

## Interview on Addiction with Brian, a provider

Hello, my name is Josie and I would like to welcome you back to Trauma Talks, Rising from the Ashes a podcast series brought to you from the UB School of Social Work the Institute on Trauma and Trauma Informed Care. This series provides an opportunity for individuals to share their witness of how strength and resiliency has allowed them to rise from the ashes. Trauma talks follows people who have both worked within the field of trauma as well as those who have experienced trauma. Here we will reflect on how trauma informed care can assist those who have experienced traumatic events to embrace a new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration, and empowerment. Today I am joined by Brian who works at Lakeshore Behavioral Health. On behalf of the Institute we would like to thank you for being here today and sharing your story with us. So, I'm going to let Brian begin by giving you the audience a sense of how he became to interact with the field of addiction. So, Brian can you start by telling us a little bit about how you got to be working in this area and little bit about what you do.

1:30 **Brian:** yeah, well thank you for having me here. What drew me to addiction I guess was umm so life experiences, both with myself as well as family members. Through this I kind of I guess it brings a lot of hope. So, I think that addiction is, I think people can recover and I think I've seen just some amazing things in people's recovery process, so I like to share that with people. I like to bring that to the practice that I do, people that deal with addiction.

2:17 **Josie:** Can you tell us a little bit about what you do at Lakeshore Behavioral Health and what your past experience has been in the field of chemical dependency and addiction?

2:29 **Brian:** Right now, I actually just took a position at our brand-new center which is a recovery center. So. our official name is the Best Self Recovery Community and were on Linwood downtown. It's the first of its kind in the Buffalo area. It's really a peer to peer recovery support center. It's like a holistic approach to recovery. We have yoga and meditation, and educational and vocational services lots of support groups for our members as well as family members with addictions. So, it's open in a couple of weeks so we are very excited to offer this service. and because it's covered under a grant all the services are free here. It's a going to be a very new experience because it's nonclinical and my past history in the last few years I've done individual and group chemical dependency counseling.

3:35 **Josie:** So, with the new center that you are going to be working in, what kind of population is that going to be targeting? Will that mostly be an adult population that's in recovery?

3:49 **Brian:** There's actually a similar program that opened up a little earlier than we opened a little bit earlier than we opened. And it's for youth. It's Restoration Society. They have a youth clubhouse for individuals in recovery, so for us it's meant to be an inclusive program. So, if a young person comes through the door it's not that we will turn them away, but we might encourage them to do to the youth clubhouse, but for us it's anybody that identifies as being in recovery. So, that can kind of mean anything to anyone, a family member, so if a family member is in the recovery center and wants to come in for support or get some education or if it's just

someone that is coming in that's either referred from someone or just wants to drop in and their family member deals with addiction that's kind of a population that we work with as well.

4:46 **Josie:** So, I'm wondering in your past experience in doing chemical dependency and counseling and now as you transition into a new role. In what capacity have you been aware in working with people that have experienced traumatic events. What have you noticed about that? How has that played into the work that you do?

5:14 **Brian:** Well honestly I think addiction is can be as often is a traumatic experience. I think there is an existential change that people go through because of addiction that so their role as brother or sister or son or daughter or husband or wife or parent changes and so to do something repeatedly does to kind of behave in a way that is opposed to your morals to the people that you love the most is extremely traumatizing. I think that addiction in and of itself is traumatizing. That is really a part of our assessment we have to ask for a brief history of trauma and more often than not individuals that I work with that are coming for treatment have experienced kind of a wide a ray of traumatic experiences.

6:27 **Josie:** So, as you are talking about that and hearing that addiction itself not to mention the fact that a lot of the population that is coming for services has experienced other types of traumatic events. What I'm noticing and I'm sure that you are aware of is what we call trauma informed care. And the principles of trauma informed care. So, what trauma informed care does is it asks those individuals and service providers to shift from asking what is wrong with the person and moving toward asking what has happened. Fallot and Harris talk a lot about 5 guiding principles of trauma informed care as safety, trust, choice, collaboration and empowerment. These 5 principles are the tools that individuals and service providers can use to provide a more trauma informed practice and environment. So, I'm wondering then, can we spend some time talking about these 5 principles and your experience. So, I'm wondering if you can talk a little bit about safety. So physical safety or emotional safety and what has that meant to you as a service provider?

7:59 **Brian:** Lakeshore has actually made a commitment with alongside UB to become a trauma informed agency. Everybody down to the frontline staff, people that will sign off on the paperwork, to getting enrolled in the program, actually all of the secretaries are all trained, and they go through a series of trainings to be trauma informed. Which is essentially the main theme of this is that people have had experiences and instead of saying why that person behave that way, to say what has this person gone through. I think that in and of itself kind of creates a safe place for someone and you know another big emphasis on being a trauma informed agency is that we do not want to retraumatize. So, I think that having that understanding and awareness and the know how to not retraumatize people as they are coming in. And in a chemical dependency agency that can be tough because it's a lot of rules. People don't know this but in chemical dependency treatment a lot of times you have to supervise urine screens. So, there's a counselor and that can be for people who have experienced sexual trauma, that can be extremely challenging for people. And there are screening rules especially with medication assisted treatment there isn't a whole lot of wiggle room, but I think a trauma informed agency I really

believe Lakeshore is. I really believe as clinicians we do our very best to make our clients feel comfortable even in the most challenging situations.

10:36 **Josie:** So, having had the experienced of really being immersed in trauma informed care what I'm curious to know then is with the second principle trust. I'm wondering based on the training you have had and with the climate at Lakeshore what are some of the ways that you or some of the folks that you work with ensure that the clients feel they can put their trust in you?

11:09 **Brian:** You have to work pretty diligently at that. Because in my experience working with individuals that have experienced traumas they come in with a lot of mistrust and I think that's a survival mechanism. I think they just have a sensitivity to inauthenticity and I think they can pick up on it really well and I think that trust is really be transparent and let people know what they are getting into right off the bat. I think that being really open and honest is really huge and that builds trust. I think really, I would always say this to my adolescence that have lost trust with their parents I say trust is rebuilt over time. So, I think when someone is walking in and coming into a clinic and there's not a lot of trust there, I think it just builds over time. Especially when someone is authentic and honest, and I think we work really hard at kind of creating that environment.

12:38 **Josie:** Then building off of trust. I know you had spoken to the fact that in chemical dependency treatment there are a lot of rules and some limitations in terms of what clients and service user can and cannot expect. So, what I'm wondering is how does that interact with the principle of choice. I'm wondering where both the clients and the staff have the ability to have some level of decision making power in terms of their treatment and services. So how does that come into play in the work that you do?

13:28 **Brian:** A very important part of this because there is a lot of variable in chemical dependency work that are unique to the addiction field such as many clients are mandated by courts. Kind of the nature of addiction is that addiction is viewed as a parasite it fights for its survival. So, a lot of times it appears that the person doesn't want to stop it's just the nature of addiction. So often times people will come through treatment that they are being forced to be there. So, there's a loss of choice. And if you really get down to addiction as a disease, that's a loss of control and that's loss of control. And so often times people coming in for treatment or substance use disorder there's a, what I think is a lot of resilience and resilience that could easily be called stubbornness. And as they say in AA you can always tell an alcoholic, but you can't tell them anything. So, a lot of that is loss of control so we really try to almost become not empowered but try to regain the power that we can. Similar to other disorders, like obsessive compulsive disorders, we control what we can control. So, I think putting the choice back into, allowing them to have choice within the rules and code of conduct and treatment programs I think is really important.

15:29 **Josie:** I'm also curious of this new wellness center, recovery center, that is going to be opening in a couple of weeks, I'm wondering what kind of roll collaboration has played in that. So, I'm wondering has there been some level of collaboration between agencies, I know you have mentioned it is grant funded, so what kind of collaboration there has been than with the grant

source. Just wondering what kind of role collaboration played in the role you do with individuals in your field?

16:19 **Brian:** Yeah, well my role here as outreach volunteer coordinator so before were open collaboration is pretty much all I've done. So I've gone to all the local clinics, outpatient, and inpatient, and detoxes, and hospitals, just about the drug courts in the area and everybody is extremely excited and I think honestly the biggest part is that it is basically a widely needed service, and it's a free service and it is it's a service I think the people and a service we can kind of part of the recovery centers mission really to increase the level of awareness in our community about addiction can decrease the stigma of addiction. So, we've been collaborating a lot with all the treatment providers which has been really amazing because I don't think there is really a project like this that brings all the treatment providers in the area together to support recovery. It's been really great. So, through Oasis it's through the state, so OASIS is the Office of Substance Abuse and Services, they have been extremely communitive, and they have been transparent, and I think we have a conference call at the beginning I think it was every week, now I think it is biweekly or every three weeks maybe. They are extremely open they are very supportive. They It's been, they have really nurtured this whole process, so it's been great to work them.

18:20 **Josie:** I would like to mention too that the center is very holistic, for things like yoga, so I'm really curious to know, how are some of those services being provided? Are other agencies or instructor for things like the yoga classes coming in from local areas or is it just an eclectic niche of staff that are making up the center?

19:05 **Brian:** Well it's a little bit of both. This kind of been a collaboration with an agency Prevention Focus. So, they have been in this building for a number of years, but they do primarily is prevention, but they do a lot of work in schools and stuff like that so we kind of combined forces on the recovery center we are going to use some of their space and they are going to provide some of the educational stuff like substance abuse and stuff like that. and another thing like cooking class and stuff like that. But um there we have also been connecting with outside the box something you normally wouldn't see inside a clinic like something like yoga. So, I have been working with instructors in the area some of them I know and some of them I get to meet. There's also Yogis in service which is an amazing organization in the Buffalo areas that we are really lucky to have them, and they bring yoga to areas that normally wouldn't have it. And they do it for free. I believe they are a grant funded as well. But the yoga instructors locally are more than willing to donate their time and provide an ongoing class.

20:36 **Josie:** So the last principle I want to talk about is empowerment. I know we have already touched on that and how that really facilitate the healing and recovery process so I'm wondering how empowerment plays into the work that you do and the way you utilize that in your connection with your clientele and also with your coworkers.

21:09 **Brian:** I think it's huge. I think empowerment is one of the driving forces in a place like this. It's all peer to peer to individual services so it's individuals in recovery who are working with individuals that intend to be in recovery. A major barrier to someone's recovery and

something that really gets people stuck in their addiction is this idea of I can't stop, I'll never be able to stop and especially at the very beginning when someone is going through this. Your brain will absolutely play tricks on you, I could never go the rest of my life without doing it, I can't even make it through today. But when you are standing in a room full of people that have gone through that, that is extremely empowering and can bring hope. So, I think that it is a huge part of the recovery center. And with I think it is really encouraging there are few that have specific to support someone to support recovery. There is clinical experience. I think it's just the empowering people that have a little less experience but there is also my supervisor that has a lot more experience than I do clinically. I think it is a good mix of people. Again, I think everyone is so excited about the project that they just there's just support. Everyone is just very supportive of one another and the overall mission

23:2 **Josie:** That brings up something I wanted to ask you. In terms of you know your own wellbeing, your own wholeness of safety and sense of wellbeing while you are at work what role does taking care of yourself play in terms of the work you do? and what are some of the things you find that work for you to take care of yourself when your involved with this field?

23:36 **Brian:** I think, what drew me to this job was the holistic approach to recovery and that's been my experience so, I over the years have really enjoyed yoga and meditation and things like that. I'm actually in the MSW program at UB so healthcare is always a topic of discussion. So, for me it's really important that I have a sense of separation from trauma. I mean from the work that I do. I really through no having separation I've really learned how important it is to have a sense of separation. So, for me I really like to work with my hands, so I do woodworking. I'll get lost in it. I'll sometimes come home from work and go out into my garage and build a table or work on a project. I was actually able to build a couple of tables for the recovery center. That's really an important part of self-care for me. I think spirituality is really important too. Just knowing and understanding that knowing that there's something greater than me, there's something greater than all of us is something inside of us that you know that spark or something. That keeps me going I think keeps everyone else going too.

25:17 **Josie:** So, for those who are listening to this podcast and their maybe working in the field of addiction, or maybe individuals who are also in the process of dealing with their own chemical dependency or in recovery Can you offer any final words of why in your experience on why trauma informed care is so vital to this field?

25:45 **Brian:** Trauma informed care, I think just examining each word I think you can find the answer in that. I think there are philosophies and of course we have to study that in school. Being that this is a trauma informed agency I have seen the importance of it. I don't think it's just random words or definitions, I think they are a pretty integral part of working with someone that's gone through traumatic experiences. I think that choice, empowerment, collaboration, safety and trust I think is extremely important. Yeah, we use it regularly.

26:40 **Josie:** Well thank you so much. On behalf of the institute on trauma and trauma informed care I really want to take the time to speak with metoday and to share your story of strength and commitment to the skill. It has been a real pleasure talking with you.

26:58 **Brian:** Thank you, likewise.