



**SUPPORTIVE HOUSING
PROVIDERS ASSOCIATION**

Working Together, We Can Accomplish Anything

INTEGRATING CORE COMPETENCIES IN PRACTICE

Harm Reduction Overview

March 21st, 2023

Tom Kinley

**Midwest Harm Reduction Institute
Illinois Co-occurring Center for Excellence
Heartland Center for Systems Change
Heartland Alliance Health**

Grateful & excited to be here with you again ...

Thank You!

**A harm reduction overview today
From an integrated vantage point
Already doing these – affirm, orient, support
Weave them together with a unified vision**

CEUS

Copy of this presentation available to you

Heartland Center for Systems Change

OBJECTIVES

- Establish why Harm Reduction is a **powerful and necessary tool**
- Describe **core principles and values** of Harm Reduction Philosophy
- Explore how **our own personal values and beliefs** may impact efficacy when working with people who engage in high risk behaviors
- Identify **Harm Reduction tools**
 - **Person Centered, Trauma/Resilience Aware *relationship* (compassion & understanding)**
 - **Multidisciplinary Assessment Profile (MAP)**
 - **Substance Use Management (SUM) ... or managing a behavior plan**
 - **Stages of Change (SOC)**
 - **Motivational Interviewing (MI)**

Underlying constant goals of:

Build on attributes of a healthy, resilient work culture & experience ...

- ❖ **Participants** are admired. *(is harm reduction)*
- ❖ **Staff** are appreciated. *(is hr)*
- ❖ **Kindness** rewires the brain. *(is hr)* **a road map**
How do we get there?
- ❖ **Shared power** is the antidote to trauma. *(is hr)*

Acknowledgement & Gratitude



“non-clinical” too

this is uniquely difficult work – and must be

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

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Where Harm Reduction Begins

CONTEXT & ORIENTATION

a quick review

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**What are our 4 core competencies?
3 essential abilities?**

From the Heart of Our Work

Integrating Our 4 Core Competencies in Practice

❖ **PERSON CENTERED**

❖ **TRAUMA & RESILIENCE AWARENESS**

❖ **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

What else do we need to be successful?

Our Essential Abilities

- ❖ **Self reflection:** self-awareness and sensitivity to those around us
 - ❖ **Empathy:** being present and caring; with admiration
 - ❖ **Welcome feedback** and input on how we're doing

What is Person Centered?

PERSON CENTERED

- Every one has within them an inner voice, an internal guide, an internal compass
- That inner voice over the course of life becomes **distorted, buried, forgotten, hidden, distanced from, *traumatized***
- Every **recovery and healing encounter** reflects ***“something within me came to life when I met this person”***



Person centered care includes ...

- **Redefine, re-perceive, reframe all behavior as strategic to survival.** Survival, *physically, emotionally, & of one's sense of self.* Holds high importance.
- ❖ **Admire and respect** what's brought a person to today and how they manage their day (**strengths based**)
 - ❖ **Hearing inner voice ... one's *will* to be**

What's the primary tool for doing this work?

And what's the vital key ingredient to our work?

In this work: **YOU!**

You are uniquely & profoundly
the vital tool for doing this
work.

*The importance of this, of **YOU**
cannot be overstated.*



- **The purpose of us – our primary function:
building a relationship
creating safe space**

THE *KEY INGREDIENT* is the quality of our relationships

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

What do we want to accomplish with each other?

This determines that.

the **quality** of our relationships

Conversely, spirit breaking, dishonoring the will of another, and being oppositional & adversarial to them is to ~~reinforce trauma~~, promote fear and defenses. Does *harm, increase risk.*

WHAT'S OUR CHALLENGE?

What makes this work so difficult?

**To know how to guide another
we first have to know and own that
process within our selves for our selves.**

**Part of authenticity, credibility,
knowledge. Walk the Talk.**

**Otherwise we get lost. Have little
credibility. Why follow you?**



A personal intimate deep challenge.

Why this special work is exceptionally difficult.

Recovering our own inner calm.

Healing our own trauma.

Doing our own harm reduction.

Preparation of our self as the most effective tool for this work.



And we need each other and our participants to facilitate our development.

Why this is relational work.

It's a partnership.

Trauma is relational.



Others are our mirror

Doing this work correctly, at our best, has us experiencing trauma.

It's unavoidable & expected.

A word about being
non-judgmental
unconditional positive regard
unbiased

The near impossibility to 100% of this endeavor
To instead be aware of and know one's judgements
And how to account for and offset them

In trauma work in particular ...

- **KNOW** our judgements
- What **are** my judgments? my biases & conditions? my reactions?
- Bringing unconscious to consciousness (our inner voice work)
- **Internal guide** is often unconscious ... remember **person centered** goal – support by doing one's own work

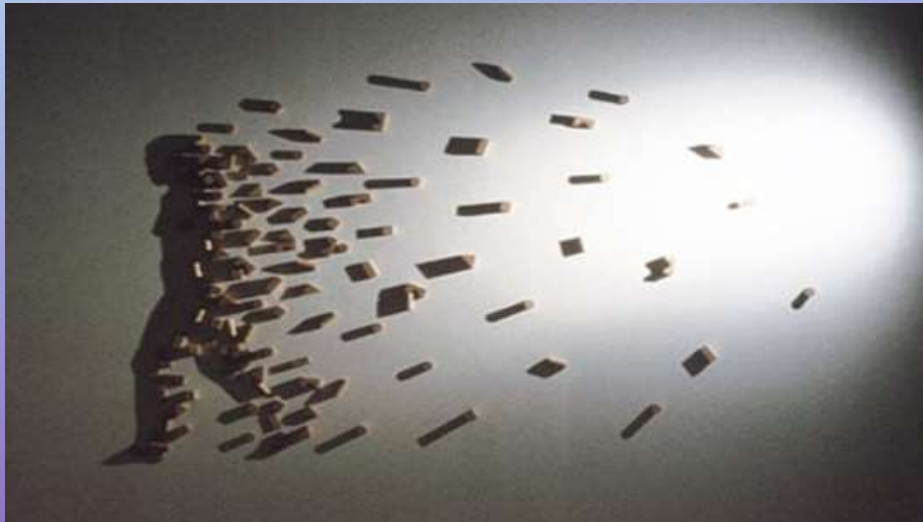
Our criticism judgments are our trauma responses.

Somewhere we were taught & learned who we are isn't good enough, right enough, not worthy enough, unless we changed, did, became something different, something else.

And then we internalize & integrated this into who we are & project it on both ourselves & others.

We judge from a place of shame & fear.

Rarely were any of us informed
or instructed on how
we are the fundamental tool to do this work
and what that translates to
in what we have to do with ourselves



What we see in others depends on the clarity of the window through which we look.

CharacterCountsInIowa.org

Wash Me

To see clearly, Window Cleaning is required.

How else are we to “see” and know any one as *they* are rather than *our version* of them? Our self too.

To truly become Person Centered, Trauma/Resilience Aware



Merry Alpern



Merry Alpern

Our Vulnerabilities

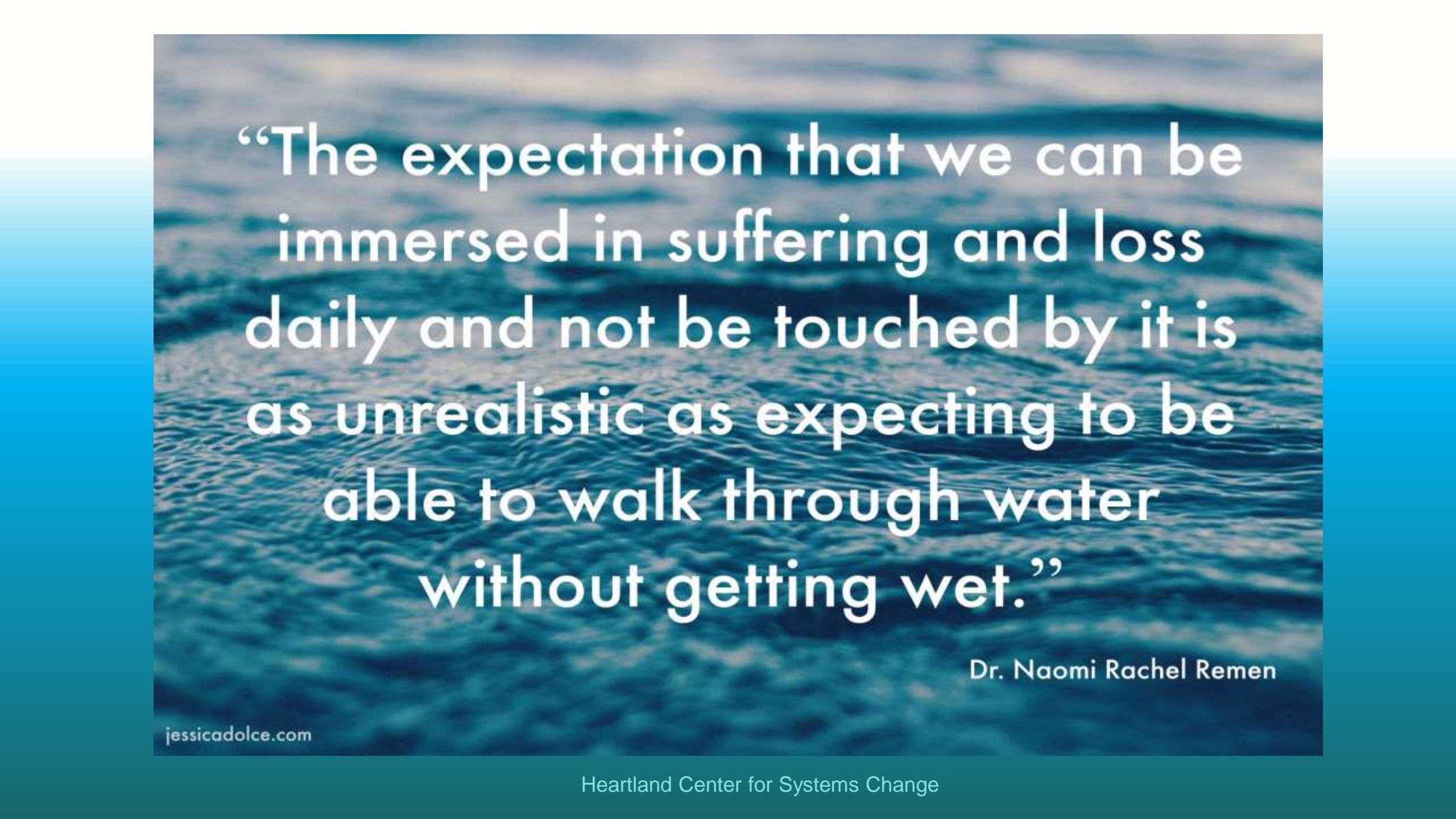


Lightspring/Shutterstock

- ❖ In a Hurry – competing demands
- ❖ Over Extension
- ❖ Burn Out
- ❖ Compassion Fatigue
- ❖ Trauma Exposure – work & personal

with a cumulative effect

➤ **HOW we recognize & respond to these.**

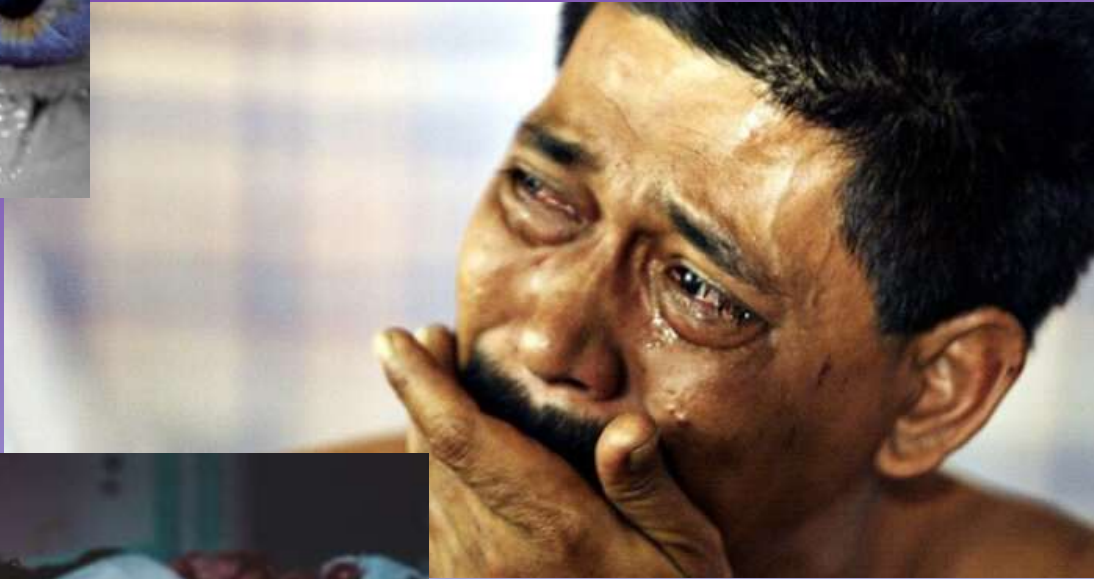


“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Dr. Naomi Rachel Remen

jessicadolce.com

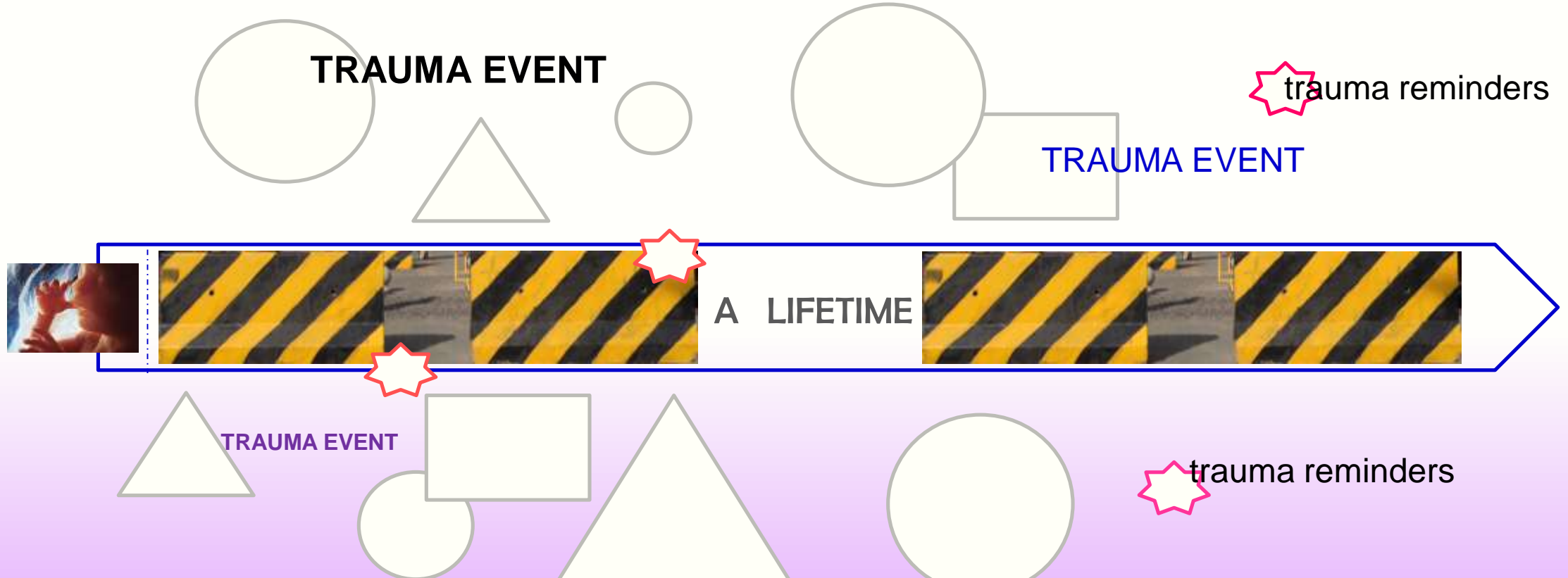
What is trauma?



**Trauma isn't what happens to you.
It's what happens inside of you as a
result of what happens to you.**

- Dr. Gabor Maté

OUR TRAUMA

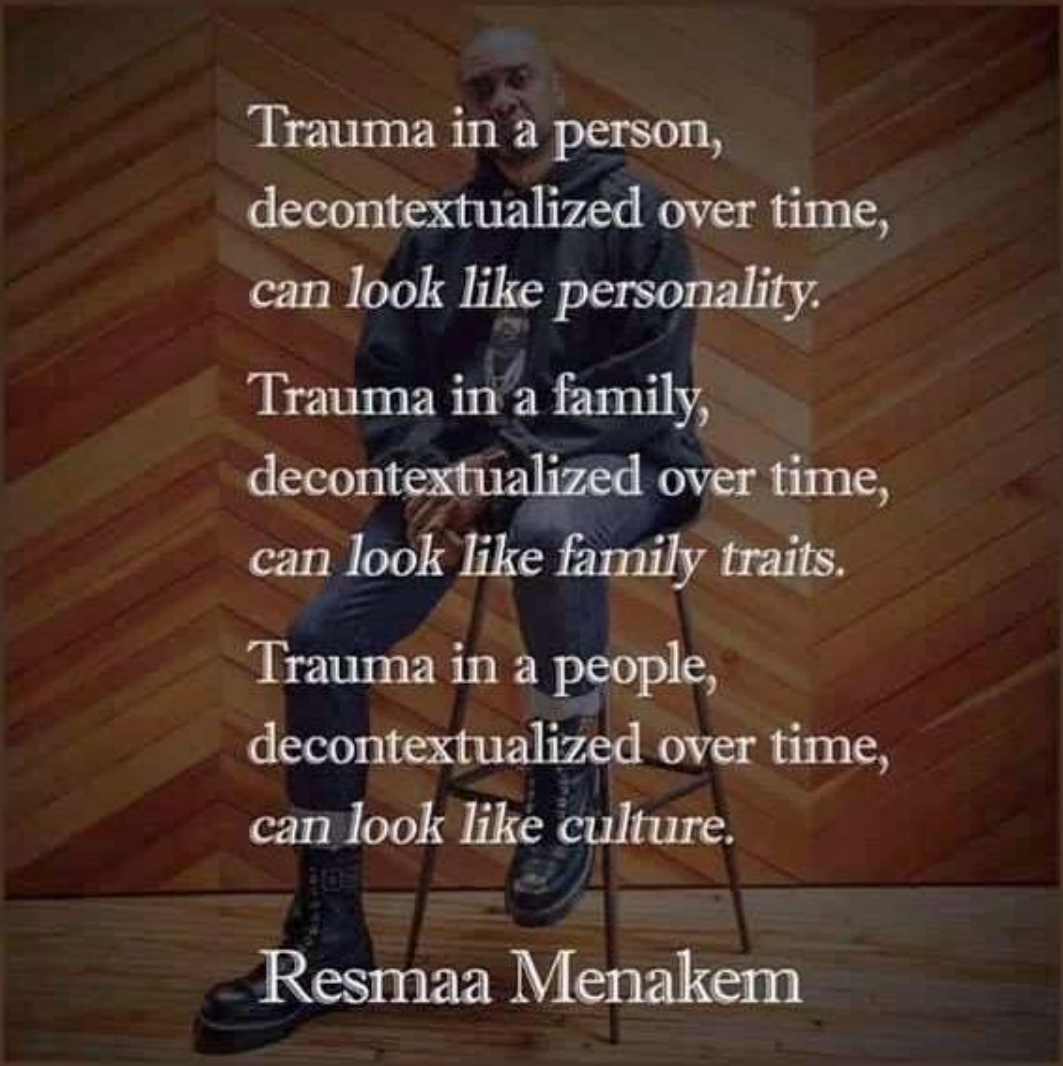


TRAUMA TEACHES US TO DEFEND & PROTECT OURSELVES
AND BE MISTRUSTFUL OF OTHERS AND THE WORLD

Life as frequently or constantly threatening

Be on guard

Self-preservation (power, control, energy)

A man with a beard, wearing a grey hoodie, blue jeans, and black boots, is sitting on a wooden stool. He is positioned in the center of the frame against a wall with a herringbone wood panel pattern. The lighting is soft, and the overall tone is contemplative.

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

**To engage in person centered trauma aware care
it's essential we understand**

HOW WE BECOME THE PEOPLE WE ARE



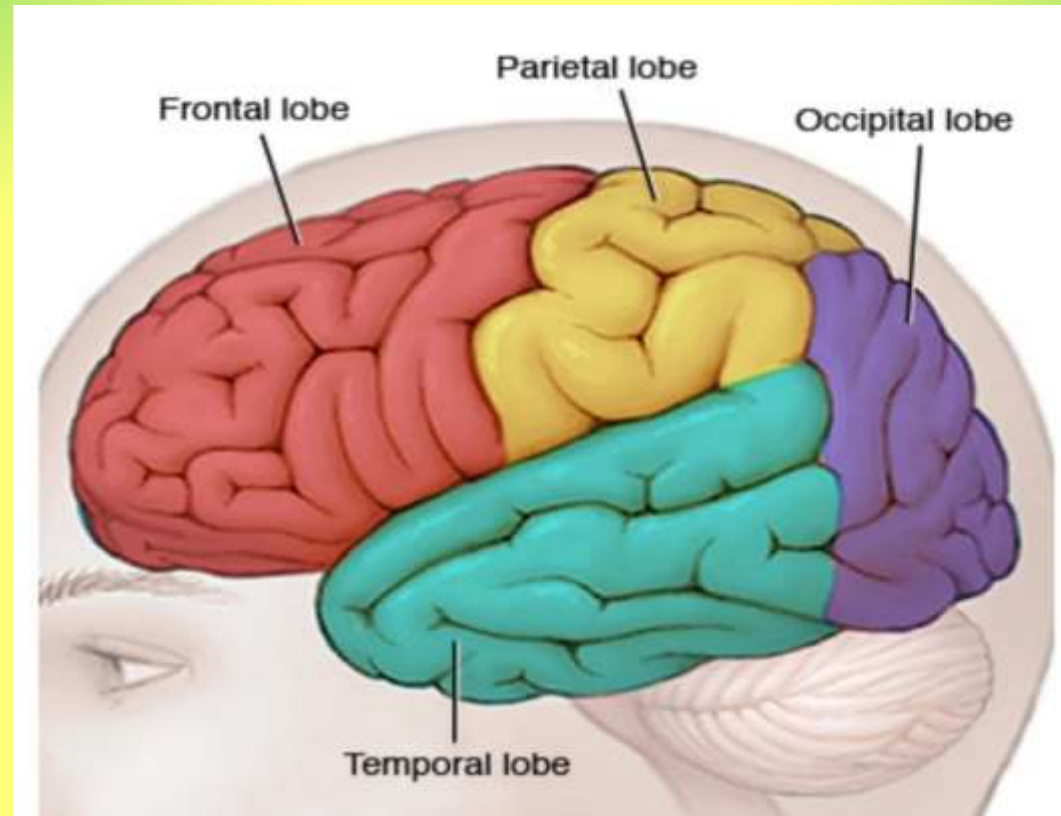
**Knowing this then guides what we can do.
For our self & for others.**

Our Brain

a simple guide to

What makes us human

If I had your brain ...



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

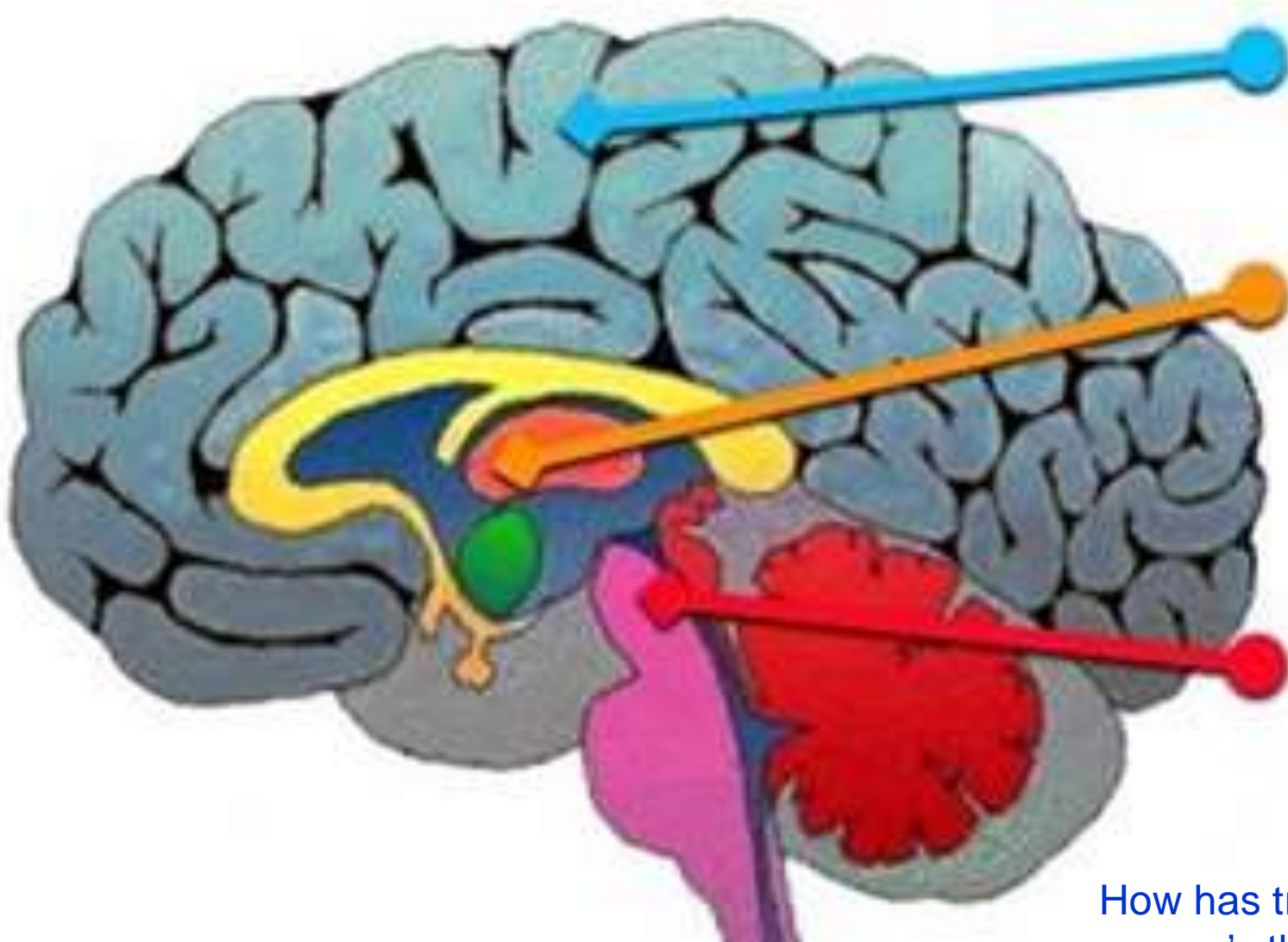
diencephalon: orientation in space/time

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

NEURO PLASTICITY & Operating System (OS) and security patches/updates; rewiring, reprogramming

What does our primitive brain do?
What does our neocortex do?

Activating The Trauma Parts



NEOCORTEX
reason

LIMBIC
emotion

PRIMITIVE
instinct, survival

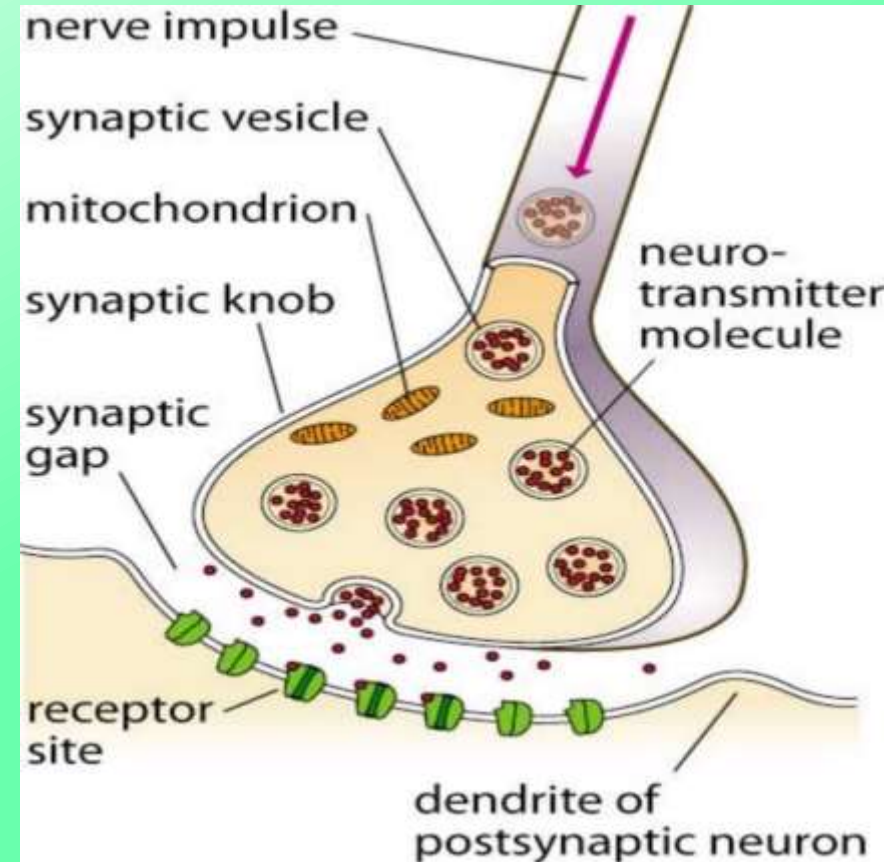
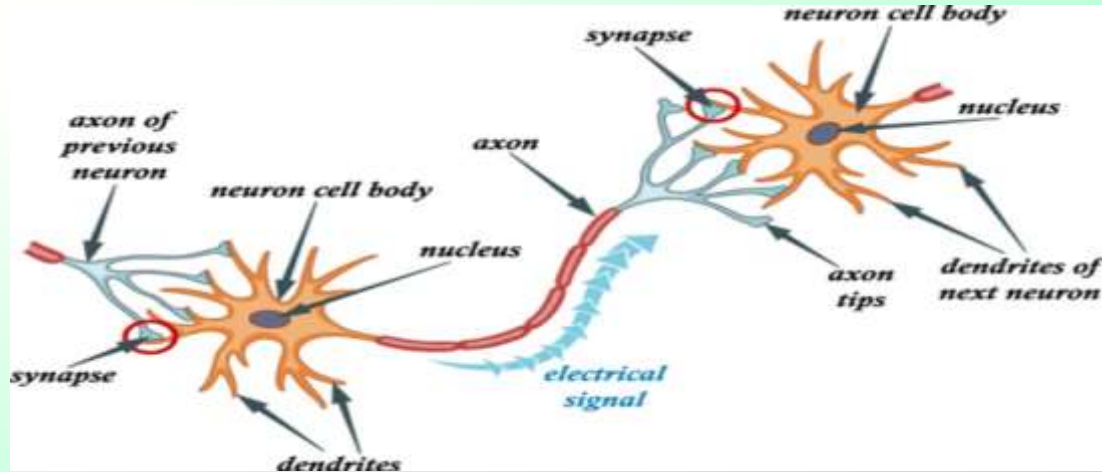
- ❖ **Fight**
- ❖ **Flight**
- ❖ **Feed**
- ❖ **Breed**

How has trauma & development shaped this person's thinking & expressing themselves & protecting themselves?

Synaptic pruning & cognitive process

What is neurodiversity?

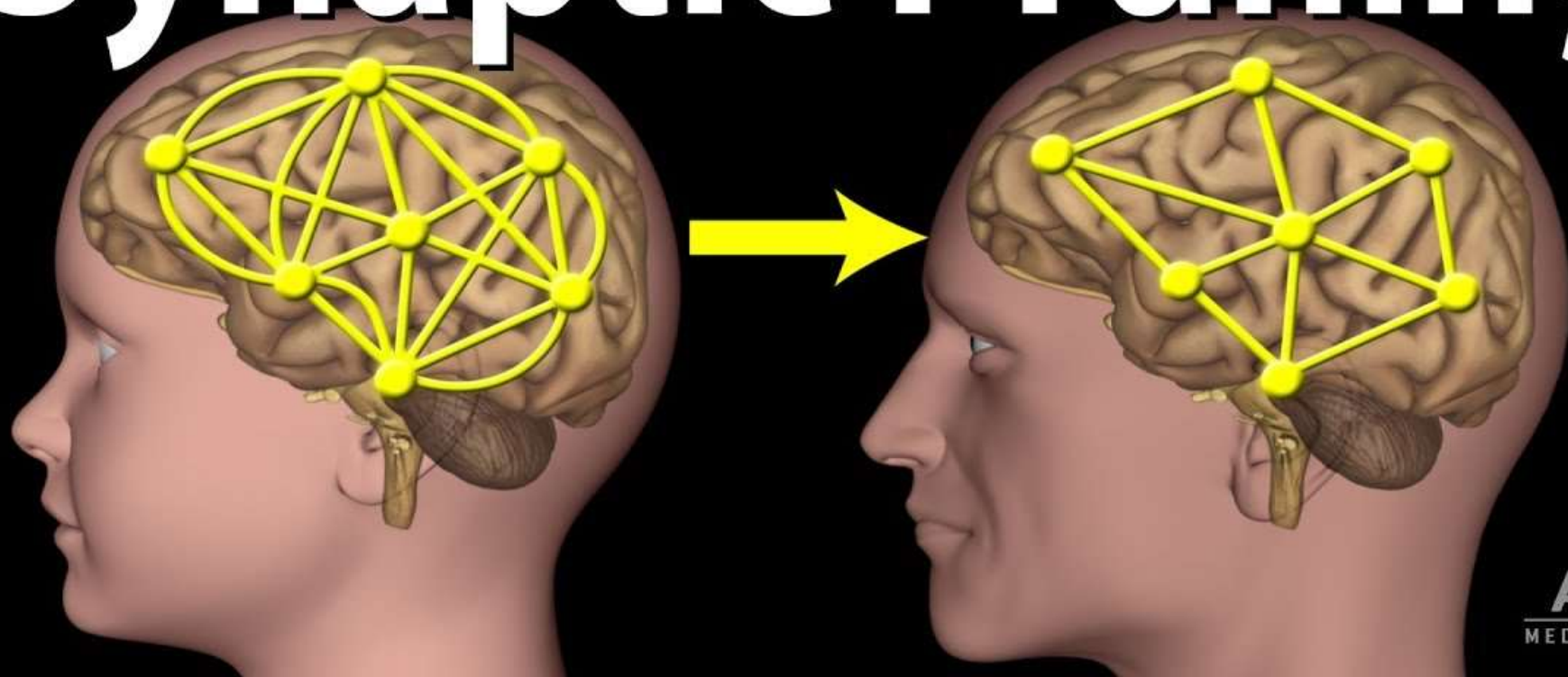
86 billion neurons & their connections



LIFE takes place here
Mental illness takes place here
Medications do their work here
Substance use takes place here
Joy, pleasure, pain and sorrow take place here
Relationships take place here

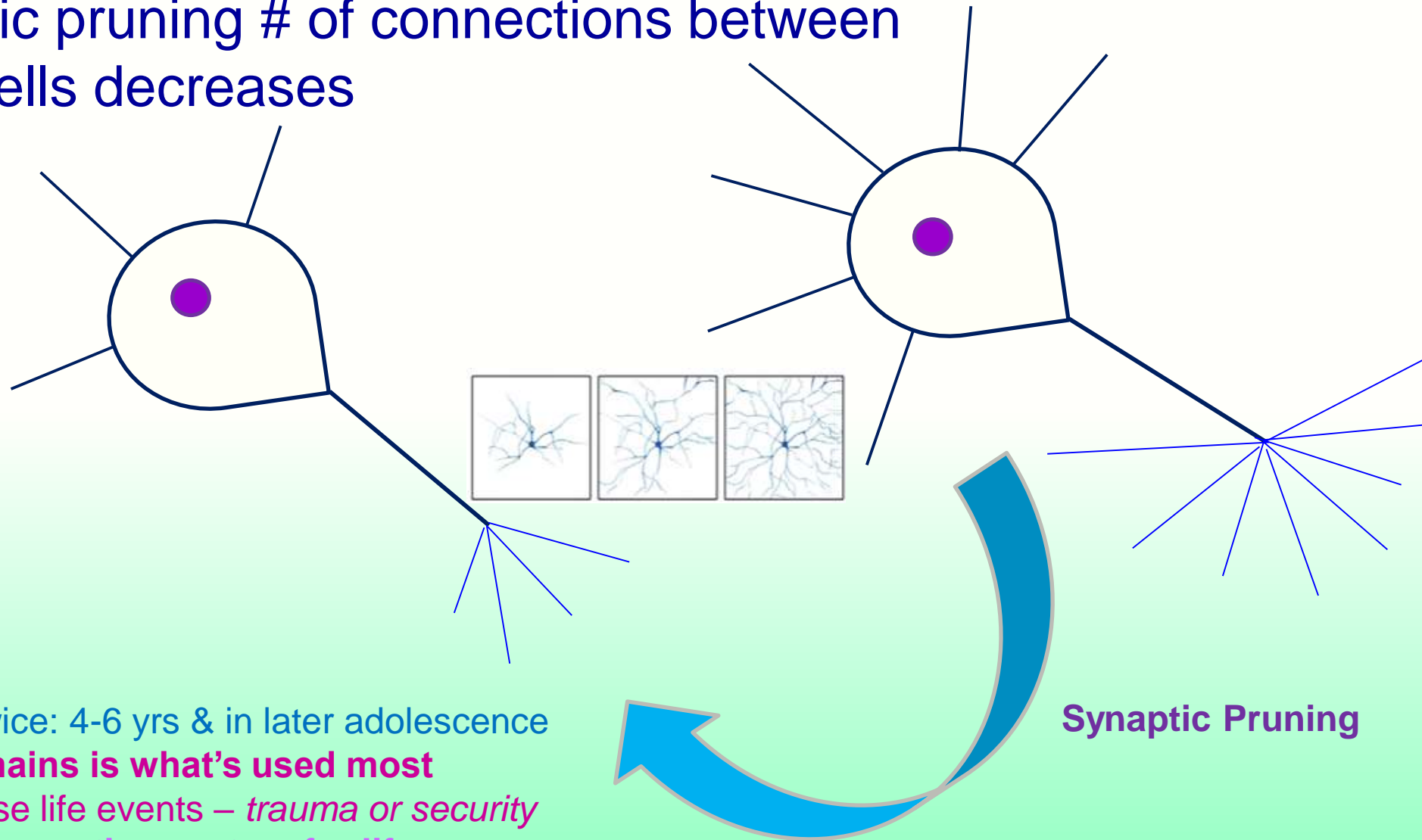
NEURODIVERSITY - everyone's brain is similar & unique

What is Synaptic Pruning?



Alila
MEDICAL MEDIA

Synaptic pruning # of connections between brain cells decreases



- Occurs twice: 4-6 yrs & in later adolescence
- **What remains is what's used most**
those life events – *trauma or security*
- **Sets the operating system for life**
- At around 30 brain development plateaus

Synaptic Pruning

How Childhood Trauma Leads to Addiction

Gabor Maté



<https://youtu.be/BVg2bfqblGI>

Heartland Center for Systems Change

1

The basic cause of addiction is predominantly experience-dependent during childhood, and not substance-dependent.

- Dr. Vincent Felitti, *The Origins of Addiction: Evidence from the Adverse Childhood Experiences Study*

Before we pass judgment
on someone who's
self-destructing, it's
important to remember
that they usually aren't
trying to destroy
themselves — they're
trying to destroy
something inside that
doesn't belong.

— J. M. Storm

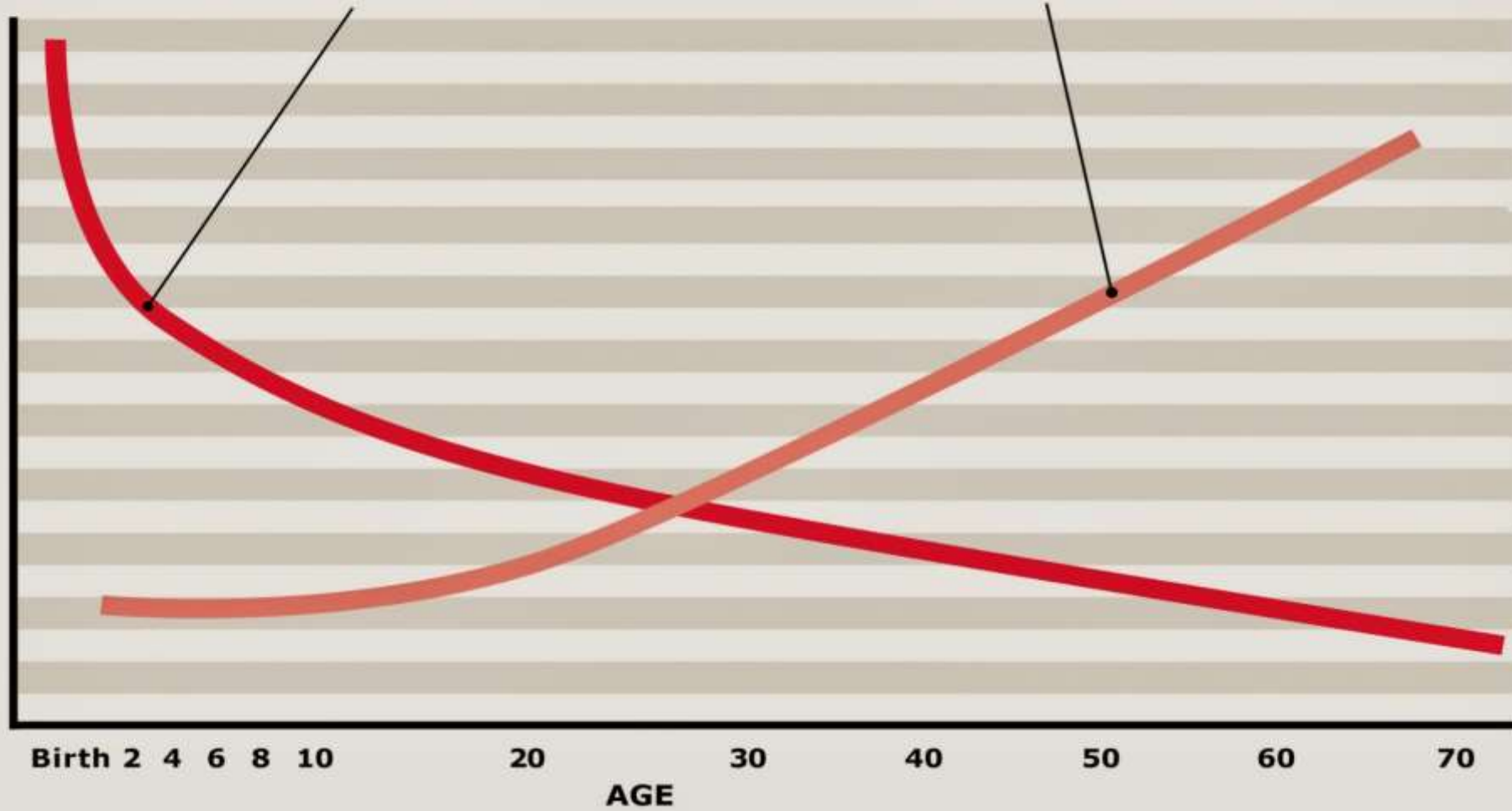
What is neuroplasticity and why is it so important?

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)

**The Brain's Ability to Change
in Response to Experiences**

**Amount of Effort
Such Change Requires**



Start Early.org

2

The power to choose exists *only* when our automatic mental mechanisms are subject to those brain systems that are able to maintain conscious awareness.

- Dr. Gabor Mate, *In the Realm of Hungry Ghosts*

TRAUMA AWARENESS & CARE ...

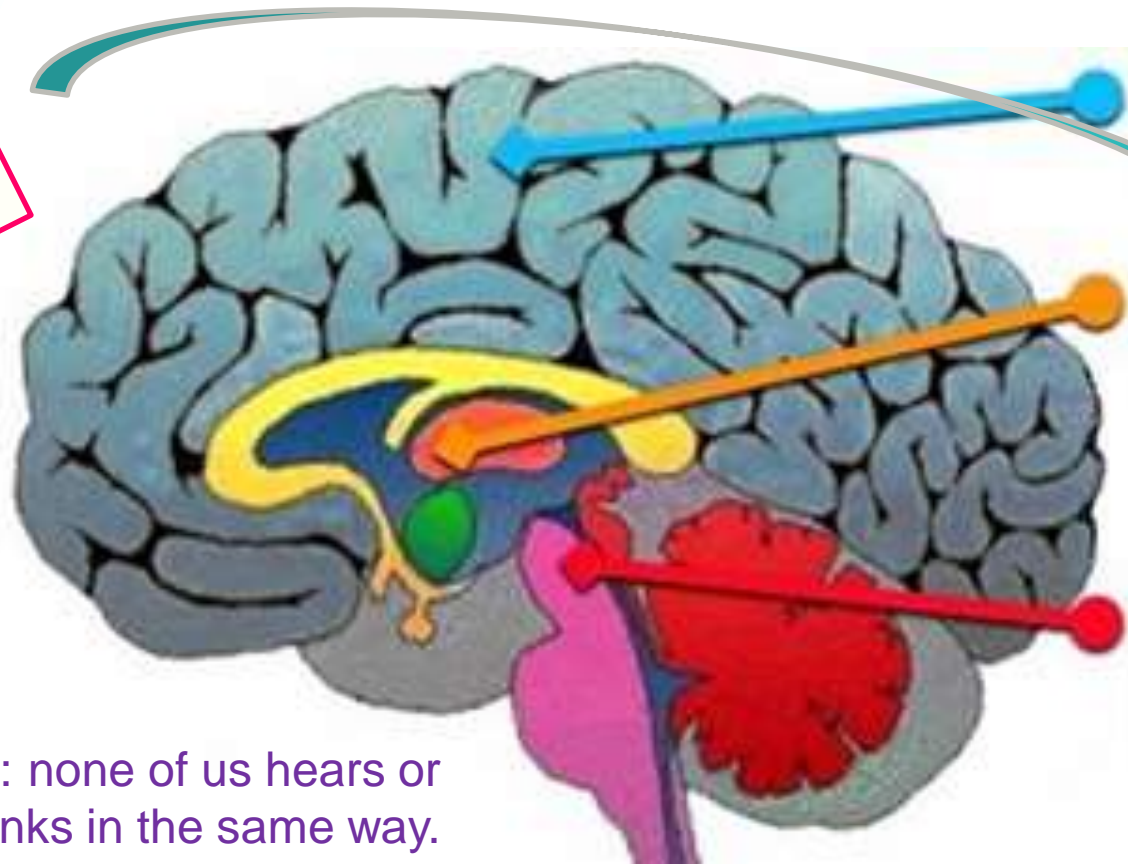
Establish conditions that bring the prefrontal cortex thinking brain “back online” for

EMOTIONAL REGULATION & INTELLIGENCE

modeling this
guiding this

to here

Must feel safe, connected,
valued, appreciated, hold
significance



NEOCORTEX
reason

LIMBIC
emotion

PRIMITIVE
instinct, survival

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

from here

REMEMBER: none of us hears or
thinks in the same way.
Neurodiversity.
Trauma & synaptic pruning.
Mental illness. Substance use.



Minimize threat.
Creating **Safe Spaces**
and a healing pause to
build a change within



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

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3

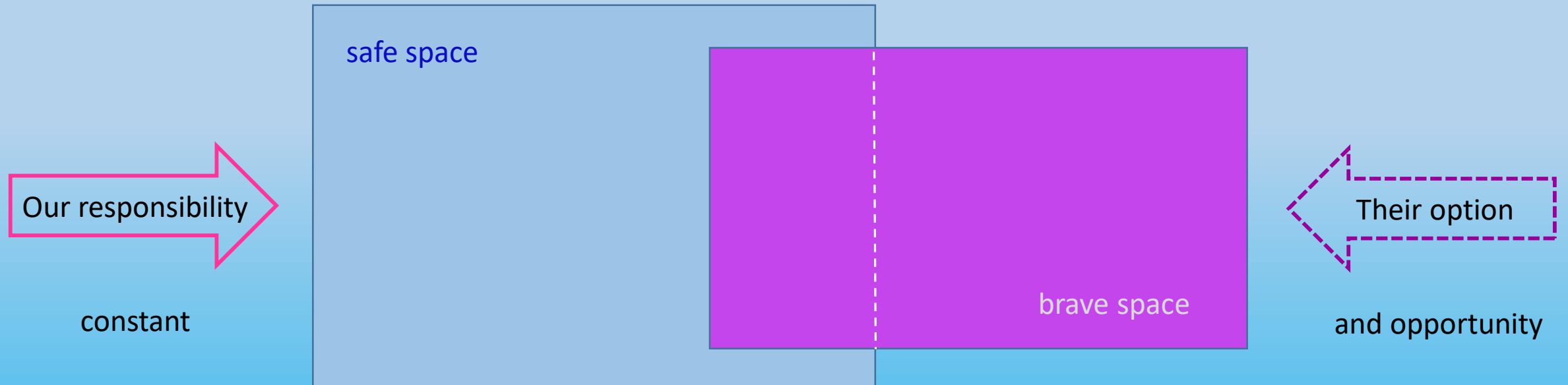
Establishing Safety

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.

safe space brave space fluidity: the growth zone



Safe space fosters & supports the **courage** to try brave new ways and appreciates fear & the need to be defensive

How does our relationship building reflect and uphold this?

**What are the 4 Ingredients to our
creating Safe Space?**



Building safe space requires

KINDNESS

/'kɪn(d)nəs/ **noun**

1. Lending someone
your strength of seeing **THEIR** strengths
instead of reminding them
of their weakness.

!TheMindsJournal



Activates different neural pathways & NTs

Building safe space requires

KINDNESS also as UNDERSTANDING TRAUMA

- ❖ POWER DYNAMICS
- ❖ THE PROCESS OF HEALING
- ❖ TRAUMA ARMOR & DEFENSES

TRAUMA AWARENESS POWER DYNAMICS

- Trauma is power related
- All relationships come pre-packaged with power differentials
 - based on position, gender, race, SE class, education, religion, age ...
- Pre-set trauma response activator/reminders (conscious & unconscious)
- Habitual protective reactions (self-care) to power, authority
 - efforts to equalize that differential, assert power
- **ROLE AWARENESS**
 - staff to participant
 - supervisor to supervisee
 - employer to employee

**SHARED POWER
is the antidote**

TRAUMA AWARENESS

1st: Recognize Trauma Armor & Defenses
and as a crucial means of self-preservation

2nd: Recognize *our* trauma response to *their* trauma response – our own protective gear reactions and how this gets activated.

3rd: Provide a response back which reduces & minimizes being a **trauma activator ... is without threat.**

We as the individual in the power dominant **role**, always have the responsibility & obligation to ***share our power*** toward healing for the one in the less dominant power role.

This the proper, constructive, healing use of power contrasted with the misuse & abuse of power.

from Core Competencies & Trauma Work ...

Influencing

neuroplasticity


- **Kindness and acceptance literally rewire the brain**
- **Shared power is the antidote to trauma**
- **Conversely being critical, shaming/blaming, disliking, *reinforces* that perceived threat and *strengthens* the usual threat route and trauma response**

(cholesterol study example)

Inner Voice Presence & Connection

"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



“

RESILIENCE
is built into the cells of our bodies.

Like trauma, resilience can ripple outward, changing the lives of people, families, neighborhoods, and communities in positive ways.

Also like trauma, resilience can be passed down from generation to

GENERATION.

– RESMAA MENAKEM
Therapist, Healer, & Author

spectrum of trauma – spectrum of resiliency

When we understand & enact
Person Centered, Trauma & Resilience Awareness ...

**Then Motivational Interviewing is about listening to
the inner voice**

And Harm Reduction is about directing power


HARM REDUCTION

is embedded within
Person Centered
Trauma & Resilience Awareness
and can be wonderfully facilitated with
Motivational Interviewing

And the challenge again is ...

**in our relationship building
& establishing safe space**

Building Trust



Nothing is more important than EMPATHY for another human being's suffering. Nothing—not career, not wealth, not intelligence, certainly not status. We have to feel for one another if we're going to survive with dignity.

— Audrey Hepburn

Could a greater miracle take place than for us to look through each other's eyes for an instant?

- Henry David Thoreau

Building Trust

- **Safety in your presence** – your aura holds no judgment, expectation, anxiety. With you people experience: Respect & admiration. Care & invitation.
 - Remember ... 3 aspects to meeting someone where they are
- **Provide a tangible response to a need** – give something wanted, valued
- **Consistency, constancy**



“Children do not enter this world with bad intentions. They do not come to wear us out, test our patience, or push us over the edge. They come to us with a need for love, connection and belonging.”

- Rebecca Eanes



All good?
Got it?
Ready?



HARM REDUCTION

What is it?

How do *you* describe it, define it?

What's been YOUR experience?

**Think of something that has a
downside to it in your life.**

What's been YOUR experience?

How are you going about addressing it?

What stage of change are you in?

How often ... awareness & attempts?



All of us have a fire that burns within us ...

challenges that face us ...



In Life

sometimes it feels as if our internal state is on fire ...

And that blaze may be from trauma, it may be an emotion, it may be pain, it may be a stage of life need for exploration, a sense of invincibility, it may be a connection to friends or status, it may be a monotony or an empty place, something felt to be lacking, something missed, a longing ...



**so we jump into a sea seeking security
or satisfaction ...**

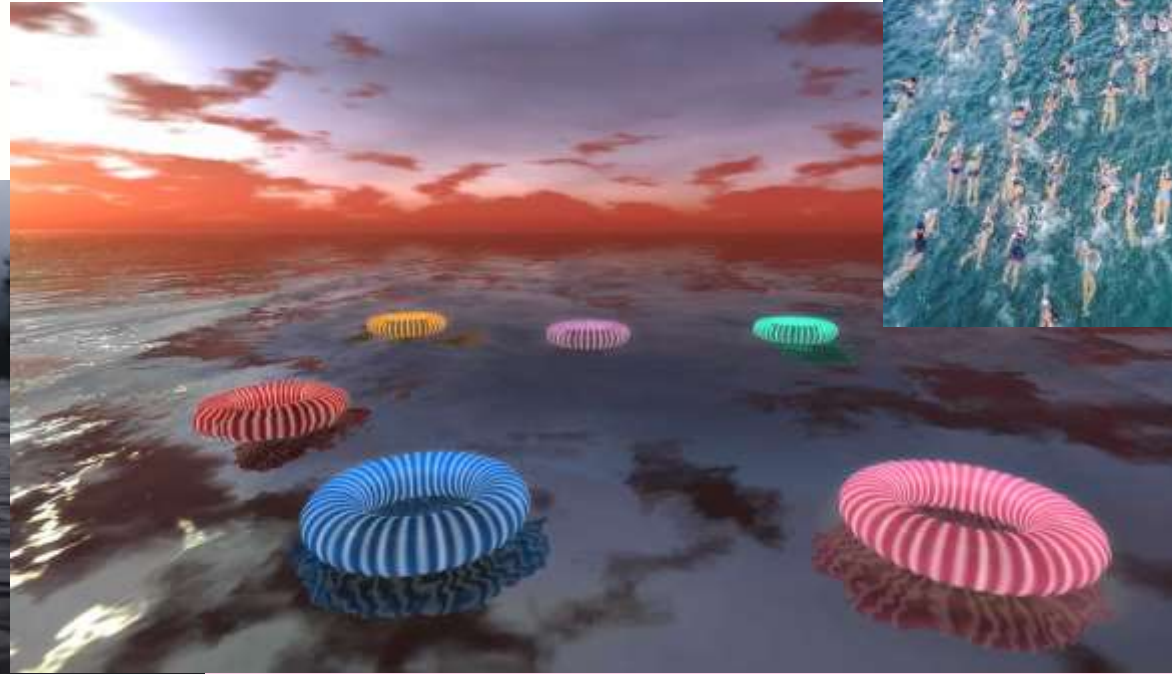
an act to calm the blaze
sometimes just to scratch the itch



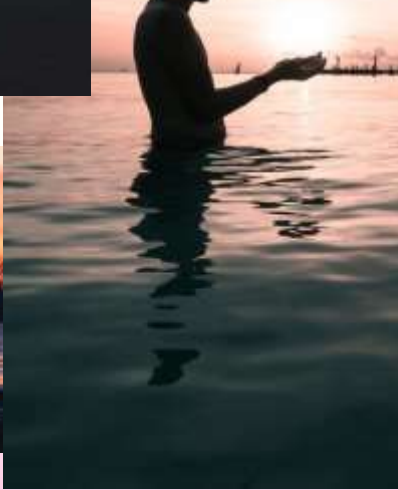
and then find ourselves in deep water far from shore



what then?



What are the flotation devices, the life rafts, the swim coaches, the collective huddle to hold on to ...



while we navigate back to where our feet touch the shore on a land where we feel safe, perhaps with one foot still in the water to ease the fear of a wall of flame.

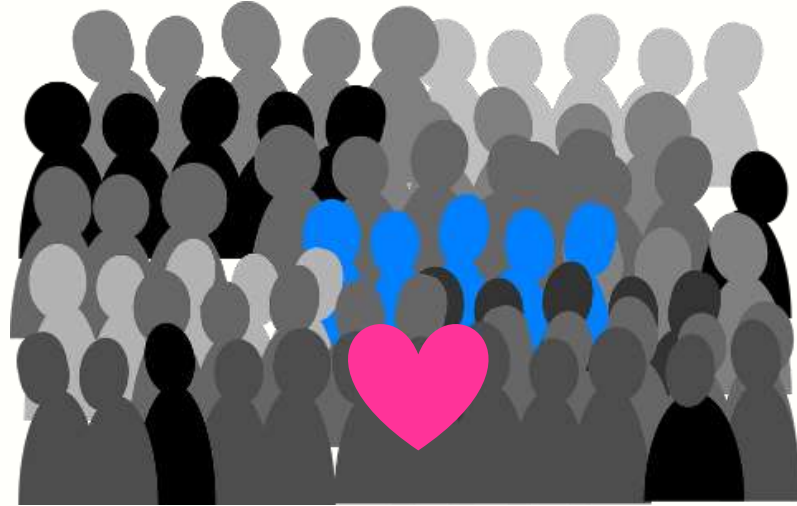


How do we build that way? How do we tread the trauma water and look out for each other while we move towards a shore to stand strong upon again?



How do we support each other?

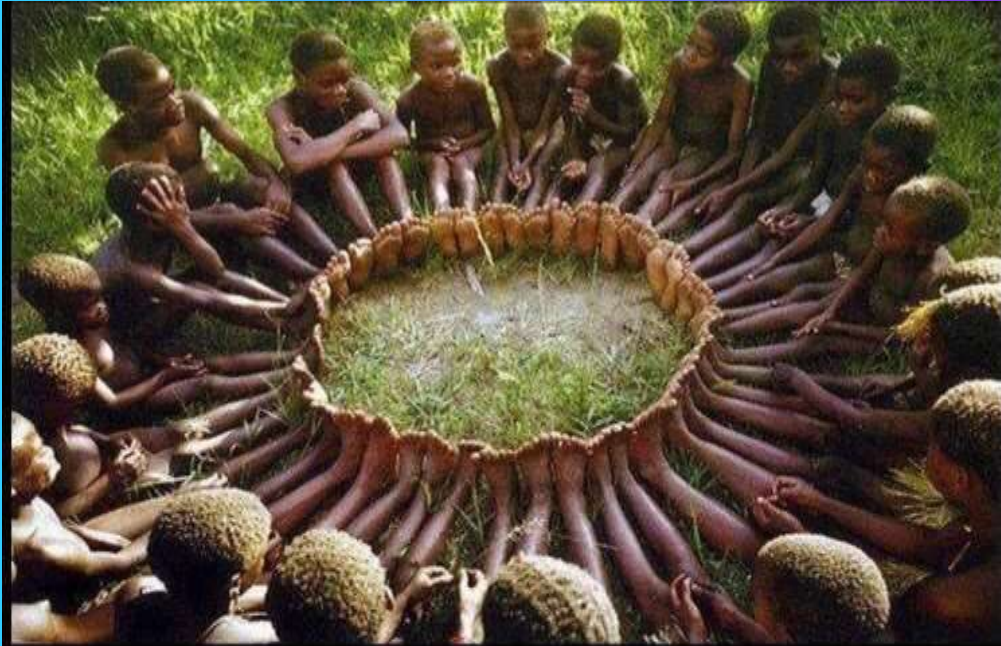
- ❖ **Harm Reduction**
- ❖ **Community Care** – you are not alone; we got you
- ❖ **Safe space** creation
- ❖ **Hearing inner voice and reconnecting to power** – person centered trauma awareness



Recovery is Community

- ❖ **Self-Care by itself ... no one is an island**
- ❖ **Community Care ... you are not alone; we got you**
- ❖ **Inspires Connection ... a remedy for addiction**
- ❖ ***Everyone is in recovery* ... self-doubt, self-recrimination, anxiety, depression, guilt, fear & how we manage these**

Community Care



An anthropologist proposed a game to the kids in an African tribe. He put a basket full of fruit near a tree and told them that whoever got there first won the sweet fruits. When he gave them the signal to run they all took each other's hands and ran together, then sat in a circle enjoying their treats. When he asked them why they chose to run as a group when they could have had more fruit individually, one child spoke up and said: "UBUNTU, how can one of us be happy if all the other ones are sad?"

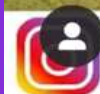
'UBUNTU' in the Xhosa culture means: "I am because we are"



betesandbites

4

When it comes to addiction recovery - healing at the individual level will never be successful. The entire community needs to get on board - this includes re-imagining drug policies, marketing, and laws; redesigning our institutions, and overhauling stigmatizing attitudes.



@betesandbites

What is a recovery orientation?

- The belief everyone has within them the ability for being & becoming; to be the version of themselves they feel positive about.
 - We all possess the power of self-determination & evolving as we wish to.
- **Seed & soil & nutrients.**
 - **Person. Relationship. Collaboration (harm reduction).**
- **What is recovery? Recovery self-defined by each person for themselves.**



If harm reduction
is paired with
judgment, it is not
harm reduction

@rachelharlich

5

HARM REDUCTION

A Way of Life

Midwest Harm Reduction Institute

Harm Reduction Defined

- Is a set of **practical strategies** that **reduce negative outcomes** from drug use and other **high-risk** behaviors
- Incorporates strategies ranging from safer use to managed use to abstinence as selected by an individual at their own pace
- Meets and accepts **drug users** on their terms
{ **people** }

– Harm Reduction Coalition

HARM REDUCTION

Who are **People Who Use Drugs?**

If you've ever ...

- drunk coffee or a caffeinated beverage
- had a cocktail, wine, or beer
- used OTC medicine .. Advil, aspirin, cough syrup, healing/pain relief creams
- been given an anesthetic, antibiotic, insulin, vaccination
- eaten something with MSG or preservatives, including hormones and antibiotics in farm animals

... then you're a PWUD.

Pretty much all of us, certainly any and every one I've ever known.

HARM REDUCTION

- **People who use** and our pre-set judgments

Recognize how we **stigmatize** different drugs ... and by association, their user. Compounded with views on drug use in American culture.
#warondrugs

Harm Reduction. First, we want to pay attention and know how our views and beliefs set up what's to follow.

HARM REDUCTION

- **Who practices harm reduction?**

From prenatal care and birth, done for us before we could manage on our own ... padded furniture corners or moved furniture, cover to electrical outlets, training wheels ... and later, used a sidewalk instead of a road way, used seat belts, stopped at stops signs, looked both ways before crossing a street, taken a swimming lesson, avoided bees, stayed within a speed limit, put on a coat and gloves in cold weather, washed our hands, worn a mask, learned not to eat dirt and eat more vegetables and fruit, what to say and not to say at work or to our partner ...

Infused throughout our lives as a central activity.

Harm Reduction 101



<https://www.youtube.com/watch?v=W7epsLmN604>



Harm reduction is a way of **thinking** about the **world**,
it is not a set of services.

Corey S. Davis

HARM REDUCTION

- A way of **looking at & approaching** the world
- Normalized, broad applicability, **a life skill and self-care strategy**
- What's new is a willingness to **respect the choices** of **people who use drugs** ... remember who PWUD are
- A goal of a *healthy relationship* with drugs or a behavior, and improved quality of life

Walking the Harm Reduction Talk

How are WE doing?

1

The first responsibility in Harm Reduction is ensuring your own self-care

- What does taking care of YOU entail?
- What would go into easing **YOUR** anxieties, anger, guilt and fear WITHOUT relying on the person you care about or anyone else changing anything about them? Our difficult **SELF WORK**
- **Where is your safe space**, your sanctuary, your support circle? How do you make one? **What is brave space for you** and how do you experience that?
- Find **YOU**. Know your own self-care and boundaries. External and internal boundaries. Community care. Be grounded in your core beliefs.
- **Ask for help and use it liberally.**

**Think of ways you take care of
yourself.**

**What would happen if you over or
under-indulged in that self-care?**

the complexity of the kitchen

our work culture



➤ Organizational resilience & vitality, health & wellbeing

- **Sandwiches aren't made in isolation**
- Health of environment
- Resources available
- Team work
- Self care & community care
- Being valued & mentored
- What else?

Harm Reduction in organizational health

The Heart & Spirit of Harm Reduction

*Person Centered
Trauma Aware Kindness
Relationship Building*

Am I experienced as safe or a threat, a harm?

Reduce the harm I introduce or pose

2

SECOND CONSIDERATION:

HARM REDUCTION AS A RELATIONSHIP

Our establishing a relationship of collaboration and partnership *is* itself harm reduction.

Or we can be harm *inducing* (a trauma activator).

Shape ourselves to a partnership that's valued & accepted.

Without this we're not exercising harm reduction more than
we are

control = power struggles
& messages of you're incapable.

Paradigm Shift

A paradigm shift is **a dramatic new way of thinking or seeing something**. A paradigm is a shift that happens when the standard method of thinking or doing something is replaced by something new and is adapted by several people.



Paradigm Shift

Previous view: *This is the program. Adapt to it.*

Shift to: How can I/we support your recovery?

Previous view: *Drug use is bad. It's a character flaw so requires character building. Character building requires discipline.*

Shift to: Substance use is self-care. Managing risks & harms of *any* self-care is a life process. Awareness & connecting to strengths is fundamental to growth.



- Victoria Cornell

Harm Reduction as **ENHANCING OUR SENSITIVITY & AWARENESS**

People First Language
Person Centered Trauma Awareness
Responsible, Accountable Relating

What's the harm?

- Hot button topics
- The most intimate, personal, private, secret, shame embedded details of a person's life and sense of self
- We sometimes ask with impunity, insensitivity, and as if it's our duty, a clinical requirement, or professional cleverness and ingenuity as if these are key to a person's recovery.

from **critical** to **strengths** based

**CO-DEPENDENT
IN DENIAL
RELAPSE**

Case Management
Alternative Lifestyle
Clean/Dirty

Addict, schizophrenic, diabetic

from **critical** to **strengths** based

CO-DEPENDENT – loving/caring about someone, *AND* needing support in strengthening of boundaries & self assertion

IN DENIAL – likely & possibly *pre-contemplative* with reasons to not share thus far

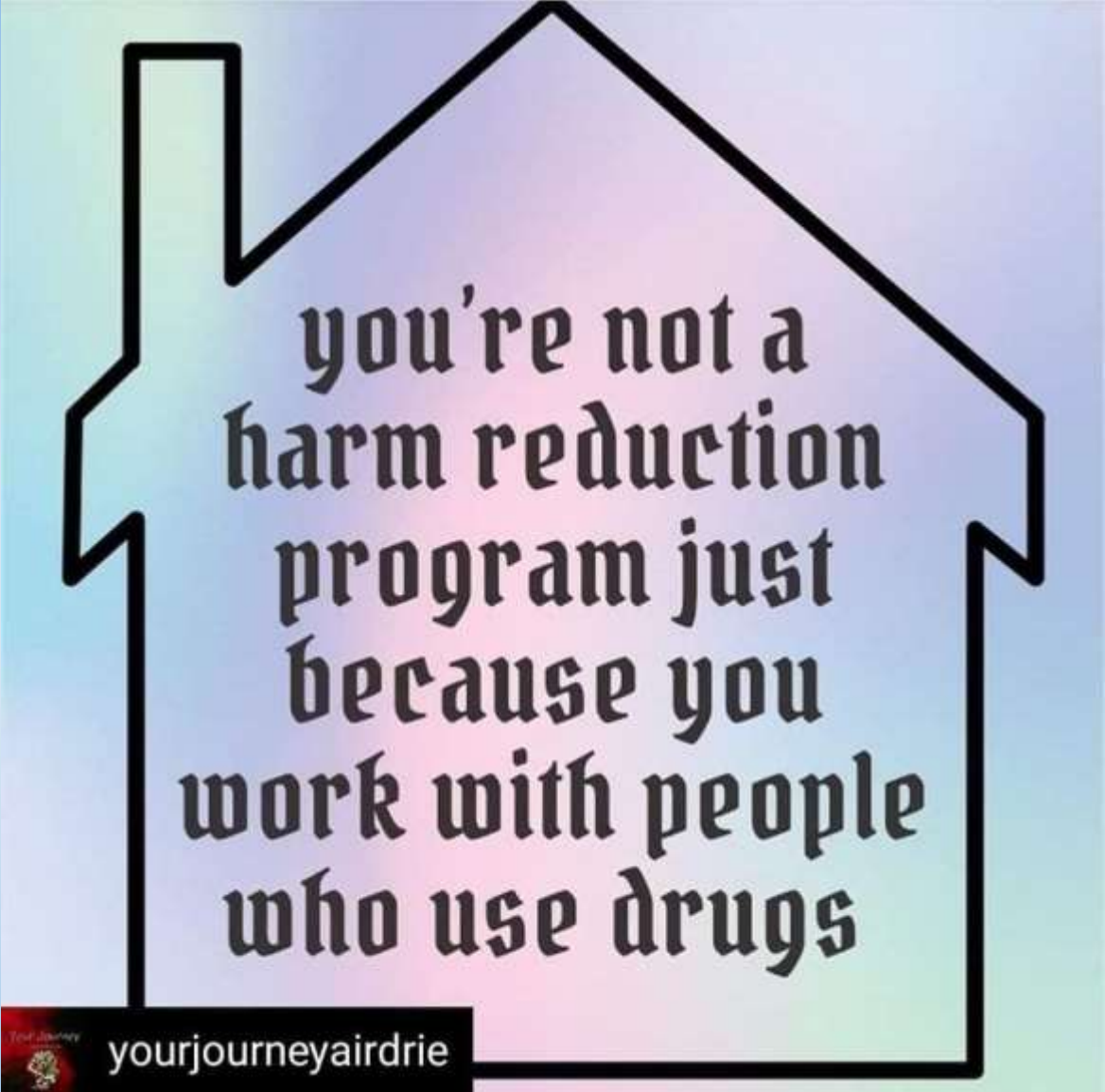
RELAPSE – many journeys need a pause, a step back, a break from pressure to succeed ... to then move forward. Expected, anticipated, ok, not a lapse. Always more growth & strengthening opportunities available & to do.

Case Management – care management, care capacity; people aren't a case

Alternative Lifestyle – for whom? Not an alternative ... simply a way of life

Clean/dirty – testing shows use or no use

Labels: self-selected (contrasted with told to) + *who/what else are you?*



**you're not a
harm reduction
program just
because you
work with people
who use drugs**



yourjourneyairdrie

Harm reduction is NOT...



a euphemism for things relating to drug use



reluctant acceptance of drug users with the goal of moving them towards abstinence

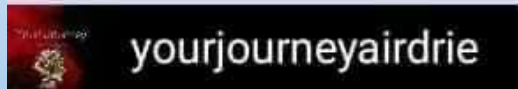


yourjourneyairdrie

**Harm reduction means
supporting the rights and self
determination of all drug
users & sex workers.**



**If you're not doing that, you're
not doing harm reduction.**



HARM REDUCTION FOUNDATIONS

- Our self as a primary facilitator & influence to this work
- Build & nurture relationships of connection & safe space
 - Our personal use of language
- Our personal views of drugs & people who use drugs
- Shifting to perceiving all self-care with risks & harm
 - Social/cultural roles & our role (responsibilities)
agents of change & harm reduction

Rethinking Addiction



How Childhood Trauma Leads to Addiction

Gabor Maté



<https://youtu.be/BVg2bfqblGI>

Heartland Center for Systems Change

3

Sharing Extending HR Support to Others

Self-care Addictions
Connection
Inclusion



- Harm reduction and abstinence are ***congruent*** goals
- Harm reduction ***expands the therapeutic conversation***, allowing providers to intervene with active users who are not yet contemplating abstinence, and may never
- Harm reduction strategies can be used at ***any phase*** in the change process

High Threshold Route



Trauma & power/control

Perceived failure may intensify desire to use

LOW THRESHOLD ROUTE

Trauma & power/control

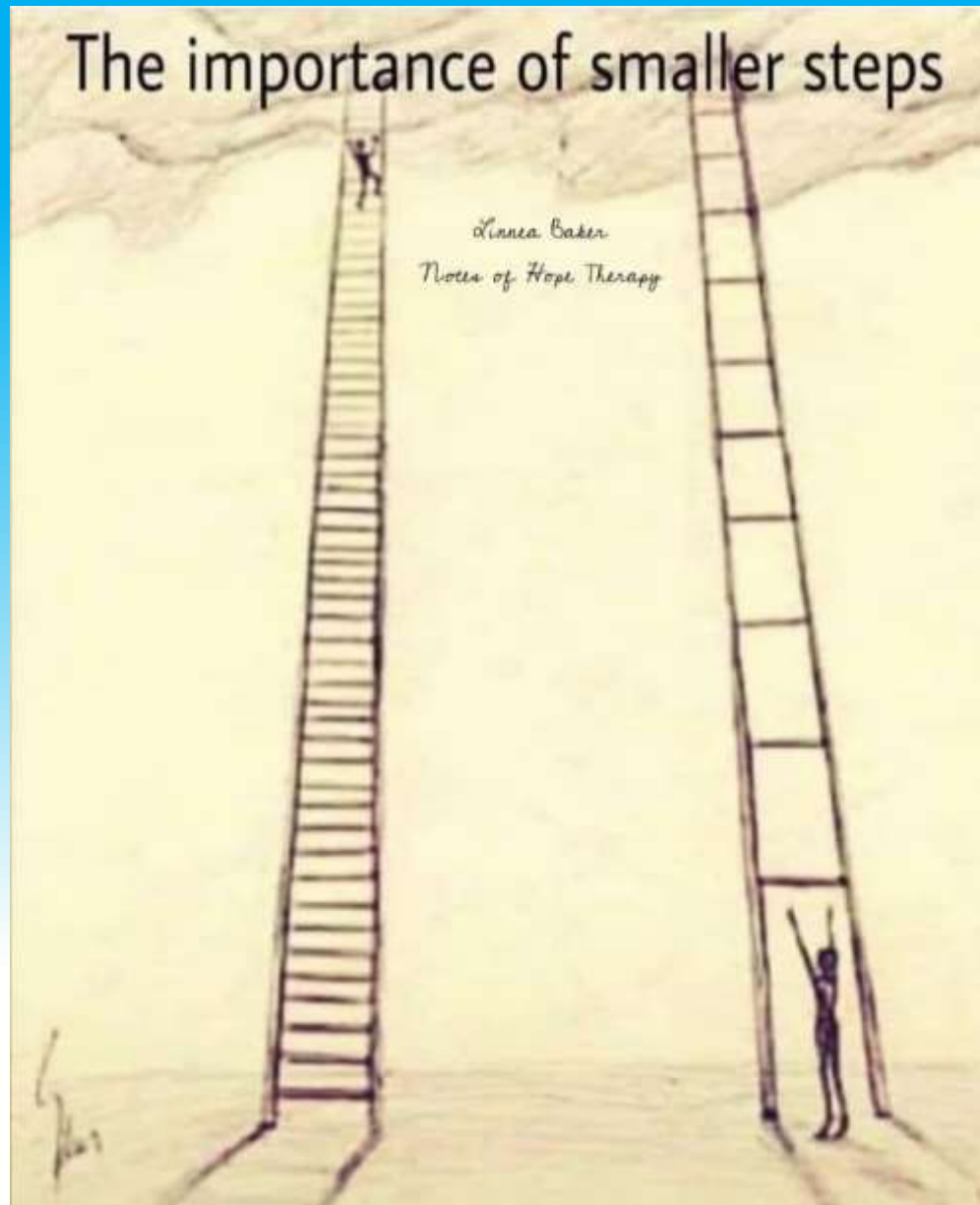
Success builds confidence, empowers, connects with inner voice



Viewed another way ...

HARM REDUCTION

small achievable steps
to increase safety and
confidence & decrease
risk



Getting at the Goal

I want to stop using alcohol.

or

In the next three months, I want to cut down how much alcohol I'm using by 20% per night.

or

I want to identify people who fight when they drink and people who I can drink safely with.

Small achievable steps



“Working with people **‘where they are’** rather than **‘where they should be’**”

I don't need you to change to be a 'better version', more valued, more affirmed.

I admire & respect you as you are.

If there are quality & safety of life changes YOU want to make, you've my support.

I want you to be safe & prosper as fully as you want to and can.

Our world is better with you in it so please stay alive. How might I be of support with that too?

Partnering within a person's *own unique*
trauma,
self-care,
& strengths profile.

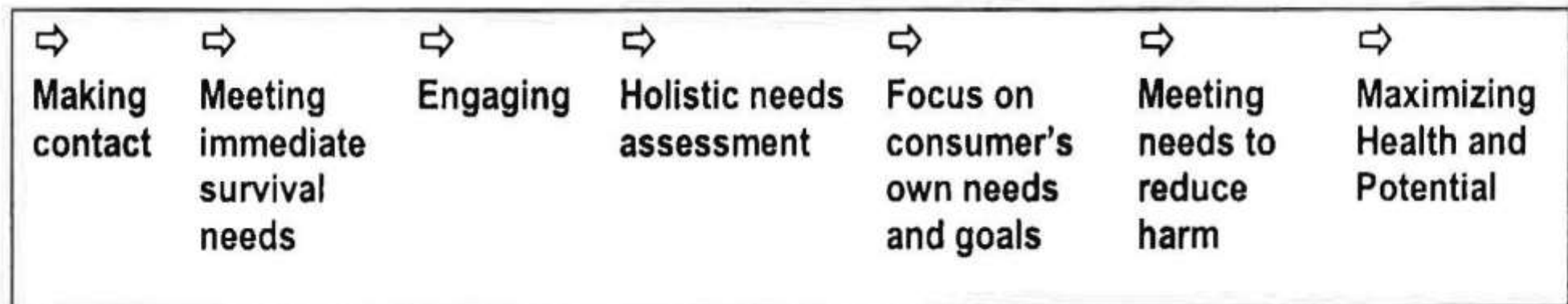
And how external 'controls' & expectations
interface in this framework.

Harm Reduction Approach to Supportive Services

- ❖ No pre-determined outcomes
- ❖ A person - centered approach
- ❖ Non-judgmental
- ❖ Be patient, change is hard
- ❖ Emphasizes connection and engagement



Step-by-step guide to harm reduction in practice



HR & Other Risky Behaviors

- Homelessness
- Lack of health care
- Medication adherence
- Diet/nutrition
- Self-injury
- Sex and sex work
- Domestic violence
- Police encounters, legal risks





- Understand the benefits and harms of the drugs that people choose to use (and other behaviors they employ)
- **Be willing to ask clients about what drugs they use, reasons for using, and how *they are already taking care of themselves* (*strengths focus, affirmation, boost confidence; outshine experiences of shame & blame*)**
- Provide resources for using in the safest way possible

Reasons People Use Drugs

- Substance use as exploration
 - SU as pleasurable
 - SU as self care response to trauma & stress
 - SU as coming of age
 - Peers as my tribe
 - What reasons would they share?
- **Understand the unique needs & reasons to shape our response for guiding behavior**



- Drugs work well in moderating mood & pain
- Quickly
- Work well with ‘warm fuzzies’, pain reduction, heightened sensations, energy boost, confidence, altered states
- When not so well ... terror, prolonged discomfort, craving, death

❖ Substance Use Information – Just Say Know

PBS/Nova: The Cannabis Question

<https://www.youtube.com/watch?v=w-dxMTDzMLY>

- The intent in taking drugs is most often not to poison one's self
- More often poison (fentanyl for example) has been added to profiteer from people who use drugs
- Blaming the victim syndrome
- And/or one miss-calibrates the dose's potency

Trauma and Substance Use Disorders

"Not all addictions are rooted in abuse or trauma, but I do believe they can all be traced to painful experience. A hurt is at the center of all addictive behaviors."

"All addiction is an escape from pain. All addictions come from emotional loss, and exist to soothe the pain resulting from that loss. We know that the majority of chronically hardcore substance-dependent adults lived, as infants and children, under conditions of severe adversity... Their *predisposition to addiction* was programmed in their early years... We need to take a less punitive and more compassionate, trauma-informed approach..."

It's not the question 'why the addiction,' but **'why the pain?'**

– Dr. Gabor Maté, *In the Realm of Hungry Ghosts: Close Encounters with Addiction*

Beneath every behavior is a feeling. And
beneath every feeling is a need. And
when we meet that need rather than
focus on behavior, we begin to deal with
the cause and not the symptom.

Ashleigh Warner

Heartland Center for Systems Change

Principles of Harm Reduction

- Drug use is often initially adaptive (or a behavior)
- There is no inevitable progression from use to dependence
- Drug addiction is a biopsychosocial phenomenon
- Drug, set, and setting are central to understanding an individual's drug use

Denning, 2000

Harm Reduction Principles continued

- ❖ Individuals have a voice
- ❖ The *focus* is on reducing harm, not consumption
- ❖ There are no pre-defined outcomes
- ❖ The individual's decision to use or engage in risky behaviors is accepted
- ❖ The individual is expected to take responsibility for his or her own behavior
- ❖ The individual is treated with dignity at all times

Harm Reduction Coalition

A *Relationship* with Drugs or a Behavior

- Non-pathologizing
- Relationships can range from helpful to harmful
- People have different relationships with different drugs & behaviors
- People have different goals with different drugs & behaviors
- Affirms autonomy and choice

(Vakharia & Little, 2016)

A **Healthy** Relationship with Drugs

(or a behavior or emotion ... anger, depression, isolation, following a regimen ...)

- You know the substance is a drug and what it does to your body – or behavior
 - You experience a useful effect over time
 - You can take it or leave it
 - You are free from adverse effects on health or behavior (Weil, 2004)
-
- Have conversations with & befriending of the substance or behavior in question



the.responsible.user



MINDFUL SUBSTANCE USE



@The.Responsible.User

... or with a behavior



the.responsible.user



**MINDFULNESS IS ALL
ABOUT REDUCING THE
AUTO-PILOT AND
INCREASING INTENTION.**



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Housing First example

Endorsing Encouraging Promoting substance use???

- Choice depends on conscious awareness
- Cultivating mindful awareness for intentionality
- Person centered - our belief in, valued, supported

Cultures with a practice of martial arts – the awareness, understanding, & appreciation of **energy**.

- Suppressing, denying energy, distorts it, builds it up.
 - Instead, harness, guide and move in its flow
- ❖ Harm Reduction as how our power is directed & used

MORE TOOLS: MAP SUM & MI

- **Multidisciplinary Assessment Profile (MAP)**
 - **Substance Use Management (SUM)**
 - **Motivational Interviewing (MI)**

tools for conducting harm reduction-based assessment, exploration/discovery, and supporting *any* positive change

Reminder: these tools are only as effective as the relationship they are embedded within.
Without a collaborative partnership, tools become rote, diluting their efficacy.
Power awareness: done to, done for, or done with.

Drug, Set, & Setting

(Zinberg, 1984)

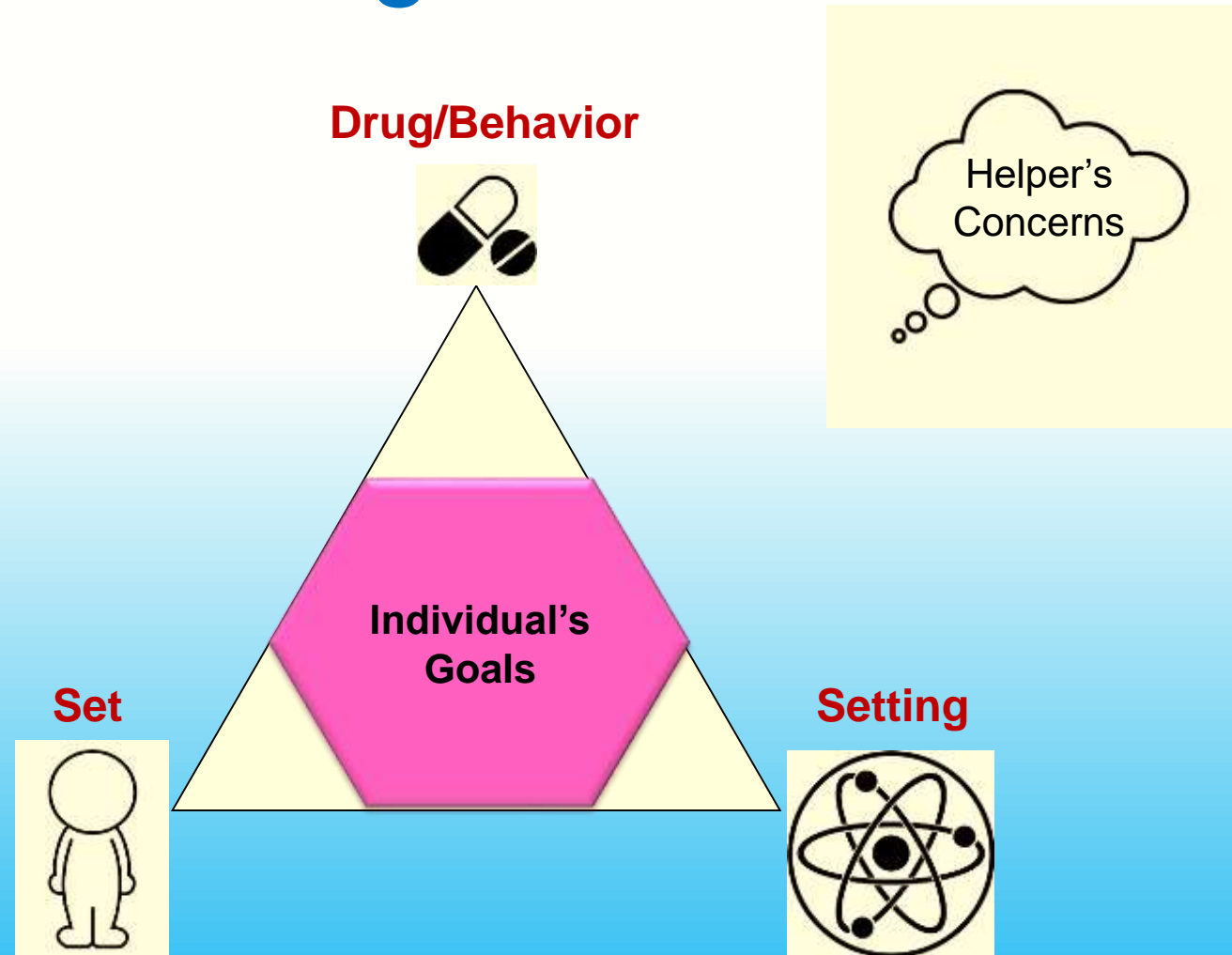
- Zinberg studied individuals who used heroin but avoided developing physical dependence

Drug: pharmacology (behavior)

Set: individual drug user

Setting: contexts of drug use

MAPing a Person



Functions of Multidisciplinary Assessment Profile (MAP)

1. **Gathering** clinical and demographic **data** during the initial interviews
2. Using **techniques** that increase the likelihood that information is offered **honestly** (Motivational Interviewing)
3. Developing a mutually honest and trusting working **relationship** that sets a foundation

“Information is not as important as relationship”

(Denning & Little, 2012)

THE EXPLORATION TOOL: A
HARM REDUCTION GUIDE

DRUG/BEHAVIOR

Amount, Type, Purity,
Legality, Route of
administration, Mixing,
Frequency of use

Multidisciplinary Assessment
Profile (MAP)

SET

Expectations of the drug,
Reasons for using,
Biological factors, Physical
health, Mental health or
emotional state, Cultural
identity, and Sense of
belonging

SETTING

People, Places, Stress in
life (big events, money
problems), Support
system, Social and cultural
attitudes toward drug use

MAP Component: Drug/Behavior

1. Type of drug(s) used ... *or behavior*
2. Level of use or dependence
3. Prescribed medications

MAP Component: Set

4. Motivation and expectation
5. Client's stated goal(s)
6. Stage of change
7. Self-efficacy
8. Treatment history
9. Psychiatric diagnosis & medical problems
10. Developmental grid

MAP Component: Setting

11. Setting of use
12. Support system
13. Therapist's concerns

(Denning & Little, 2012)

Where is the locus of harm?

- **Drug?** *or* **Set?** *or* **Setting?**
- **Directly** related to drug consumption/behavior?
- **Indirectly** related to drug consumption/behavior?
- All of the above?

HR & MAP in Substance Use Management (SUM)

Planning: Options

DRUG RELATED:

- Formal and informal drug substitution
- Considering risks and benefits of combining drugs
- Education and tools for safer drug use

SET (INDIVIDUAL) RELATED:

- Explore their purpose and expectations for using
- Consider alternatives to get the same ends
- Developing constructive personal rituals around drug use

SETTING (ENVIRONMENT) RELATED:

- Attend to other responsibilities first
- Learn about overdose prevention and response
- Developing a relationship with a respectful, knowledgeable health care provider

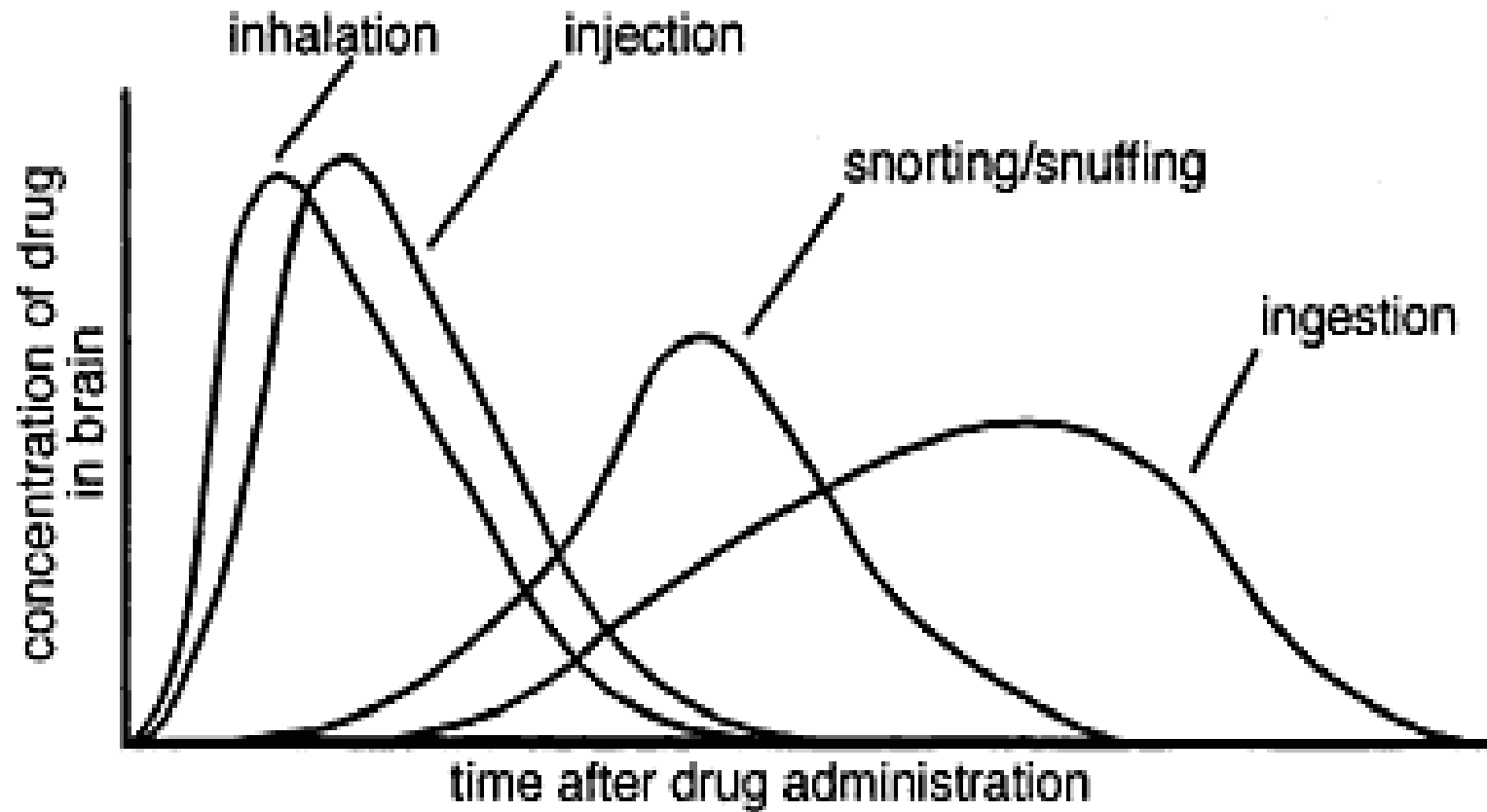
(Bigg, 2001)

SUBSTANCE USE KNOWLEDGE

Just Say **Know**

- What class of drug(s) is being used?
- Potency
- Purity
- Quantity
- Frequency
- Route of Administration
- Sought effects
- Side effects

Route of Administration



Our Role in Harm Reduction

- Reframe a client's view of success
 - perfection isn't necessary, small steps promote confidence, affirm personal power, amplify ability and inner guide
- Explore *their* viewpoint and options
- Build a relationship through collaboration
- Be supportive and give feedback
- Have the client identify resources/supports
- Evoke the process over applying prescribed, known tactics

Redefining Success & Recovery

- Explore ambivalence. It's normal!
- Resistance indicates we're moving too fast.
- Focus on function and outcomes of a behavior, what goals are supported/challenged, not just the behavior itself
- Harm Reduction celebrates small victories; confidence building, achievement
- Success is measured in improved quality of life

Any positive change

“ANY POSITIVE CHANGE”

RECOVERY ... self-defined and as any positive change

Celebrate small victories:

Success is measured in improved quality of life,
not abstinence!

Harm Reduction means *NOT* withholding services or support:

Including when a client can't or won't meet our treatment outcome ideals

Nor withholding admiration & respect

Reduce Harm – Increase Pleasure & Confidence

- **Remember: the participant's goal is most important**
- Our job is to help participants identify their desired outcomes for their substance use/behavior and openly discuss the pleasures/gains, not just the perils
 - Setting the stage for finding & hearing one's inner voice, following one's internal guide
- **Remember: everybody has a substance use/behavior management plan, even if that plan is not to plan!**
- Explore mishaps in living with that plan – collaborate around options, repair, goals

Providing Choices

- **Ask permission to provide options**
- List all options – not just those you prefer
- Remind the participant that they have the final choice
- Goal is to increase awareness and comprehend choices
- Learning to hear that inner voice and guide

Building Trust

- **Patience** (remember impatience is our trauma response)
- Distrust is learned and to be *respected*
- Own your mistakes, acknowledge them
- 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
- Be the opposite of the person enacting harm

What to do

- **Develop trust** – *the burden is on us*
- Fill a need, give **tangible demonstration of care**
- Elicit information carefully (focus on current challenge, provide options, suggest solutions, take great interest in the details, try not to rush or dismiss, link to resources)
- Model stress/distress reduction techniques
- Help others manage affect by demonstrating with your own
- Manage trauma activation
- Use support & team work

praise praise praise

Stop there. Build that foundation first.
Trust & safety.

Next phase later add:

What did you want to accomplish?

How do you think you did?

With what you learned, what would you now do differently?

May I share my impressions with you?

Presence of Empathy

Building Trust

**Could a greater miracle take place
than for us to look through each other's eyes
for an instant?**

Henry David Thoreau

Building Trust

- **Safety in your presence** – your aura holds no judgment, expectation, anxiety. With you people experience: Respect & admiration. Care & invitation.
 - Remember ... 3 aspects to meeting someone where they are
- **Provide a tangible response to a need** – give something wanted, valued
- **Consistency, constancy**

Motivation & The Change Process

Clients **are not “unmotivated.”** (aka “non-compliant”)

They **are motivated to engage in behaviors which**

- others consider harmful and problematic,
- have been useful on some level as coping – goal achieving strategies,
- or are not ready to begin behaviors which others think would be helpful.
- May have multiple and conflicting goals.
- May have cognitive and emotional changes related to trauma, illness, life conditions, drug use, aging.

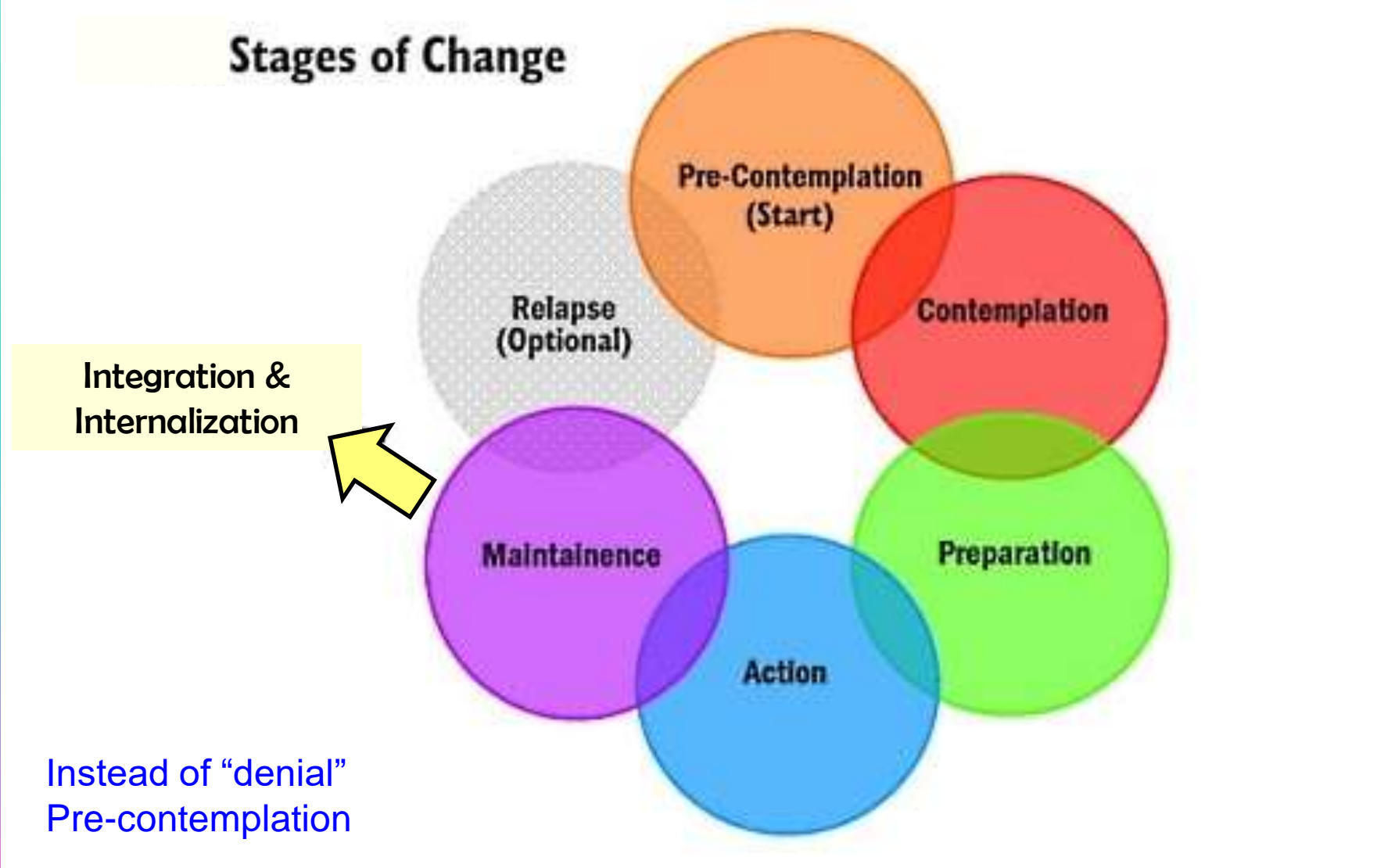
a word about Readiness

In general people cannot be ready to change until they perceive **BOTH:**

- that they *want* to (*importance*)
- and are *able* to do so (*confidence*)



MOTIVATIONAL INTERVIEWING FUNDAMENTALS



Belief in the Human Spirit *Strengths Based*

“I have consistently found if one dwells on the negative side of a patient’s personality, one is unable to change 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 their developing consciousness to solve their problems with the world.”

Andrew Weil, *The Natural Mind*

Person Centered ... strengths based, connecting to inner voice, inner guide
True engagement is strengths based

STRENGTHS BASED

- Telling some one to stop being flawed & stop their deficits is not helpful, if not ridiculous & demeaning
- Change is accomplished by marshalling & applying **one's strengths** towards what they want to accomplish
- Why kindness as seeing a person's strengths is 1 of 4 dimensions to safe space which invites growth to occur
 - **Their goal**
 - **Their strengths**

Building and Keeping a Strengths Focus

when we talk about our clients, ourselves, our team

❖ 4 likes

❖ 1 wish

BEGIN with ADMIRATION

participants for surviving
staff for taking on this work

Affirm Everyone's Value, Worth & Contribution

Participant Autonomy

How can we center our participants and respect their autonomy?

We can voice our concerns & have them grounded in harm reduction strategies, dignity, & respect for the whole person.

Highlights the participant's power to make choices that feel right for them.

"Each of us is the expert in our own lives. The only path that is right for us is the one we choose."

- Harm Reduction Works Script

Rachel King / The Phoenix Center

Heartland Center for Systems Change

When I think I know what a person should do
I don't & cannot know the entire arc of their
life

and how they may need to explore & exercise
their power, decisions, and life

As we grow in finding & hearing our own inner voice with increasing clarity

As we grow to trust our *own* inner voice, our *own* internal guide more richly & certainly ...

the more we can trust participants can & will do the same

faith in my own inner voice =
faith in their inner voice

Conversely, when we don't trust our own process it's difficult to trust that of others.

We've a tendency to project both our fears and our confidence of our inner voice, our internal guide onto others, including our participants.

Knowing this, they are wonderful mirrors then for our own growth too.

At our best, this work allows *each* of us the opportunity for ***mutual healing*** – for *both* individuals to grow in hearing & trusting our own internal voice & guide more fully.

We can be as aware of this for ourselves as for the other.

It's our own growth & healing that has the equal opportunity to flourish.

**To believe in and see the wholeness of the person
at all time**

**person centered, inner guide
always present**

Co-Occurring Disorders and Trauma

SAMHSA TIP 2014

- **SU and other risky behaviors as attempts to take control of/reverse feelings of helplessness**
- 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**

Substance use is self-care & can be a trauma response



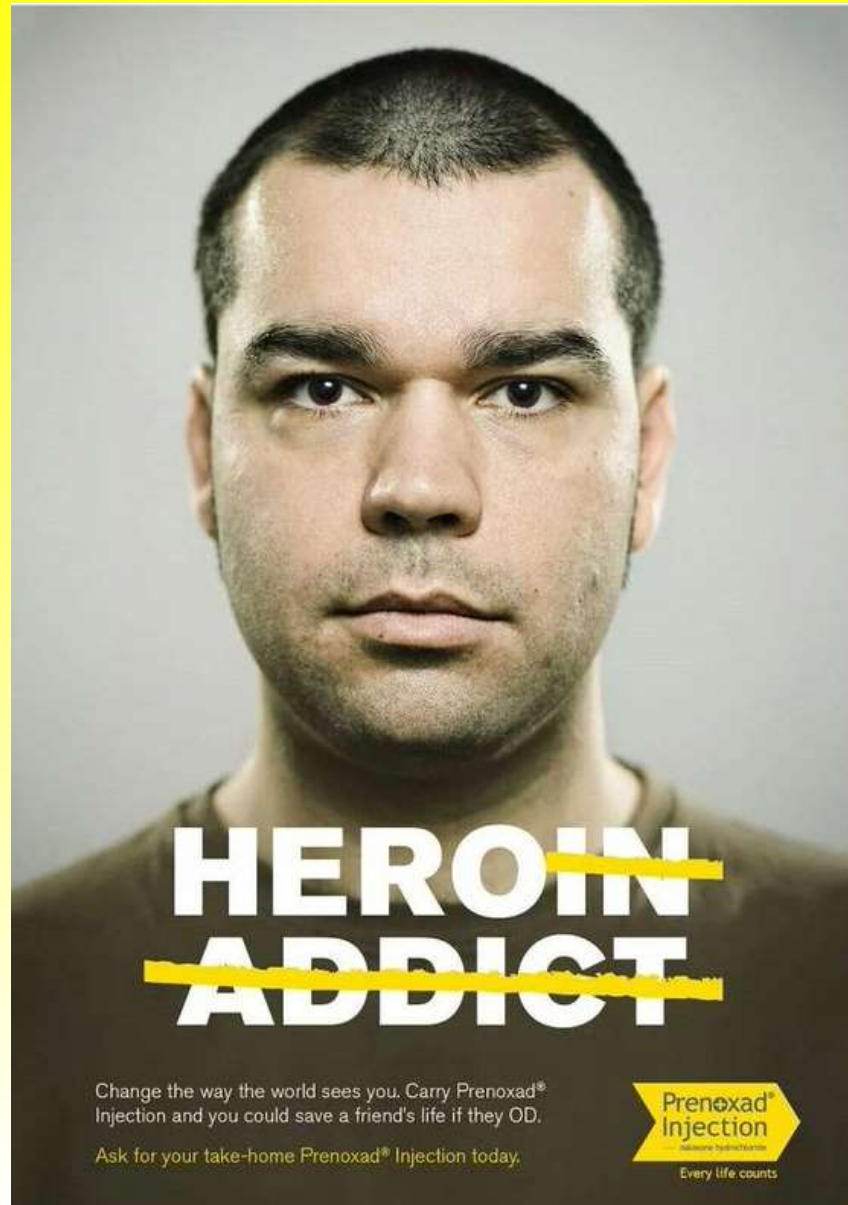
embolden_psych



SOMETIMES THIS
IS WHAT
RESILIENCE
LOOKS LIKE.



... as well as rage



**HEROIN
ADDICT**

Change the way the world sees you. Carry Prenoxad® Injection and you could save a friend's life if they OD.

Ask for your take-home Prenoxad® Injection today.

**Prenoxad®
Injection**
— naloxone hydrochloride —
Every life counts



Be curious, not judgmental

–Walt Whitman

Worker Stances for Clients Who Use Drugs

(Springer, 1996)

- Show client unconditional regard and caring.
Acknowledge her or his intrinsic worth and dignity.
- Be a real person. Let the client see you as you really are.
“Blank screens are for movie theaters.”
- Don't get caught up in the client's urgency; take your time
– practice mindfulness.

Worker Stances for Clients who Use Drugs

(Springer, 1996)

- Be non-judgmental toward the behaviors of the client
- Be consistent with setting limits: control oneself not the client
- Empower the client
- Work through one's definition of enabling: when is it positive? When is it negative?

Worker Stances for Clients Who Use Drugs

(Springer, 1996)

- Avoid the expert trap, especially if you aren't one. Use the client as a consultant and collaborator. Act out of a place of humility.
- Explore your own values about drug use and drug users.
- Be mindful of the stages of change. Set the table. Provide options non-judgmentally and non-coercively. Any reduction in harm is a step in the right direction.

Worker Stances for Clients Who Use Drugs

(Springer, 1996)

- Consider the client's relationship with drugs – the positives and the negatives, rather than judging use itself. Focus on behaviors.
- Quality of life and well-being are criteria for measuring success, not reduction in the consumption of drugs.

Worker Stances for Clients Who Use Drugs

(Springer, 1996)

- Reinforcement is more effective than punishment. Use incentives when available.
- Use supervision to process emotional responses and attitudes.
- The agenda for change belongs to the client; the worker facilitates – rather than implements – the agenda.

Worker Stances for Clients Who Use Drugs

(Springer, 1996)

- We are not responsible for rescuing the client, who is responsible for his or her own life. We are responsible for the intervention process; the client is responsible for the outcome. Trust the client's strength and ability.
- Never take away defenses until alternatives are developed. Introduce new coping strategies and shore up those used previously.

Harm Reduction Simplified



- Meets people where they're at
- Honor's their ability to make choices about what's best for them (*inner voice guide*)
- Provides education, tools, and support to make those choices

Rekert, 2005

HARM REDUCTION **steps** mini recap

- Remove pre-conceived ideas or opinions
- Replace judgement with tangible curiosity and openness – what's this person's experience and wish?
- Join in a partnership of collaboration and exploration
- Listen to stated goals, explore unstated ones
- Identify potential risks or harms, and benefits
- Strategize together on how best to limit those risks
- Recognize change is incremental
- Support, affirm, see strengths

There's no **magic** or **miracle** to Harm Reduction.

Harm reduction is an outcome of a relationship:

- The personhood of the participant
- You're ability to connect, build, and sustain a relationship
- The creativity born of this synthesis, your shared knowledge with each other
- It evolves
- It's organic
- It takes history & practice; intentionality & mindfulness; believing

When we understand & enact
Person Centered, Trauma & Resilience Awareness ...

**Then Motivational Interviewing is about listening to
the inner voice**

And Harm Reduction is about directing power

From promoting harm in how we measure a person's worth ...

The approach that drug use is a personal flaw, some lack of integrity, a personal weakness resulting in buckling under life, demanding then one demonstrate non-weakness, to overcome that flaw, by just needing to stop and be better, stronger, disciplined in strict ways – is *traumatizing* and *retraumatizing* – increases the stress and pressure, the internal dialogue of shame/blame that compels more use to soften the blows and exercise more that drug use self care.

Instead to admiration of who they are ...

Yes, self-care. To now see substance use (and any behavior) as one of many tools we all use to moderate the pains, the stress, the trauma of life. That rather than being something shameful, flawed, reprehensible, that it's been a strategic way of self-preservation, self-soothing. To use the tools at hand, and substances are incredibly effective at changing mood quickly and removing pain. To understand this, appreciate this, admire the will to be, and know too the harms and problems these strategies can lead into.

uplifts the strength to heal

When we apply as **one integrated thought system – *person centered, trauma aware, harm reduction, with motivational conversations of care, to hear that inner voice and safeguard their use of power***

We begin to see a person's strengths (*with respect and admiration*) in addressing **trauma, pain, and stress across a life time, and how their neural network dominoes go into effect, and to then bolster **safe space, power use, and affirmation** to become the brave space of hearing inner voice and inspiring neuroplasticity in rerouting neural pathways with kindness and support ...**

- ... quite likely then we'll know progress and healing.
- **Our task is to increase each person's awareness *unforced and at their pace*.** To do this we must first become aware ourselves. Change the paradigm not of exacting emphasis on sobriety and abstinence, or holding to a certain set way ...
 - Rather, cultivating *a healthy relationship* with drugs or a behavior, with *a more conscious informed choice, a comprehended choice*, about one's life **options**, and the practice of *redirecting & refocusing one's power* to enact that.
 - And we can all share in that. The humility and honor of comprehending our choices in life and acting from a place we hear our inner voice through being joined in a partnership with each other.

This work is **HARD!**


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

Trauma exposure & activation
And our own harm reduction
practices

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
- **Community care is self care.** None of us are alone.
We can look after each other..

Our Own Fight/Flight Activation

- *Managing our adrenalin and cortisol build up; become toxins*
- 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?
- Mental health is body health
- **Breathe deep & exhale** – mindful complete whole breath cycle
- **Hydrate** – internal laundry
- **Body scan** – consciously relax each muscle, stretch
- Other approaches? To clear our head, body & spirit ...

Practicing our own daily harm reduction

I had a bad day. What are some things you do to take care of yourself after a hard day?

baths 🛁

Put a bunch of epsom salt and some skin-safe oil in a bath. If you want some ambiance to help nudge your mental state to a more relaxed place, light a candle or one of those candle lights 🕯️

The magnesium in epsom salt relaxes muscles and can relieve pain in the shoulders, neck, back and skull. It can also help release headaches. I find the effects last for a few hours afterwards. Bonus is that epsom is pretty cheap at the grocery store.

Stress, like many emotional experiences, isn't just experienced in the mind but stored in the body. So focus on your body - gentle movement, a nourishing meal or snack, deep resetting breaths, good rest, be kind to yourself! When I am at my best I'm doing these things. When I find myself skipping them it's usually because I'm not being as centered as I'd like.

aoc

Harm Reduction at its best is Collective Care

all of us together

Looking after each other and why we build partnerships of
collaboration and care

The cure for
burnout is not self-care.

It is all of us caring
for each other.

- EMILY NAGOSKI



rawforbeauty.com

Our job is to love others
without stopping to
inquire whether or not
they are worthy.

—Thomas Merton



Ravenous Butterflies



23h · 🌐

"All the flowers of the tomorrows are in the seeds of today."

Indian Proverb

Ysabel Lemay



second edition

Practicing
Harm Reduction
Psychotherapy

An Alternative Approach
to Addictions

Patt Denning
Jeannie Little

One Year Inside a Radical New Approach to America's Overdose Crisis

<https://www.nytimes.com/2023/02/22/opinion/drug-crisis-addiction-harm-reduction.html?smid=nytcore-ios-share&referringSource=articleShare>

So then you take these traumatized people and you make their habit illegal... It is not illegal to drink yourself to death. It is not illegal to make yourself sick with emphyzema or lung cancer by means of cigarettes. But it is illegal to use other substances. So now you take these abused, traumatized people you place them outside the law, you put them in jails and you hound them all their lives, treating them like criminals and bad people and failures and rejects and less-than-human. And then we wonder how come they don't get better.

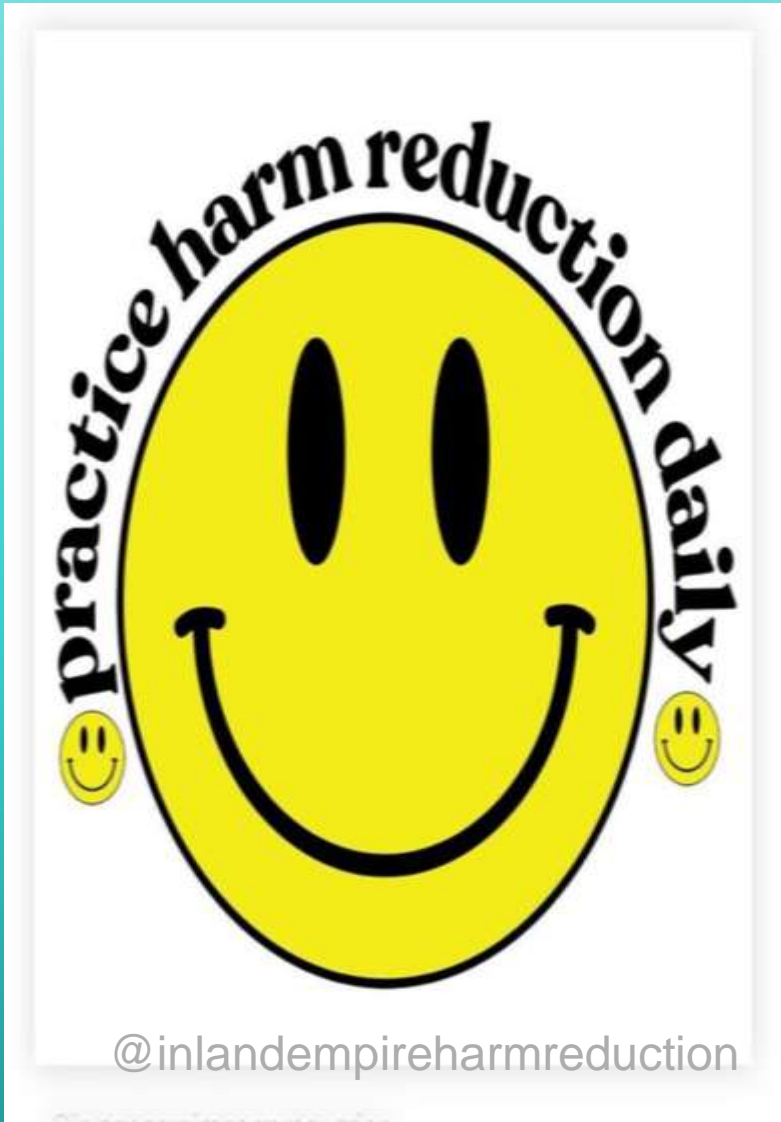
So.. it is a self-perpetuating cycle of taking traumatized people and then re-traumatizing them. And then hoping at the same time: "why don't they listen? Why don't they get better? Why don't they give it up?". Well, they don't give it up because the more hurt they are, the more they need to escape.

Gabor Maté



@nothingbutkindnessnoho

Midwest Harm Reduction Institute



The **gateway drug** is the lack of safe/secure attachment we all need as children

The **gateway drug** is a dysregulated nervous system

The **gateway drug** is a society that rejects talents, people, + ideas that are out of the mainstream accepted narrative. [@the.holistic.psychologist](#)

[@sustainyourrecovery](#)

**BE THE PERSON WHO BREAKS THE CYCLE.
IF YOU WERE JUDGED, CHOOSE
UNDERSTANDING. IF YOU WERE REJECTED,
CHOOSE ACCEPTANCE. IF YOU WERE
SHAMED, CHOOSE COMPASSION. BE THE
PERSON YOU NEEDED WHEN YOU WERE
HURTING, NOT THE PERSON WHO HURT YOU.
VOW TO BE BETTER THAN WHAT BROKE YOU
TO HEAL INSTEAD OF BECOMING BITTER SO
YOU CAN ACT FROM YOUR HEART, NOT YOUR
PAIN.**

BRIGHTVIBES



BRIGHTVIBES



Ben Levenson
@BenLevenson

An 'addiction professional' who hasn't integrated [#HarmReduction](#) into their perspective & practice, is lacking & probably dangerous.

Aren't they really then only 'abstinence professionals?'

What do they meaningfully offer the 19M American [#DrugUsers](#) who won't detox this year?

11:55 PM - 9/9/19 from Texas, USA · Twitter for iPhone

ripples.

when you create a difference in someone's life, you not only impact their life, you impact everyone influenced by them throughout their entire lifetime.

no act is ever too small.

one by one,
this is how to make an ocean rise.

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

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