

Hello my name is Elyse and I would like to welcome you back to rising from the ashes, Trauma Talks, a podcast series brought to you by UB School of Social Work and The Institute on Trauma and Trauma-Informed Care. This series provides an opportunity of how strength and resilience has allowed them to rise from the ashes. Trauma talks follows those who have worked in 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 Khris Decker, a local survivor of a traumatic experience and a provider of care to trauma survivors. Khris is a social worker, clinical supervisor, professional trainer, MSW program instructor, and behavioral care consultant. On behalf of the institute we would like to thank you for being here today and sharing your story with us. I'm going to let Khris begin by sharing his story with you today.

01:14 **Khris:** Hi Elyse it's good to be here. So, I will share just a little overview of my medical system trauma that happened. In January of 2013 I was leaving a friend's home and I slipped and fell on some ice getting into my car and broke my leg and ankle pretty badly. In a way, I hadn't experienced a lot of injuries in my life. And so, I looked down and you know saw some pretty graphic pieces of my body that are usually inside my body outside my body. And I entered a bit of emotional shock, you know I got pretty numb. And it was difficult to get help, it was a quiet residential street and so there wasn't a lot of people coming by and people couldn't hear me yelling. But eventually I was able to get help by someone walking by and they called an ambulance. And unfortunately, the ambulance the first thing that was sort of the first thing that was challenging about the healthcare system. But the ambulance took about an hour to come partly because it was snowy and the city was difficult and it's a narrow street and other things. But, I know you can't see me on the podcast **but I'm a big and tall guy and when the ambulance drivers got there it was two very, very petite women. Who you know had good intentions but said oh gosh, I don't know how we are going to lift that and that really scared me in the moment.** So, eventually we get to the hospital and saw the resident on duty that evening and that um decided pretty quickly that I would be needing some emergency surgery. And the surgery went well but I was transferred a nursing facility a rehabilitation center and that was a very difficult and disempowering experience. And, I was there for a little while. And then I had some months and months of home based occupational therapy. And during this process you know I was just really struck by being someone whose been on both sides of this issue. Both the health care provider and a healthcare recipient in a new way for me. About how many providers were very skilled but not particularly caring. And it took several months, you know like five or six months to really recover and be able to leave the home and so just the disruption, the tremendous and unexpected disruption that happened from me being someone who was working full time and very independent and living alone and that not being a problem to someone who really needed care taking I was home bound. You know I need to be in a wheelchair. Having an active social life to really being isolated and dependent on people coming to see me. And really getting used to being in a position of power and really privilege in terms of being an advocate for other

people. And feeling rather voiceless in the system people really not listening to me. And really over time experiencing some significant depression and anxiety about this rapid change and feeling rather helpless to impact my own recovery.

4:05 **Elyse:** Wow So, What I kind of hear, is that you touched on a couple of aspect of this thing called trauma informed care. So, what trauma informed care does is it asks individuals and service providers to stop asking what's wrong with the person and move towards what has happened to this person which it sounds like you were kind of hoping to hear at various points. So Fallot and Harris talk a lot about the five guiding principles of trauma informed care where safety, trust, choice, collaboration, and empowerment are tools that service providers can use to provide a more trauma informed practice. So, to kind of touch upon these aspects I like to begin by asking about safety. I am wondering when was the first time from when was the moment you first came in contact with a service provider that you felt safe?

5:01 **Khris:** I think through our discussion today we will need to make a distinction between sort of physical safety and emotional safety. I felt physically safe pretty much as soon as the ambulance got to the hospital. They responded super quickly. I was brought right in there was a nurse practitioner who started to evaluate me right away and you know they seemed very skilled and they had the equipment they need it wasn't the emergency room stories that you often hear about people waiting hours and hours and hours I was immediately addressed. And just the visual cues you know people were in their medical wear their gear, there was tons of equipment and people were moving around they seem to be responding with some sense of urgency. **They were great about letting my friends who had become my family be with me. So, I think physically I felt safe pretty much at least right away.** At least I felt like a sense of relief that I was within a medical setting and not laying in the mud waiting for someone to do something. And so that happened pretty quickly. Emotionally safe not so much. You know I realized that my healthcare provider hat was on in the sense of you know they're going to be making these signs of evidence driven decisions about what is going to happen with me, and that's what they are concerned about. You know some things that they did were good, like you know I said they let people stay with me even though it wasn't visiting hours and they were a bit in the way, **but they had some very free conversations with me about if they were going to be able to save the leg or not. I suppose in retrospect I would have wanted them to had that conversation to the side and then come back with a recommendation. So, you know maybe that wasn't the best experience. So while I felt like people were very technically skilled in responding, emotionally not so safe.**

6:45 **Elyse:** So, when we are talking about emotional safety sometimes it's language that's used to address you and sometimes it's just that kind of making a connection as a person and not as you know patient a or b. What do you think, since you didn't experience that, what do you think you might have benefited from that you noticed not happening?

7:05 **Khris:** **The resident that I saw he really never used my name** and, and he looked at some x-rays and did **some examination and again I felt certain that the man had a lot of competence in**

assessing the injury but his delivery was really rough you know at this point no one had said to me you will need to have surgery. It wasn't even in my head. So, he looked at a few things and said so you will be having surgery in an hour, I said what! You know no one ever said to me so what we probably need to do is x and y. It was not even framed as a question is this something you would be ok with? I think just those sorts of things would have even been a lot more helpful than this is what we will be doing to you.

7:50 **Elyse**: Right and so I also hear you talking about lack of choice.

7:52 **Khris**: Absolutely

7:53 **Elyse**: So that intersects with safety. So is that correct that you also felt

7:59 **Khris**: Oh Yeah

8:00 **Elyse**: Kind of choice less?

8:01 **Khris**: Absolutely yeah, I think in the hospital setting and in the rehabilitation setting, we can talk about more in a minute, in the hospital setting no choices were offered. It was very much this is what we are going to do now. Occasionally there was an Ok at that end of that but it was really you know, you got the idea that is was a say yes kind of thing. It wasn't really meaningful choice. And I do respect that it was quite an emergency situation but you know it really wasn't even in their minds.

8:35 **Elyse**: So, at any point if this is right for me to kind of assume from what you are saying you felt a bit voiceless. Was there any point where someone came in during your care where they gave you a bit of a voice? Or you could use someone as a voice?

8:52 **Khris**: What I found out I had to do which was really difficult for me is as someone working in the field was that I had to turn to my friends and family and say they're not listening to me. I need you to say this. And then people would begin to the providers would begin to listen. And, and two settings I'm really talking about in the hospital setting and in the rehabilitation center. It's as if my own strengths capabilities, talents whatever just disappeared when I got in this patient role. It wasn't that I wasn't saying what I was saying, but I just had this perception that they weren't listening.

9:29 **Elyse**: mm. Was there any point along the way where this shifted? And it started to get better after people started kind of spoke for you? Or?

9:40 **Khris**: Absolutely It did get better after it became clear that I had people in my life who weren't going to let it go. Who weren't going to say hey listen this is what we need oh that's not going to work who else could I talk to? Or how do I file a complaint? And then people began to say oh ok you know let's talk about it some more.

10:00 **Elyse**: mmhmm

10:01 **Khris:** And it left me feeling sadness in terms of people who don't have advocates with them? How do they make themselves heard in that particular system?

10:12 **Elyse:** Right, Absolutely and advocacy is very important thing you know about trauma informed care is, is recognizing that the person should be able to advocate for themselves. And so knowing that you are also a program instructor at UB I'm wondering how do you kind of take those aspects of safety and choice and make sure you know that your students are noticing that as they go out into the field?

10:37 **Khris:** It really helped me develop some new practices. In a new way. You know this practices in my head teaching at our own school but I really got to operationalize them a little bit more after this experience so when I design my courses and I'm working on the syllabi I try to be implicit about safety in the classroom. Especially when we are talking about trauma and I call it like a safety valve discussion about giving people permission to step out if they want to about how to take care of themselves that's ok. You know if you are doing a distraction behavior and are quiet that's ok and I do the same in my trainings now. I let people know that's it's ok if they feel emotional about a topic and how to take care of themselves during it. I think I also pay closer attention to things like when teaching online what people post on the discussion board. So trying to be proactive around situations where people have posted some really personal emotional experiences about their worn illnesses or family illnesses. And where other students become concerned about that person worried about that person. I try in my course orientation videos try to prompt people that remember this is public stuff. And here's other ways to meet that emotional support piece.

12:00 **Elyse:** uhmh

12:01 **Khris:** Rather than make it part of your academic work. And I think one of the things that I didn't connect that I have done now. Is for my online courses I make this orientation video where I really walk through the class in terms of safety really allowing people to know what to expect. In a way, they are making more of an informed consent to take the course as opposed to just it fits my schedule and this guy's not so bad on rate my professor. And I have to take the class, but that they are really know what they are signing up for. And so, I walk through not just the details of the assignments that of course students care about. Um things like when I'm available, you know things like email or phone or some hours for when I won't respond. How, how early you need to ask a question for me to respond before an assignment's due. Could you try to get it to me two days before it's due. You ask a question four hours before it's due I may not get to you right? And really things like encouraging people to communicate if they are anxious or upset about the work.

13:11 **Elyse:** So informed consent and setting boundaries are part of that part of building trust and certainly it is a collaborative process as well I would imagine. So if we could jump back to

your experience again. You know as a survivor, collaboration. How did you feel that you were able to participate in your care in a way that was collaborative or did you feel that at all?

13:33 **Khris:** There were some good pieces at the rehab center the dietician staff were really great about working with me. I wanted to, while I was going to be in this setting I really wanted to try and take some weight off which would help the recovery as well in a way. So they, they were active in working with me on the meal plan and there some other things in the routine where you know I got to have a little bit of a voice. The physical therapist and occupational therapist came around over time. They got used to myself advocacy and involved some more collaboration plan, but there was some things that initially that may not have been the standard operating procedure. For instant, I agreed to go for two or three days initially to learn how to transfer from the wheelchair to the bed, to the shower, whatever I might need and they came in on the second day with my 60 day care plan. And all the care plan goals were written for me. And it was could you sign this? And of course, that doesn't work for someone who is part of field in trauma informed care. So, you know there was defiantly some room there for those sorts of things

14:45 **Elyse:** Right what did you do? Like how did you respond to the plan being put in front of you at that moment?

14:52 **Khris:** You know I think there's a little form of disempowerment that came over me over time because there was so little choice. in the process that I sort of found myself apologizing. and saying I'm really sorry I'm not trying to be difficult but these aren't my goals. And in retrospect I had nothing to apologize for but I did find a way to put out there what I needed and I said you know I would really like to have a chance to make a more collaborative plan about so then it's realistic for me. So, for instance they had some things on there that they put for everyone who breaks their leg. Like you need to be able to stand using a walker and prepare a grilled cheese sandwich and that's one of the ways I'll know you're ready to go home. And that's not my lifestyle. I don't cook at home. and so also being a social work administrator part of me is about rehabilitation and that's not something I do now and so there was some things on there and I challenged them around you know saying why do I need to be able to hop 150 feet with my walker if the length of my apartment is 60 feet?

Why do I need to go 3 times the length of my apartment without a rest? I would never and so I think that is so maybe more logical questioning really took them by surprise. The one, the one, occupational therapist said to me we've never had anyone not just sign this.

16:10 **Elyse:** Wow

16:12 **Khris:** And so I just sort of said well. This is important to me and I wanted to be sure what I'm doing, just practical is going to work best for my life. And people came around.

16:22 **Elyse:** Absolutely So I wonder if it was done correctly from your perspective. What may have been something that was in place that made you be like ok they are, they see me and they hear me as a person?

16:38 **Khris:** I think just even gathering some more information about who I am as I'm being admitted maybe not in the emergency room, I understand there was an emergency but certainly at the hospital floor admission, at the rehabilitation facility. I was really struck by all the assumptions that people made about me. They made lots of assumptions about my gender identity, about my sexual orientation, about my economic class, they saw my health insurance about what kinds of staff or providers I would be comfortable working with. They assumed that I for instance, in the rehab facility you got one shower a week and they made the assumption that everyone would be comfortable with same gender. They never really asked if that would be the case. So just things like that that really impacted it right. I mean your, I mean your physically vulnerable, your emotionally vulnerable, I'm going from showering every day to showering every week. And someone has to watch. Wow! Just slowing down and saying you know what would work best for you? Would it really make a difference?

17:46 **Elyse:** Yeah, thank you so much for sharing that. So I'm wondering now if we can kind of just jump to thinking about empowerment and thinking about all those moments. Were there any moments big or small where you were you know, I feel particularly empowered or recognized for the strengths I have in this moment?

18:03 **Khris:** Yeah. Absolutely. More so in the home based care I received after I came out of the rehab facility. The home based physical therapist, occupational therapist, and even the home health aide were really great at acknowledging that I was scared to fall again. You know and trying some of these exercises again were vulnerable for me. And they really you know would say we can try it like this or we can try it like this. You tell me what works best. Or you know, maybe we can do this modified and you can build up to it would that be alright? And it was really great. Sort of throughout my experience and this is a bit of an irony for me. Not are we always what we see it was really paraprofessional, occupational therapist, residential aids in the nursing home were much more empowering than the other professional. You know when I was dealing with medical folks you know physicians and nurse practitioners particularly really, I would bring up my work and then you know I might have a voice in this. They sort of really went out of their way to push that to the side and said, you are here to be a patient. So, it was really the paraprofessionals that made room for the idea part of my identity was someone who was used to being empowered and had a part in this healthcare system.

19:20 **Elyse:** Right So, It feels like that power balance was a bit off or you didn't really have a choice in creating that balance.

19:27 **Khris:** Exactly. That's true.

19:28 **Elyse:** So now I wonder with your experience with that in your professional life take those experiences and try to empower students or people your working with how do you know that you know you have empowered someone.

19:43 **Khris:** I'm not sure I always know in the moment. I usually know after but, I really try to build in choice and collaboration and explicit strengths conversations in the clinical work I'm supervising. I'm surprised right? We get into things like evidence based practice for good reason, but that can then sometimes confine people in a sense of choice and collaboration. You know, for instance, this is how the DBT is done so, we do it this way instead of saying how does this work for you the individual that is here for care. Right? **So I'm a little bit more intentional for those discussions with people. And in my courses where ever I can I try to give students a choice in assignments, or choice of topic about a paper, or a choice of project. And I usually say feel free to suggest your own topic too as opposed to just looking at mine. We try to make that work wherever we can. And the feedback from both the people who are receiving services and from students have usually been that that's a good way to go.** But even other things they might not love about me as in instructor they did appreciate that opportunity to \*\* their own strengths and interest.

20:53 **Elyse:** Absolutely I love that word intention. Cause I think that's just so important with trauma informed care is that these things like choice and trust we sometimes take for granted and it's so important to be intentional in the way you try and make those happen. Thank you for sharing that. So I kind of what to cap the interview off. I'm wondering that if you believe that after your experiences if you believe you are a different person now? In some way then you were prior to breaking your leg? And if yes how so? And if no why not?

21:28 **Khris:** Ok so I think it defiantly helped change some pieces of me personally, it spurred some really positive health changes, even these couple of years later. That have reminded me as a relatively young person that I am mortal. And that I do need to pay better attention to some self-care, even though we all talk that talk. But it was very neat to also walk the walk and I'm really happy with the changes I have made in my life. But professionally, it made me really much more sensitive. Even though I don't love this word, to the patient experience. I don't think I had a ton of experience being the person receiving services this way. And so, it really sensitized me to be more like were saying intentional trauma informed care principles, but also to integrate some of the people I supervise like trauma informed treatment centeredness. And really any of those sister focused philosophies that the clinician I'm working with kind of grasps and we use that. And so, in my clinical work and in my teaching it also made me more intentional about training and practices in teaching, training, and supervising. And I'm really grateful for that piece of it.

22:46 **Elyse:** So for those who might be working in the field of social work or education or maybe they are facing a similar situation within the healthcare system. Can you offer a few final words on why you feel just being trauma informed in general is so vital?

23:03 **Khris:** You know I think it's around acknowledging the individualism in our world and that we would really want someone to slow down and ask us as a person what would work for us. And remembering the basics, right? I mean it's about remembering that the people aren't going to make themselves vulnerable to do the work if they don't feel physically and emotionally safe. And that why do we want anything other than a win-win? If we're falling short in terms of collaborating with making real goals. Goals with the individual then we are wasting our time and energy because they're not going to do that. And so, it's not just around what's best where people are serving. It's also around us doing work that's same and safe and realistic so I think it's just a nice way to both to take care of our self and people

24:01 **Elyse:** Absolutely. On behalf of the institute on trauma and trauma informed care. I would like to take the time to say thank you so much for taking the time to speak with me today and share your witness of strength and resiliency. It's been a pleasure Kris.

24:15 **Khris:** Thank you.