
- Safety
- Self-confidence
- Conversations
- Documentation

Our foundational core belief & value is rooted in ...

- **Human Rights > Human Centered Care:** rights, equity, non-discriminatory, anti-racist, housing, health, employment, income, education, inclusion and access ...
- **Person Centered Care:** applied individually, unique to each person, their lived experience
- **THRIVING** = *self-actualization*: your best fulfilling **YOU**

Person Centered

- More than Rogerian, or that everyone processes differently *
- **Every one has within them an inner voice, an internal guide, an internal compass**
- That inner voice becomes **distorted, buried, forgotten, hidden, distanced from during life, traumatized**
- **Every recovery and healing encounter reflects “*something within me came to life when I met this person*”**
- Internal guide reconnected with because of a relationship
- What it means to *believe* in someone
- To be grounded in their unique lived experience

* including at a specific stage of life

Person Centered Trauma Aware

- Trauma disrupts connection to that inner voice
- Our task is to support and affirm their hearing this internal guide of theirs, becoming familiar with it and comfortable with its direction. There are practices we can employ which nurtures the likelihood of this unfolding.
- Conversely, spirit breaking and dishonoring the will of another is to contribute significant long term harm.
- And to not replace their inner voice & guide with our own

Person centered care includes ...

- Redefine, re-perceive **all behavior as strategic toward survival** and adaptation to often anxiety/terror/anger provoking events or signals (group home dinner example)
- It's immediate **self care** – has limitations, may precipitate additional harm and risk, not adaptive to all situations
- **Admire and respect** what's brought a person to today and how they manage their day (**strengths based**)

What is it to be **PERSON CENTERED?**

- **Person Centered (Recovery) orientation** is the belief everyone, no matter how unknown, unaware, unrecognized, unarticulated, unfamiliar to themselves and others it may be, knows best what their course in life is; what's best for them, and **DECIDES** what's best for them. This self knowing guidance may be hidden, defused, distorted, buried, lost, forgotten, conflicted, unexplored, *traumatized*. It's the belief within each of us we possess our own internal guide, internal healer, voice, compass.

PERSON CENTERED CARE

- Our care task is to nurture and support an emerging clarity, familiarity, knowing, and confidence in hearing, having access to and awareness of, a trust in that inner guidance. To assist in clearing blocks and filters and finding strengths and courage.
- This is best done (can only be done) when we are familiar with the process within ourselves and are actively engaged in the same endeavor.
- Relationships have the potential to mutually uplift and accelerate this process, or confound it. They are in fact essential and key in these healing endeavors.

the healing relationship, the healing partnership

A REMINDER. Important enough to repeat: However unrecognized, unknown, unaware, unfamiliar, unarticulated, within each person is **an internal guide** which knows what's best for them. An **internal compass** which factors in the unique blend of DNA and life experiences which is who they are and only they can know and experience. We each and all have this.

Our task is not to fix people or have them adhere to a set formula to healing and wholeness. **Our task is to support and affirm their hearing this internal guide of theirs, becoming familiar with it and comfortable with its direction. There are practices we can employ which nurtures the likelihood of this unfolding.**

Conversely, spirit breaking and dishonoring the will of another is to contribute significant long term harm.

SO WHAT ARE WE TO DO WITH THIS?

A GUIDE FOR CLINICAL STAFF

Structure and Skill Set

The work of healing

Framed as the art & science of making sandwiches



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or building a house

FOUNDATION SLICE

Staff: **YOU!**

It all rests on you

What type of bread?

Qualities of a strong slice upon which to build



Sandwich Substance: middle portion

Applying our skills and knowledge

(the work we actually do with participants)

❖ 4 Core Competencies

❖ related skills and interests

❖ interventions

❖ healing

❖ **how you exercise your power**



walls and rooms

TOP SLICE OF BREAD

Vantage point

Covers and protects

Holds together

Opportunities to reflect/repair

Supervision

Team Meetings

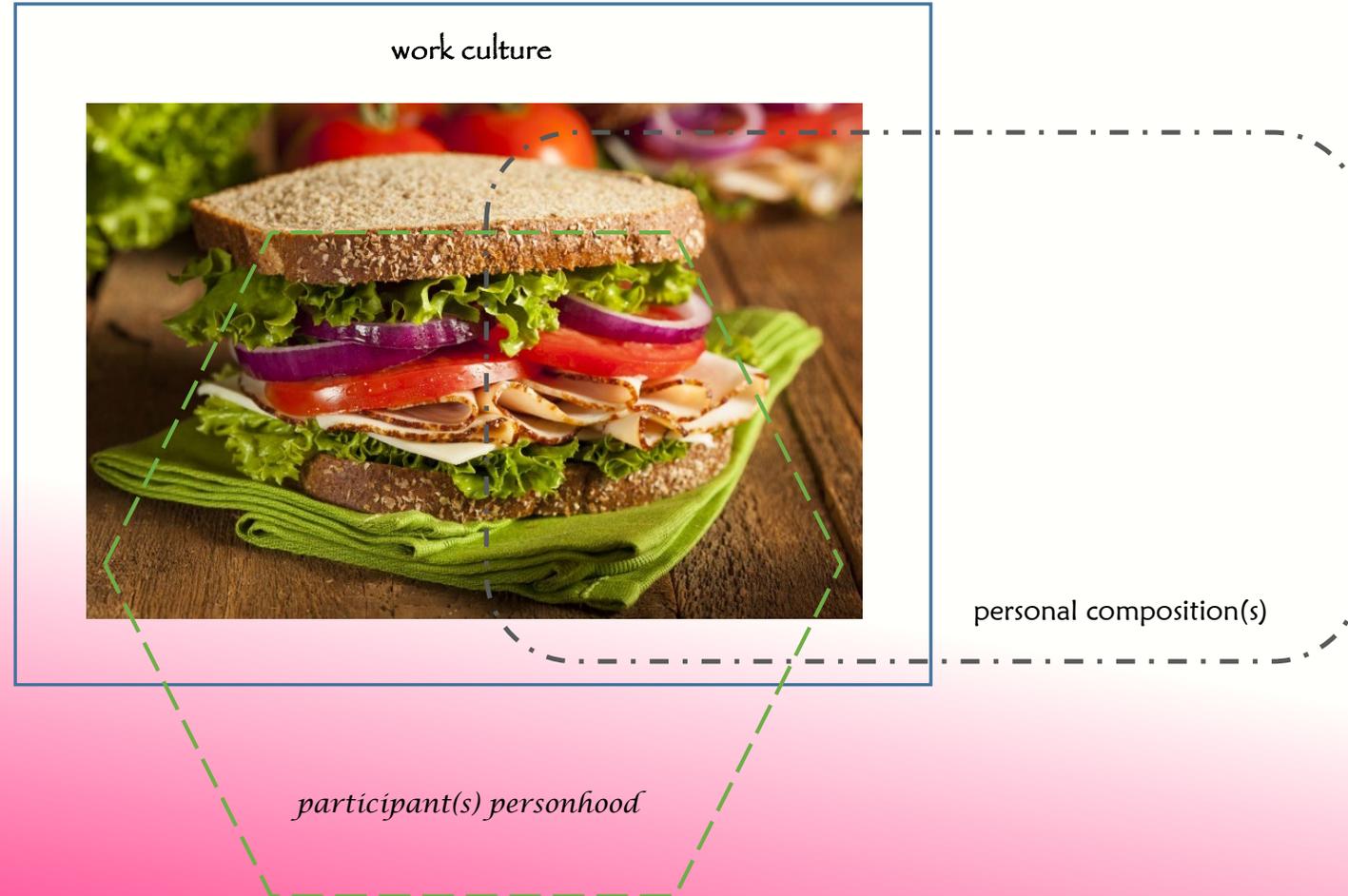
Support of organization(s)



roof

the complexity of the kitchen

our work culture



our community

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Guiding Principles of Trauma-Informed Care

Spring 2014, Volume 22, Number 2

1. **Safety** - Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. **Trustworthiness and transparency** – Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
3. **Peer support and mutual self-help** - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
4. **Collaboration and mutuality** - There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Guiding Principles of Trauma-Informed Care

Spring 2014, Volume 22, Number 2

5. **Empowerment, voice, and choice** - Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

6. **Cultural, historical, and gender issues** - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

ACTING ON CORE VALUES

Person Centered

A TOOL WITH A PURPOSE

The Centrality of Relationship

Every task, every job, has a set of tools.
You your *self* is the tool for this work.



Staff: **YOU!**

You are the primary tool in doing this work.

Tools of other professions:

plumbers, electricians, Uber drivers, surgeons, artists, chefs ...

Ours can't be purchased

It can be repaired and well kept

- **What does keeping a tool prepared require?**
- **The purpose of this tool – its primary function:
building a relationship**

HOW WE BUILD
RELATIONSHIPS

YOU 😊
how you wrap your gift

HOW DO YOU
ENGAGE?
*1 Hint: provide something
meaningful, tangible, wanted*

ENGAGEMENT

Appearance & First Impressions

Authenticity

Being fully present

Being liked/respected and the power of influence

Credibility

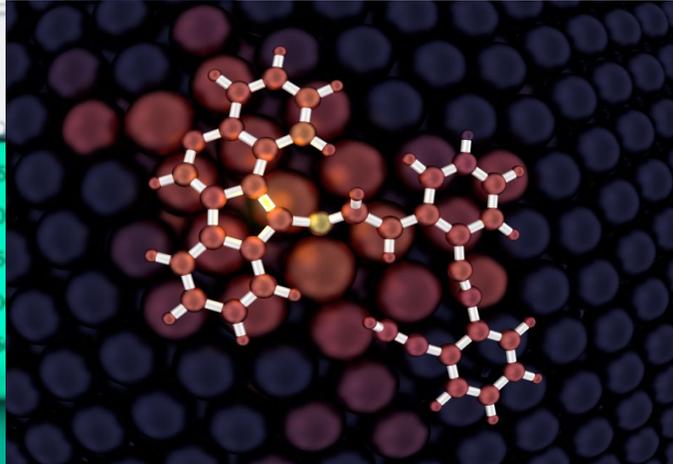
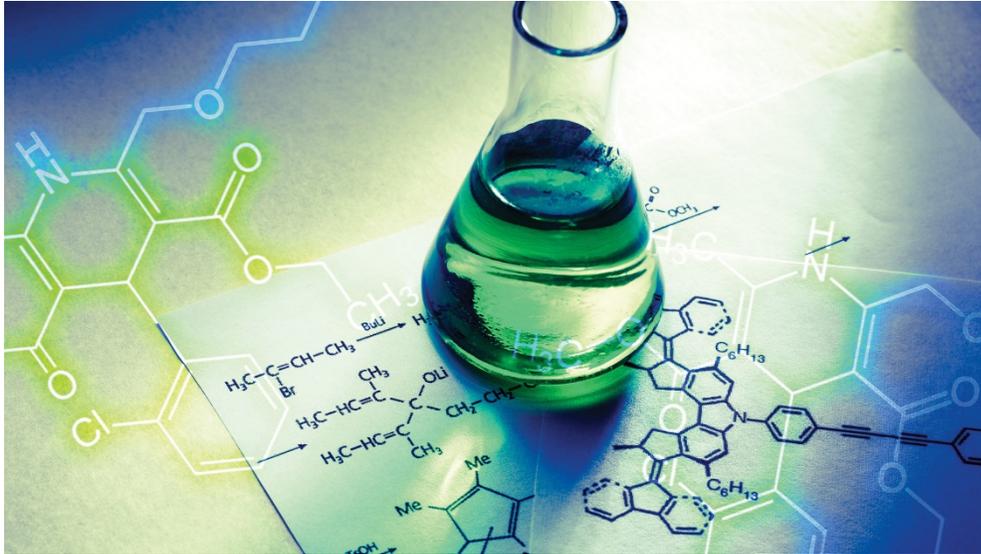
Consistency – with every participant, every staff, all the
time

Why engagement?



The art & science & mystery of interacting

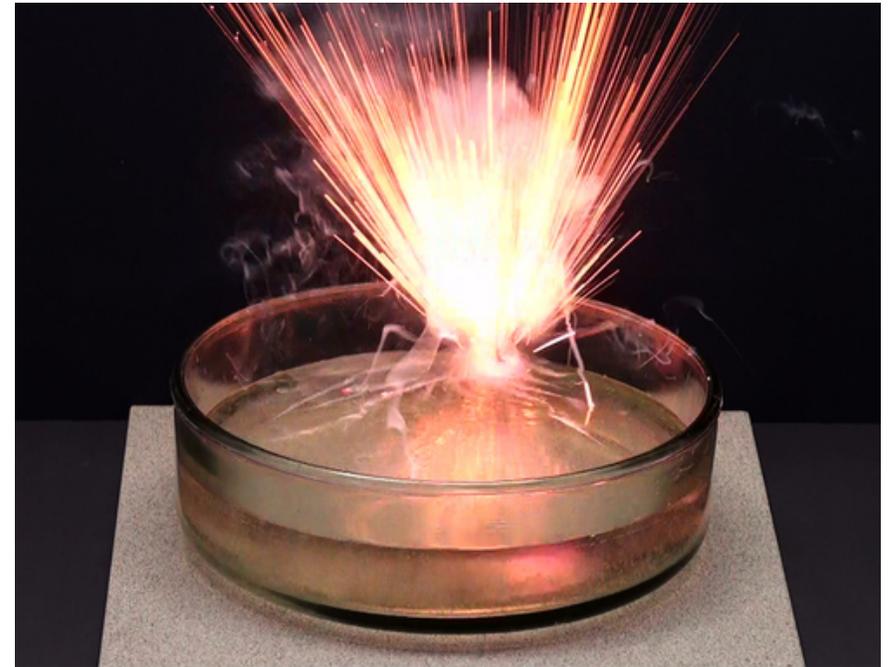
Our relationships produce a **chemical** reaction



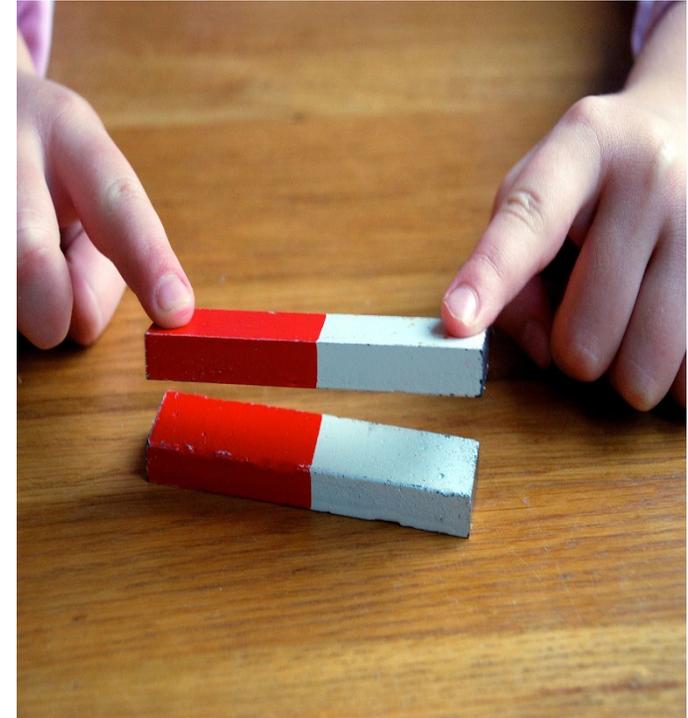
warm and comforting, launches hope,
dissolves away fears and resistance



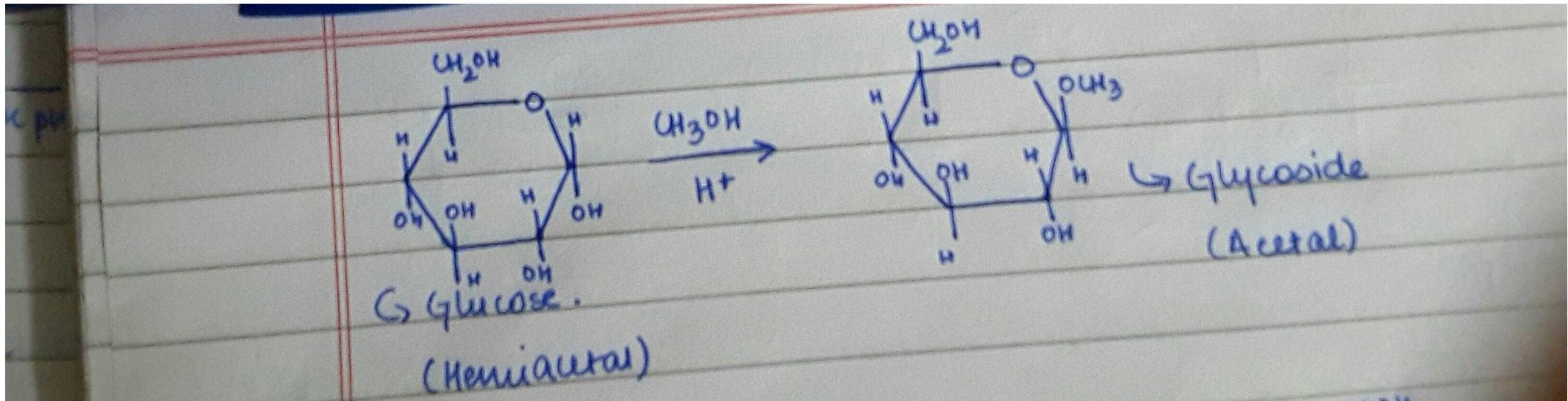
fast explosive powerful
combustible combative



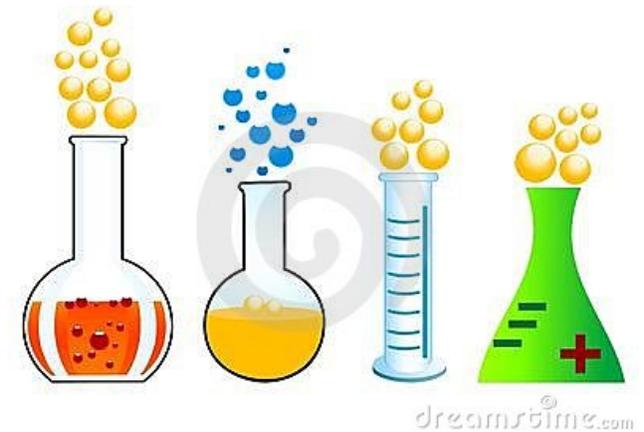
There's a **magnetism** in our relationships.
This can **draw us in** or **push us away** from each other.



We want to be intentional, mindful to move the **interactive reaction** in the **desired direction**



The critical use of your self. **YOU** as the tool. **YOU** as a catalyst



What are we doing to best prepare and maintain this tool that is our self?

- ❖ Your professional development plan
 - ❖ Supervision & team meetings
 - ❖ Workshops

What else?

WHAT'S OUR PLAN TO GET THERE?

- Define “**there**” for you. What is that? What does it look like? How will you know when you’re there?
- Establish **a plan** with specific tool building and skill honing
- On a timeline with check points and milestones

Coupled with organizational/supervisory commitment & partnership:

➤ What’s **OUR** plan (contribution) to support achievement?

Keeps us rooted in what we ask participants to do. Mutual, shared process.
Dovetails with supervision and professional development plans.

THE *KEY INGREDIENT* is

in every Evidence Based and Best Practice

the quality of our relationships

**The most valued ability & skill is that of
engaging, building, sustaining and nurturing
relationships in which people thrive.**

This is fundamental to healing.

**Conversely, spirit breaking and dishonoring the will of another is to
reinforce trauma, promote fear and defenses.**

Orienting awareness ...

How do you think you're doing?

How do *you* come across?

Relatedly ...

Team Work as Who has What relationship with each participant?

Cultivate infinite curiosity

including this one ...

How do I come across?

How do I know?

How well does it match my goal?

the invitation for input

- participants, coworkers, others in our life -

PROFESSIONAL & PERSONAL DEVELOPMENT



Every relationship is
a partnership.

so ...

What do we want to result from them?

How do we best build them for that?

How do we re-invest in these?

RELATIONSHIPS

inclusive of both

with participants

and with staff

PARALLEL PROCESS

In **trauma work**, in *all* the work we do ...

What's the point of having the 4 core competency **knowledge** and **skills**?

Why are **self-reflection** & **self-development** so critical and essential?

venturing upon sacred ground sensitivity & the power of presence

- **Walk a mile** in this person's shoes
 - **Burial places, intimate spaces** ... venturing past layers of trauma protection
 - **Being there**, sharing space, filled with emotion, thoughts, and memories –
anger and rage, tears and terror, brokenness and detachment
 - The **honor** of being allowed and given access to these private places
 - **Bearing witness** to personal damage from trauma, and sharing in that
 - **Can you sit in the darkness without fear or a need to change it or fix it? To be present with someone's hurt and anger and sadness, yours and theirs?**
- **How comfortable are you in this space?**
- What comes up for you which needs your attention to heal and soften?
 - What are your distractions and where do they lead you?
 - What agenda will you be pushing?
 - What do you need to become still waters, small ripples?

SO WHAT'S OUR CHALLENGE?

What makes this so difficult?

A word about being
non-judgmental
unconditional positive regard
unbiased

The near impossibility of this endeavor

Our brain is wired for bias.

To instead be aware of and know one's judgements
And how to account for and offset them

soft / blind spots, trauma triggers, judgements, sounds and fury

In trauma work in particular ...

- **KNOW your judgements**
 - Without blame and shame. Evaluate. Question impact.
 - For example, do I think about “denial” as a shortcoming or flaw, or respect this as self-care and self-preservation?
- What are my **conditions**?
- What are my **biases**?
- **Brain** is designed to be biased – foreground/background, what to attend to, how to evaluate
- Bringing **unconscious to consciousness**
- **Internal guide** is often unconscious ... remember **person centered** goal – support by doing one’s own work

Countertransference

our own beliefs, biases, and judgments (reactions)

“Sorting through our own beliefs ... if we are to avoid a countertransferential mire of reflected negative judgments and basic misunderstandings of our patients.”

Denning, 2000

personal triggers

our soft spots and blind spots awareness

Being on the same side of the chess board instead of
opposing

SELF-REFLECTION

What Influences my Perception of Clients? Their appearance? Their behavior?

- My family of origin
- My personal experience with trauma, mental health, substance use ...
- My experience of these by those I serve
- My educational or professional training
- My society and culture

Ideas about death and suffering and cruelty
Think through where do these fit in life

How do my values affect my clinical decisions?

For example:

- I need to be “on guard” with alcohol and drug users, anger
- Alcohol and drug users and people with mental illness are unable to make informed decisions about their lives
- Alcohol and drug users need to be sober before they can “get better”
- Using or other specific behaviors are character flaws or simply bad/wrong

Self Work

baggage claim example

- The incredibly necessary honing of one's self (in it together – same as participant)
- Skill sets – acquire, practice, apply
- Relationship building – with ease across a broader range of individuals
- Aware of bias and triggers
- Be fully present to a participant's needs and requests
- To hear these clearly
- **Without power struggles.** To instead empower, appreciate resistance, learn from
- Family of origin work and **personal** trauma healing to resilience (what is family?)
- Life long endeavors as we constantly evolve and face differing stages of life
- One benefit of therapy is to be on the client side, experience this effort, and be aware life isn't always as it seems, unconscious 'forces' compel us

**A personal intimate deep
challenge**

**Why this special work is
exceptionally difficult**

Recovering our own inner calm

Healing our own trauma

Personal trust exercise:

- Physical health history across a timeline
- Trauma history across your lifetime
 - Events
 - When, where, what occurred?
 - Impact
 - Immediate
 - Over time
 - Healing
 - Vulnerability & Sensitivity Index at this time?
- What did you learn?
- A history of changes and adaptations over time
- What may remain still hidden? What are the clues?
- What is your circle of support and care?

Exercise 2: When and how are we most vulnerable to retraumatizing?

- Experiences of frustration with or fear of ...
- Discussion list:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- What's fueling us in these moments?
- What's potentially being retraumatized for the participant? For our self?
- What might a non-traumatizing response look like and entail?
- What's the goal? How best to get there?

self reflection & self awareness of our **ENGAGEMENT: self with other(s)**

- **Internal** first steps: self-reflection, self-assessment, self-development
 - window cleaning with self care and intention
- **External** first step: the spaces we occupy and what we make of them
 - how we show up
 - authenticity and credibility, other awareness, artistry
 - A shared, mutual, joint process
(both people grow)

WHY IS THIS **SO** IMPORTANT IN OUR WORK?

Take a break.
You deserve it!



PART 2

TRAUMA

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what is trauma?
what does trauma do?

“**Trauma** results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as **physically or emotionally harmful or threatening** and has **lasting adverse effects** on the individual’s functioning and physical, social, emotional, or spiritual well-being”

(Substance Abuse and Mental Health Services Administration [SAMHSA], Trauma and Justice Strategic Initiative, 2012, p. 2)

Trauma is, by definition, neurobiological. Trauma survivors experience psychological and physiological repercussions that are rooted in the brain’s response to trauma. **Biological, neurological changes** occur within a person’s body, impacting cognition, emotion, health, well-being, and overall functioning.

Trauma events include: poverty, community violence, personal violence, torture, illness, loss of homeland, war, fear, homelessness, oppression, imprisonment, racism and environmental degradation.

Trauma events

- Trauma events: from micro aggressions to catastrophic brutalizing violence
 - a continuum of impact
 - brief to constant, once to sustained
 - age, developmental stage, supports
- Traumas we can't even begin to imagine
- Racism, violence, poverty, features ingrained into our society, culture, and mindset, oppressed and oppressing – our world of trauma
- Vicarious and being grounded (like being struck by and channeling lightning)
- Highly individualized experiences of these, with unique responses

Traumatic events are often:

- Sudden, unexpected, and perceived as dangerous
- Involve a threat to one's physical, emotional, or mental well-being through violence or threat of violence
- Overwhelming resources/ability to cope
- Always subjective - personal

The scope and range of trauma

- Initial trauma, new trauma, living with trauma, vicarious trauma
- Triggers – a present link to a previous event (neurologically relived)
- Re-traumatization
- Range from micro-aggressions through impacts of war, rape, violence, abuse, neglect, poverty, illness, generational, and systemic oppression (including cultural restrictions)
- Work space trauma and triggers: micro aggressions, hierarchy, groups, output, self-worth
- Authority and subjugation, exclusion – **power dynamics** *

the nature of trauma

- How trauma impacts our brain – prenatal, developmental, life
- Trauma chemicals of body and brain
- Stress responses intensified, amplified, wired in

Trauma events become ...

- Defining, shaping, confining
- Relived
- Triggered
 - from tsunami to rushing water to still water

Types of Trauma

Witnessing, experiencing a traumatic event in time

- **Acute** traumatic stress
 - generally involves **one time** traumatic experience (e.g. car accident or natural disaster)
- **Complex** trauma
 - **prolonged or multiple** traumatic events; often involving a caregiver or personal relationship (e.g. neglect, physical or sexual abuse); can also be community and culturally based (continual – racism, gender based, violent environments)

Events Which Can Be Traumatic

- Sexual abuse
- Severe neglect
- Physical abuse
- Domestic violence
- Witnessed violence and cruelty to others
- Community violence
- Deprivation caused by extreme poverty
- Incarceration
- War
- **Secondary (vicarious) trauma**
- Natural disaster
- Loss of homeland
- Serious emotional and psychological abuse
- Repeated abandonment or sudden loss
- Rape (sexual assault)
- Substance use
- Homelessness
- Racial Trauma
- Illness
- Micro-aggressions

Not a comprehensive list

Highly personal and intimate

Complex Post-Traumatic Stress Disorder (CPTSD)

“Complex PTSD comes in **response to chronic traumatization over the course of months or, more often, years**. This can include emotional, physical, and/or sexual abuses, domestic violence, living in a war zone, being held captive, human trafficking, and other organized rings of abuse, and more. While there are exceptional circumstances where adults develop C-PTSD, it is most often seen in those whose trauma occurred in childhood. For those who are older, **being at the complete control of another person** (often unable to meet their most basic needs without them), coupled with no foreseeable end in sight, can break down the psyche, the survivor’s sense of self, and affect them on this deeper level. **For those who go through this as children, because the brain is still developing and they’re just beginning to learn who they are as an individual, understand the world around them, and build their first relationships – severe trauma interrupts the entire course of their psychologic and neurologic development.**”

— Lilly Hope Lucario (severe and multiple complex trauma survivor)

“Complex post-traumatic stress disorder is a developmental trauma disorder (DTD) ...

The trauma model states that children who experience chronic sexual, psychological, physical abuse and neglect develop CPTSD. However, it also forms in children who suffer slavery, human trafficking, working in sweatshops, war or survivors of concentration camp environments and cults. The trauma which causes this disorder may also include having experienced betrayal, defeat, and shame.

The reason children are vulnerable to forming CPTSD is that children do not have the cognitive or emotional skills to understand what is happening to them. Since the abuse and neglect, they are experiencing is normally perpetrated by people they know and trust, to admit to themselves that these same people want to hurt them is akin to emotional suicide so they use other means to manage the trauma.

The psychological implications are enormous leaving the child with a complex mess of their core beliefs about who they are what they are. This tangled mess becomes even more complicated by flashbacks, nightmares and other symptoms that are worse in adulthood.”

— Lilly Hope Lucario (severe and multiple complex trauma survivor)

Complex PTSD

1. Deep fear of trust
2. Terminal aloneness
3. Emotional regulation
4. Emotional flashbacks
5. Hypervigilance about people
6. Loss of faith
7. Profoundly hurt inner child
8. Helplessness and toxic shame
9. Repeated search for a rescuer
10. Dissociation
11. Persistent sadness and suicidality; survivor's remorse
12. Muscle armoring

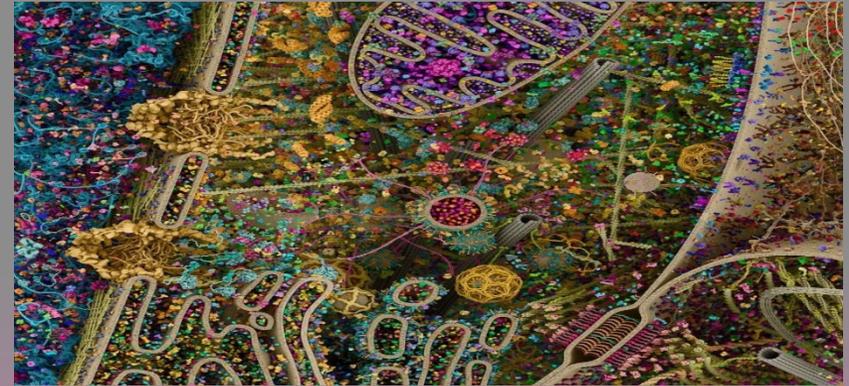
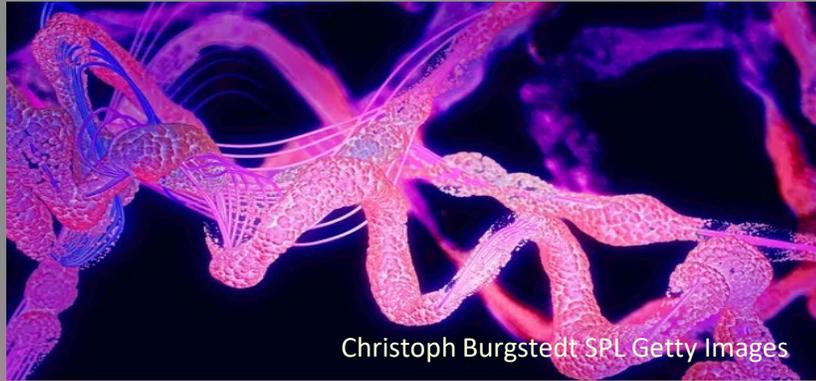
- Lilly Hope Lucario

WHAT TRAUMA DOES

What makes its undoing* so difficult?

* healing

Our Brain



Why this is important

- We cannot do more than our brain is doing
 - we are our brains
 - spirituality? our connectivity in relationships
- Compassion, patience, understanding
- Relationships literally are a chemical reaction (we feel it)
- How we can impact healing and growth

Understanding what makes us **human**

What's within us:

DNA and a word about brains ...

A part of how we can appreciate each other

The importance of knowing our building
blocks and how we function

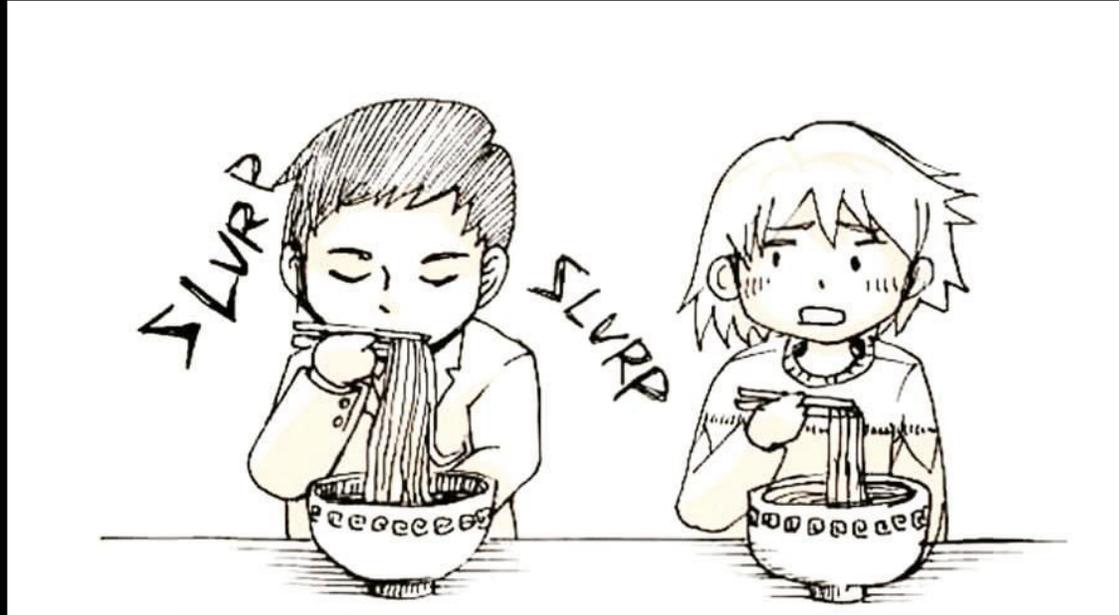
a window to appreciate and have compassion through

Our DNA

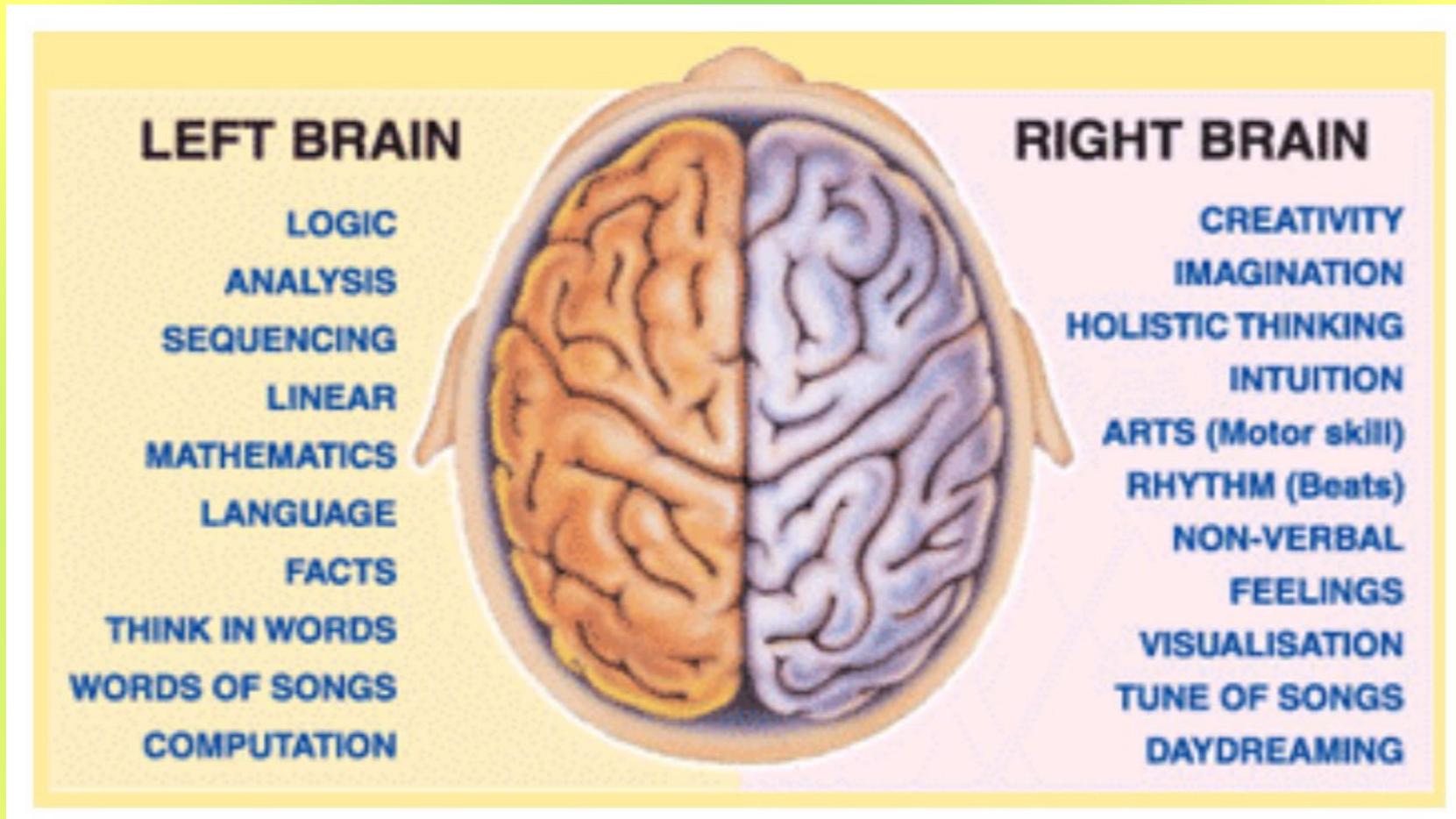
Human genome
ACGT sequence
3.2 billion base pairs
Phosphate, sugar, nitrogen
24 chromosomes



A British girl named Olivia Farnsworth is the only known case of Chromosome 6 deletion. She does not feel hunger, pain, or the need to sleep. In 2016, she was hit by a car, felt no pain and had minor injuries. Her doctor have nicknamed her "Bionic girl".



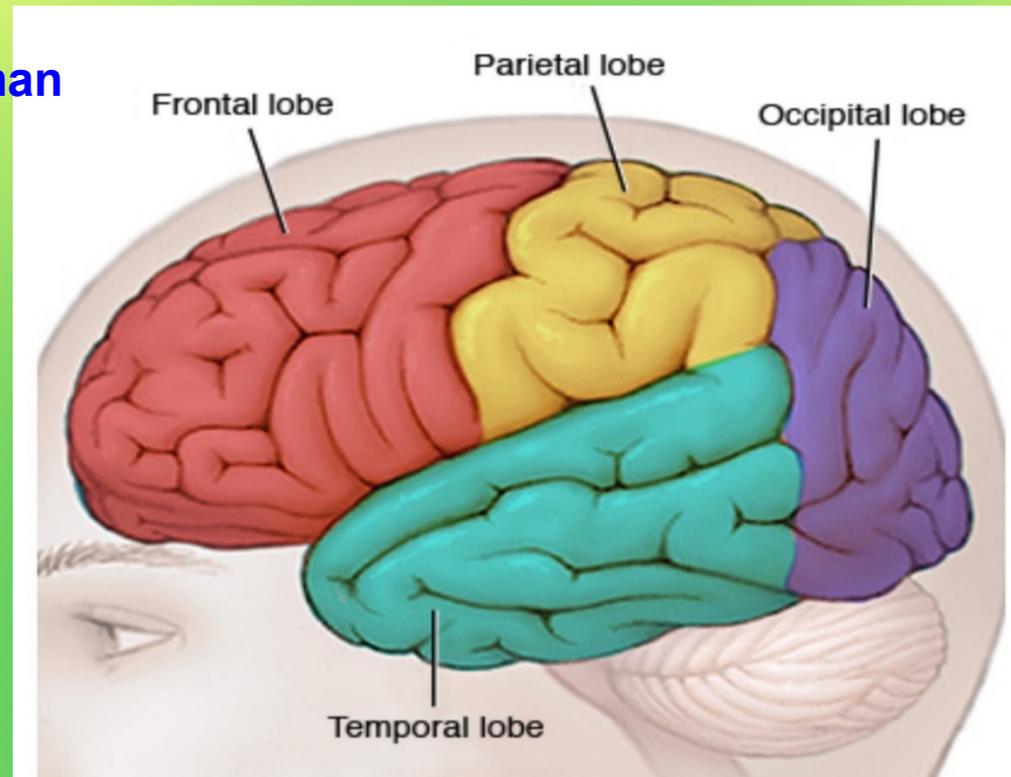
Getting angry at people when we listen to them breathing or eating is called Misophonia, which is an actual brain disorder.



Most are familiar with this aspect – brain hemispheres.

Schizophrenia for example impacting left brain/cognition differently than right brain/artistry

What makes us human



Occipital: vision

Temporal: hearing/auditory, memory, meaning, language, emotion, and learning

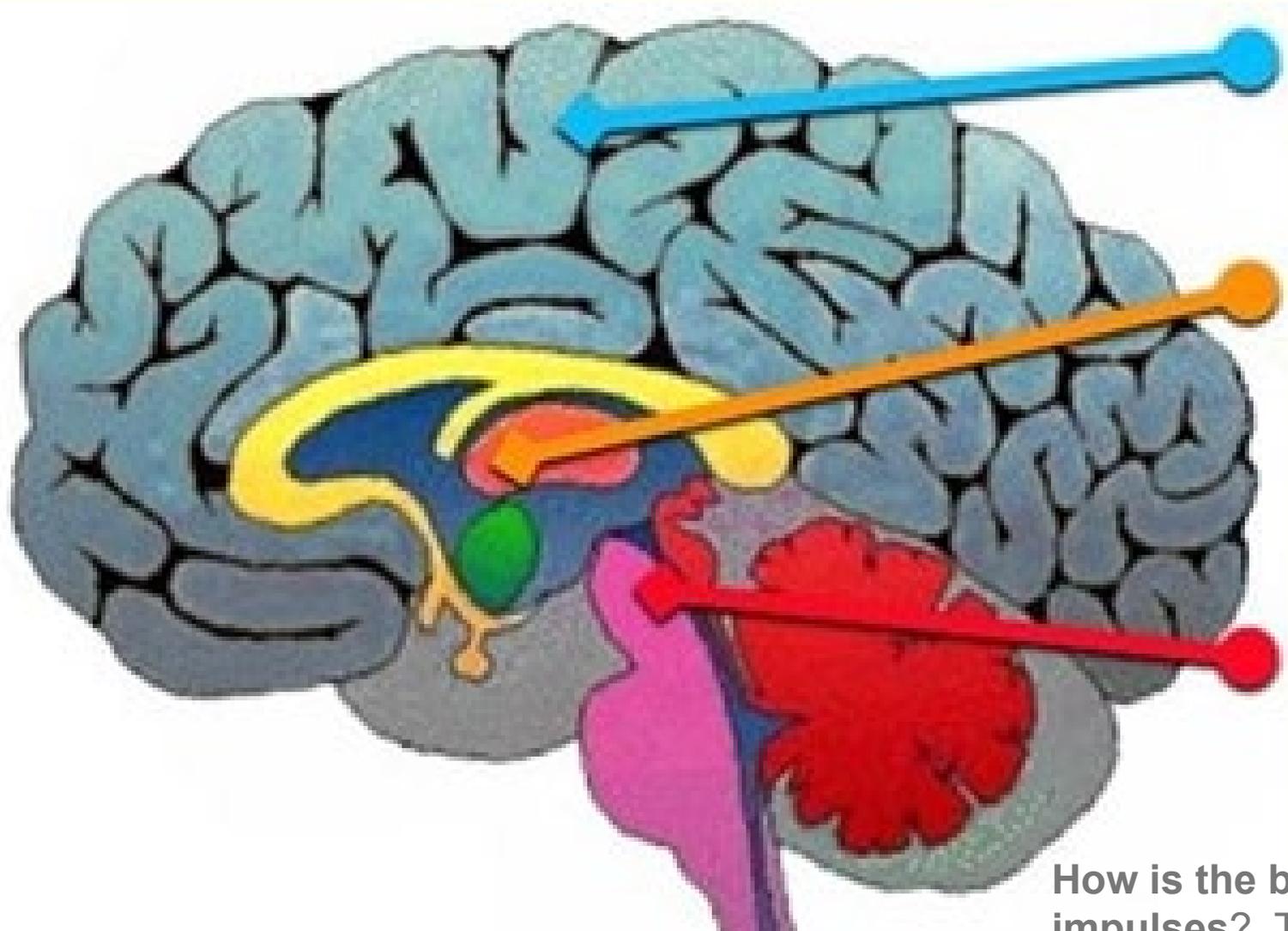
Parietal: sensory discrimination, sensory integration, goal-directed voluntary movement, some language functions

Frontal: logic, problem solving, judgment, creativity, reasoning, emotions, planning, part of speech, and personality

diencephalon: orientation in space/time

cerebellum & brain stem: **fight/flight, feed/breed**

NEURO PLASTICITY – **operating system** (OS) and security patches/updates; rewiring



NEOCORTEX
reason

LIMBIC
emotion

REPTILIAN
instinct, survival

- ❖ **Fight**
- ❖ **Flight**
- ❖ **Feed**
- ❖ **Breed**

How is the behavior we see linked to these impulses? Trauma taps into survival. Trauma impacts the ability of executive functions and the neocortex to balance and moderate instinct, emotion, and action.

- ❖ **Fight** – verbal, aggression, violence, argumentative, posturing, challenging ...
- ❖ **Flight** – withdrawal, disengagement, isolation, level of listening, absence, ‘freezing’, stoic, silence ...
- ❖ **Feed** – eating disorders, excess and starvation, comfort food, body chemistry amending, substance use ...
- ❖ **Breed** – boundaries, verbal, imagery, when fused with fight, cultural triggers and shaping, desire, wishes and wants ...
 - *Fight & Flight* – impact **attachment** and relating
 - *Can become habitual* – protective dependence and triggers

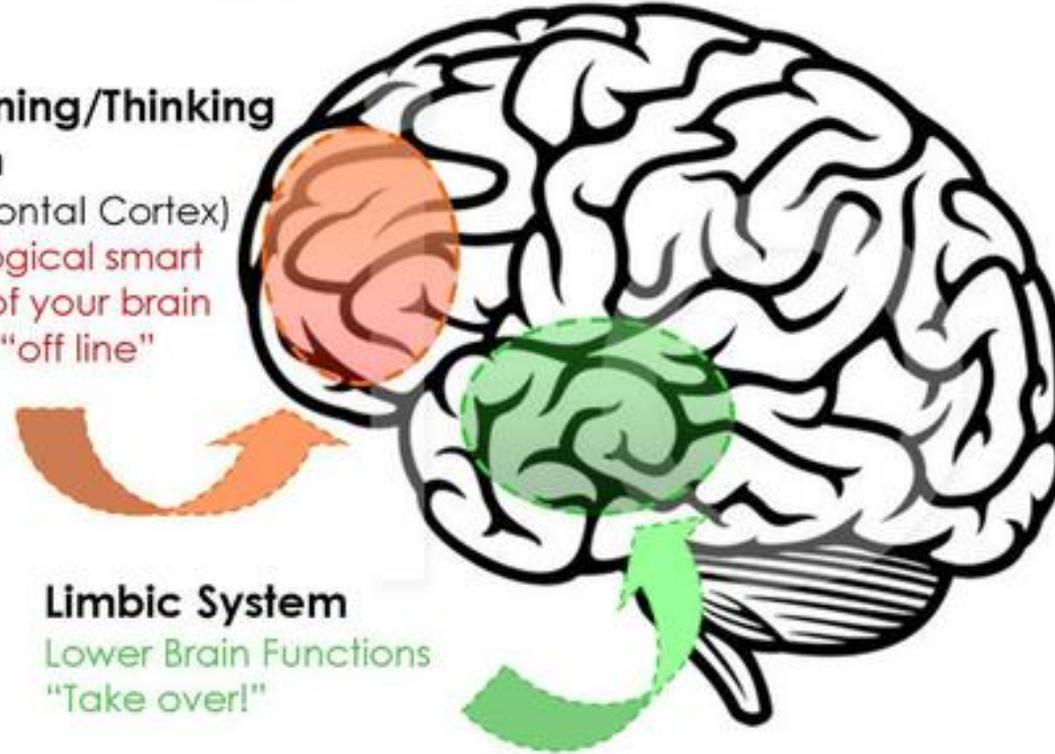
FIGHT - FLIGHT - FREEZE

What's really happening when we go into

"Survival Mode"

Learning/Thinking Brain

(Prefrontal Cortex)
The logical smart
part of your brain
goes "off line"



Limbic System

Lower Brain Functions
"Take over!"

Illustration for The Greenhouse KC LLC www.TheGreenhouseKC.com

Brain image courtesy of illustrations.of.com #1214809

The eight key **EXECUTIVE FUNCTIONS** are Impulse control, Emotional Control, Flexible Thinking, Working Memory, Self-Monitoring, Planning and Prioritizing, Task Initiation, and Organization.

Executive function and self-regulation skills are the mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully.

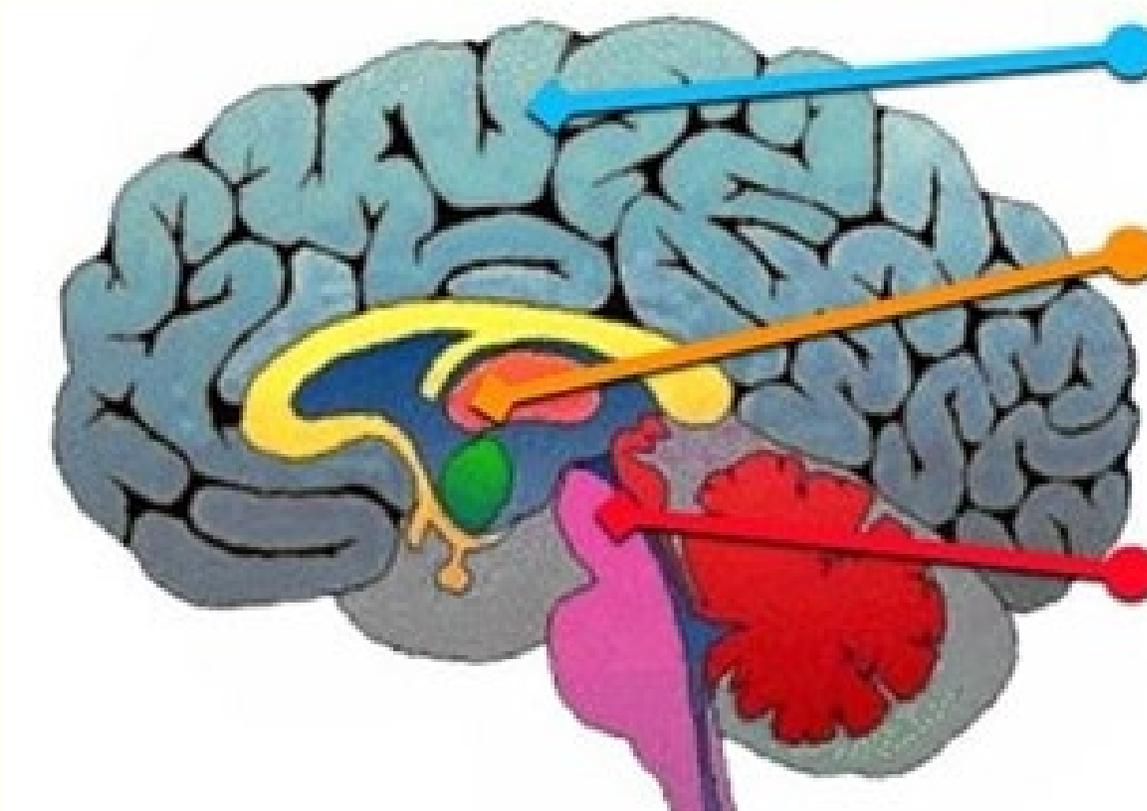
The fundamental skills related to executive function include proficiency in adaptable thinking, planning, self-monitoring, self-control, working memory, time management, and organization.

Your **modern brain (frontal cortex)** is responsible for problem solving, memory, language, judgment, **impulse control**, and **reasoning**. Your **primal brain (hindbrain and medulla)** is responsible for **survival**, drive, and instinct, including heart rate, breathing, body temperature and balance. When your primal brain is engaged (sympathetic response), your modern brain is not working as much.

NEUROPLASTICITY & TRAUMA WORK: The Goal

Between **stimulus and response**, rather than reactive, **build in a pause**

For the prefrontal cortex thinking brain to begin moderating the primitive brain reactivity



NEOCORTEX

reason

LIMBIC

emotion

REPTILIAN

instinct, survival

- ❖ Fight
- ❖ Flight
- ❖ Feed
- ❖ Breed

neuroplasticity

- **Kindness and acceptance literally rewire the brain**
- Over time, it takes the responses down different neural pathways than the usual automatic route and response
- Releases different neurotransmitters
- Conversely being critical, shaming/blaming, disliking reinforces that perceived threat and strengthens the usual route and response

(cholesterol study example)

brain development

- How we become the people we are
- Sensitivity and appreciation when we look at participants and each other
 - The science of cognition, emotion, and behavior
 - The foundation of DNA

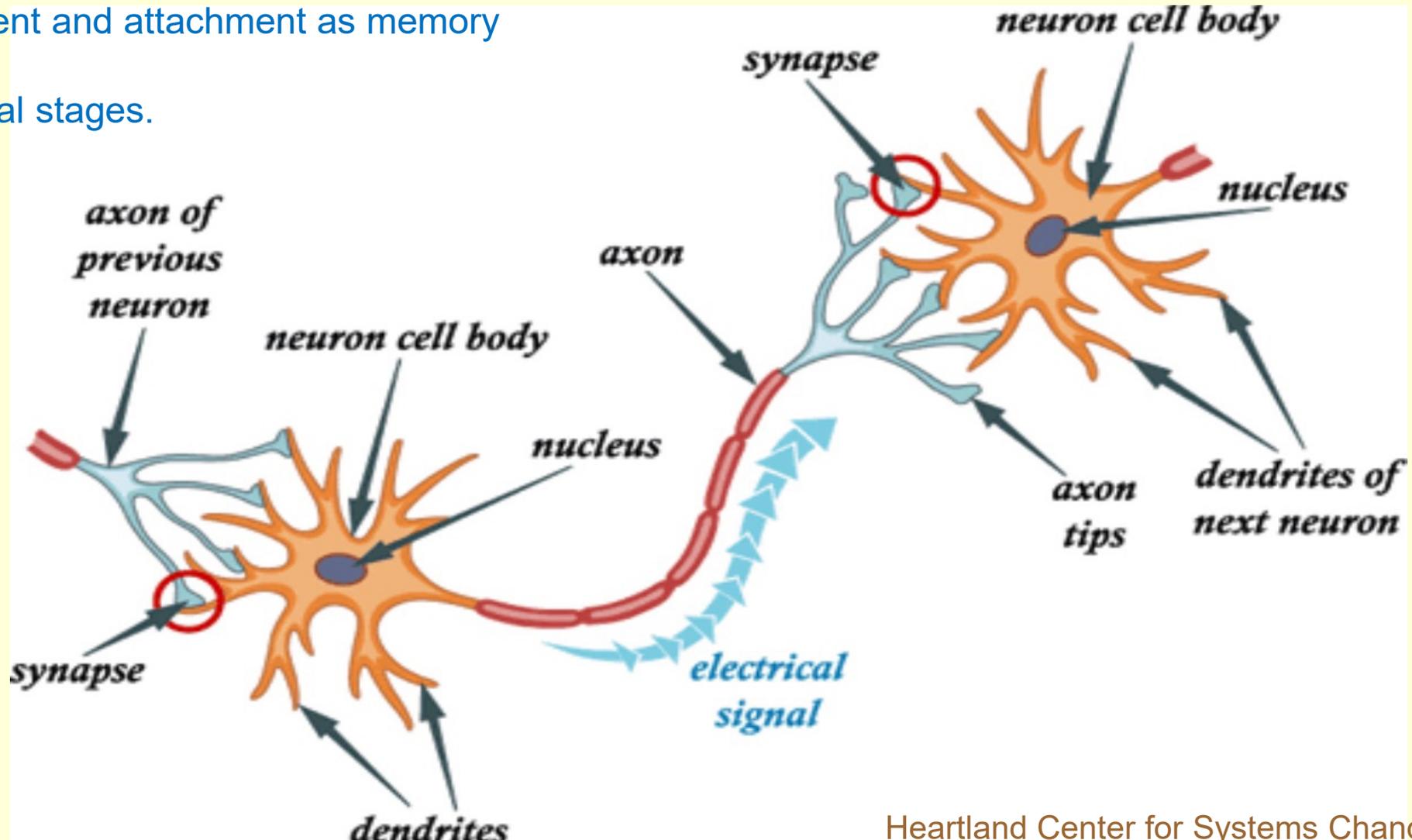
86 billions neurons & their connections (multi-lane highways and a few pathways)

Brain & age: prenatal to birth to 3, 16, 24, 32, 52 ...

and when/what interruptions occur.

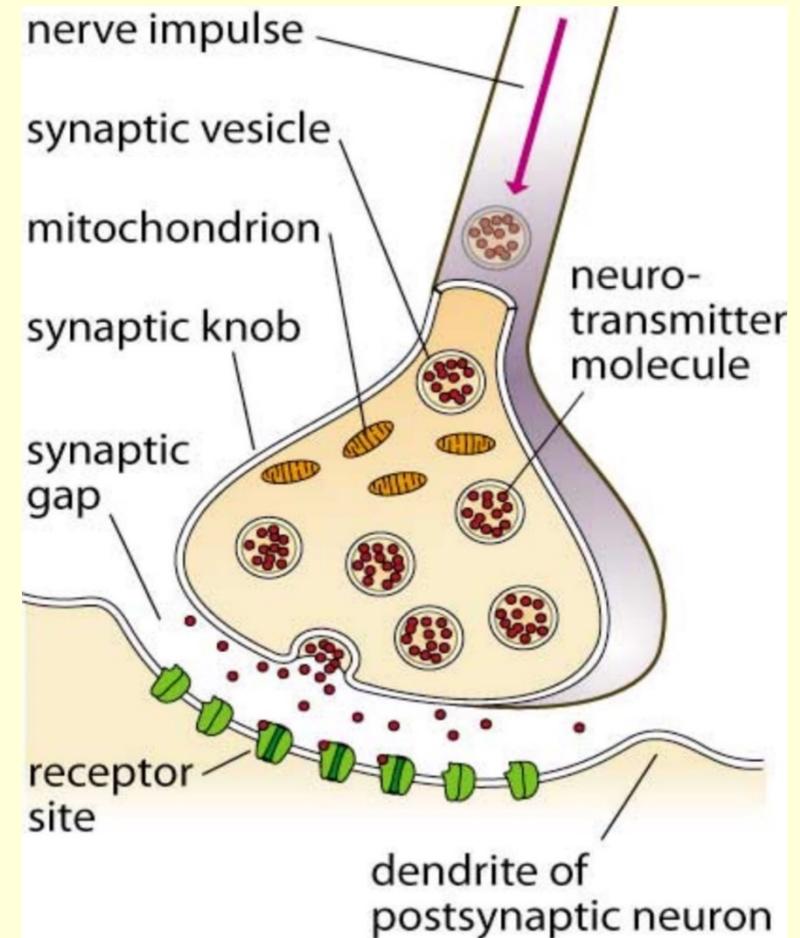
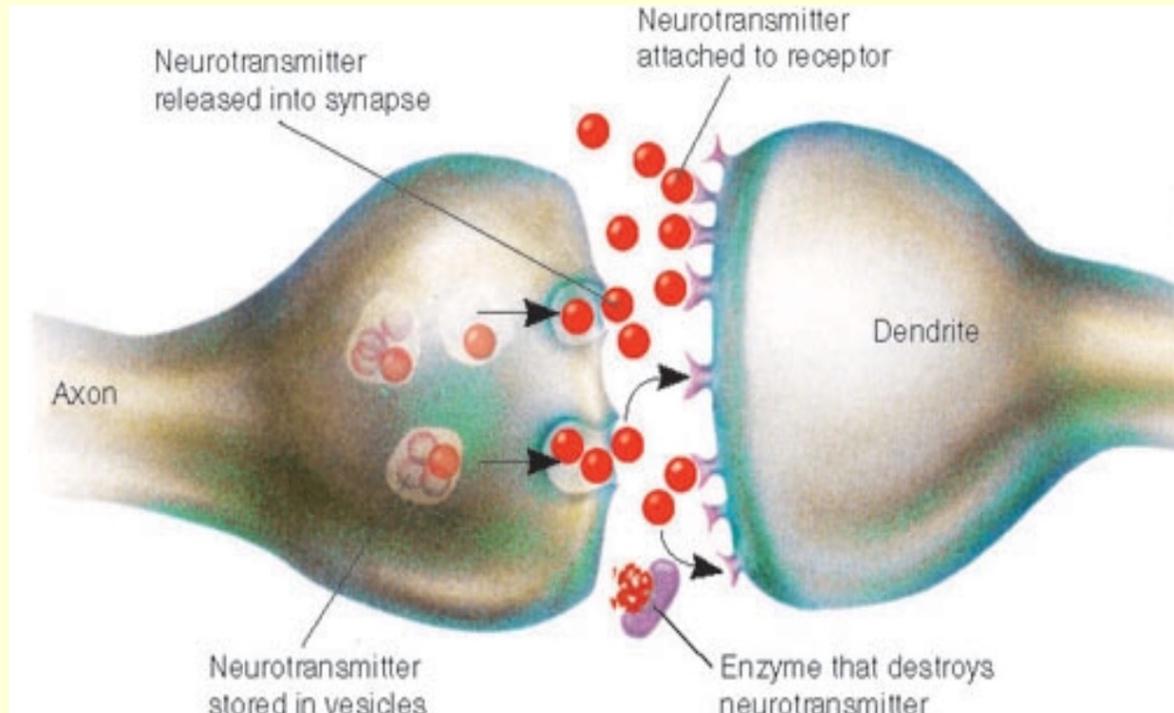
Rapprochement and attachment as memory functions.

Developmental stages.

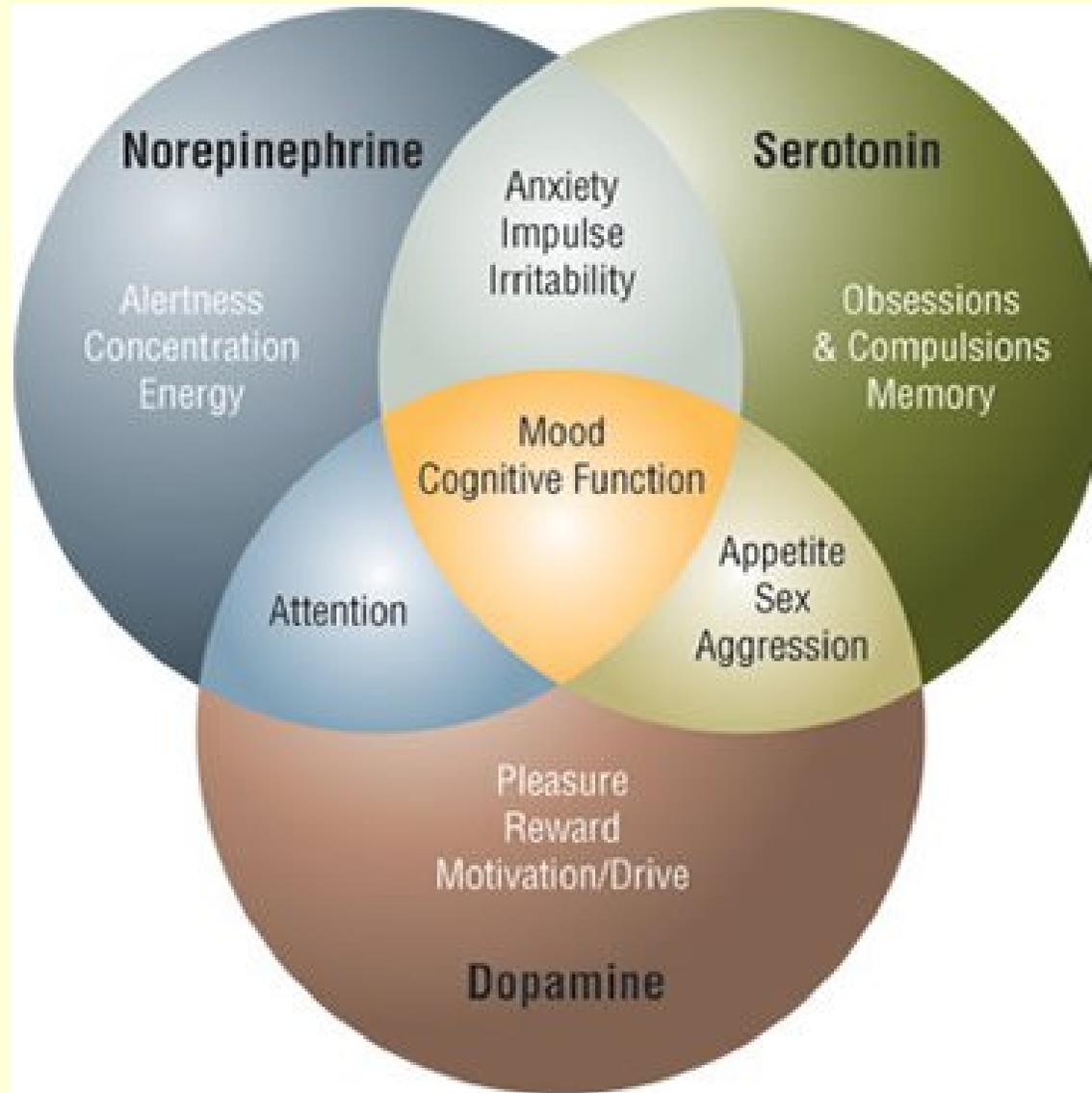


neurotransmitters & the synaptic gap and receptor sites

electrical charge of ions = nerve impulses



2 cups of coffee any more competes with receptor sites.
Don't judge or preach. Provide info when it's of interest
and purpose to client



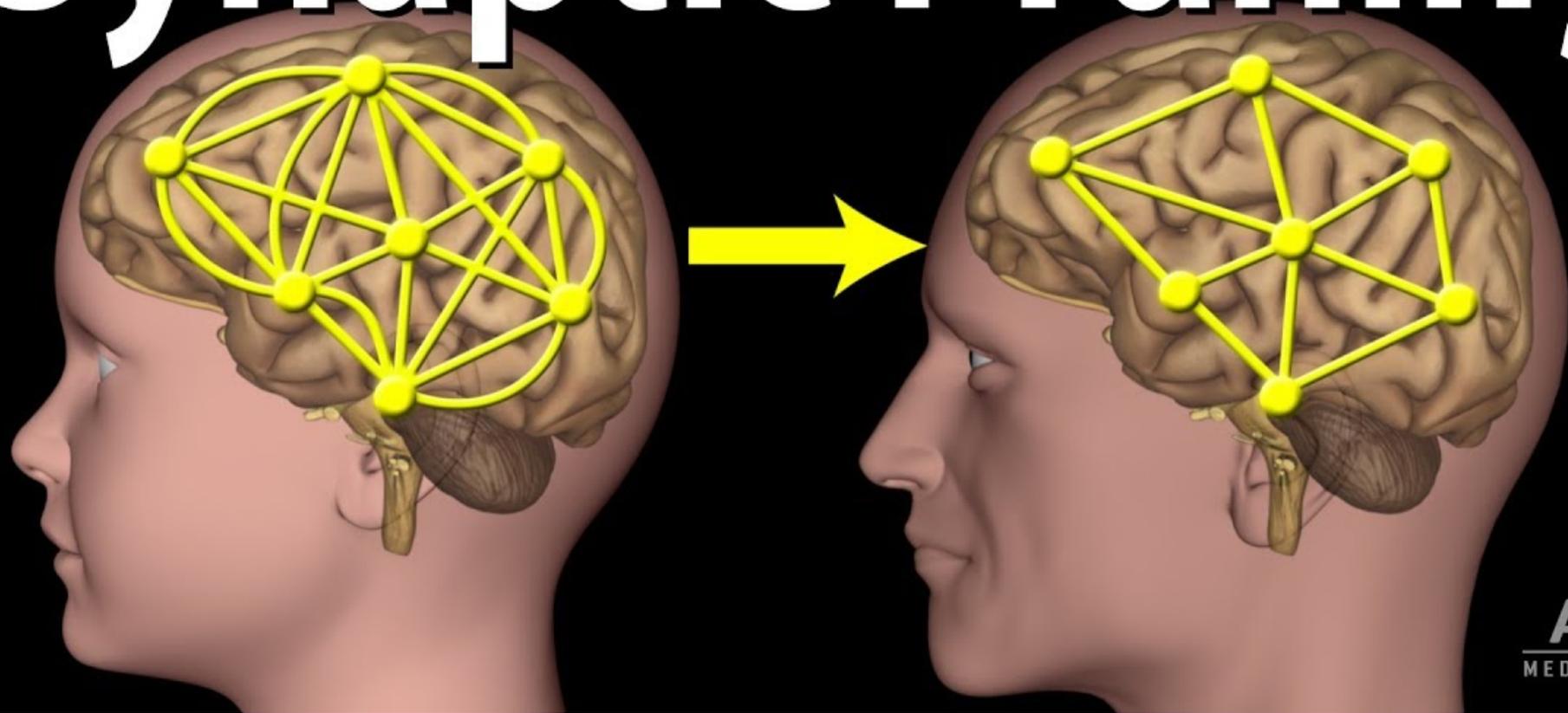
Oxytocin – the trust chemical
Suicidality and NT levels
Hormonal imbalances

Please brain



Can i have some serotonin??

Synaptic Pruning



Alila
MEDICAL MEDIA

HOW DID WE GET HERE? What makes us human?

Prenatal (mother's wellbeing) and the first moments and years of our lives ... from comfort into chaos and learning

36 weeks gestation

Newborn

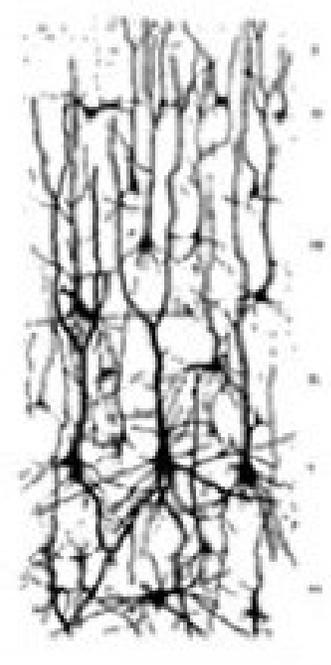
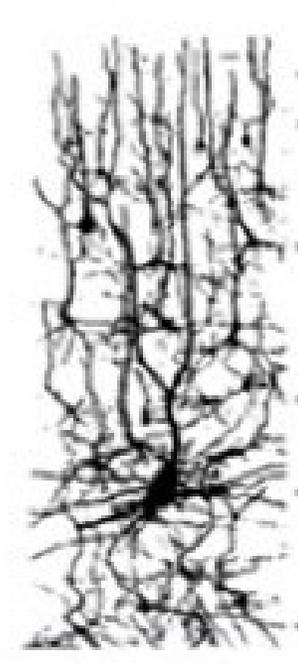
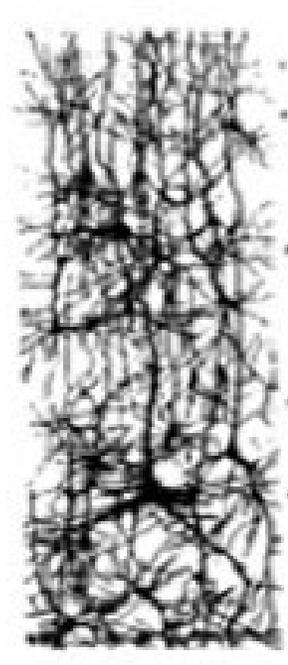
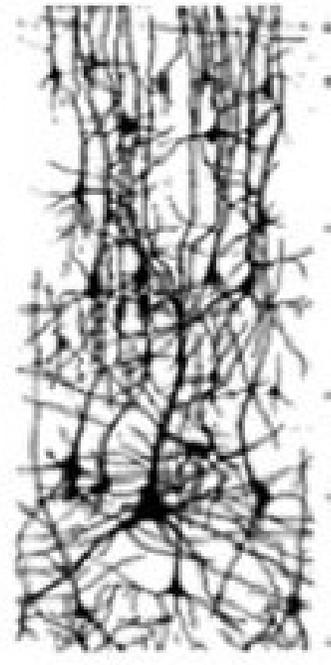
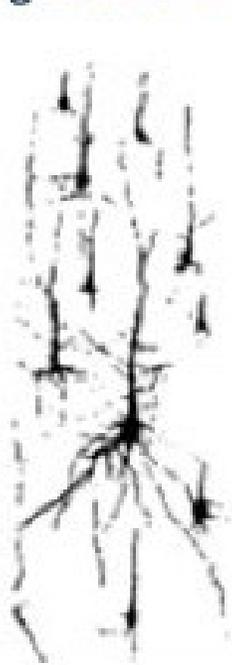
3 months

6 months

2 years

4 years

6 years



Synapse Formation

Synaptic Pruning

As synaptic pruning largely results from environmental influence, trauma impacts the unfolding neuropathways in a developing brain. The synaptic connections that remain directly relate to life experiences. Early neglect deprives children of important social input that limits development of complex pathways in the prefrontal cortex; essentially, a lack of healthy experience leads to excessive pruning, resulting in diminished cortical volume (Sheridan, et al., 2012).



Jocelyn J. Fitzgerald, MD

@jfitzgeraldMD



In med school, I took an elective called "Stress", foolishly thinking I was going to learn about meditation and yoga. Instead the professor spent 6 weeks proving that being poor or a minority literally destroys your health on a molecular level, and I think about that every day.

Adverse Childhood Experience Study (ACES)

- 2/3 of people have experienced one
- 12.5% of people have had 4 or more
- Increases risk of physical health issues (heart & liver disease, lung disease, HIV & STIs, obesity)
- Increases high risk behaviors (smoking, substance use, sexual behavior)

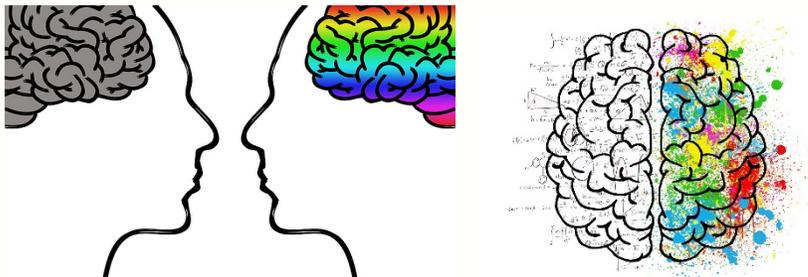
Take the ACE Quiz: <http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>

Children in households with low socioeconomic status experience neglect at about seven times the rate of other children. In some circumstances, poverty is construed as neglect, such as when housing is inadequate. In other situations, **poverty is a direct contributor to child endangerment as it compounds parental stress**. In a recent presentation, Chapin Hall Senior Policy Fellow Clare Anderson described the link between poverty and child neglect, its impact on **racial disproportionality** in the child welfare system, and the critical role that federal economic support programs have had on decreasing child maltreatment cases.

- Chapin Hall (2020)

life on the molecular level

Heartland Center for Systems Change



A child's brain develops faster from birth to age 5 than at any other time of life. More than **one million new neural connections are formed every second** in the first few years of life.

The “**opportunity gap**” is measurable as early as 9 months of age. On average, children from under-resourced communities enter kindergarten 18 months behind their more advantaged peers; and no school system can remediate this gap on a large scale.

StartEarly.org



Heartland Center for Systems Change



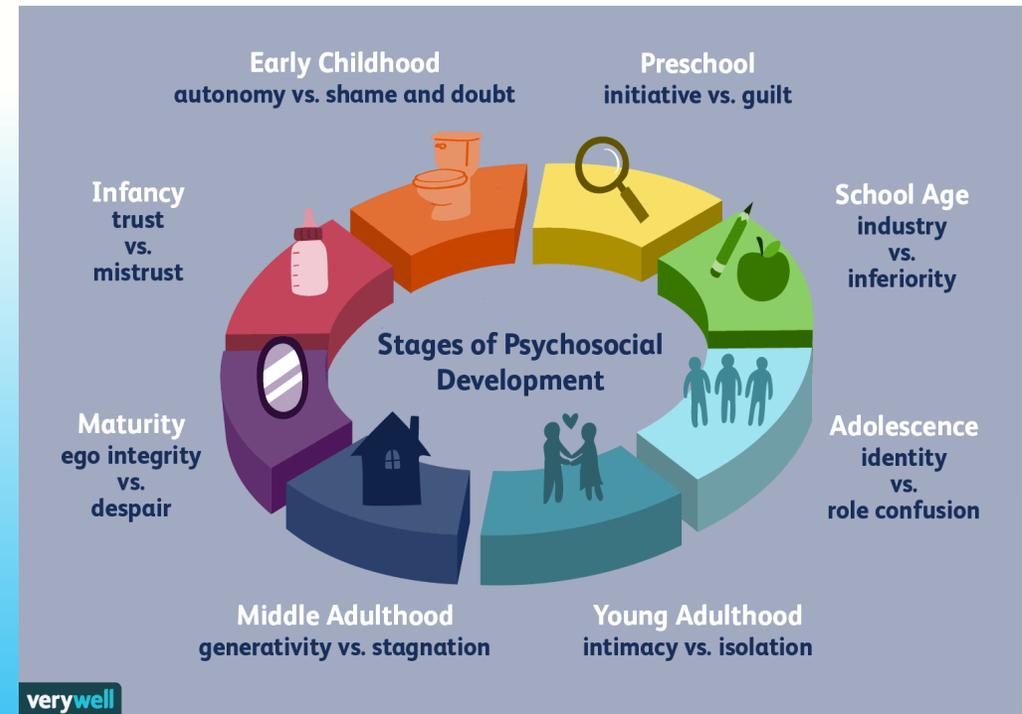
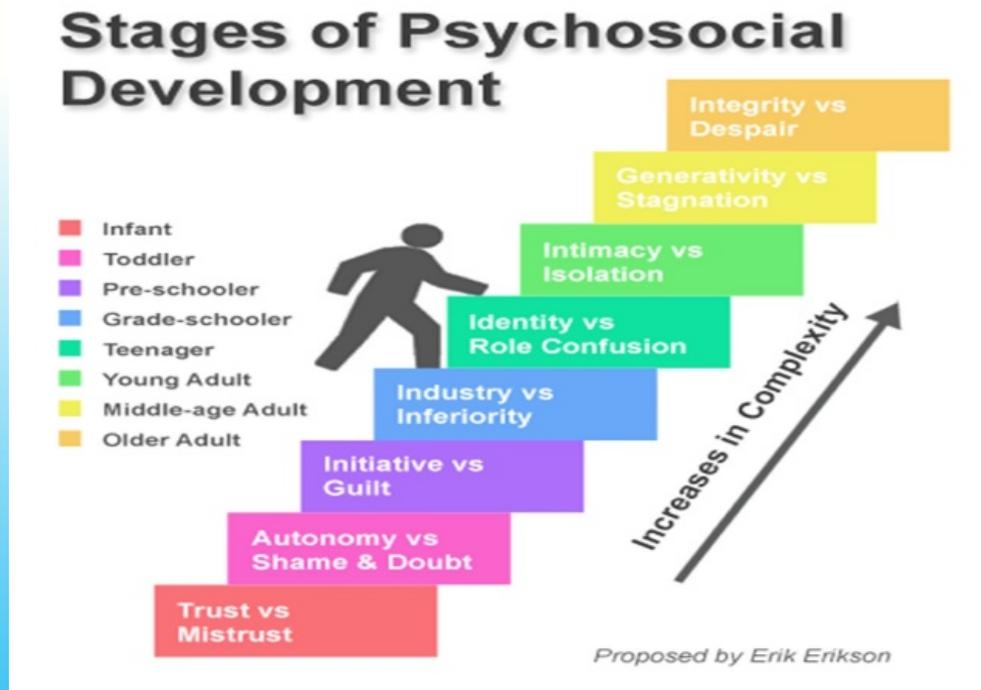
The cooing and short sounds a parent makes and exchanges with their infant baby are a vital part of shaping neural networks.

When this is disrupted, when it's absent, lacking, or drowned out, when there are loud, harsh, frightening noises instead ... our original operating system is impacted, and shapes who we are across our life time.



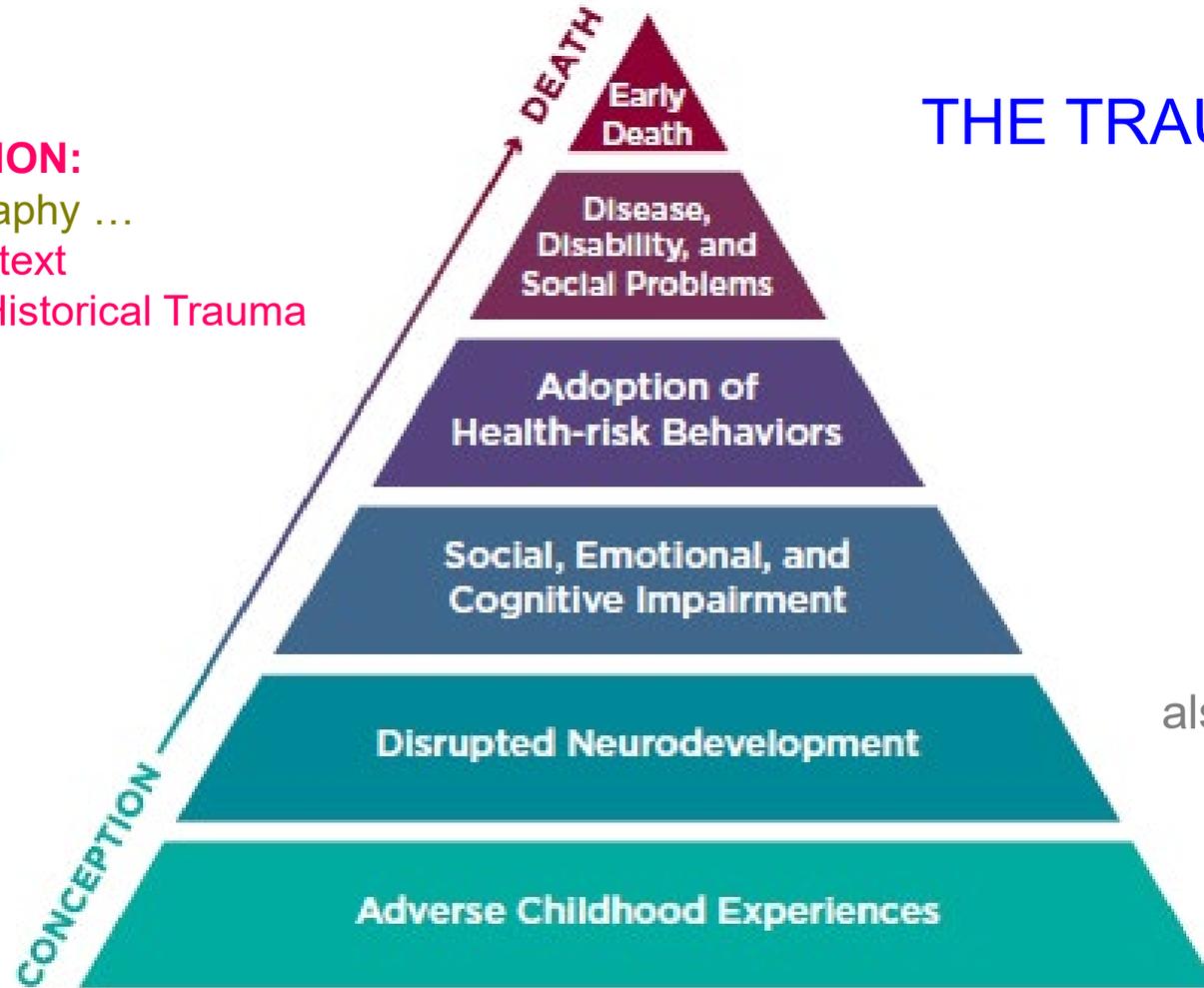
Trauma and Developmental Stages

- Dependence, Counter Dependence, Independence, Interdependent
- 8 Stages of Psychosocial Development (Erikson)



Prior to these, foundations of **SOCIAL LOCATION:** cultural impacts, poverty, geography ...
Social Conditions – Local Context
Generational Embodiment – Historical Trauma

THE TRAUMA PYRAMID



also: development stages ...
Rapprochement
Attachment Theory
in child development

www.relias.com

The ACE Pyramid

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

How Childhood Trauma Leads to Addiction

Gabor Maté



<https://youtu.be/BVg2bfqblGI>

Heartland Center for Systems Change

AND THIS IS JUST OUR *EARLY YEARS*

add

☐ MORE TRAUMA

☐ Reinforce ORIGINAL OPERATING SYSTEM over time

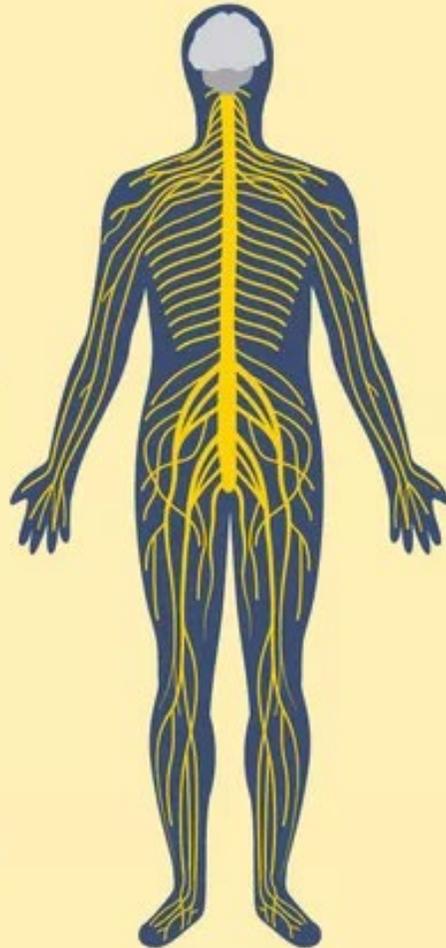
What Does the Peripheral Nervous System Do?



Connects the central nervous system to the organs, limbs, and skin



Allows the brain and spinal cord to receive and send information to other areas of the body

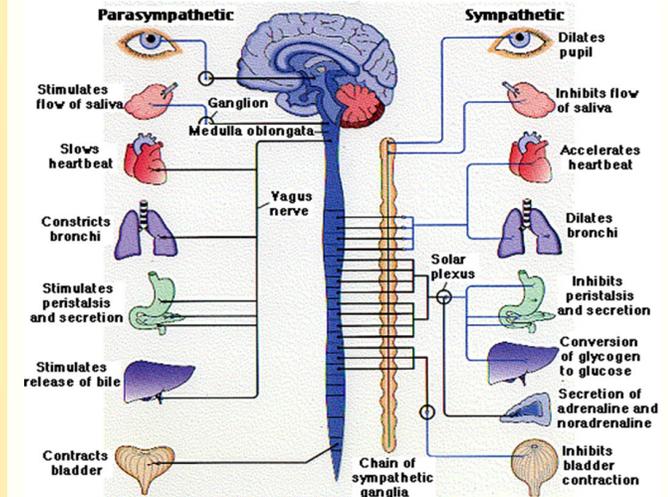
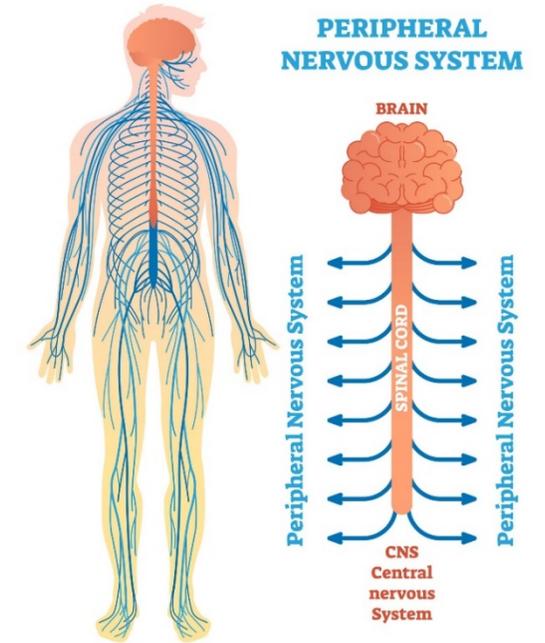


Carries sensory and motor information to and from the central nervous system



Regulates involuntary body functions like heartbeat and breathing

verywell



When we internalize trauma ... **The health care costs of trauma and its physical toll on people**

Our Own Fight/Flight

- Managing our adrenalin and cortisol build up
- It's there and reactive, intended to activate our attention
- Unreleased and built up over time affects health
 - sleep, headaches, stomach aches, vulnerable to illness, snap at people, inability to concentrate, fatigue, depression ... what else?
- Breathe deep and exhale to release adrenalin, stretch ...
- Hydrate
- Other approaches? Clear our head ...

What is Generational Trauma?

- Trauma transferred from the **parent to the child**
- Trauma transferred **within the community**

Enslavement and slavery, civil and domestic violence, sexual abuse, and extreme poverty are also sources of trauma that can be transferred to subsequent generations

Cultural Trauma is an attack on the fabric of a society, affecting the essence of the community and its members

Historical Trauma cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations.

Intergenerational Trauma occurs when trauma is not resolved subsequently internalized, and passed from one generation to the next

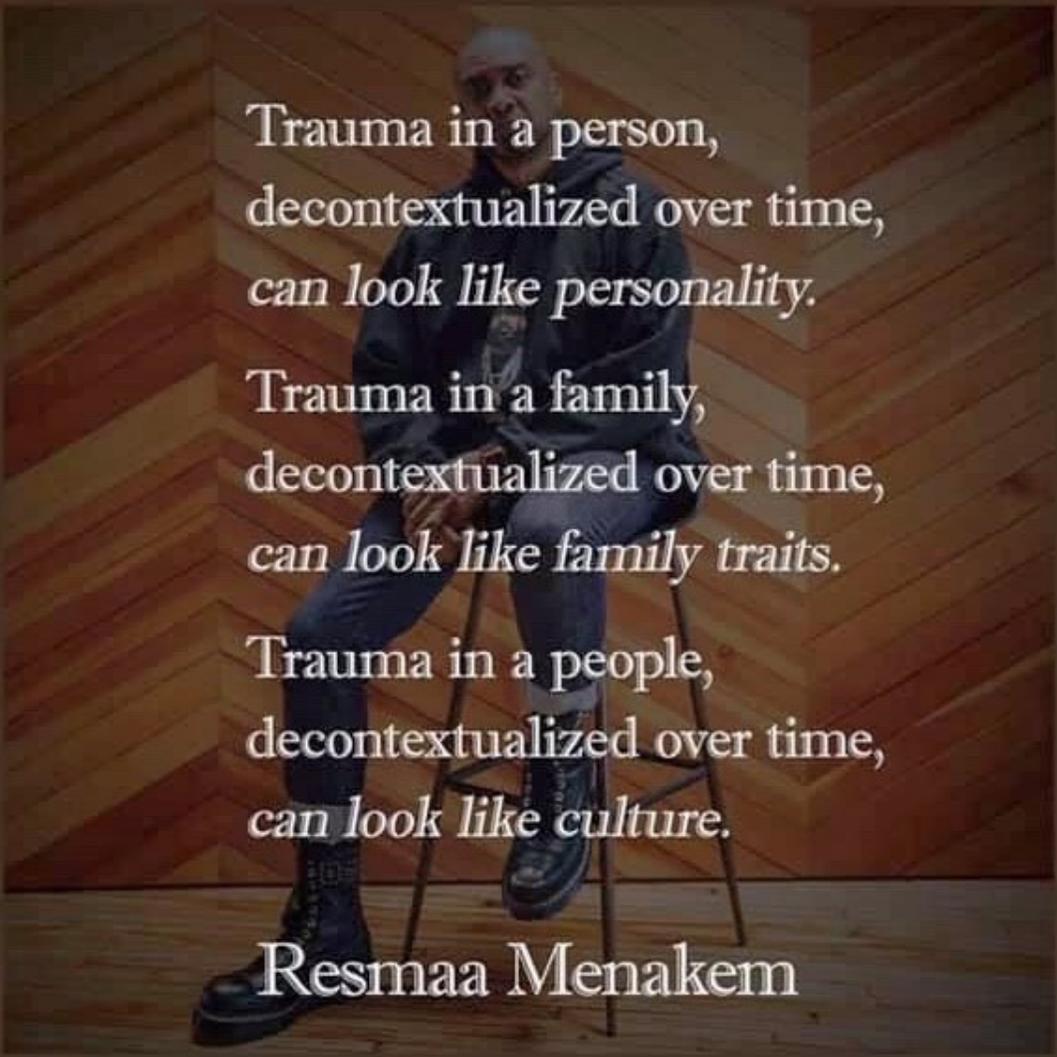
Racism as a serious public health threat in America (Center for Disease Control)

220 African Americans prematurely die each day in the United States.
Imagine that as an airline filled with 220 passengers crashing every day every year.

Dr. David Williams, Harvard Researcher

- Not socio-economic, education, nor DNA related
- BIPOC world wide studies using a 9 point discrimination scale – predictive of health impacts, less well cared for
- “Weathering” stressor erosion of discrimination on a person of color

<https://www.cbsnews.com/video/60-minutes-disease-black-americans-covid-19-2021-04-18/>

A person is sitting on a tall, thin metal stool against a wall with a chevron wood panel pattern. The person is wearing a dark hoodie, blue jeans, and black boots. The text is overlaid on the image in a white serif font.

Trauma in a person,
decontextualized over time,
can look like personality.

Trauma in a family,
decontextualized over time,
can look like family traits.

Trauma in a people,
decontextualized over time,
can look like culture.

Resmaa Menakem

@janicza

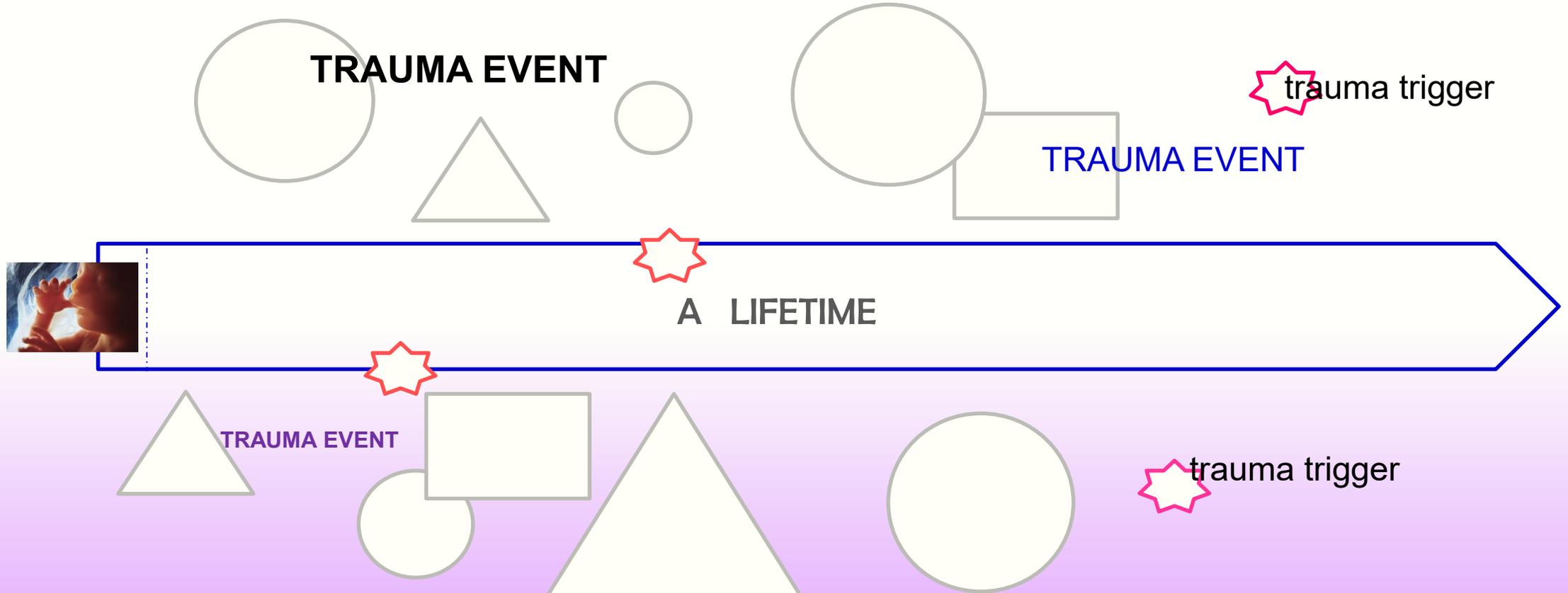
Encultured Systemic Trauma

- **Racism**
 - BIPOC
 - Immigration and countries of origin
 - Faith based
- **Sexism & Misogyny**
- **Rape Culture**
- **LGBTQIA+**
- **Socioeconomic Class**
 - Exclusion and internalized mindset
- **Illness**
 - SMI, DD, Autism Spectrum, HIV/AIDs,
 - disfigurements, missing limbs ...
- **Age**
- **Attitudes of “you did this to yourself” “you brought this upon yourself and your family”**

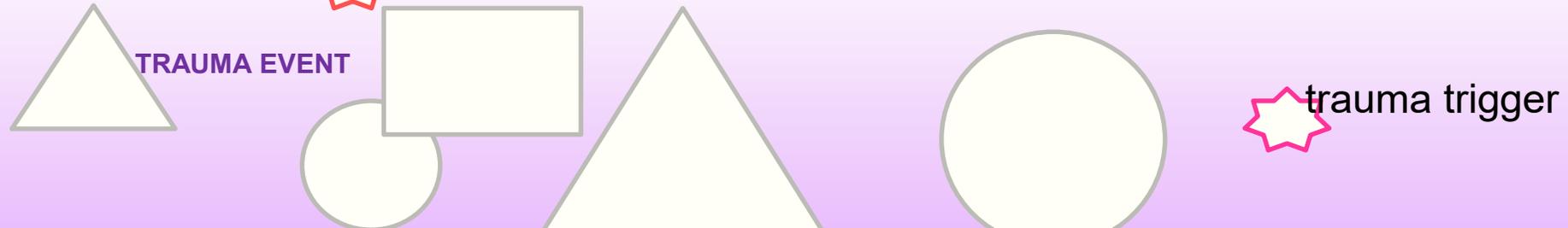
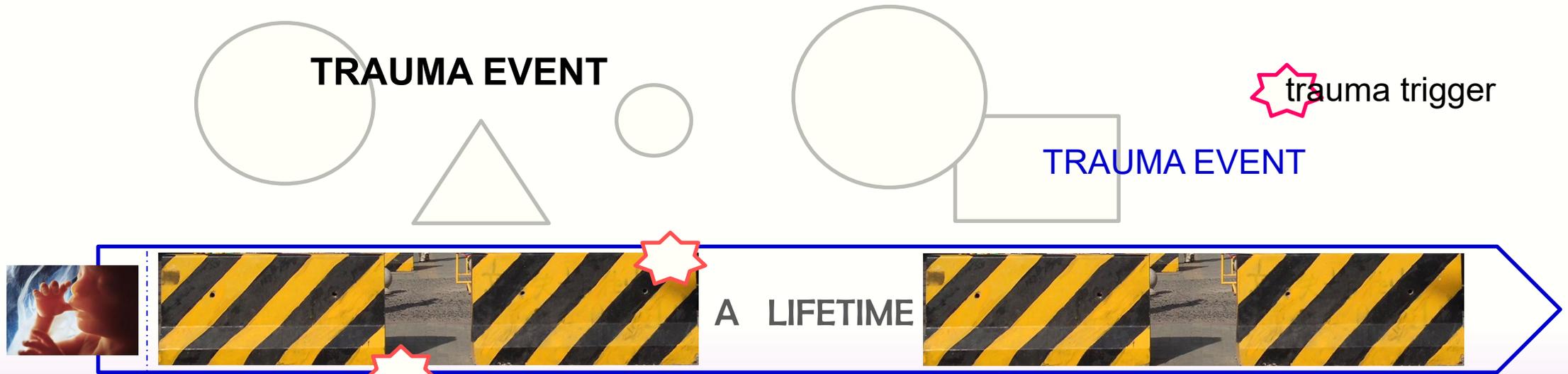
The Criminalization of Trauma

- Given trauma impacts identity, behavior, cognition, emotion, perception, engaging with self and others, and from a very early age ... and over generations; becomes assimilated socially, culturally, personally, collectively
- And can be triggered, re-traumatized, new traumas added
- **Trauma of those enacting trauma events – no one walks away unscarred**
- Learned violence as self-preservation or expression of “love” and belonging, being noticed
- Substance use and/or trade as self-care (economic need, mood management, a skill set ...)
- Community violence, kindness given or accepted perceived as weakness
- **Systemic trauma of trauma responses to trauma responses**
- With little to no understanding or options ...
- **What happens when we begin to ‘criminalize’ trauma response?** Develop systems of opposition? Economic, education, class, cultural, political ...
- Over generations? Over race, poverty, discrimination ...
- The scope of healing, restoration, and prevention needed
- How are we to respond? What is TIC in Justice work?

LIVES WITH TRAUMA



TRAUMA EVENTS OF VARYING INTENSITIES AND DURATIONS
CAST VARYING LENGTHS AND INTENSITIES OF SHADOWS
ACROSS A LIFETIME



**TRAUMA TEACHES US TO DEFEND & PROTECT OURSELVES
AND BE MISTRUSTFUL OF OTHERS AND THE WORLD**

Life as frequently or constantly threatening

Be on guard

Self-preservation (power, control, energy)

None of us avoids this

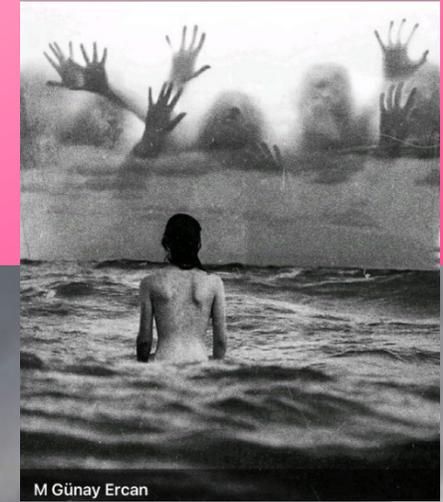
Trauma responses recognized as

- event(s) related recorded in neurobiology
 - on a continuum
 - both past and present

- Frequency of trauma response activation
- Duration of trauma response activation
- Intensity of trauma response activation
- Multiple trauma responses individually and simultaneously
- Placement across one's lifetime
- **For some, trauma responses become a constancy of life, always present, foreground and/or background**
- Reinforced & replayed with new trauma events and re-traumatization
- Trauma responses to trauma responses – a cycle

Trauma Feels Like...

- Intense fear
- Total helplessness
- Profound emptiness
- Loss of control
- Total disconnection
- Fear of complete destruction
- **Unique to each individual**



Factors Impacting Traumatic Responses

- Previous exposure to trauma
- Duration of the trauma
- Severity of the trauma
- Development and attachment history
- Belief system
- Prior emotional/behavioral problems
- Response from support system
- Successful fight or flight response
- Expectation of stress
- Physical health and immune system

Not a comprehensive list

The Impact of Trauma

- **Body & Brain:** Fight/Flight/Freeze response
 - Additional core brain impulses of feed, breed also impacted
- **Memory & Perception:** fragmented, difficulty with concentration; rapid or delayed cognition
- **Judgment:** insight, perspective, ability to see and weigh consequences, ability to set boundaries

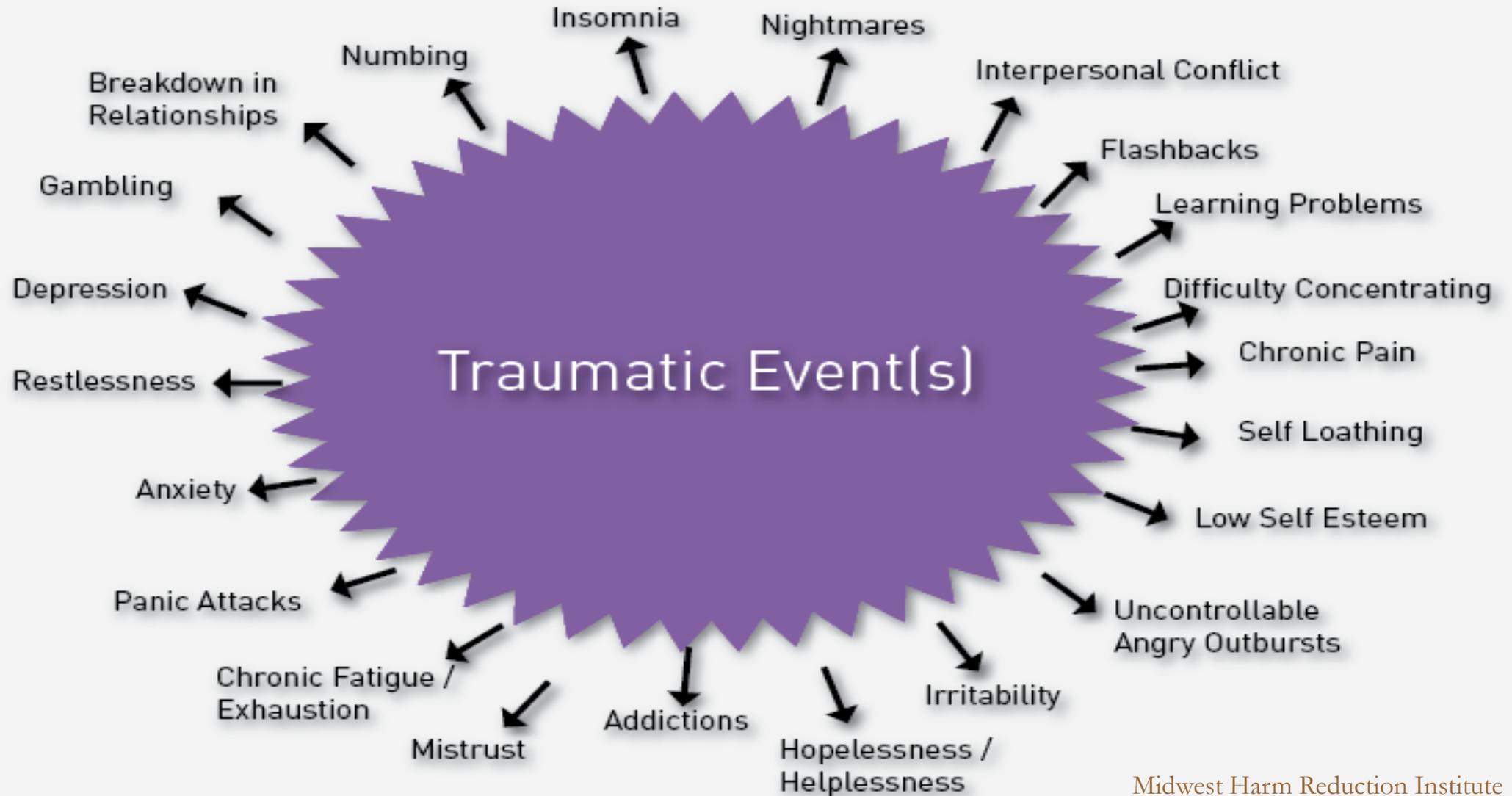
- Saakvitne et al., 2000

The Impact of Trauma

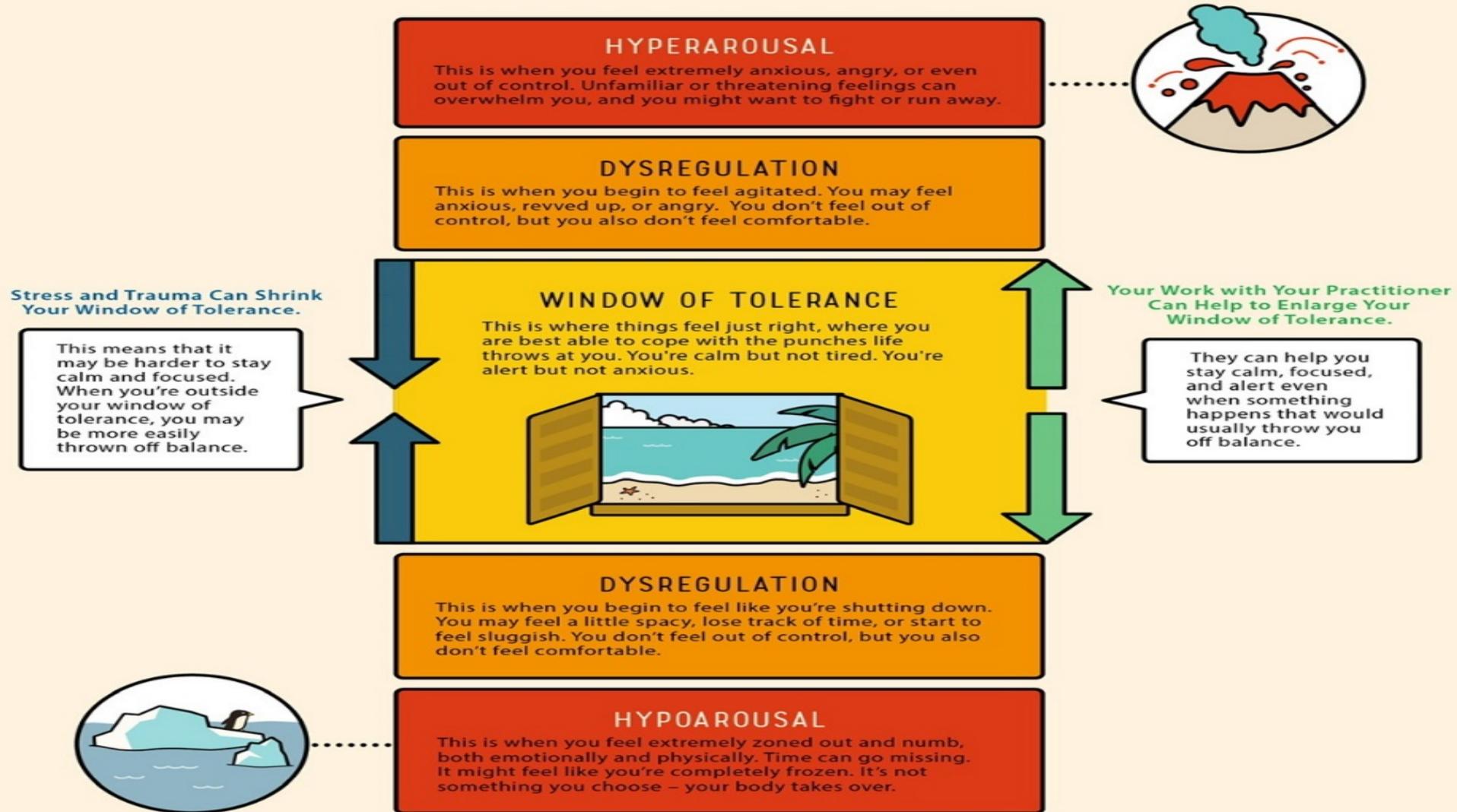
- **Beliefs:** what it means to feel safe, have trust, have self esteem, feel connected, feel in control of our lives
- **Frame of reference:** identity, worldview, spirituality
- **Feelings:** Ability to identify and manage feelings, ability to connect to others

- Saakvitne et al., 2000

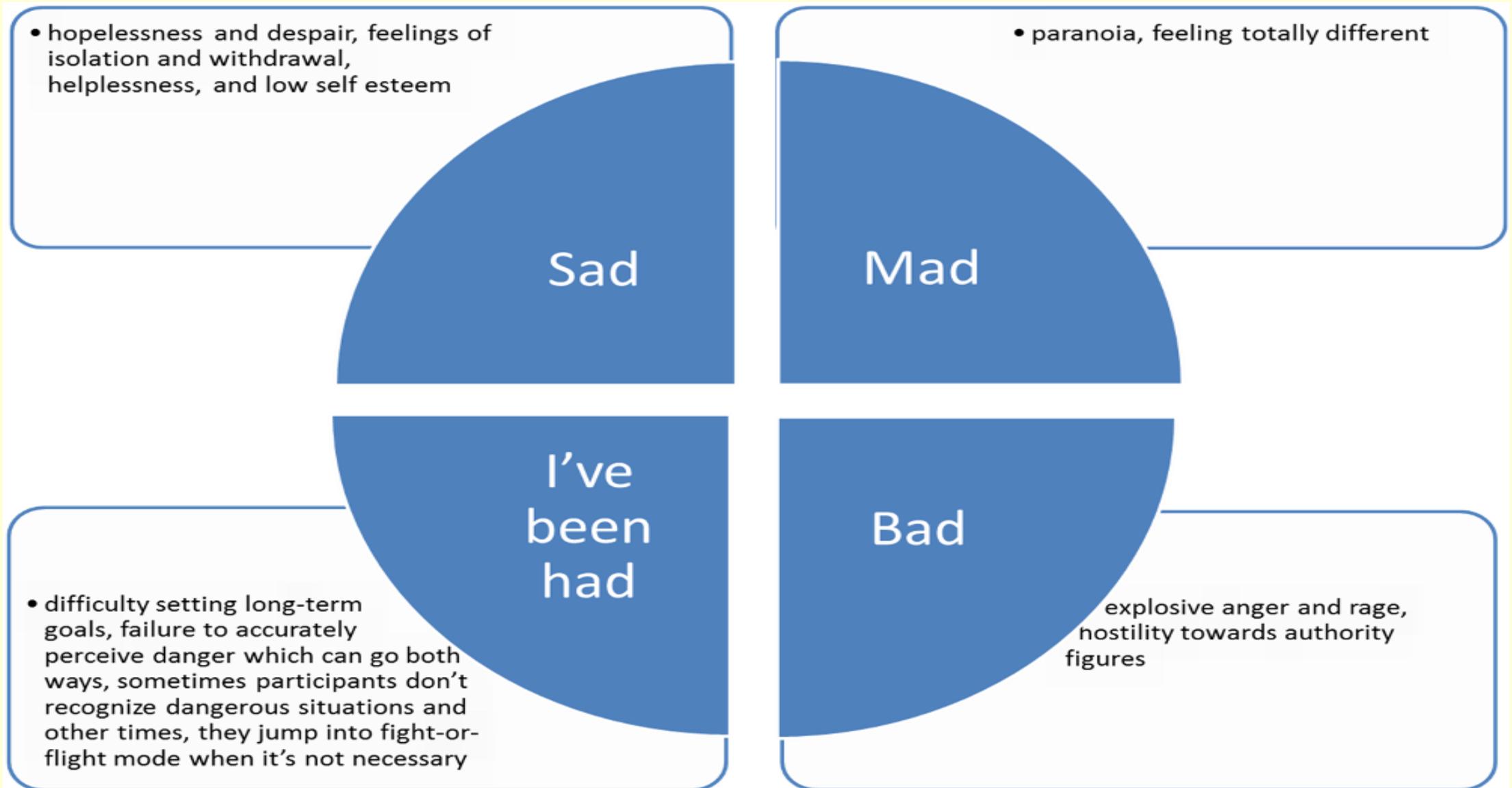
Consequences of Trauma



How Trauma Can Affect Your Window of Tolerance



What Does Trauma Look Like?



How does trauma show up?

- Anger
- Hypervigilance
- Unresponsiveness
- Anxiety
- Emotional outbursts
- Depression
- Panic attacks
- Physical pain
- Poor concentration
- Shakiness
- Night terrors
- Lack of energy
- Physical illness
- Sleep disturbances
- Intrusive thoughts
- Compulsive behaviors
- Eating disorders
- Impulsiveness
- Isolation
- Numbness
- Sneering callousness
- General disorientation/confusion

How trauma shows up *continued*

Participants	Staff
<ul style="list-style-type: none"> • Aggression 	<ul style="list-style-type: none"> • Reactive – defensive – sensitive
<ul style="list-style-type: none"> • Hyperarousal 	<ul style="list-style-type: none"> • Impatience
<ul style="list-style-type: none"> • Numbness, shut down, withdraw 	<ul style="list-style-type: none"> • Inability to empathize
<ul style="list-style-type: none"> • Anxiety (pacing, fidgeting, anxious bowels) 	<ul style="list-style-type: none"> • Need to control
<ul style="list-style-type: none"> • Staff splitting* (meeting one's needs - go to whom you can get what you want; strategic) 	<ul style="list-style-type: none"> • Boundary violations
<ul style="list-style-type: none"> • Inability to process 	<ul style="list-style-type: none"> • Intolerance
<ul style="list-style-type: none"> • Substance use issues 	<ul style="list-style-type: none"> • Substance use issues
<ul style="list-style-type: none"> • Feeling persecuted 	<ul style="list-style-type: none"> • Hypervigilance

Not a comprehensive list – Highly individualized

"Difficult" behaviors as trauma responses

- Interpersonal conflicts, appears agitated
- Remains in abusive relationships or is repeatedly victimized
- Cutting off from sources of support, isolates
- Complains of unfairness, feeling targeted/blamed
- Feeling emotionally “out of control”, unpredictable responses
- Irritability, restlessness, outbursts of anger or rage
- Re-victimization (impaired ability to identify signs of danger)
- Detachment, feelings of shame and self-blame
- Loss of a sense of fairness in the world
- Affect dysregulation (emotional swings)

Labeling as **“maladaptive behaviors”** when they may be strategic, life saving, comforting, at least at one time if not still ... Even when we ‘know’ a person’s external situation, we don’t know their internal until they share that – and some may not be able to articulate this

Co-Occurring Disorders & Trauma

- SAMHSA TIP 2014

- Increased risk for SMI if person experienced trauma (bidirectional)
- Under/Misdiagnosed (misinterpretation of symptoms)
- Major Depressive disorder is most common, also anxiety disorders, personality disorders, somatization disorders
- Worse outcomes for SUD if person experienced trauma (cyclical)
- Over 50% of women in SU Tx have experienced repeated traumas

Co-Occurring Disorders and Trauma

continued

- SU and other risky behaviors as attempts to take control of/reverse feelings of helplessness
- SU is adaptive at time of crisis, maladaptive after
- BOTH abstinence and continued substance use may increase or decrease symptoms of PTSD
- Compassion for substance use issues is increased when practitioners believe participants are self-medicating trauma

Awesome Life Tip:

Sometimes you need a mental break and that's okay. Whether it's from the people in your life, your daily routine, or whatever path you're taking towards a goal. Breaks and detours can be just as beneficial as the work needed to get you there. Listen to your body and act accordingly.

AwesomeLifeTips.com

PART 3

What then are we **to do**?

From trauma awareness to healing
To resiliency & thriving: how do we get there?

TRAUMA-INFORMED CARE

A framework of thinking and interventions that are directed by a thorough understanding of the profound **neurological, biological, psychological, and social effects trauma has on an individual** – *recognizing that person's constant interdependent needs for safety, connections, and ways to manage emotions/impulses.*

Experts recommend that all systems (e.g., medical, mental health, corrections) be trauma-informed and that professionals in these systems adopt “universal precautions” when working with individuals. **Universal precautions means we assume a trauma history is present with all individuals we interact with and that we interact with them in a trauma-informed manner.**

all individuals = ourselves too

Crisis Prevention Institute, TIC Resource Guide

Trauma Informed Care

- A program, organization, or system that:
 - **Realizes** the widespread impact of trauma and understands potential paths for recovery;
 - **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
 - **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
 - Seeks to actively **resist re-traumatization**.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Traumatic Responses

Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community.

- Judith Herman

Trauma and Relationship

Recognize that since trauma most often occurs in **relationship**, healing and recovery must also occur in relationship

- Schilling, 2010

you with yourself, you with your coworkers, you with participants

"If we carry
intergenerational trauma
(and we do) then
we also carry
intergenerational wisdom.
It's in our genes
and in our DNA."

-Kazu Haga

and our neuroplasticity
and person centered inner guide

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Establishing Safety

Trauma robs the victim of a sense of **power** and control; **the guiding principle of recovery is to restore power and control to the survivor.** The first task of recovery is to establish the survivor's **safety.**

- Judith Herman

Both physical and psychological / emotional safety.

Safety as reconnecting with one's own power to be in control

To move from self-preservation to self-actualization

Trauma can take many forms, but fundamentally,

“trauma is really about the loss of safety — real or perceived,”

says Ajita Robinson, a grief and trauma therapist and the executive director of Friends in Transition Counseling Services. **This means that it may impact you regardless of whether the event actually materializes or reaches you physically; the threat itself can be enough to set off the body’s natural trauma response.**

The trauma response is intended to protect us, but it can become harmful if it stays activated even after the threat is gone. “If our trauma is untreated, we remain in that hypervigilant state,” Robinson says. “If we stay in that activated state for a prolonged period of time, the body cannot sustain that. It will have to work hard to maintain that level, and eventually we will burn out.”

Fortunately, there are things we can do to recognize and address the impacts of trauma.

Sunny Fitzgerald, *The Lily*, 2.5.21

Trauma Targets Ones Use of Power

- Self-preservation
 - Self-defense
 - Self-care
- Threat, Fear, Pain & Suffering reduction, internal and external
 - Survive

Trauma Energy (power)

Consider the energy that's required to

- manage depression, anxiety, bi-polarity, thoughts, sensory input and processing; poverty, racism, incarceration ...
- manage substance use
- connect with the environment and people, to navigate these complexities
- participate in healthcare systems that have been abusive, demanding, shaming

The trauma in these events can take up an incredible amount of energy on and hourly and daily basis.

When we demand and judge we add to that load.

TRAUMA ARMOR & DEFENSES

Traumatic events

- We find a way to defend ourselves
- Impact our brain and thinking/feeling/reacting functions

What trauma armor & defenses do you see? In yourself & others

- Trauma and pain management
 - How do we manage our pain?
- Harm reduction (*next workshop topic*)
 - How can we reduce the harm in the risks we take?
 - driving fast or texting, caffeine intake, sleeping ... Where are your risks?

TRAUMA AWARENESS

- **POWER DYNAMICS**
- **THE PROCESS OF HEALING**

TRAUMA AWARENESS

❖ POWER DYNAMICS



- Trauma is power related
- The relational structure of staff to participant
- Supervisor to supervisee
- Pre-set trauma trigger
- Habitual reactions

❖ THE PROCESS OF HEALING

- Trauma healing stages are also trauma triggers
- Kindness can lower defenses which becomes vulnerability
- The very healing process 'relives' trauma
- Pre-set trauma triggers

Trauma & Power

- **One aspect of trauma is one's own sense of power and ability to establish well-being is challenged, undermined, shattered, subjugated, distorted, reduced.**
- Consider this within violence, abuse, neglect, racism, war, earthquakes, fire, pandemic, poverty ...
- Another force, another power overrides, overwhelms an individual's sense of power and control over self and environment
- Scars, distortions, and adaptations take root
- **One aspect of healing then is to restore power to an individual**

Sensitivity in our awareness of doing to, doing for,
doing with

Trauma & Power

A **restorative justice aspect of trauma healing** resides in restoring the exercising of one's power and having that honored and respected.

To this end, **shared power as collaboration and a partnership of equals** is *essential*. And that this be driven by grounding in and fulfilling a person centered orientation.

Provide a **safe context** in which one's internal voice and guide can be more intentionally connected to.

Moving from ***self-preservation to self-actualization*** as healing, thriving. From SU dependence to a healthy relationship with SU.

Trauma & Power

- ❖ Our relationship to participants fundamentally places power with us as staff
- ❖ Our relationship with participants begins then and continues with this imbalance and can set the stage for triggering trauma responses, retraumatizing, and inflicting new trauma
- ❖ This power imbalance also evokes parent roles and memories
- ❖ Given this imbalance, our presence alone may touch on trauma and trigger a trauma response
- ❖ **This same power dynamic is fundamental in the role of supervisor to supervisee**
- ❖ These are again why our doing our own trauma work and our own power work are critical to these interactions – trauma awareness of our own triggers and how we use power to respond
- ❖ **Our ability to share power and communicate this is essential**

Trauma & Power

- **Where there are power imbalances, equalizing the exchange will be essential and key to healing trauma and evoking new responses**
- Awareness of our judgements of each other and who holds a greater power of impact with those judgements
- Awareness of how this power imbalance is negotiated by each person in the relationship, overtly and covertly, intentionally and unconsciously
- How true partnership and collaboration is formed
- **To do the internal and external work to place the greater power with the other person (Person Centered) - my power in service to *your* power**
 - Tell me about you
 - **What do YOU want to accomplish?**
 - **What do YOU want to do?**
 - **How do I support YOU?**

Trauma & Power

- ❖ **Individuals in positions of authority over other individuals must exercise that authority in a manner which is beneficial to the individuals they have power and influence over. This requires awareness, knowledge, compassion, and mindful intentionality. Emotional intelligence.**
- For those who direct and influence this use of authority, we've a moral imperative to ensure this takes place.
- Too often there's a breakdown in these processes where knowingly and unknowingly those in positions of authority act on behalf of what's more advantageous to them self or the system they operate within or on behalf of.
 - new traumas and retraumatizations are introduced
 - can become systemic
- **We've the responsibility to correct and build supports and safeguards which minimize these misuses & abuses; to work from shared power and collaboration.**

Trauma work is to transform the direction of how power is used

- Uplift a participants awareness of their power
- Strengths based affirmations
- Honor person centered inner voice and goals
- Neuroplasticity & power dynamics in moving energy (power use) from defensive self-preservation toward recovery and self-actualization
- Defenses no longer necessary – trust & safe space

Trauma work is to transform the direction of how power is used – **the importance of shared power as equals**

- In trauma work, the one in the position of power can offset that trauma trigger imbalance by amplifying the other person's power
- This is why **honoring another person's wishes** is so crucial
- This is way **really listening and understanding** is so crucial
- It sends the message I use my position of power to uplift your power over my own. You are not subservient or lesser to me. I elevate yours so you know.
- It conveys you don't have to yell, withdraw, or argue to balance out our power differential. I respect and honor your power and will act in ways that assure you we are equals. ***I will not overpower you. I will not traumatize you.***
- ❖ What are ways people act to regain power when they are in a lesser power position? How might we see this as a trauma response and how might we act then?

Shared power is the antidote to trauma

- ✓ When people **experience respect and honoring**, if not admiration for their use of their power ...
- ✓ When they become **re-attached** to their **power awareness**;
When they are **empowered** when previously their power has been ignored, not respected, and violated ...
- ✓ They begin to see themselves as **healthier, more capable**.
They begin to **hear their inner voice** more clearly, directly.
- ✓ They can move from using their power and energy, less in self-defense and self-preservation and more for recovery and **self-actualization**, self-realization.

Our responsibility is to minimize the likelihood and degree of our trauma response to a trauma response

This is the heart of trauma work

- ✓ To be ever aware and cautious not to re-traumatize.
 - ✓ To know our own trauma and triggers.
- ✓ To be aware of power struggles and trying to win or defend or make a person be a certain way.
- ✓ To be non-threatening as our constant response.

**Minimize the likelihood and degree of our
trauma response to a trauma response**

**Not act on goals of our own promotion
over person centered affirmation.**

**Nor increase the pressure behind needing to use or
defend due to a sense of failure, rejection, being
disappointing, and managing anxiety and anger.**

1st: RECOGNIZE TRAUMA ARMOR & DEFENSES

as crucial means of self-preservation

Traumatic events

- We find a way to defend ourselves; our weapons of self-protection and regaining power
- Impact our brain, our thinking/feeling/reacting functions
- Trauma responses are pain and fear management

What trauma armor & defenses do you see?

- How do we manage our own pain? (physical, psychological, spiritual)
- The role of harm reduction
 - How can we reduce the harm in the risks we take?
 - driving fast or texting, caffeine intake, sleeping ... Where are your risks?

**2nd: Our trauma response to
their trauma response.**

**Interactive Trauma Triggers
& Re-traumatization.**

**Trauma armor and weapons
When threat is activated.**

We are interconnected.

Maturity and wisdom intervene and stop a trauma-trauma cycle

**2nd: Our trauma response to
their trauma response.**

**Interactive Trauma Triggers
& Re-traumatization.**

**Trauma armor and weapons
When threat is activated.**

We are interconnected.

Maturity and wisdom intervene and stop a trauma-trauma cycle

Transform our experience of threat

Recognize trauma responses

- the defenses & countering -

And provide a response back which reduces & minimizes being a **trauma trigger** and is **without threat.**

The absence of threat best neutralizes trauma responses.

Knowing too our position as staff is a pre-established trigger.

If and when we don't see trauma responses

We are blinding ourselves

which risks being ignorant on how best to respond.

**We are no longer person centered, trauma aware, nor
within our philosophy of care.**

**We risk triggering and re-traumatizing
and amplifying the power struggle
and harming each other.**

as co-workers also



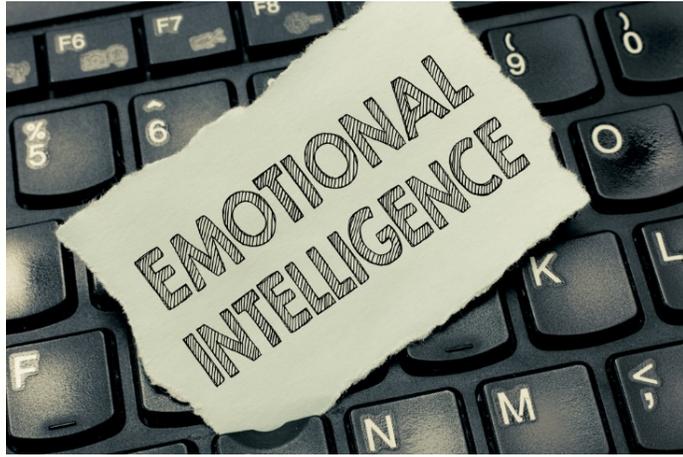
embolden_psych



Feeling safe in someone's energy is a different type of intimacy. That feeling of peace and protection is really underrated

Dr. Ronnie Siddique

Again, that energy aura, what people feel when you walk in a room or engage with them. First impressions & over time Imagine crisis work, de-escalation work



Creating Safe Spaces and a healing pause to build within

from stimulus-response to
stimulus- PAUSE -response

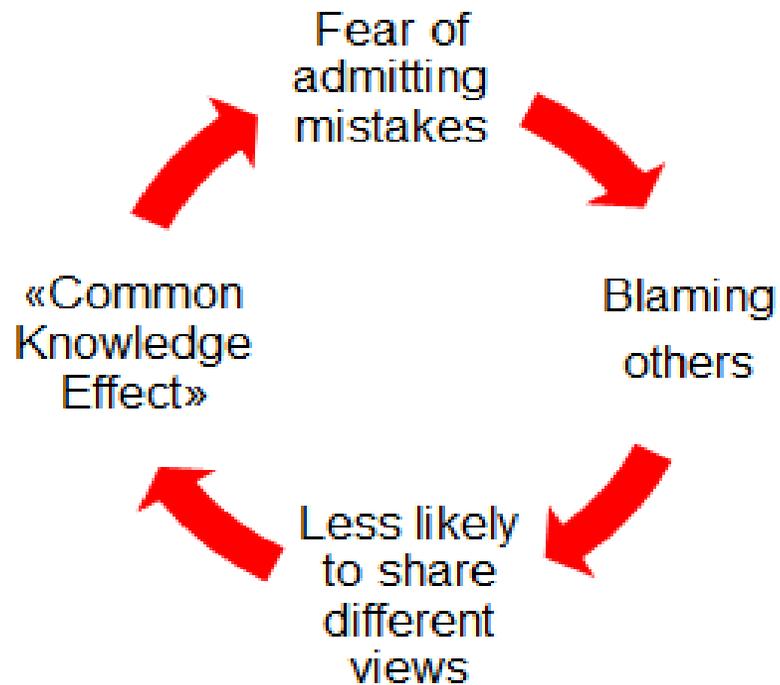
Emotional intelligence is the ability to recognize your emotional reaction to something, evaluate the thoughts that led to those emotions, and make intentional choices about how you respond. People using less emotional intelligence tend to skip that middle step

Jason Aten, Inc. 12.27.20

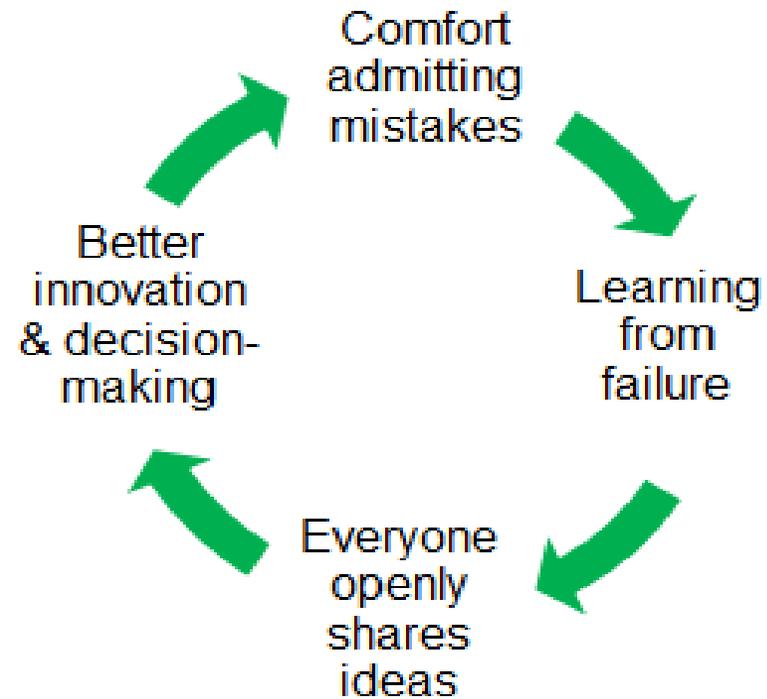
AND WHY THIS IS SO DIFFICULT (trauma histories and cognitive processes) ...
and intelligence as being able to connect dots

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Psychological Danger



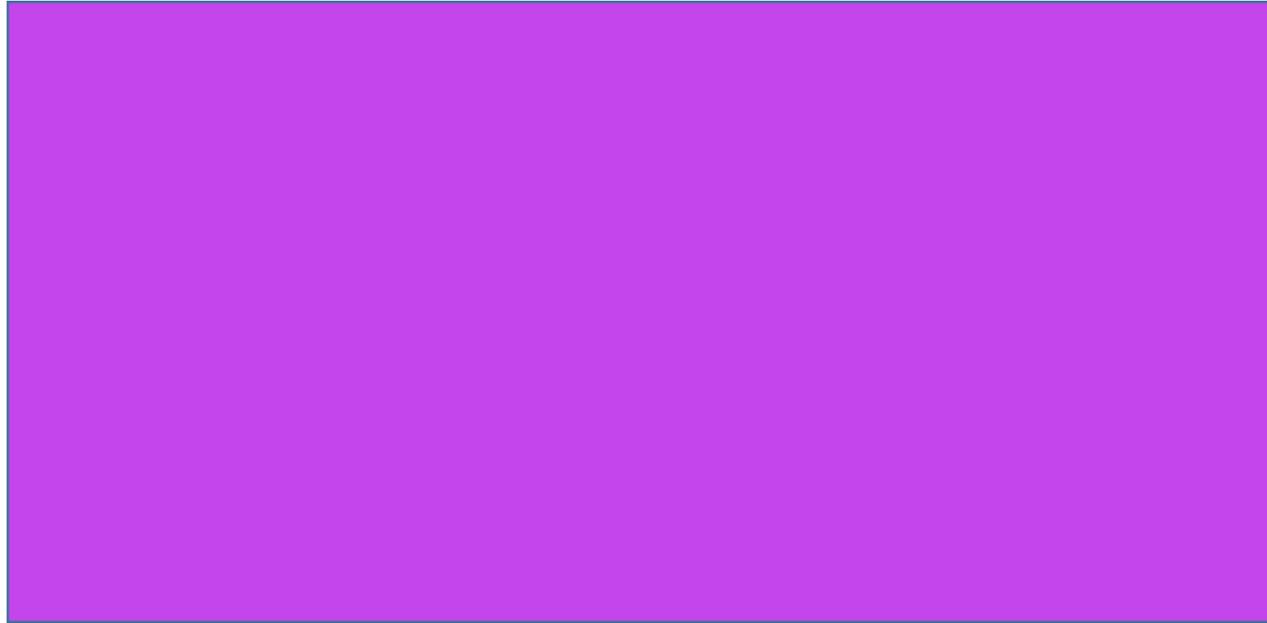
Psychological Safety



safe space

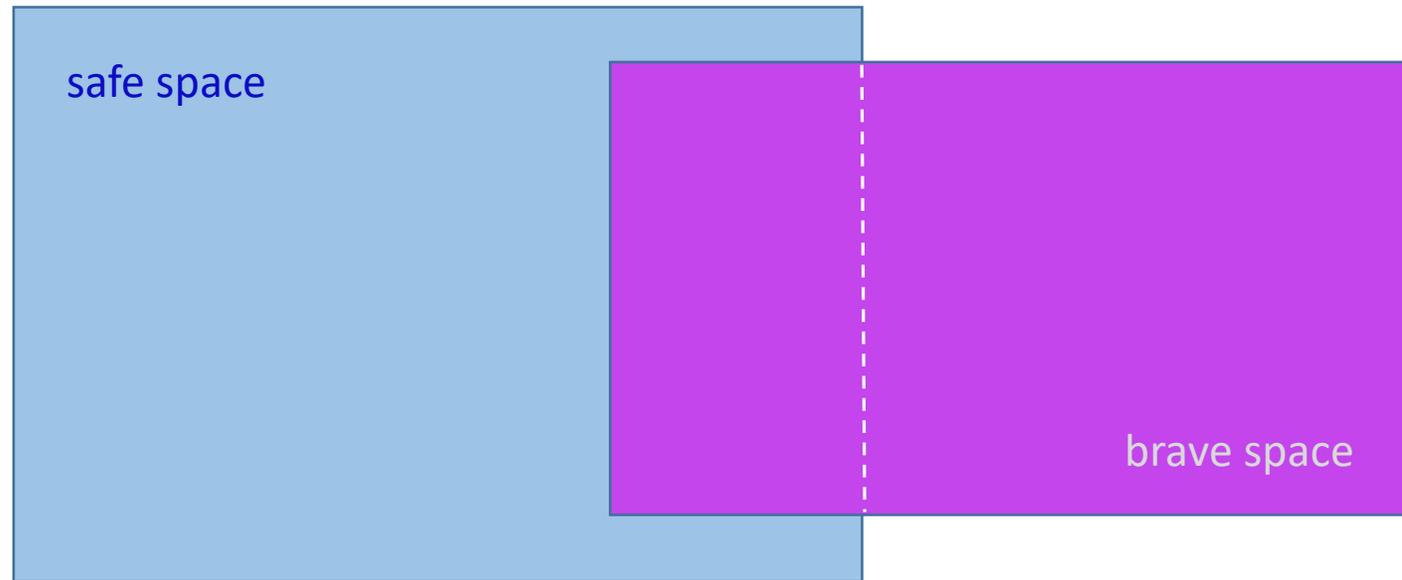


brave space



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safe space brave space fluidity: the growth zone



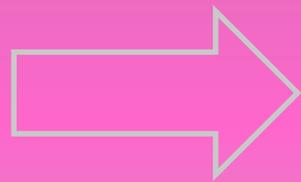
- internalization in its time -

TRAUMA AWARENESS

❖ POWER DYNAMICS

- Trauma is power related
- The relational structure of staff to resident
- Supervisor to supervisee
- Pre-set trauma trigger
- Habitual reactions

❖ THE PROCESS OF HEALING



- Trauma healing stages are also trauma triggers
- Kindness can lower defenses which becomes vulnerability
- The very healing process 'relives' trauma
- Pre-set trauma triggers

HEALING TRAUMA

- Understanding the ‘traditional’ therapy journey
 - considerations of privilege, ego strengths, insight, emotional and cognitive, support circle ...
- Understanding **Stages of Healing & Recovery**
 - anticipate, appreciate, prepare, normalize
- The importance of **witness**
 - I believe you, I see you, you’re not to blame & the guilt of being a victim, I’ll go with you ...
- “**Revisit the crime scene**” (shades of trauma triggers and retraumatized)
 - new vantage point as an adult and with a ‘friend’, a chance to be present and reshape the event

HEALING TRAUMA (continued)

- The horror. Overcome **fear** with **trust** *only when ready*
- Then comes the **rage** (sense of endless, overpowering, may trigger fear and need stepping back, panic attack)
- Then comes the **grief** (sense of endless, overwhelming, may have depression, thoughts of suicide, sense of dying, 12 step stage, again may trigger fear, panic)
- Then comes rebirth with **vulnerability** (chick breaking it's shell, no longer feels like self, strengthens a new shell, repeat process ...)

HEALING TRAUMA (continued)

- **Why would anyone want to do this? Why would anyone undertake this?** sometimes life pushes it ...
- Imagine the courage, strength, emotional exhaustion it would take
- Not linear and often alone
- For most, not in a therapeutic setting; rather waves of in day to day life (the confusion and the fear; as if insane; fear reactions from others)

HEALING TRAUMA (continued)

- **Ironically, kindness and acceptance, as well “progress”, can be triggers for trauma responses**
- Trauma often establishes a **hypervigilance system** in the brain scanning for threat cues. On some level of perception, the brain notices a change, a difference from the norm.
- Noticing change – kindness, acceptance, progress too – triggers the vigilance warning system and activates the protective defense response.
- Individually this can include sudden withdrawal, anger which can appear as an outburst, suspicion including paranoia, and other safeguarding tools the person has learned to offset perceived threats with.
- **We should expect and anticipate these responses. And normalize them.**

HEALING TRAUMA (continued)

- Another key route and option: to contain, 'seal off' the memory(s) as much as possible, to not revisit, to focus on coping tools, with intentionality and mindfulness
- For the healing relationship: our awareness of this process and it's undercurrent in people's lives, and to 'normalize' and reassure as much as possible (I'm here, I understand, it's ok ... not the trauma but the process) and use grounding tools
- **The importance again of our healing presence** (our difficult work)
 - linking to the internal guide and healer (person centered)
 - in the shelter of our strength, of other supports/therapist
 - mutual healing

HEALING TRAUMA (continued)

- **Stages of healing.** Trauma as confining. Long term that confinement feels like “self” (defining). The cracking and opening of that confinement trauma healing entails, can feel raw and overwhelming. Literally as if one’s being is breaking open with emotion and expansion. Even in gulps can feel disorienting and overpowering, unable to manage.
- The healing process possesses its own triggers.
- Slowly, over time. Ebb and flow. Come and go. Making safe space for brave space. Building trust – in environment, others, self.
- **Our awareness of this process** with its ongoing and sometimes constant activity, is critical; to understand these behaviors/reactions as part of this protection going into healing, into exploration.
- **Make safe spaces with our presence and responses.**

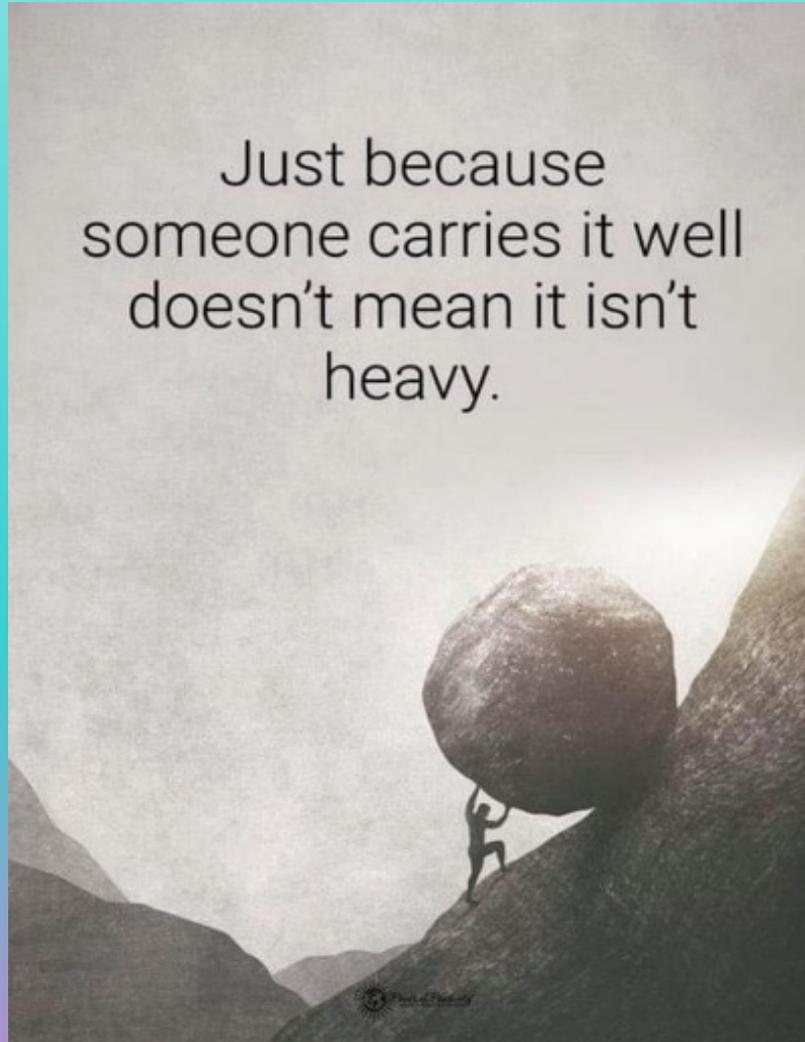
the healing partnership

- **Relived** – remembered, triggered, new trauma
- **Be present in those waves and layers** – terror to rage to grief
- **Provide safety and grounding**
- **Self as safe sanctuary** – you're safe with me presence; privacy as also sacred (minimal worry of accounting to whom, or whose power to decide/choose)
- **Change conditions** – past from here/now (gentle reminders)

the healing partnership

- **Bear witness** – affirmation of it happened, it's happening; sacred ground of reliving (together – another presence – internalizes as survivor and nurturer)
- **Revisiting the crime scene together** or placing memories safely away
- **Trauma like grief does not go away** – *and* we can build a vibrant life around it
- Not always a therapist – a trusted other to partner with in this venture, pieces of it little by little – *what if it's you?*
- **Admire the dormancy and the healing** – people thrive when they're admired and respected (our constant offering)

Just because
someone carries it well
doesn't mean it isn't
heavy.



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the healing partnership

- **At birth**, to be forced from containment into chaos with no language, perception, muscle control. We all share that birth impact, hold it's experience in our brain. And from their our paths venture forth ... for some, horrific.
- **Spiritual quest to return to that one-ness.** Memory of both that safety and the separation into the hardships and brutality of life. Triggers and arousal of both memories.
- 2 favorite titles on addiction: The Thirst for Wholeness, Hungry Ghosts
- **Healing as out of the aloneness**
- **Out of guilt and shame** of I did this; I'm to blame
- **We all have these foundations** for recriminations and susceptibility to shame and blame and early defenses in attempts to disconnect from experiences. Amplified into hypervigilance by trauma.
- We all can intentionally benefit from **follow up reaction plans**, for both participant and for staff. PTSD wave from reliving, re-encountering, changing, unsecured, breaking our shells into vulnerability, into a foreign world and new self, and who now to trust or not?
- **Connection plans, grounding tools.** Deep breathing, nutrition, sleep, meditation/easing thoughts.
- **Stress and memory are in the body.** Body work – both harmful and cathartic means. And the challenge of altered cognition and sensual experiences of mental illness or prolonged stress and trauma – long term cortisol exposure and internalization.

**In every relationship
guide the chemistry toward
partnership & collaboration.**

Why shared power is the key.

How do we best build for this?

neuro plasticity & re-empowerment

- Trauma becomes both **hard and soft wired** into our identities
- **Life is a series of breaking shells** and emerging new and vulnerable, and then that becomes a shell too to be broken again
- To move through these with more knowing, less fear and anger, facilitate the process and self care
- For participants even more daunting given the volume and depth of trauma, the altered body chemistry, the trust hindering suppressing traumatized attempts at help
- **Trauma as part of one's known felt self**, difficult to let go of. Interventions can change and make *a foreign self*. Certainly a vulnerable self.
- A process of **transitioning**, letting go the pier and being carried out to open sea, perhaps a destination insight, perhaps not, and stormy seas.
- **Staff and work cultures** which swim alongside and become a temporary life raft until confidence in swimming, managing the sea

to be Person Centered Trauma Aware

- Neurobiological and social impact
neuroplasticity context
(kindness & acceptance rewire the brain)
- Power dynamics including power of position
and power of language awareness
- Responses in stages of healing

❖ **POWER & THE INNER VOICE**

- Our person centered work
- Restoring, empowering, reminding, reconnecting, re-experiencing
- Amplifying the power of the person in the lesser power position

❖ **STAGES OF HEALING**

- In safe spaces, inevitable as armor is no longer necessary
- New and unfamiliar experience met with well known approaches, defenses
- Relived or re-experienced memories
- Fear to rage to grief to vulnerability and unfamiliarity; back and forth
- Each stage the need to put the armor back on
- Allowing a pause between stimulus and response, for a new response
- Providing an environment that understand and supports this process
- And offers 'containment' coping strategies and tools

Our awareness of ...

- History of overpowering by health care systems and staff
- With medications too which may result externally in an appearance easier to the world to relate to and assimilate while the internal cost may be high and disallows the longer time it takes if ever to adapt to a different version of self.
- Distrust has been built into and repeatedly been validated
- It's upon us to counter that experience and reinforce TIC for healing and resilience building

Committing to Healing

- Trauma Informed Systems of Care must commit to being **lasting constant** Trauma Healing Systems of Care
- Otherwise risk being another systems trick which reinforces more deeply mistrust and re-traumatization
- We should be tested by our participants' strongest most enduring defenses
- And respond with kindness, understanding, admiration, patience, collaboration and supportive Person Centered partnership
- Not one size fits all - tailor Individual responses, personalize

Committing to Healing

- **Minimizing a trauma response to a trauma response requires us undoing our triggers to instead respond with compassion, understanding, patience, admiration, with healing space.**
- This *reworking* our triggers is a **difficult endeavor** and can only be **fully realized in a work environment** that understands the reasons for and need to do this as a central part of our work – bread making for first and top slice
- **TIC work and its support must then extend equally into all parts of our work culture**

How Do We Respond?

❖ We should expect to be tested – trust is to be earned.

We work to establish relationships with participants who may have been humiliated, hurt, and betrayed by those who are supposed to be counted on for safety and protection.

❖ What are the challenges in engaging participants *when providers have proven untrustworthy in the past?*

❖ And why it's so important to DO NO HARM

Compassion is not a relationship between the healer and the wounded. **It's a relationship between equals.** ONLY when we know our own pain well, can we be present with the pain of others; compassion becomes real when we recognize that shared experience.

Pema Chodron, *On Compassion*
#EmboldenPsychology

Setting the stage

Practitioner **empathy** may be the **most important nonspecific factor** influencing treatment outcome, and it is **absolutely critical** to the technically correct employment of motivational interviewing...

Wallace, 2005, p. 144

Brene Brown On Empathy

<https://youtu.be/1Ewgu369Jw>

Midwest Harm Reduction Institute

Empathy

Opinion is really the lowest form of human knowledge. It requires no accountability, no understanding. **The highest form of knowledge...is empathy**, for it requires us to *suspend our egos and live in another's world*. It requires profound purpose larger than the self kind of understanding.

- Bill Bullard

Therapeutic Empathy

- Empathy is not:
 - Having had the same experience or problem
 - Identification with the person
 - “Let me tell you my story...”
- Empathy is:
 - The ability to accurately understand the person’s meaning
 - The ability to reflect that accurate understanding back to the person

Building Trust

- Patience
- Distrust is learned and to be *respected*
- Own your mistakes, acknowledge them
 - Be the opposite of the person enacting harm
- Understand there is a power differential
- Be on the same side of the chess board
- Fill a need, give tangible demonstration of care
- Share reasonable and consistent boundaries with our participants – external and internal

WORDS MATTER the power of position, of judgments, & response **AND**
the words we choose and use

WORDS ARE SINGULARLY THE MOST POWERFUL FORCE
AVAILABLE TO HUMANITY.

WE CAN **CHOOSE** TO USE THIS FORCE CONSTRUCTIVELY
WITH WORDS OF ENCOURAGEMENT,
OR DESTRUCTIVELY USING WORDS OF DESPAIR.

WORDS HAVE **ENERGY AND POWER** WITH THE ABILITY
TO HELP, TO HEAL, TO HINDER, TO HURT, TO HARM, TO
HUMILIATE AND TO HUMBLE.

– YEHUDA BERG

WORDS MATTER the power of position, judgement, & response **AND** the words we choose and use

Words can be used as weapons. Words can be used to promote care and healing. Adjectives and verbs, micro aggressions to celebrations. Words are Keys to Unlocking Doors. They can increase fear - and we become angry at what makes us afraid. Words can increase mistrust, Or calm and befriend, minimize fear and anger, lower defenses. We've a general body of words = attack to hurt. And there are Personal words and getting to know each other provides translation and a guide to. Awareness of words and a wish to Learn each other's impact our work. They are the Core of Communication.

THE ART OF SHAPING WORDS

*Sticks and stones may
break my bones but
words will never hurt
me! **Not true!** Words
hurt, scar, and leave
wounds all the way
down to the soul! Be
careful how you use
your words!*

www.ILiveYes.com

WHAT IS THE LANGUAGE SKILLS SET IN OUR WORK?

- **Develop a large word palette – different ways to phrase things, ask things**
- **Feel the body reaction to different words – nuances, tone**
- **Develop your internal dialogue: phrase a statement/questions and imagine what it feels like to hear**
- **Our task is to phrase statements/questions, in words and tone, and in intent, to feel safe and minimizes activating defensiveness or “heard this already” non-listening**
- **When defenses become engaged, communication is lost, the ability to positively influence is ended**
- **Become sensitized to fear reactions and power struggles – know how to reframe for safety**
- **Practice all the time – personal life skill**

LISTENING FOR TRAUMA

- What does trauma sound like?
- What does trauma look like?
- How does trauma sound & look like coming from us?
 - Centering and securing oneself
 - Being present without any threat
 - How do we do that?

Learning how to really listen...



Knowing what they mean

Not so much your
response

to really listen...



**What does this pain look like?
How does it show up?**

train our sensitivity and awareness to all sensory signals, including energy and aura

from Motivational Interviewing (OARS)



- Ask **O**pen-ended questions
- **A**ffirm
- Listen **R**eflectively
- **S**ummarize

A utilitarian skill set to have and become adept with. Surpasses solely a MI application.

What NOT to do

- Denning & Little 2012

- Remove client's drugs (***or other coping mechanisms***)* until we understand the meaning and purpose, and with their participation
- Remove ourselves from our clients due to behavior (truly present *or* here tho absent?)
- Require people to tell their story
 - or think we know it

* “denial” as a critical coping tool

What to do

- Develop trust – the burden is on us – trust client to lead treatment
- Fill a need, give tangible demonstration of care
- Elicit information carefully (focus on current problems, tell about drugs rather than drug use, take great interest in the details)
- Teach stress/distress reduction techniques
- Help clients manage affect
- Manage countertransference and vicarious trauma
- Supervision

Trauma-Informed Emphasizes ...

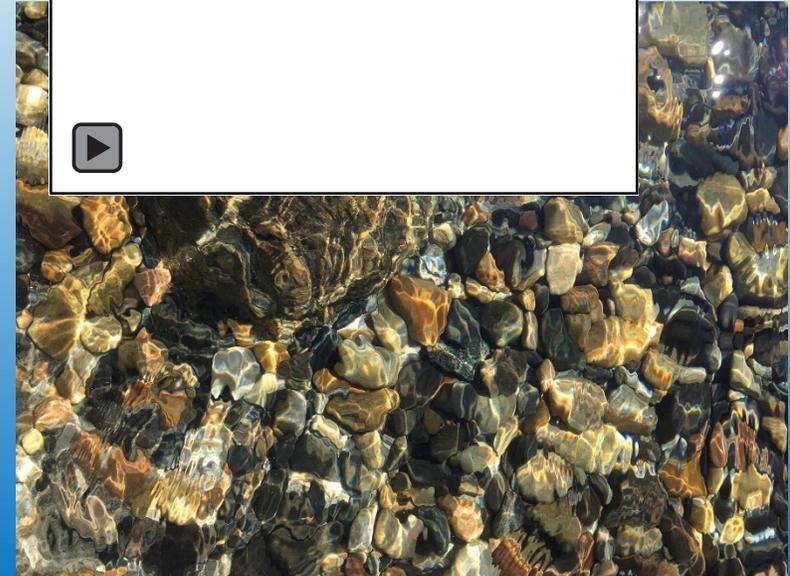
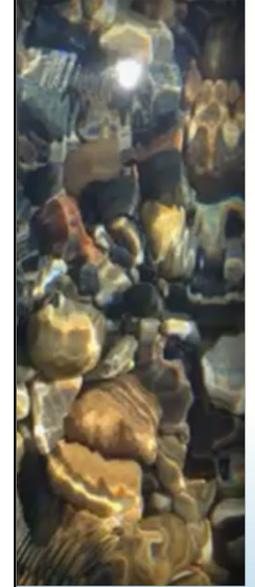
(Be RICH)

- ❖ **Respect**
 - Validates experience, reduces shame
 - Prioritize safety, choice and control
 - Normalizes behaviors in a non-judgmental way
 - Emphasizes resiliency in human responses to stress
- ❖ **Information**
 - Resources, Empowerment & Control through skill development
- ❖ **Connection** - Healing power of relationships
- ❖ **Hope** - for others and for ourselves alike

(Saakvitne et. al, 2000)

From overwhelmed tsunami flooding of brain chemicals, to a contained rushing, to calm and perceptive

g,



Safe space pause

Belief in the Human Spirit

“I have consistently found that if one dwells on the negative side of the patient’s personality, one is unable to change his behavior except for the worse. But if one looks for the **positive side** (*which is always there*), contact is established, and one can then motivate the patient to use his developing consciousness to solve his problems with the world.”

Andrew Weil, *The Natural Mind*

Person Centered ... strengths based, connecting to inner voice, inner guide

building and keeping a strengths focus

when we talk about ourselves, clients, our team

– a feedback balance

- 4 likes
- 1 wish

- BEGIN with ADMIRATION -

Surviving vs Thriving

Building Resiliency

- Adopt an active coping style
- Work towards acceptance
- Surround one's self with positive social support
- Foster spirituality
- Positive self-talk, positive outlook on future
- Set specific goals and visualize accomplishment

Many severe trauma survivors will never fully heal, let alone come to believe they were 'right where they were supposed to be' when the traumas occurred. Not everything is about 'the courage to heal.' Some people have been too deeply traumatized and simply cannot utilize their will in those ways. It takes all that they have, and more courage than many of us can imagine, just to keep going. Until we get that, I mean truly get that, we will not create the kind of compassionate world we all need.

JEFF BROWN

We Bear Witness to the Consequences

{Caring, preparing opportunity ...}

“Harm reduction is the harder path. It would be easy to turn our backs or refuse services. What is difficult is **staying connected** when a person continues to suffer consequences from harmful behaviors.”

– Ed Stellan, Heartland Alliance

This work is **HARD!**

- Bearing witness to harm
 - **Micro:**
 - Behavioral choices
 - Interpersonal violence
 - Death and loss
 - **Macro:**
 - Poverty (our clients' and our own)
 - Structural violence
 - Punitive systems

Managing Trauma Exposure in this Work

- Noticing our feelings, address (don't avoid)
- Communication, supervision and debriefing
- Self-care: how do we recharge?
- Not just self-care, community care, support, and treatment
- Remind yourself why you do this work
- Find pleasure in the work
- Celebrating our small victories

Remember: the compassion warrior, a peaceful but determined person who is dedicating their life to the benefit of all—should always be a little broken-hearted.

Broken-heartedness is not something that we are trying to get away from. We want to be broken-hearted at times, because that leads to empathy. And empathy leads to catharsis. And catharsis leads to joy. Joy is another way of saying love or giving.

We cannot experience genuine joy or love if our heart is not open.

Photo: From elephant journal, for whom I now have the privilege of writing.

Dr. Ronnie Siddique, Embolden Psychology



kintsukuroi

(n.) (v. phr.) "to repair with gold"; the art of repairing pottery with gold or silver lacquer and understanding that the piece is more beautiful for having been broken

Healers need not be perfect

Heartland Center for Systems Change



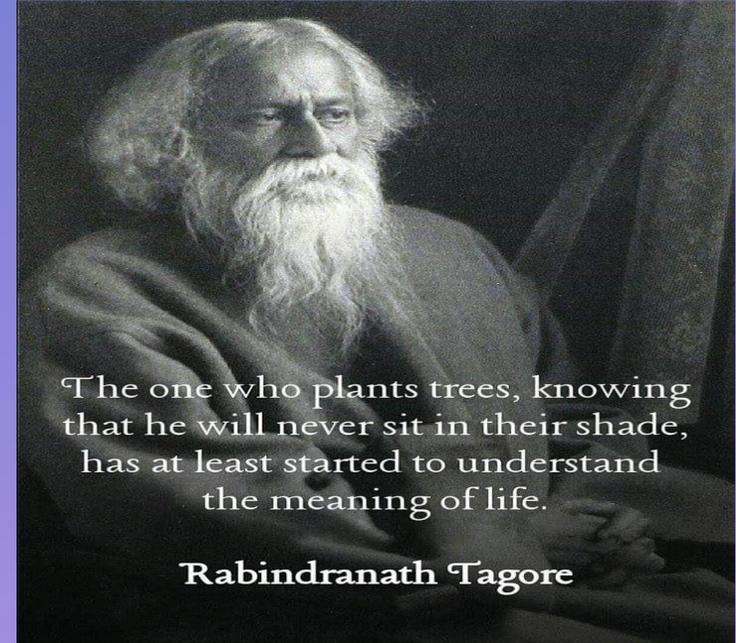
“Be the change that you wish to see in the world” Mahatma Gandhi

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“A single act
of kindness
throws out
roots in all
directions,
and the roots
spring up and
make new
trees.”

AMELIA EARHART



The one who plants trees, knowing
that he will never sit in their shade,
has at least started to understand
the meaning of life.

Rabindranath Tagore

Sometimes 5 seconds or 5 minutes to connect. Sometime intoxicated or high or having a black out or in a rage. Crisis work. Still ... first impressions, lasting impression, connecting with kindness. The seeds we plant are remembered somehow.

showing up

Our work may not always save a life

Our work isn't about fixing people

Our work at its heart is about ...

Filling each moment we're with an individual with confirmation as to their inherent value & worth

Affirm, affirm, affirm. As trauma layers are shed, thriving emerges.

And we do this celebrating a personal history and cultural context, from surviving to thriving. As well cultivate our own.

THIS is difficult work – developing one's *self* to do this work.

for follow up & additional information ...

Tom Kinley | Field Support & Systems Change Facilitation

Pronouns: he/him/his

Heartland Alliance Health | A Partner of Heartland Alliance

Midwest Harm Reduction Institute

Illinois Co-occurring Center for Excellence

Heartland Center for Systems Change

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BIO: Tom Kinley (he/him/his) has 40 years of experience given to collaborative partnerships supporting those experiencing mental illness, substance use, poverty, homelessness, law enforcement encounters and incarceration, and gender/sexual orientation discrimination and abuse. For 35 years, Tom served with Thresholds in Chicago, 25 of those as Program Director to the Dincin Center for Recovery. Throughout that time, he oversaw program development and change management, provided supervision and direct client care, and facilitated a weekly Family Support Group. The Center had an open door/open campus weekdays from 8am-7pm, including a gradual intake process and comprehensive, integrated services; provided 3 warm meals daily, conducted formal and informal daily groups, with 3 teams of staff – one on site and two as community outreach – operating under Medicaid FFS funding. Tom additionally spent two years in a smaller town, rural setting focusing on support services for those living with mental health, substance use, and homelessness experiences. For the past 2.5 years Tom's been with Heartland Alliance Health in Chicago as the project manager for a SAMHSA/SUPR Cooperative Agreements to Benefit Homeless Individuals grant, promoting efforts to have all needed support services easily accessible to youth and families experiencing homelessness in IL. This work included his facilitating the Illinois Interagency Council on Homelessness (ICH) in its efforts to reduce departmental barriers and promote state oversight in coordinating all aspects of eliminating homelessness and housing insecurity. Tom also provides leadership for Heartland's Midwest Harm Reduction Institute / Center for Systems Change. He has a particular passion for ensuring staff have the support and care necessary in engaging in supportive partnerships with those who live with mental health and substance use challenges. Tom grew up in Japan, which he still considers home, and has a personal interest in psycho-spiritual practices and applications. He lives with his partner of twenty years, Julie, who runs her own business in women's fashion sales, in a lakeside dune land fixer-upper home with three trouble-making cats just outside of Chicago.