

NAADAC

Cultural Humility - Part III

July 17, 2020

>> SAMSON TEKLEMARIAM: We are using GoTo Webinar for today's live event. You'll notice on the right-hand side of your screen a few icons you can click on. Take a look at the small? Circled. if you click there it will open a section where you can send any questions you have for our NAADAC support staff online. And we will give them to the presenter toward the end at the live Q&A. And any questions we do not get to we will collect from the presenter and try to get this posted on the website in the coming weeks. If you click on the document circled in orange, you can see handouts you can download the PowerPoint slide from that handout box.

With no further delayed let me introduce you to today's presenter. Dr. Janice Stephenson has been a licensed psychologist since 1984 and obtained her BA and MA and Doctor of philosophy from the University of Maryland at College Park. She has worked for 30 years on the front lines providing direct care services diagnosed with trauma related -- and substance use disorders. She's been a consultant on the Dr. Oz and for doctors across the country.

She is a consultant to local talk shows and news shows leading her own show at Morgan University and has had numerous appearances on 48 hours, the Oprah Winfrey show, the Montel Williams show, the Maury Pauvich and the Sally Jesse Raphael show, her legacy has been a tremendous contribution to the recovery community.

As the representative -- she was part of a multiagency consortium that saw the revamp and creation of a multiagency, multilevel child system of care service. NAADAC is delighted to provide this webinar today from this experienced professional so, Dr. Janice Stephenson, I will now hand this over to you.

>> JANICE STEVENSON: Thank you very much and welcome, everybody to this webinar. We have three objectives in this event. the first objective for today is participants will experience a different strategy for establishing rapport and working contract for change with clients. Ericksonian psychotherapy will be talked about in a moment, but this approach is unlike a lot of traditional therapy contracts. And there are skills that can be learned by anyone attempting to do this and it changes the quality of the relationship for the better that we have with the clients which increases their investment in the work we are doing.

Secondly, we want you to personally experience the impact and personal strategy in defining alignment with that change contract. Work we do is basically establishing and maintaining a relationship. We are part of it and the clients are part of it. We know a lot about the class but

we don't check and see what we know about ourselves. And where will we be impacting or interfering with or providing obstacles to the client achieving that contract. And when the client leaves therapy for whatever reason, we blame them when maybe I didn't do it as good job as I could with them so we will work on that to increase your awareness of who you are in that change contract.

The third objective is through case consultation. We hope to increase your knowledge in your areas of transfer from liability, which means your issues have to do with the work. So we want to increase the knowledge so we know where you start and the client starts.

Those are the objectives for today.

Milton Erickson, that is what MHE stands for. And you can see more bottom through the Milton Erickson foundation in Arizona. It oversees training centers and research and clinical institutes around the world. He was a psychiatrist who took a very nontraditional approach and I have attempted to summarize the uniqueness of his work in these quotes from people who knew him much better than I did. He was with us from the 1920s until 1983, I believe is when he passed. And by that point he had changed the world of psychotherapy as we know it. In the 1940s he took a stand and said as rapidly as problems and symptoms appear they can resolve, which is contrary to what the psychotherapy world was saying at that point. And it's a cutting edge approach that we could resolve symptoms and problems rapidly.

One of the up shots of his work has been psychotherapy that comes from that thinking bird in 1944, he overtly challenged the psychoanalytic needs that makes the unconscious conscious and through hypnosis, his Ericksonian hypnosis is more of a conversational hypnosis contrary to traditional Hypnosis is buried one of the issues interferes with our ability to work are defenses that crop up to protect themselves from items and thoughts and feelings and images and memories that make them anxious. And anxiety is the driving force in a lot of our work.

If these pathological defenses can crumble, they become less of a turned it on our ability to make a difference with the client. Over time, over the years of his work, he quietly distancing himself-- and was able to stimulate healing. These quotes come from his daughter. She's also psychologist and practices in Phoenix, Arizona. If you'd meet her and interact with her, she's an incredible model but a powerful therapist.

Another person who has made powerful statement about Erickson is Stephen Gilligan and he says traditional psychotherapy often fails by giving exclusive focus to the problem, and talking about it and holding it in isolation without human resonance or connection. The client comes in and we say what is the problem we went to work on and we think about the problem and focus on that, and our work then becomes chipping away and making the problem go away. So

the problem no longer exists. His response is an impermanent solution because we need to continue to greatly responses to changing needs and values of the self to the situation.

Erickson made a powerful shifter by creating a tradition of creatively accepting the problem, touching it with positive human presence and finding a resource and connecting it to many resources in the person's life. This means when the client comes in with the problem we accept the problem as if it were a baby that we are holding close to us because it is crying and scared. And retouch it with the human presence that comes from interaction within the relationship we are setting up. Then we identify as we would with the baby, what the cri means and where it comes from in their being. What are they trying to communicate with that cri do you need a diaper change, etc., and connecting it to resources in the person's life so the growth could continue.

Ericksonian work impacted much of the psychotherapy world but some people that trained with them went on to make theoretical and philosophical and strategic changes throughout the mental health world. Solution focused therapy came as a result of his work. Neural linguistic programming came into the field as a result of his work. Understanding that Milton Erickson was in an iron lung and wheelchair later in his life and you're watching therapist with a gravelly voice because vocal cords were eroded away, watching him do intense hypnosis with complicated clients who traveled across the country to see him. And mapping out the strategies, the linguistic strategies, nonverbal strategies that he used in his work to produce profound change in one or two, maybe five sessions. And that resulted in Neuro linguistic programming. Margaret Mead collaborated with him on some work so it impacted the world of anthropology.

On the right side of the screen I have a list of a number of other people whose names you may know. Any of these names, you can Google them and find out more about their work. Dan the Short is now doing a lot of research on the effectiveness of psychotherapy and how we can learn more about the outcome by asking the client directly in the ways you can repeat session to session to session.

One of the important things that Erickson did was separate in more creative ways than psychoanalysis had done, the levels of consciousness in our minds. He gave us some definitions that are very useful and we will draw on these later in the discussion.

For example, the conscious mind is that part of our thinking where we are aware of our own circumstances and who, what, where and when in our lives-- is fully alert, a bit like perception is a building and pays attention to who is coming into the building and who comes into the lobby and do I need to call security or just go back to watching my soap operas on my phone or where do I need to put my attention. That is the conscious mind. To date notice what you are paying attention to what are the who, what, where and the when of how the conversation is going and

are you focusing on my verbal tips? what are you putting your attention on. Are you paying us into the notes you're taking?

The subconscious mind is the part of you is aware of what is drawing your attention. But not focused in drawing on that intention. So are you hungry or did you remember to go to the bathroom before because started? Or are you thinking about the grocery list you are going to go down when you leave here. Or are you going to put a new mask on your face so it's the stuff in the back of your mind that the front of your mind.

The unconscious mind is the reservoir of life learning below the level of conscious awareness that may not be ever brought to conscious awareness. That is part of the mind where a lot of work takes place whether we are aware or not because the unconscious mind is where the belief systems fit and -- where learning register and resides. When memories are waiting for a resolution or whatever learnings we can glean for that or do they sit because they represent stuff from our past?

Will now shift quickly to the work we will do today because we have a lot to get done today. I want to start out with a way of representing the contract for change that we have with every client. I would like you to notice as I read this sentence and you see it on your screen, if you have clients who use any of these terms, much less many of these terms -- they answer the question, what are you here to work on? How can I help you? I thought it might like to try to make a little contract and explain the reasons of going back to find out what you cannot seem to learn how to be more confident and not be so blocked by your many problems. That sounds like nonsense. And if any part of that sentence is in your clients description, when they come in, do you even know what you are going to work on quite whatever your approach to therapy is, however you think about what you are going to do with the clients you see, do any of them speak in these ways?

If I were to break it down, I would say some of these words that are problematic, I will literally go through every word on the page practically. Thought, the second word is past tense. If I'm coming in here for change, that is not the past tense activity. That is a future tense activity. Or a present tense, I'm uncomfortable now about something now.

Might, is noncommittal. Will you or won't you commit to change? Do you or don't you want to change something in your life? Like, is also equally noncommittal. When you translate like into a want or action or a don't want, never mind I am sorry I can't.

My definition for Try -- any time someone tries to try and do something they have little hope and expectation that they will be able to do anything that makes any difference. They do not expect to be successful so the issue becomes will you try or will you actually take action? Will you actually be different?

"A little progress" -- a little is a little short of the mark because there's no measure how much will you go for? Will you go all the way? Or are you satisfied with the intake appointment and it was enough? progress, will you make a little progress? Progress is not about arriving. This is about a destination. It is about setting a goal that you achieve. Will you merely travel? Or will you commit to arrive at your goal? Do you actually want the changes in your life that you are saying that you want?

Exploring the reasons why going back is something that can do, and still not change a thing in your life. Which will you choose? Exploring, going back, understanding, or will you actually choose to change? When your clients speak are you hesitant, ambivalent, vague words, as they describe to why they are there, are you able to challenge those words for clarification and understanding? For the certainty about how you can be a better tour guide on their journey to their goal.

Reasons are either a demand or excuse for abstract answers. Do you actually want to change? We will get into "why" in our work and understand stand reasons in our work but do you understand change?

You are confusing substitutes for "I". Is it me that you are talking about, facilitating me changing? Because I have my own therapist in my network to support me. Are you talking about you or are you really that scared? That you "I", the client, can achieve the goals that "I" would like to have in my life? Can't is the plea to be released from responsibility. The words "go on", be able to, cannot seem to be able to learn. Be able, is noncommittal also good I'm not really committed to doing something creative do I need an excuse. If I say can't I am physically unable to. So what are the barriers and resistances that stop me from doing it? More, is a smokescreen. Is your goal to be confident? How will you behave or be when you are confident? What this confidence looks like sound like and feel like?

Not, is not a goal and can tie you up in knots of not knowing how to be satisfied with the "not".

Many problems is a way to create a logjam so you will not solve a single one. What single outcome will you select for you to be committed to?

you are free to use this as you wish. This is the work of Dennis L Gibson and has a private practice in Chicago. This is called the classic noncontract. As you hear me go through these words, obviously when you see them, when you hear them, they are obviously vague and noncommittal. However, when they are not all bundled up like this in your client is doing their best to struggle to say what they don't want to say because they really don't want to be here and they don't want anyone know because they are already ashamed of having issues anyway.

These words come out a lot smoother and a lot more subtle.

We get to be able to hear and sort out right at the beginning of the intake interview, come up with a solid and secure contract for change. I am frightened as I have been hurt in the past. And I'm scared of going to be heard in the future. And I need some help having the skills and tools on the ways of thinking to support me in being comfortable and secure in my own skin, no matter what comes into my life. I'm hoping you can help me with that. If you are not the want to help me up you can guide me to someone who will help me improve the quality of my life, so that I am not walking scared and dreaming scared every day. I really want to have a different life.

Ericksonian Psychotherapy is based on presuppositions. These are the beliefs and standards in guiding thoughts we implicitly assume before we do psychotherapy or counseling. Because we have these beliefs they filter before we even begin our first piece of work. Some of these I will talk about I stated in the classic noncontract. By example, some of them -- I will pull them out for more detail.

This S3 but I have about 10 or 15. But this is based on how you practice psychotherapy and practice counseling, you might have your own presuppositions so this is an invitation to use this as an example and sort out what other presuppositions underlie your work.

The goal of the behavior is the result of the behavior: it is not what you intend to do or say. It is the response defines the meaning. Therefore, whatever the response -- is the intended information. There are no failures. Response is simply feedback. We give the client a homework assignment between sessions to work on they are not there. And then come back in the next session and report on it. They come back in and they say, I am sorry, I did not get a chance to do any of that. I really meant to my really want to work on this and I understand the importance of it. The kids were too much, the work was too hard the virus was too frightening and I couldn't think about it.

It is obvious to the listener that the goal or behavior is to not do it. However, if the result informs us, it says something else. What you intended to do you did not do. For example, the example I just gave you, the client this is a could not be because... The response might be, what are you afraid of if you do it? What are you scared might happen if you actually tackled this different way of thinking or this different action? What change would it make in your life that you are not sure you would recognize yourself in? We tend to put our attention on things we get our priorities from. The priority is to care for your kids in your priority was to take care of your health. It's true for all of us. We are going through hard times.

This is only feedback and our job are to figure out what needs to shift to produce a space in your life for change?

Let's give it another try but this time I promise not to judge you. And I promise to support you in giving yourself the space. So that you don't have to judge yourself.

Every behavior is useful in some situations. Everything you know how to do is useful in some situations.

Think about the clients you have who are your most difficult clients to work with. And the behaviors that clients do that are just simply annoying. And you just wish they could figure out what they really want. If I take the annoying behavior getting in the way of their progress and look at their life to see what in their behavior might actually be useful. Like develop mentally, where is that behavior normally and naturally occurring?

Let's say it was normally and naturally occurring when they were eight or nine years old, any aid or nine years old is the behavior. So what purpose did that behavior serve then and what was the result of it? What has them potentially stuck in that point in time, still using a behavior that was used when they were eight or nine years old and now they are 47? And have not updated or upgraded.

How is that behavior serving them today? It embraces the behavior and gives it a reason to be at; it takes away from our judgment that it is wrong or bad.

Thirdly, respond to our internal maps of reality, not reality itself. Your identity, beliefs and issues will determine your response to everything you encounter.

Frequently, our clients are not aware of their internal maps of reality. And as therapists we are frequently not aware of our internal maps of reality. Sometimes we just need to notice what we are doing. And then look to see where it comes from. Our values are different. Our identity is defined from the composite so many experiences in so many days and nights in her life. And we lose sight of the source of it. And we lose sight of what we think and feel and what we think and feel is true. Our clients feel differently and they are wrong because of their problems. When really it is two different internal maps of reality and will talk more about that in our case studies coming up.

This is abbreviated of a case presentation of clients you might be working on. Most of this is standard procedure and what we do and we do our work. Whether in the clinic or hospital setting or residential center, where we do case presentations -- this is basically what we study and what we presented speak about, and where we focus our attention.

Category number five, lessons learned from case discussion. This is not always something we pay attention to when we are doing our work. This might be at a point where you could add,

because it pulls together the presuppositions about what you are speaking. Case lessons learned about the client, the case management and the therapist. Ponder that now and we will come back to that.

This is closer to the meat of the webinar. How you conceptualize your case. You have a better understanding now of how I conceptualize my work and how the Ericksonian therapists around the world conceptualize their work. I've learned over 40 something years of doing this work that there are factors affecting every one of my clients that I don't always keep in the front of my mind, my conscious mind, when working with somebody, that I learned is really important.

As I go through these points on the slide, I would like you to conceptualize one of the most difficult clients you have worked with. When that puzzled you and left you stuck and stymied unable to move forward. A lot of us don't allow ourselves to do that a lot of ourselves don't, the egos don't allow us to say: this is a client that befuddles me. But for a minute, nobody is in the mind except yourself so entertained that client for just a few minutes. It won't take long. Think about what and how those two areas of information impact the map. If I take that client, the one that befuddles me, and I think about what is the belief system that client has learned about the world? What is the world taught that person about who they are and what do they believe about themselves? In the context of the whole world -- what does she believe about themselves in the context of this country in which we live. What do they know and what do they think and how is it different from what they learned in the whole world?

What is their community taught them? If you have clients that grew up in different communities over their lives, how do they reconcile different messages different communities have taught them? Clients grow up in rural versus suburban versus urban, what is that taught them? What is the family taught them? That's a particular area of concern. What their family has taught them.

And then the person themselves. We know the symptoms and problems and their consequences. We know their actions and their thoughts and feelings, at least at a conscious level. What has their past taught them? What is the present teaching them? What are they anticipating learning in their future? And when we have the three levels of consciousness, their conscious mind, what is it informing them about? What is there subconscious mind processing? What are the lessons they are learning from what they are not aware of or maybe not even privy to but still consuming?

These various levels of beliefs and thoughts and learnings influence our clients simultaneously in ways that are habitual or unaware or right in front of their face. I'm hoping you have questions that this way of conceptualizing a case brings to you. I'm hoping it offers to a different way of perceiving the client and might actually change some of the ways in which

understand your client because it allows you to see them differently than you were seeing them before.

That's a lot of our background for what we do today. Now going to shift gears to your side of the conversation. To your contribution to the clinical work and relationship we offer to the world, in the work that we do.

This is where you get to engage in the conversation with me.

Do you know how your mind thinks? Have you changed your mind lately? Not your thoughts -- your mind. Have you grown your mind?

We think in the senses of our body, visually we see and show -- we feel and do, auditorily we hear and say. You know how your mind thinks? And I will complicate that even more. Do you know how your mind thinks at the different levels of consciousness? For example -- when I meet someone new for the first time, is my conscious mind focusing on what I see that they show me. Or what I feel in their presence are what they are doing in my presence. or am I only attuned to what they are saying and what they are doing. Just like a computer system uses blinking lights that lets us know it's going to access the file and bring back the information. My mind uses the senses in our body to get information and bring it back to us at the subconscious, unconscious and conscious level. When someone interacts with me or you, and I'm speaking from first person, my mind translates what they say, the specific words they speak, not my interpretation of it, the specific words they speak, into how I think.

For example, if I interact with the world, in a reception position, in my conscious mind, kinesthetically based on people feel or what I feel or what people do or what I am doing, my reception is sorting who is important, who is not important, what is relevant or irrelevant, what can I attend to now and later -- based on emotion. And action paired with me personally it is much more emotion.

When the reception is thought through, then I will store it for pondering later to think about it. My mind thinks visually. So when I'm thinking it through, I need to see it like a movie playing in my head. Or like slides on a screen playing in my mind, so when I'm pondering something I'm all in the pictures in my head. I don't know where you are when you are thinking. And when I have stored something or experienced something that will become a memory, for me it is stored auditorily that means I store stuff in words, I start with what I heard and I store when people say it. The work of Dawn Markova has taken these concepts, modality based thinking, and turned it into a very elegant theory for education teaching.

She has about How Your Child Is Smart., It's an excellent book. It takes how your mind thinks and applies it to how your client's mind thinks. Like in these examples on giving you how my

mind works but not necessarily how yours works. So when someone says something to me, if one of you say something to me, what you say to me is not what I hear, because my mind will be translated into how my mind processes that information. And what I hear is not what you intended when you conceptualize the question. And what you intended is not what you said. So the medication looked becomes very translational. What I say is not what you hear, even in this webinar paired what you hear is not what I intended and what I intended is not what I said.

I will say something to you in an emotional language, and you will hear it may be with an image in your head or just in the words, the specific words I speak. When I ask you if you understand what I'm saying? You will say back to me something else. Which is not what I intended for you to hear. And then I will look at myself in the mirror and said, that didn't go well. That occurs constantly in sessions when we do not stop and say, did you understand what I was saying? Because we think they have English language and they understand what Thompson because they know the words I'm speaking but we don't realize that all of this is going on. So deciphering this communication loop opens up communication tremendously. But to be aware of it requires practice.

So, please share your questions in the question box.

>> SAMSON TEKLEMARIAM: Thank you so much, Janice. Incredible information and great responses but we have some coming in so everyone, if you click on the question mark tab X this is what it looks like on the right-hand side of your screen, you will see a question mark, like it is inside of a circle, and it will open the, the questions box and you can ask is any question. Dr. Stephenson is asking you to share what you know in your mind and the three areas she gave us, kinesthetically, auditorily and visually and if you think differently, in the conscious versus subconscious mind, have you changed your mind and how it is grown?

While you send those and I will share the few that I have for you Dr. Stephenson. We have one person that said that I have changed my mind a lot after committing a lot of mistakes in my teenage years. So it sounds as though this person is maybe connecting with the other Erickson, and those developmental stages in life and how throughout the stages it sounds as though her perspective and way of looking at the world has changed because of those experiences.

>> JANICE STEVENSON: I commented that would be that is awesome to hear. And if we are doing our work while our clients are changing their minds also. However, the question specifically in this context is, are you changing how you think? Not necessarily what you think. Changing what you think becomes a lot more facile and easier and easier to accomplish if you move -- think about this. So I'm hurt by the things I see in my past, those images stay in there until I have a way to bring them to my conscious mind, I can resolve them and then let them go into the universe. Where they can float free like leaves in the fall. So when I say but do you know how your mind thanks and have you changed your mind? I mean it is really at deep levels

the technology allows us to change your mind at that level. And I'm glad to know that you are growing and I'm glad to know that you are learning more about yourself. And I'm very glad you are not making decisions with the same way of thinking you did when those mistakes occurred.

And those mistakes were not necessarily mistakes, they were feedback and opportunities for you to figure out what is working, what is not working, what do I need to adjust and keep? So keep growing.

>> SAMSON TEKLEMARIAM: We have another response, a lot of people are now responding sing visually, visually. One elaborated and said that sometimes even when I am listening to a people are saying I am really watching to see how they are interacting with me. And I tend to respond more to their visual, I guess nonverbal-- more to their visuals than to what they are saying.

>> JANICE STEVENSON: That is really important. I want to bring up another piece of information here. When you're educated in the American education system, that system, whether public or private school, is a visual, auditory learning environment. For years I taught a class here in Baltimore that was about motivating unresponsive students. I taught this technology to teachers. So they could organize their students based on whether they were kinesthetic learners, auditory or visual learners. And so many of us -- and they notice kids learning with more excitement and enthusiasm -- but what they noticed and became very aware of is that they learned in ways that sharpened their visual and auditory skills. And suppressed her kinesthetic skills. Too so if you were the restless kid in the class or had to learn how to focus your attention see wouldn't be moving around all the time or you really did learn better after came in from a run or a good tennis game or swim, the kinesthetic part of you is encouraged and fostered in the education system, especially once they took all the kinesthetic areas, the creative areas, the PE classes and recess, they took that out of the education system and it became more of a visual, auditory learning environment.

Many clients are kinesthetically conscious-- and that part gets stifled and shunned and shut down in so many parts of their life. So the ability to manage emotions and how to manage putting the emotion into action, is not well exercised or encouraged or highly valued.

Am glad to know there are a lot of visual learners in the audience. And I also know there's probably 1/3 of you that are auditory learners and the remaining third are probably kinesthetic learners.

>> SAMSON TEKLEMARIAM: I will share a couple of more questions?

>> JANICE STEVENSON: Let me go forward and we will pick them up at the end.

Your questions are awesome. Thank you. But we will move forward here.

This is a polling question.

>> SAMSON TEKLEMARIAM: Everyone, we are going to launch the poll on your screen. When you see the poll, it will pop up in front of the slide. The question asks, do you know how your mind greets and triaged his people? As you see the poll pop-up, answer the question. If you do not see it pop up, waited a few more seconds and then consider changing your view from full-size to the small size of the screen and as you change your view it will most likely pop up. We believe this up for about 30 more seconds.

>> JANICE STEVENSON: This is an expansion of what we were talking about. You know how your mind greets and triaged his people? Are you attuned to the word spoken, the actions and motions occurring, to the visual imagery around you? To choose, how does your mind greet and triaged people, as if you had just come into a room for the first time.

>> JANICE STEVENSON: About half the audiences responded and I will give you about five more seconds to respond.

>> SAMSON TEKLEMARIAM: Am going to share the results. If you see the results -- there we go.

>> JANICE STEVENSON: That is fascinating. We now know that all three areas are represented in the audience. That gives you an idea of what your conscious mind might be. So hold onto that go to the next one. How does your mind make decisions to drop irrelevant information and think about other information? This is your subconscious mind so once it goes past the receptionist it goes to the librarian. In the library and then organizes it for thinking, pondering it now or later. Questions that are more urgent and let me know how your mind makes decisions to process something or to not. Either auditory or league, for example if you are an auditory -- how does your mind say that I do not need that information if you are kinesthetic thinker we I feel all more or less about this. If you are a visual thinker, see the points dropping away. Or I see the points that will come to the front for me to think about later.

>> SAMSON TEKLEMARIAM: We have about 40% of you that have voted. Interact with this format, these help us track your attendance and participation throughout the live webinar will give you 10 more seconds the get to the poll. How does your mind make decisions to drop irrelevant information and think about other information? Five more seconds.

Perfectly thank you everyone. I will close the poll and share the results.

>> JANICE STEVENSON: Wow. Look at the shift. People -- Ford was 66% people were visually the conscious mind now it is 48% or auditorily, in their subconscious mind. The kinesthetic people are hanging in there. We tend to come in about 1/3 of polled people.

Do you know how or where you store creativity? Were used or lessons learned and where you store hurt? This is literally how do you know when you are hurt is the base of what you see, you felt, what you heard. How do you know when you've learned something and you want to think about it? Where is your area of creativity? It is it being physical, is it being a writer, is it being a painter?

How do you know where you store creativity?

>> SAMSON TEKLEMARIAM: Are we on the polling question three with organizing information or the creativity lessons learned?

>> JANICE STEVENSON: Let's do number four.

>> SAMSON TEKLEMARIAM: All right everyone, it will pop up on your screen in about 10 seconds. And then we had a few people ask how to answer this one.

>> JANICE STEVENSON: As I said, this question is how you store information in your unconscious mind. And so it won't be as obvious as the others because this is the part of our mind that we have no awareness. It's not in our conscious thought. And not something we ponder everyday so it shows up in action pizza when you're being creative for example, are you experiencing creativity more when you journal or write stories or write letters or creating a document with words in it on your computer? That would be auditory. Are you feeling more creative when you are doing something? That would be more kinesthetic. A friend of mine takes yoga and she loves creating new yoga poses. Are you more creative visually? Do you tend to doodle when you are trying to ponder something? Is visually the way in which your creativity shows itself?

When you think about being hurt, are you hurt by what you see? Are you hurt more by what was done to not just visually? Are you hurt more about what was said to?

>> SAMSON TEKLEMARIAM: In here are our results.

>> JANICE STEVENSON: You can see this sorting out so overall, it looks like this group would have a mental pattern called VAC, which means their conscious mind is visual, -- when you read

Dawna Markova's work you can see the information how you can use different parts of brain and different parts of your body in different ways.

The next polling question is coming up. This one is the m Cell bridges which is the way of getting from one level of consciousness to another. This is how this allows you to facilitate your work. This is about how your mind might do it. One example of an auditory bridge would be to see what people are saying or feeling when they are talking to you? The visual is a bridge -- do you feel what others are saying or do you hear what others are saying or feeling? Which bridge do you tend to use? Do you see what people are saying, which is visual? You hear what they're saying which be auditory or feel what they are saying which would be kinesthetic?

>> SAMSON TEKLEMARIAM: Almost half the audiences answered. Thank you for interacting with us and we will have a live Q&A towards the end of the webinar, sent in those questions of the control panel. Thank you for those who sent in their questions. We will answer questions in the order that they have been received. About five more seconds and we will close the poll. Thank you.

>> JANICE STEVENSON: The next slide I won't spend any time on, let's go back one. This has more questions like I just asked you to sort out the different levels of your mind and how it functions. You can obtain one of Dawna's books and she will take more detail of the questions,. Number five, how do you know that someone loves you? Is based in what they see and what they do or what they say. That's a particularly important one to know because it may also be the weight you get your feelings hurt. So I will refer you to Dawna's work.

Let's talk about the cases. I want you to take a minute and notice in your own life, what are the symptoms you show. If you had a therapist in your class, what were your diagnoses and what were your difficult places in your clinical workweek what were your easy cases? The answers to those questions will have a lot to do with what we just went through and how your mind functions and the level of it of hurt that it incurred.

The cases on this slide are real people that I have worked with and I'll tell you more about them. And as we talk about them, want you to pay attention to the words we use.

Let's look at the first one. ADHD complex PTSD cocaine and heroin substance use disorder. This is a male that was drug exposed in utero. Discipline physically his whole life. He was bullied tremendously because he was not the biggest or angriest kid on the block or the strongest kid on the block. He was sexually abused at about four years old. And repeatedly until he was about 11 years old. At 14 years old it was the mother's boyfriend that was the abuser and there was an expectation that everyone is trying to act politically correct that he should be excited

the funeral, you should be carrying and sad about the loss of this man's life as opposed to partying for the night of the funeral he went out and got drunk and high and was gone for quite a while. And wound up in juvenile detention when he came back.

As he continued to grow, he wound up in jail with drug charges in his life later on. And when he was about 18 years old he killed a lady having raped her in a gang rape with about five other guys. And I was working with his defense team and the work with and revealed that the way in which this girl was raped was an exact replication of the way in which he was sexually abused by his mother's boyfriend when he was growing up.

If I break down my understanding of this case, it would be things like his view of the world when he walked in the world's view was that he was doomed to a short life. A black male, nobody cared about him, everyone was scared of him except the bullies on the street. And he wouldn't have much life anyway. In the countries that he lived in he was invisible. As a black male boy and man, he felt too powerful to live. as a young boy, before this overwhelmed him, he was an artist and singer and has a very analytical mind which was completely sacrificed in the world never got any benefit from any of his creativity. Because in his family, felt not entitled to dream. The one piece I did not put on the description of him other than he was drug exposed in utero is that he was a product of rape.

And so everybody considered him a waste of time in the world. So he felt not entitled to dream, that there was no point to his life. When I go to him as a person, his feelings, he would say this frequently -- he was drowning in emotion, especially negative emotions and have nowhere to put them -- he could not understand them at all and he did everything he could to get away. So his common response was to defend himself by not feeling. That is what led him to run away and to drugs and what led him to be impulsive and negatively acting out.

When I met him he was on death row? We were able to get him life without parole and now he's in state prison for life. But now in state prison, he has the safety and the freedom to be who he is more. So on the lifer unit eat draws and draws pictures of the inmates that they consent to their children. This gives them great joy because he's finally able inside the prison to give expression to his heart. He is no longer at risk of hurting himself or anyone else. And he now has value and purpose. He said to his attorney that he wanted to thank the attorney because now he is visible. And he finally feels like his life has value and he is sorry. He's tremendously remorseful because he interacts with life from his heart and he is able to be whole person. He has remorse for the way life played itself out. Although a girl had to die to find that he was a valuable person he wishes he could've found out before that. Give me your thoughts about the case. And how possibly the information we've been talking about that they would guide how you work with him. What your thoughts about working with him would be. The work I just described was two years but he was in prison I was able to visit him at three

or four hours at a shot once a week. I did that for two years. We were able to bring some healing. And some comfort to his life.

Share your thoughts with that we will pick that up in the Q&A part.

The next case is one of my favorites. This is a lady who -- her diagnosis was bipolar and PTSD. She had a marijuana habit and alcohol habit. The alcohol habit was completely out of control. More than anything else, she was sexually abused from 11-14. When she was 11, she went to her mother and said to her mother the uncle just hurt me and I am bleeding. Her mother said you are just too hot, you know you seduced him and provoked him. You know you must have wanted it. You walk around like a slut all the time. Her mother's words cut her heart. That's her description. And she drowned in her feelings.

When she started having her own sex life, she found herself reenacting the traumatic events of her childhood except in her reenactment she would try and correct what she could not do when she was 11, 12, 13 or 14. Her sex life became defined by cutting whoever she was having sex with, she would cut them before she could climax. These are not easy cases that I worked with.

For the first time in her life she could experience her love for her husband. She restored the relationships with her children. Now she's in a healthy grounded relationship with a man who treats her with integrity. And does his utmost to restorer the value that she perceives was taken from her. She's an amazing person because she's on Instagram and Facebook all the time coaching people. Give me your thoughts about her and the struggle she had to deal with and how you think or walk in life has been based on how she was viewed in the world or the country. And how she thinks she was viewed in the community and the family and how that affected her own feelings and thoughts and actions for herself. How she saw her present and future and how her conscious, subconscious and unconscious mind she was able to get through.

She likes when I post something because she can see that I am there. The first person, was kinesthetic. The second case was kinesthetic, her mother's words auditory and cut her. The actions she acted out after that.

The next case is a 25 year alcoholic who had complicated bereavement. She had PTSD like you wouldn't believe. She was sexually abused by her stepfather. She learned later her stepfather was abusing all the step children even though she did not see. She married a man for love and worked with him as a good wife and she had her own restaurant and she made a positive contribution to the community only to learn -- when she was 18 year old her daughter was killed and mutilated and left in a trash bag. She was devastated and started drinking. Drink for 18 years while raising her grandson who on the same day, 18 years later, was killed in a drive-by

shooting. In the meeting, between the death of the daughter and time I met her, she had lost 25 family members to various cancers, heart attacks, various ways of dying and so she saw no reason to live.

When she presented for rehab at our substance use outpatient program, -- the services had shut down for the night. And the person who had to send her away was not sure she would make it back the next day still alive. She is worked very hard because for her view of the world is that she was in the world to protect others. She felt she was supposed to care for others. She thought she might be a caregiver because she had no reason to live. And her maker struggle internally that the images from her childhood in all of these traumas played like a movie in her head. She would sit and watch the slides and the different vignettes and videos play in her head, and she could not drink enough to get the videos and movies to stop playing in her head. They would just play one after the other and she could not find the off switch.. We use that metaphor for about 10 years of work, to literally chip away at these various traumas and bring resolution and understanding. She's relatively sober, she still thinks we're is a glass of water but she's in a healthy relationship. She has a positive social network breaches resolve to relationships with the remaining children.

She has a healthy relationship with all her children now. She has resolved a lot of her guilt and shame about her children and in this scenario, she's holding her trauma individual way. And in ways that, she has turned you turn off the movie off and get out of the "theater".

>> SAMSON TEKLEMARIAM: I just want to give you the time morning you wanted bad about three more minutes to wrap up if you still want to set that time aside for Q&A.

>> JANICE STEVENSON: I do. For me as a therapist working with them I had to stay in supervision to monitor my kinesthetic input because I was -- this is what I encourage -- I was sitting in sessions crying with the clients in one of my clients told me that my tears helped tears come easier because I created an emotional space where she could open up her heart per the gentleman in jail said he was glad to see my tears but I hear him and see him. So that is how I used myself on behalf of might work.

We will hear what questions you have about these cases. They were complicated but they were also successful in ways people would not have expected.

This is what I hold on to in therapy more than anything else. I hear that therapists often do not hold onto this. Because we focus on the problem and fixing the past. People don't come to therapy change their past. They may come to learn from it, learning from it is not the same thing as changing. They may come to understand it that is not the same thing as changing it. They come to therapy to change the future and the future occurs by changing the present.

Become to change their mind and we may understand how the mind thinks or what is in their mind and may be understanding themselves in the larger context of where they are in the world, the country, the community, the family, it may simply be making peace with who they are and their walk in life. It almost always comes down to spirituality and the philosophy of life. That explains the helpfulness, powerlessness and unexpectedness in all our lives. They come to therapy to change their future. There's a humility in that that we frequently ignore. We are gifted and humbled to do this work. There is joy in every session that we get to help someone make peace with the present. They are the survivors and they have gotten through everything to be able to draw on those resources and prepare for tomorrow, a better, stronger more grounded person secure in their own skin. And when that occurs we've done our job.

Thank you for participating in I hope this has been useful.  
It is now time for Q&A.

>> SAMSON TEKLEMARIAM: This was awesome. The amount of responses we have here to your case studies is overwhelming. I'm going to try to read three. That way we can get to some questions because some of what the audience has sent, I'm reading on processing myself. One person said, I realize now in order for anyone to do trauma work, you have to know yourself and have a great sense of awareness to be able to truly help people. Just listening to these cases I feel for these people and emotionally I would have to prepare myself to work with individuals with such trauma.

>> JANICE STEVENSON: I feel gratitude for hearing that. I would add something to that. These clients that I have discussed can present to any of the service centers like regular people. It is only when we stop and listen and see who they are and feel their heart, that we can discover what is under the water on the iceberg. When they come into treatment centers all over the country in clinics and rehab centers all around the country, and they come and go because they are not drinking, they are not committing suicide right now. They are not so depressed right now, the medication is working, so these clients are complex only because Ericksonian approach has worked and I was able to find out more about them and they were able to open up.

>> SAMSON TEKLEMARIAM: A question about this approach you are referring to -- Douglas from Canada asks, can you please provide the name and author again of Dawna, Douglas was writing it down and misted braided was a book you referenced how your child is smart or something like that.

>> JANICE STEVENSON: Dawna Markova, you Google her and look for the book is written, she has written a number for the run I referenced her today is How Your Child Is Smart. Not what is smart about your child -- it is how. How the mind thinks. How the mind works, how your child is smart.

>> SAMSON TEKLEMARIAM: The and we will also have that typed in the Q&A document that we will post on the website at a later date.

Stephen from Vermont asks a similar question, did MHE ever write a book that you would recommend for someone to start reading the wanted to learn more?

>> JANICE STEVENSON: Oh gosh. There are so many books on Erickson. Go into the Milton Erickson foundation, they have a list of all his books. There is no one book. If you can find -- go to the foundation website, you can find out if there are any Ericksonian institutes in your area and you can get training. It's an experiential training. You learn this therapy by practicing it with clinicians, where you can get excellent feedback from Masters in the work. So that's an easier way. There is no one book to learn this stuff. But that being said, there's a book called Change Your Mind. By Bandler. Dawna's work is also an Ericksonian work, she worked with Milton Erickson for eight years. But if you go to the Ericksonian Institute website, you will see a list of books for they videos, conference -- they do about six conferences a year, workshops.

There are some of the people that do that. Start with the foundation and go out from there and that will give you the information you need to read

>> SAMSON TEKLEMARIAM: I will squeeze into no more questions. The first is, from Iris, she asks how would you help others to develop another way of thinking.

>> JANICE STEVENSON: When you learn Ericksonian strategy, and/or NLP neurolinguistic programming structure and practice it, you eventually practice it with everybody. Sometimes I have to rein myself in, I can see distortions and missteps in their communication pattern. So recognizing when someone can benefit from it, occurs as you practice it and have more facility with it. That is a big question to answer. Because technically, most of us don't know how our mind works. We know that it works and we interpret it at a more superficial level than where Ericksonian's work occurs.

>> SAMSON TEKLEMARIAM: The last question, everyone, thank you for the feedback and the information you sent, we will make sure Dr. Stevenson sees it. Last one. William asks, people with trauma history frequently hurt themselves and others, how can we be more sensitive to their unexpressed pain? I think he's expressing the pain they are having trouble expressing.

>> JANICE STEVENSON: One of the reasons I chose this topic because in cultural humility in the work we do, you become better at what you do. You become skilled at what you do. So whoever crosses your path, you can touch them for the better. You can hear them clearer. You

can see them in all the layers of there being that exists. In that way you make a difference in your part of the world.

It is a bit like a virus. The more people I can touch with this information, the more likely you will go out and touch somebody else in a positive and more sensitive way. You will be able to establish a better rapport, so when someone comes to you for help they are able to be in the right place because you are able to customize what you do to who they are, and how they are. And they get to feel safe at intake. From the first contact, because you can hear and see them differently. That unexpressed thought that has permission to be expressed.

>> SAMSON TEKLEMARIAM: Excellent. Thank you so much and for everyone in the audience thank you for your participation and notes. Just as a reminder, every NAADAC webinar has its own webpage that houses everything you need to know about that particular webinar. Admittedly following the live event you will find the online CE quiz link on the same website you used to register for this webinar. That means everything you need to know will be permanently hosted at [www.naadac.org/cultural-humility-identity-webinar](http://www.naadac.org/cultural-humility-identity-webinar). Please pay close attention to the instructions you see under that link. Make sure to download the PDF and use that instructional guide to help you figure out how to find the CE quiz and access the online CE certificate.

Here's the schedule for the upcoming webinars. There really interesting topics with great presenters like today. Our next webinar is on Measurement-based Care by Julia Finken. At the joint commission and our series on advocacy in the addiction profession continues on August 7, 2020 with a special presentation from VERSA. And we continue our cultural humility series with a presentation on cultural issues in LGBTQIA. And many, many more. You can bookmark this page to stay up-to-date on the latest in this new series.

And as a reminder we do have a COVID-19 resources page, with six free excellent webinars covering top concerns in the addiction profession bad our clinical supervision in the addiction profession special online series, and so many more. You are not a NAADAC member go to [WWW.NAADAC.org/join](http://WWW.NAADAC.org/join), or email us [anytime@naadac.naadac.org](mailto:anytime@naadac.naadac.org). Just to learn more about the membership benefits. If you are not a member, there is a small processing fear but all the NAADAC webinars are free to view by the public. If you have questions email us. Take time to share your feedback with us and your presenter. Your feedback is super important as we improve your learning experience in thank you again for participating in the webinar and thank you so much Dr. Stevenson for your expertise leadership and support in the field.

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