People Not Pathology

A Human-First, Trauma-Informed Look into Complex Mental Health

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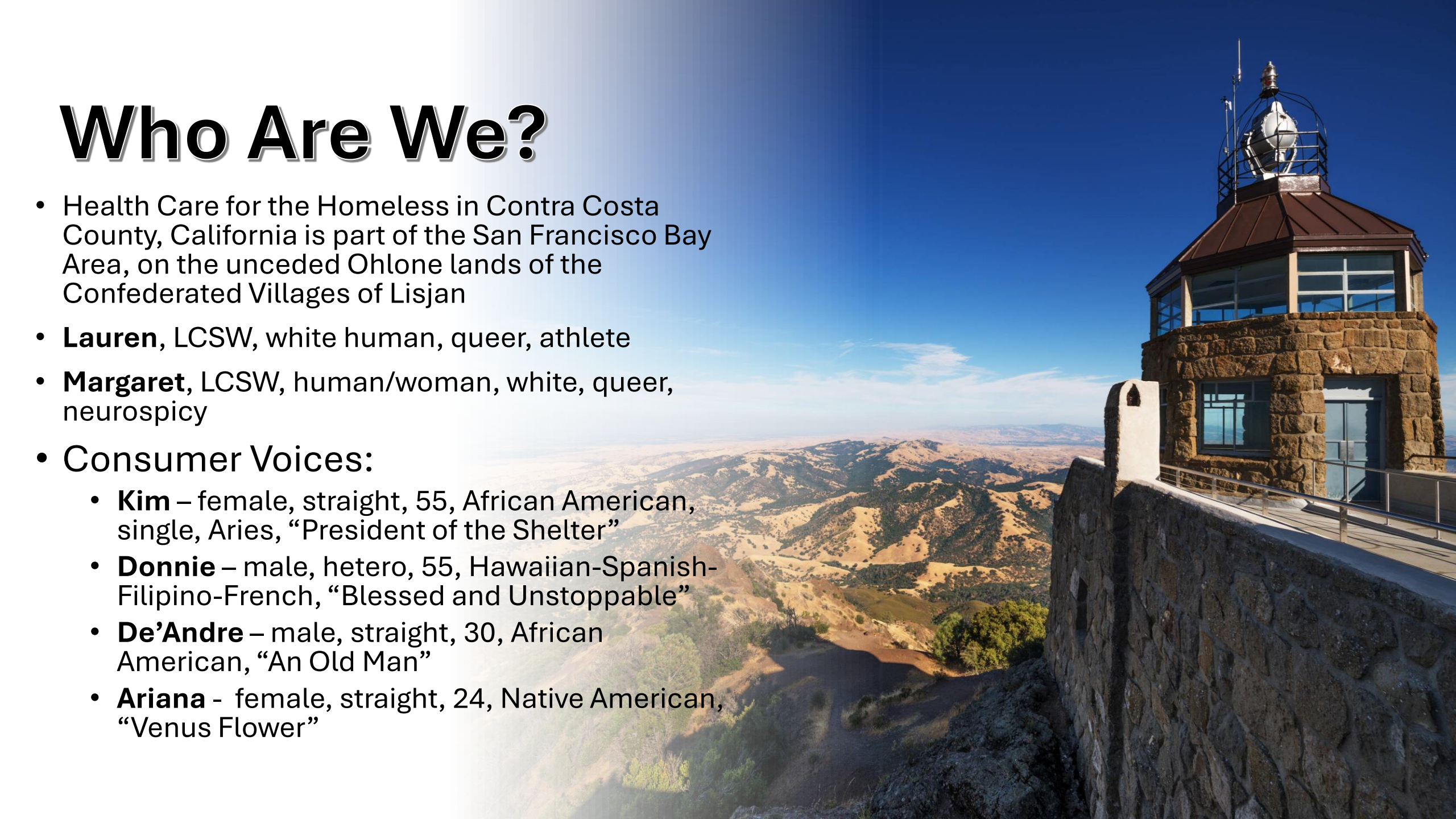
Who Are We?

- Health Care for the Homeless in Contra Costa County, California is part of the San Francisco Bay Area, on the unceded Ohlone lands of the Confederated Villages of Lisjan
- **Lauren**, LCSW, white human, queer, athlete
- **Margaret**, LCSW, human/woman, white, queer, neurospicy
- Consumer Voices:
  - **Kim** – female, straight, 55, African American, single, Aries, “President of the Shelter”
  - **Donnie** – male, hetero, 55, Hawaiian-Spanish-Filipino-French, “Blessed and Unstoppable”
  - **De’Andre** – male, straight, 30, African American, “An Old Man”
  - **Ariana** - female, straight, 24, Native American, “Venus Flower”



What to Expect

- “People Over Pathology” means that we aren’t going to be using DSM terminology
- While we are speaking about “symptoms” of many commonly diagnosed serious mental health conditions, we are using a different, non-medical framework
- We’re hopefully going to leave with a deeper understanding of the origins and experience of these “symptoms”
- We’re hopefully going to leave with more direction and skill for engaging our clients in ways that support the transformation of these “symptoms”

Grounding & Arrival

- Shake off whatever came before and settle here now
- Drop in to your body and breathing
- Notice that you're here, now. Why did you come today?

Why this Topic?

- Witnessing
  - Misdiagnosis, stigma, labeling without knowing
  - Re-traumatizing health system
  - De-humanizing language and culture rooted in violence, racism, misogyny, heterosexism, ableism, classism, individualism, moralism
  - Mental Heath system that applies pharmaceuticals first, therapy rarely, and other forms of medicine almost never
- Also Witnessing
  - The incredible neurodiversity, resilience, and spirit of human-kind
  - Incredibly high rates of childhood abuse, neglect, and attachment disruptions in our population, followed by ongoing personal and cultural traumas in adulthood

Why This Topic from Our Clients

“My diagnosis was almost like they read it off a list. They said ‘OK you’re this, and here’s this medication’ and not letting me know what it’s for or what it does, or any adverse reactions. And I didn’t feel heard, what I felt was they were just trying to rush me out.”

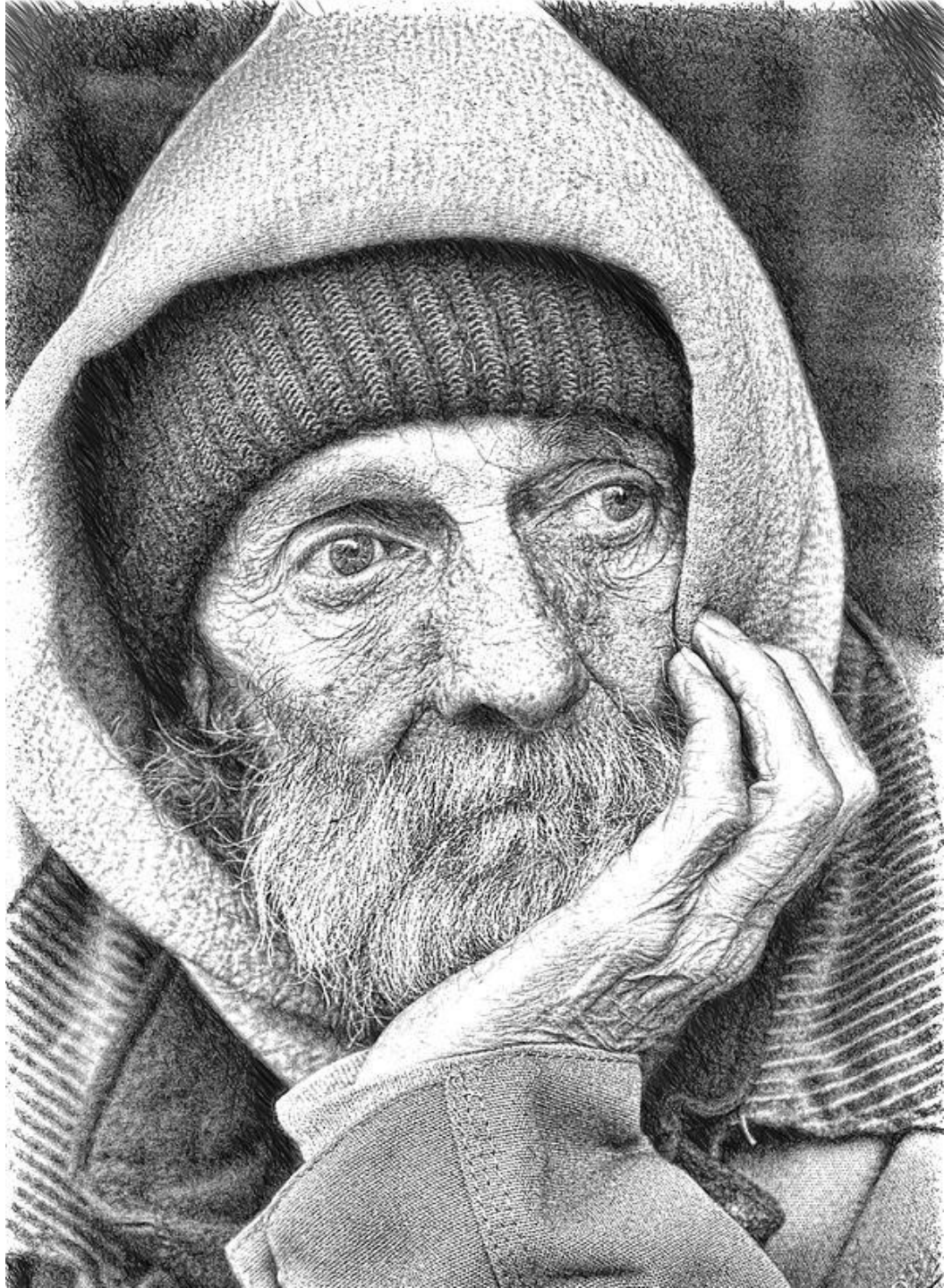
-Donnie

“I had counseling with a pastor. I felt judgement, like the Bible was being shoved down my throat.”

– De’Andre

Exercise: Bring a Client to Mind

- Think of a client you work with. Someone diagnosed with a serious mental health condition. Someone you may have a strong reaction to. Maybe you feel a desire to lean into this person or maybe a desire to pull away from them
- Picture them in your mind. Maybe a recent or typical visit, see them in that setting with you
- What do you notice? What are their behaviors, mannerisms? What is it that you react to? Jot down your thoughts.
- Keep them in mind as we go along today



Appreciating “Symptoms” as Adaptations

- Today we’re going to practice looking at people the way we look at trees
- We will practice suspending judgment, and engaging our curiosity – How did this person come to be shaped this way?

Core Beliefs

Rooted in life experiences that shape who we are

Especially early experiences with our attachment figures, authority figures, and culture

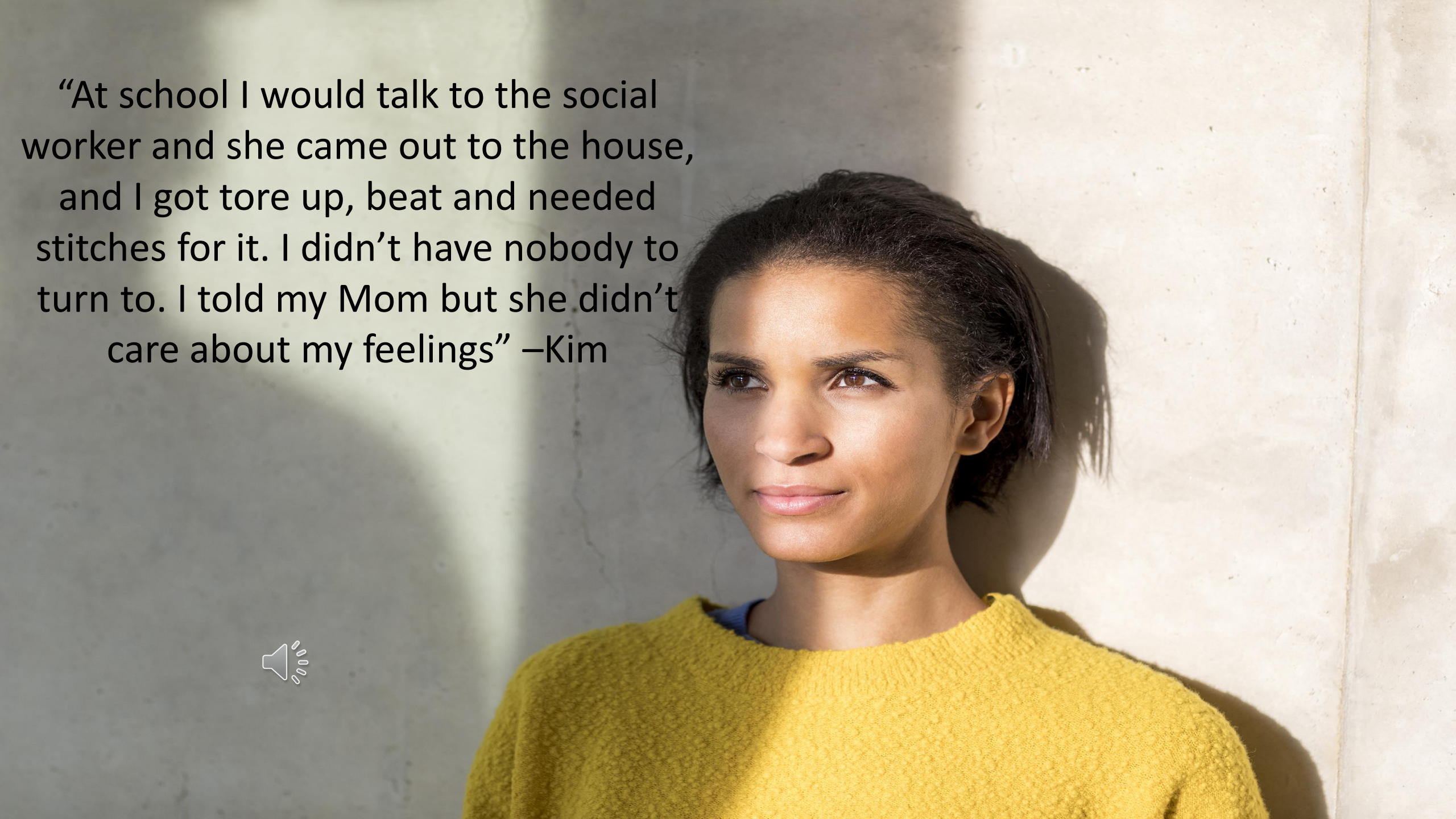
Especially experiences that are threatening

Become so engrained that they feel like “Truth”

Become the filter we see the world through

Core Beliefs with Themes Around Safety

- I’m not safe or protected
- Something bad is about to happen
- I can’t be trusted
- I can’t trust anyone
- It’s not okay to show my emotions


“At school I would talk to the social worker and she came out to the house, and I got tore up, beat and needed stitches for it. I didn’t have nobody to turn to. I told my Mom but she didn’t care about my feelings” –Kim

Core Beliefs Themes Around Responsibility

- It’s all my fault
- I’m unlovable
- I’m bad (stupid, ugly, broken, an addict, etc.)
- I’m shameful
- I don’t deserve X

“I was struggling to give myself a break. I am the toughest on myself and she showed me I need to nurture my inner child.”

-De’Andre

Core Beliefs with Themes Around Choice

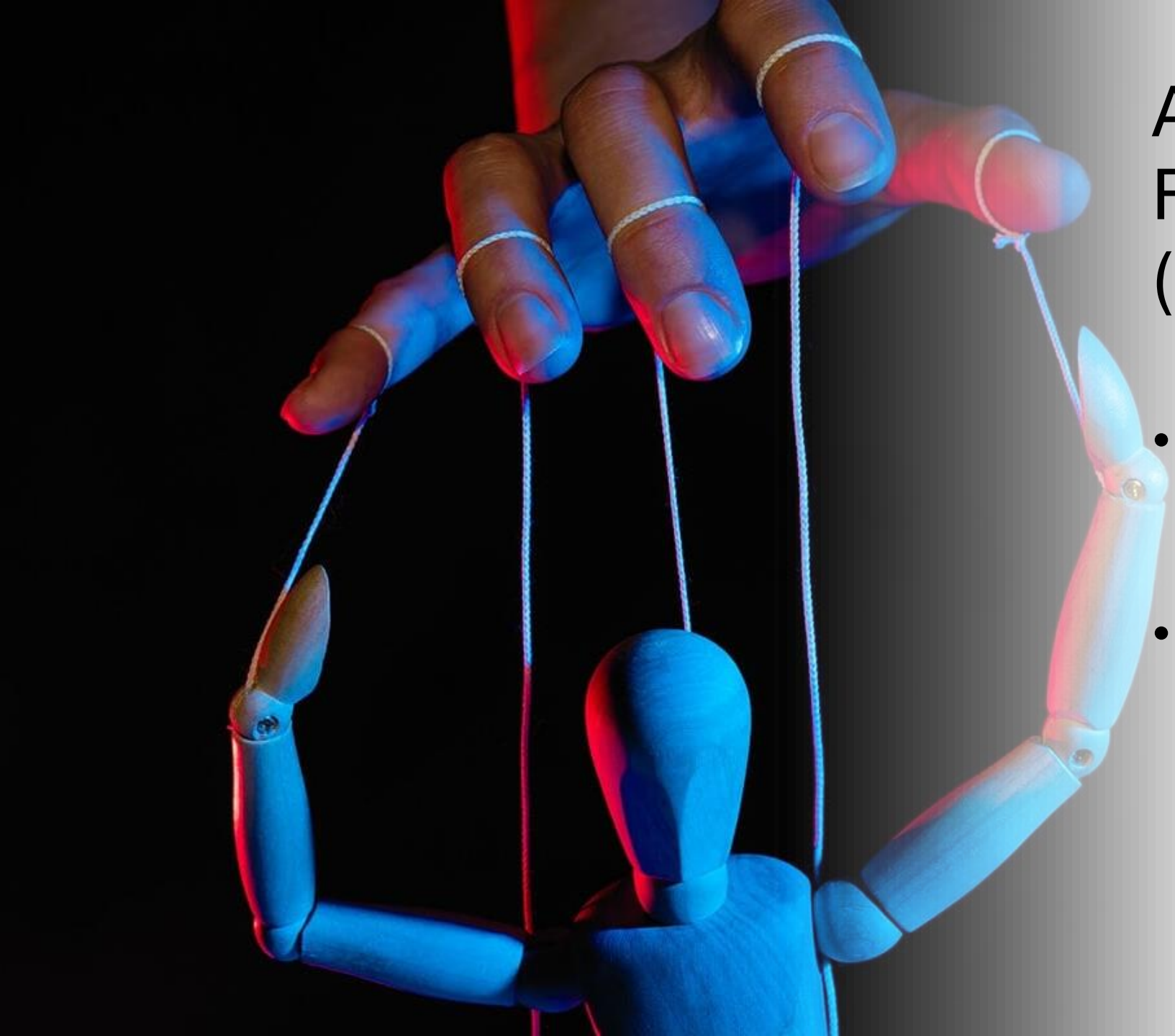
- I have no control
- I’m not enough
- I can’t handle it
- My existence is miserable
- I’m a failure

“When I was 14 years old I was placed in foster care and forced to go to therapy, which I didn’t have a choice. And I kinda felt like a guinea pig with medications. But when I aged out of foster care at 18, I choose to not take any anymore. And I’m 24 now and I really feel like I’m able to manage my symptoms well.”

-Ariana

Come Back to the Image of Your Client

- What might some of their core beliefs be?
- Where might those core beliefs have come from?
- Jot down your ideas



Adaptation Theme: Fight Mode- (Over)compensate

- Active strategy – solve the problem, move towards it
- Resisting the core belief by
  - Acting as if the opposite were true
  - Projecting it onto others

Adaptation Theme: Flight Mode – Avoid

- Active strategy – escape the problem, get away from it
- Avoiding the core belief by putting off situations that trigger it

Adaptation Theme: Freeze Mode - Surrender

- Passive strategy, go with it
  - Can include nervous system shut down or collapse
- Surrendering to the core belief by living as if it is “Truth”

Adapting for Survival

Fight, flight, and freeze responses happen by instinct, not choice

- Kids have far less resources than adults and little to no executive functioning
- Oppressed groups have less access to resources than dominant groups

When threatening situations repeat themselves, FFF responses become long-term adaptations

- Adaptations may still be helpful in a client's life even if they seem unhelpful in the clinic
- Cultural difference can prevent providers from understanding adaptations for what they are

Over time this repetition can start to look like personality, and in groups can look like culture

- To create new adaptations, people need to experience safety, guidance, practice, & success
- Healing cultural trauma requires an end to violence, repair, and group-wide access to resources

Adaptations for Safety

Core Belief	Fight – (Over)compensate	Flight – Avoid	Freeze – Surrender
“I’m not safe or protected”	Be a protector, hero for others. Bully. Focus on survival, strength.	Avoid “danger” and confrontation. Don’t take risks	No boundaries. Stay with people who abuse or exploit. Needy

Family → Community → Culture

Adaptations for Responsibility

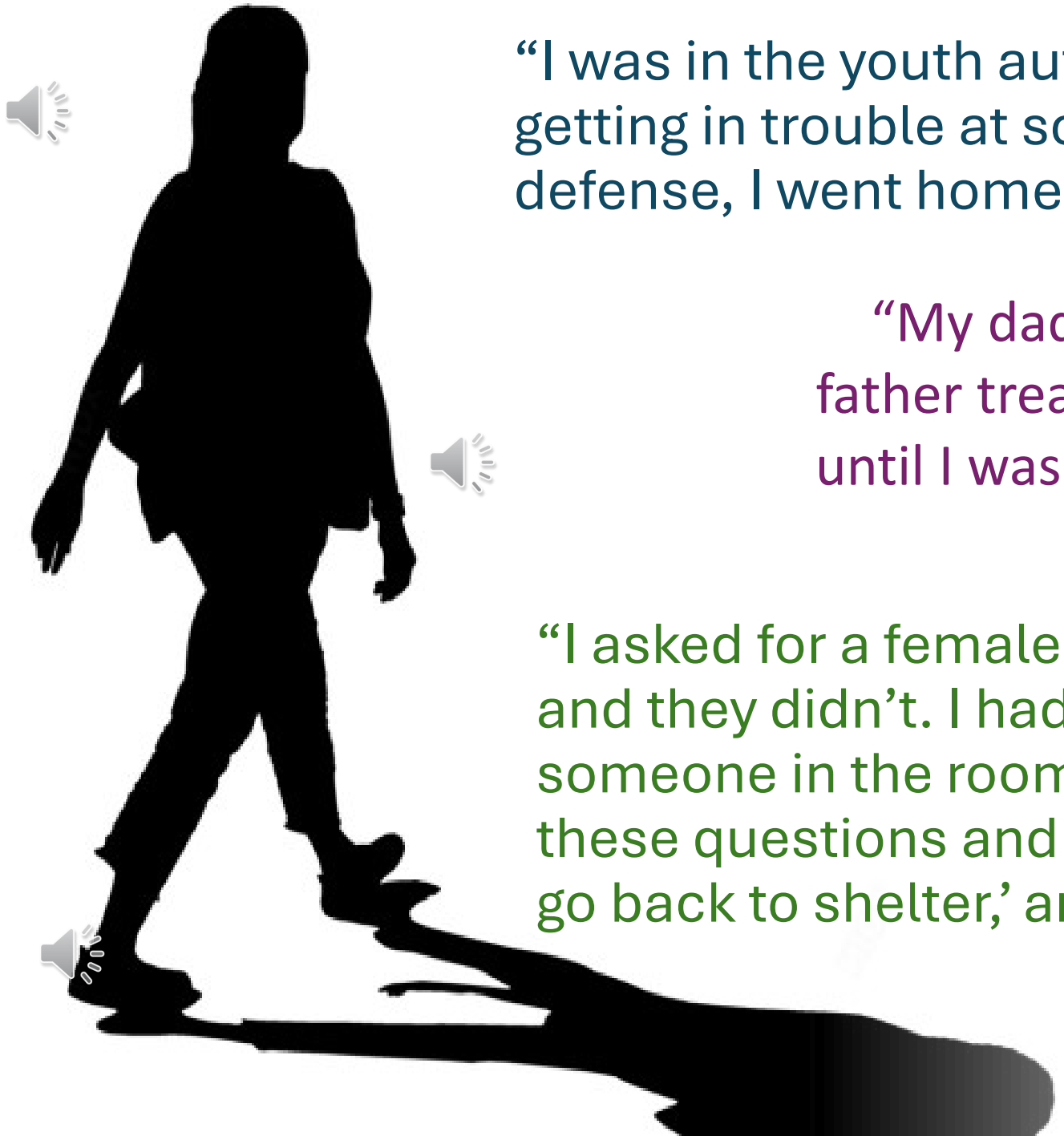
Core Belief	Fight – (Over)compensate	Flight – Avoid	Freeze – Surrender
“It’s all my fault”	No accountability or self-reflection, blame other people/situations	Avoid eye contact. Deflect feedback. Hide mistakes	Overwhelmed with guilt and shame, blame self unfairly

Family → Community → Culture

Adaptations for Choice

Core Belief	Fight – (Over)compensate	Flight – Avoid	Freeze – Surrender
“I have no control”	Controlling, rigid rules and ethics, stubborn. Fight the power	Big dreams but put off taking action. Complain about the power	Accept addiction, abuse, control. Submit to the power

Family → Community → Culture



"I was in the youth authority and I was always getting in trouble at school, but to me it was self-defense, I went home and got a knife." - Kim

"My dad used to tell me this is the way a father treats his daughter, and I believed that until I was locked up in a mental health when I was 18." - Kim

"I asked for a female doctor because [of my trauma], and they didn't. I had a problem being closed up with someone in the room like that. He was asking me all these questions and I clammed up and said 'I need to go back to shelter,' and I didn't go back to that place."

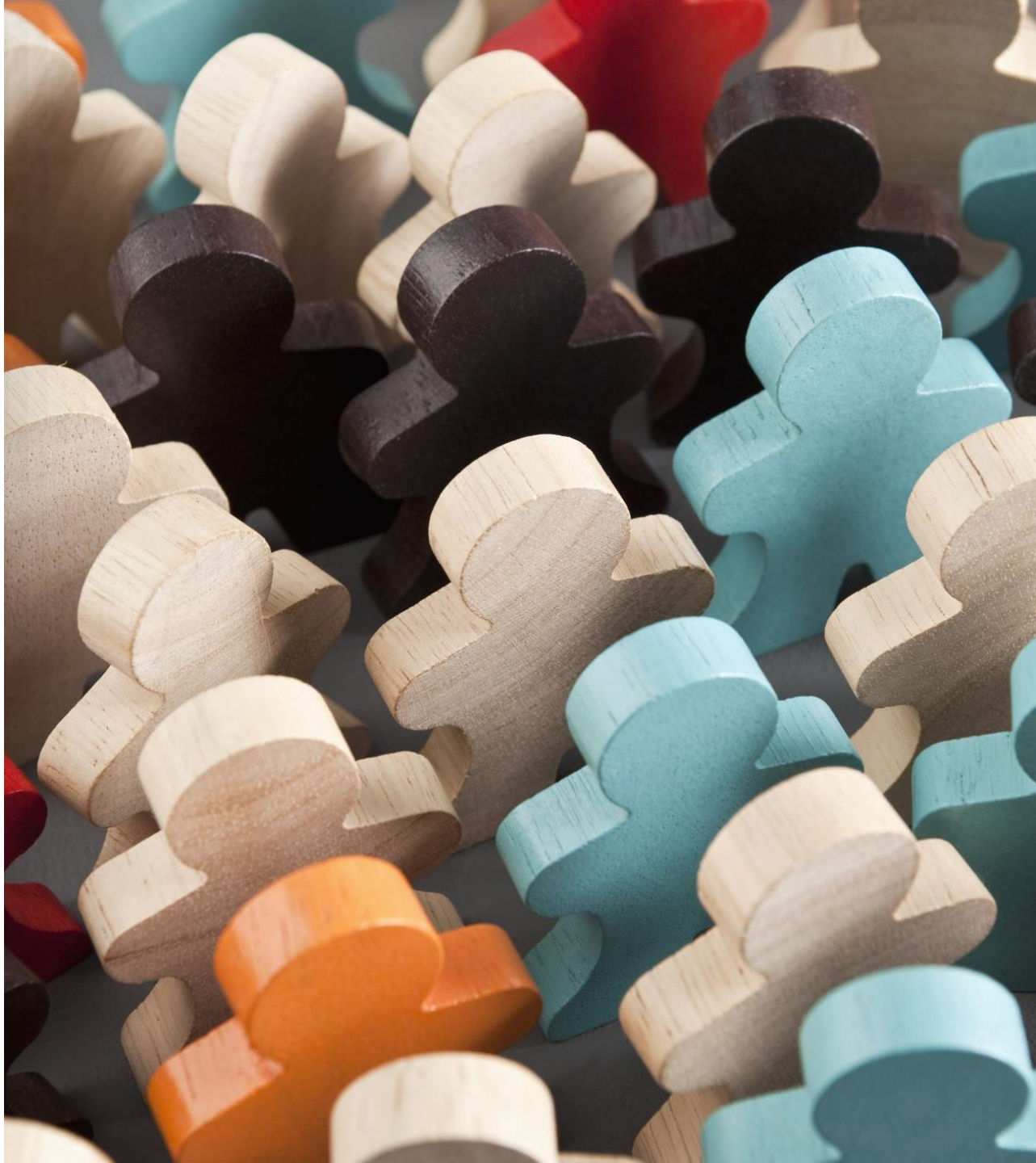
- Kim

Come Back to Your Client

- What might some of their adaptations be?
- How might these adaptations help them survive in another context?
- Jot down your ideas

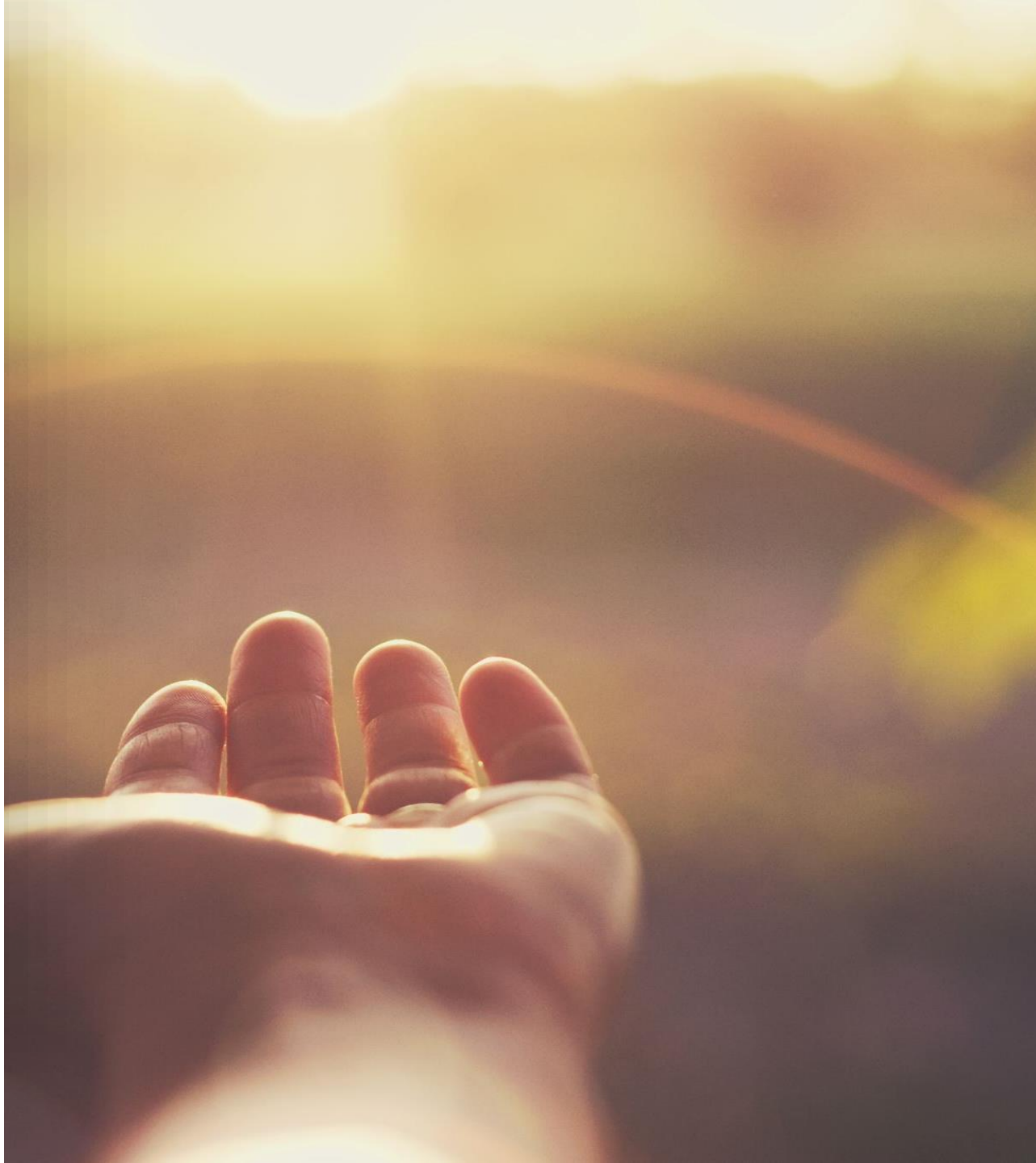
How Do We Use this Knowledge to Support Our Clients?

- ❑Self-Supervision
- ❑Disconfirming



Self-Supervision

- What are the core beliefs and/or adaptations that seem to make sense for your client?
- How are you impacted by these adaptations?
- What are the core beliefs and/or adaptations that you think you live with?
- How is your client impacted by these adaptations?



Disconfirming

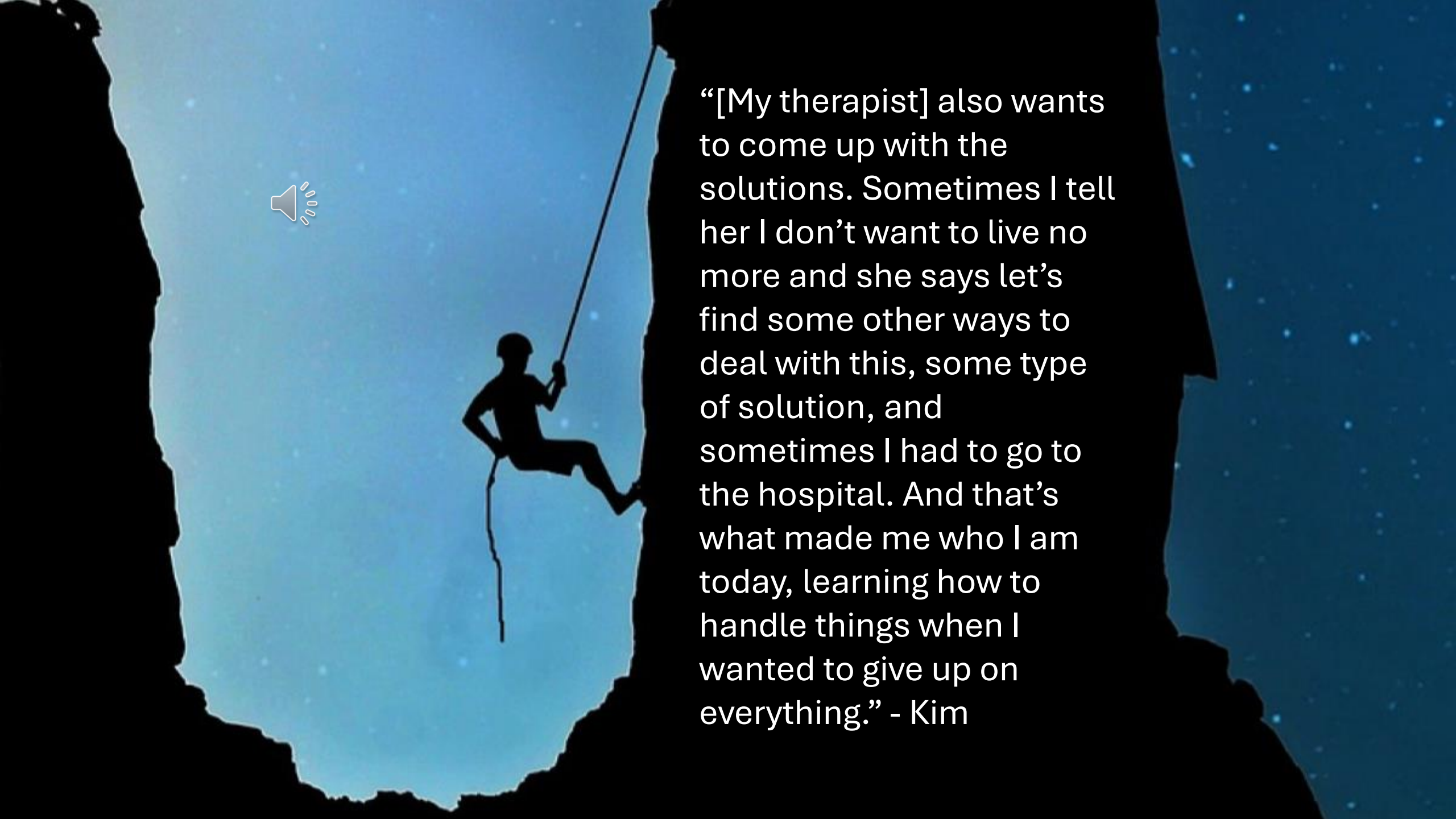
Rather than responding to the adaptation, we try responding to the need that prompted it

Sometimes our “instinct” about how to respond actually reinforces rather than disconfirming the core belief

Try using descriptive rather than judgmental language – “nourishes/hurts my body” vs. “good or bad.” “We *want* your lungs to be healthy” vs “You *should* quit smoking.”

Disconfirming Beliefs About Safety

- Everyone has access to an exit and enough personal space
- We are attuned to ourselves, our client, and our environment
- We use informed consent with everything we do and remind the client “You can say no”
- We accept anger as a normal threat response, so when clients get angry we’re curious about why
- We work on the client’s agenda, rather than pushing our own
- We are aware of the cultural categories we are in and how they impact safety



“[My therapist] also wants to come up with the solutions. Sometimes I tell her I don’t want to live no more and she says let’s find some other ways to deal with this, some type of solution, and sometimes I had to go to the hospital. And that’s what made me who I am today, learning how to handle things when I wanted to give up on everything.” - Kim

Disconfirming Beliefs About Responsibility

- We reflect, celebrate, and up-regulate strengths
- We share what we enjoy about working with the client, our gratitude for knowing them
- We are relatable not authoritative, humble professional not know-it-all, warm not patronizing
- We normalize mistakes, including by apologizing and doing repair work when we make mistakes
- We acknowledge that culture can shame people based on labels and –isms
- We show respect and positive regard with our words and actions – “You are worthy/loveable/enough just as you are!”

“Before Lauren and I had the real session she asked me to tell her something about myself that was actually positive and at the time I just couldn’t, I couldn’t think of a single thing. So I scheduled the next session she pointed out all these different achievements and accomplishments that I’ve made, and then she asked me again to tell her something positive and good about myself, and I started to be able to, and see the accomplishment and the achievements that I’ve made. As the days went by I was able to see more and more and then, I started to feel inspired and motivated and kept on with the positive attitude I have with life.”

- Donnie

“[My therapist] actually knows me, we got that bond – opening up another can of worms, I get tired of opening up. She don’t judge me. She don’t look at me any other than a person, I can talk to her about anything.”

- Kim

Disconfirming Beliefs About Choice

- We review treatment options and help them weigh the pros and cons
- We prompt clients to tap into their own intuition and knowing to make choices
- We help step-up to independence:
  1) Show the task to the client, explain what you're doing and why.
  2) Do the task together, coaching them as they go.
  3) Have the client do the task in front of you.
- We celebrate accomplishments and competencies
- We know that culture and oppression limit choices, so we offer clients choices that are realistic for them

“Dr. Champlain was different. We sat down in her office and she took time to hear what I had to say. I could tell she was practicing the whole active listening thing, and I felt like “okay, I’m really being heard,” I felt the empathy, compassion and all the understanding on her part, so that gave me huge sense of security.”

- Donnie

Come Back to Your Client

- See yourself back in the space with your client and their adaptation
- Reground, check your posture and breathing, center yourself
- How might you try responding next time?
- See yourself trying the new thing.
- Jot down your ideas

Questions and Reflections

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for more information about Health Care for the Homeless in Contra Costa County

"I finally have the freedom to speak my mind and feel heard. When you open your mind and your heart, you start to see. Therapy is definitely working." –De'Andre

"[My therapist]talks to me like a person and not a patient. She's not above me or below me, she's with me." -Ariana

"[My therapist] is good and I've been working with her for years and years [at all the different shelters]." - Kim

"When I got here to Brookside, the pain and the negativity and depression started hitting me really hard in a brand new environment, I was scared to death. Realizing that there was an onsite therapist, I reached out to her and she literally gave me hope. She was able to get me out of my funk and started to motivate me and inspire me." - Donnie

Why Mental Health on an HCH Team:

A Consumer Perspective