

# HARM REDUCTION THERAPY CENTER

Working with Trauma and Substance Misuse—Part 3\*

Summer/Fall 2013



Another year of HRTC staff rest, play, rejuvenation, and brainstorming about our next year as guests of our dear friends and colleagues at Milestones Ranch Malibu. Thank you Denise, Savannah, and Chef Mike for your fabulous care of



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Harm reduction therapy, especially in the community drop-in centers where we work with the majority of our clients, demands more from our therapists than any of us ever imagined. We work with the most complicated people in the United States, in some of the roughest environments. Our clients are poverty -stricken, homeless, and suffer from mental illnesses, social ostracism, and severe medical problems. The therapists dedicated to working with these painful problems go to work every day armed with the belief that even the most hopeless people can change, full of compassion, and determined to work with people who have been relegated to shelters, food lines, and emergency rooms.

Volume 7, issue 1

Impact of Trauma on the Therapist

The most common characteristic of the people we work with (besides substance use and misuse) is that most have been abused or neglected as children or have been subjected to traumatic life experiences as adults. At HRTC, 100% of our community clients have traumatic histories, and they confront danger every day. Especially in the Tenderloin, where our clients live and we work, life is a war zone.

In 2009 I was fortunate to come across a book called <u>Trauma Stewardship</u> writ-

#### By Mariko Obrero, ASW

ten by Laura van Dernoot Lipsky and Connie Burk. At the time, I was 7 years into my career and was desperate for help. I had heard countless stories about violence, trauma, and suffering. I had witnessed and managed countless crises and dangerous situations. I began to notice how the work was affecting me. I was vividly envisioning the graphic content clients were disclosing in sessions, my body often felt tense, I was chronically hyper vigilant in anticipation of the next emergency, and I was having sleeping problems.

Recently, I met with a client who lives close to the San Francisco drop-in center where I work as psychotherapist. He was in crisis. He had witnessed a shooting the previous night and was describing the incident. Suddenly I became transported as though I too was present, seeing the flash of the gun in my mind. Our distinct roles as client and therapist blurred. I had temporarily taken on his experience as my own and it had taken me a few days to realize this.

What I had learned from <u>Trauma Stew-ardship</u> was that I was experiencing a *trauma exposure response*. Such a response includes "an inflated sense of importance related to one's work," fear, guilt, a "sense of persecution," exhaustion, physical symptoms, and minimizing either our

#### Summer Karaoke Fundraiser!

We had our third karaoke event last month. It was the usual raucous good fun, this time at El Rio in San Francisco's Mission district. The songs were baaaaad, except for a few ringers in the crowd. Board members made and brought some fabulous food that took us to a whole new level of dining pleasure. *Pictured at* right are therapist Celia Sampayo Perez, Sister Rosemary Chicken of the Sisters of Perpetual Indulgence, and artist Ester Hernandez who donated several pieces to our raffle. For those who aren't familiar, "**The Sisters of Perpetual Indulgence**® is a



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### Trauma and Substance Abuse, continued

clients' experiences or own experiences related to workplace stress.

#### <u>Trauma Stewardship</u>'s

basic tenet is that we can do our work without suffering and that it is possible to heal from our exposure to trauma. It acknowledges the sometimes overwhelming sadness, anger, fear, hopelessness, guilt and sense of responsibility that can accumulate from our work when we are not internally resourced. It gives us space to reflect, explore, and eventually approach our work differently. Author and social worker Laura van Dernoot Lipsky has worked in various settings including an emergency room, domestic violence shelter, and as a refugee advocate. She has experienced, first hand, how her work began profoundly transforming her in a negative way.

Trauma Stewardship is a book for first responders, activists, social workers, psychotherapists, hospice workers, teachers, and other occupations in which secondary, also known as vicarious trauma, may be experienced. It poses the essential question, "What brings us to this work?" and sheds light on how our own personal trauma histories, in conjunction with workplace stress, can be difficult to distinguish. Van Dernoot Lipsky utilizes the concept of mindfulness to encourage us to remain present with clients even when they are telling us painful stories.

The book is written in a concise manner and provides written exercises that are useful and manageable. It also focuses on perhaps one of the most important aspects of self-care: *taking care of yourself while at work*. It allows the reader to discover what

will work best so that we may be helpful to our clients and work in a meaningful way. It encourages self-exploration, without which our exposure to trauma can have consequences in both our personal and professional lives. All told, Trauma Stewardship has proved invaluable to me, giving me insight into my experiences at work and giving me ideas of how to take care of myself, both at work and beyond.



This morning I took a 9 minute break after running my group. I laugh at the thought that it took almost 3 years to implement but I was proud of myself. Similar to how I schedule clients, I am now scheduling breaks. In 10 minutes I can take a walk, listen to my favorite 1970's soft rock song or gratitude meditation, take my vitamins, drink my lemon water, briefly connect with my friends via text message, or check my Instagram feed filled with vegan food, tattoos, fashion, makeup, and international travel. Occasionally I touch base with my Hospitality House co-workers to chat about the latest episode of "Love and Hip Hop Atlanta" or "Orange is the New Black." The point being that it's really important for me to

remember who I am as Mariko the person, not just Mariko the therapist.

I have created an office environment that is arm and soothing, with diverse images on the walls. When with clients, I block my view of the red blinking light signaling that I have voicemails. I practice mindfulness to the best of my ability and don't put pressure on myself about how to do it correctly. I remind myself that all I have is the time that I spend with my client for the next 15 to 45 minutes, using time and my office space as a safe container for the client and myself. I also practice inconspicuous breathing exercises in session, make keen decisions about whether or not a specific intervention is intrusive or helpful to a client, and get creative with my schedule in order to complete all of my responsibilities without feeling overwhelmed.

Most importantly, I am filled with gratitude. Gratitude that I am part of a supportive professional community, that my clients entrust and share their lives with me, that I have the support and tools to work through my vicarious trauma, and gratitude that I have options to neither be suppressed or oppressed by my work.



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#### Letter from the Executive Director Jeannie Little, LCSW

## HARM REDUCTION

Given the focus of our lead article on secondary trauma, I want to talk about how we take care of our staff at HRTC.

As we discuss in *Practicing Harm Reduction Psychotherapy*, the most important part of developing and maintaining a therapist's skill and resiliency is regular and adequate **supervision**, **support and training**. We meet each Tuesday morning for group supervision and training. Each therapist receives an hour of individual supervision. Patt, Jamie, and I are available by phone 7 days a week to support staff as needed.

We take our staff on **retreat** each year (see p.1). We rest, play, reflect, and plan strategic as well as personal goals for the next year.

At our monthly staff meeting, Patt and I bring a big **breakfast**. Perhaps a small thing, but nourishing people through food is one of the most elemental ways that we humans care for others. Final-

ly, we have a quarterly **Race**, **Power**, and **Privilege** discussion, facilitated by psychologist Zonya Johnson. Here we focus on

how we are treat-

ing each other and our clients. Because of the extreme poverty of our clients relative to our own fairly comfortable lives, and the diversity of the communities we work in, it is critical that we be sensitive to how we interact with them, our assumptions about them, and how our relations with each other might influence, for better or worse, our treatment of them.

Through all of these means, we work to remain sensitive, aware, fresh, and open to what comes to us each day.

#### What a Week!

Last week, **Attorney General Eric Holder** announced significant changes to federal sentencing practices that could at last reduce the number of people getting locked up in federal prisons for low-level drug law violations. The U.S. has 5% of the world's population but 25% of its prison population, much of this disproportion caused by the War on Drugs.

On his CNN special, **Dr. Sanjay Gupta** said that "We have been terribly and systematically misled (about marijuana) for nearly 70 years in the United States, and I apologize for my own role in that." Dr. Gupta is CNN Medical Director and was President Obama's first pick to be Surgeon General of the United States.

**Judge Shira Scheindlin** ruled that the New York Police Department's stop-and-frisk practices, which go hand-in-hand with the city's high rates of marijuana arrests, are unconstitutional, stating that the city had "adopted a policy of indirect racial profiling" and that "the city's highest officials have turned a blind eye to the evidence that officers are conducting stops in a racially discriminatory manner." Judge Scheindlin is appointing a federal monitor to ensure that the NYPD changes its ways.

For more, go to <u>www.drugpolicy.org</u> Good drug policy, one that does not penalize people for what is truly a health concern, is one of the pillars of harm reduction.

#### A Day in the Tenderloin as a Harm Reduction Therapist By Celia Sampayo Perez, ASW

It was a Wednesday—time for my weekly trip to the farmer's market to buy fruits and vegetables. A sacred routine I practice in order to take a walk, have lunch, listen to music and interact with lots of different people. This particular day was very bright, warm and sunny. It reminded me of my tropical birthplace in Venezuela where the Caribbean Sea washes its northern side. After a lovely hour, I was on my way to the parking lot to drop my groceries before heading back to my office on Leavenworth St. As I walked through the streets in the Tenderloin, I clearly remember how much I was enjoying the warmth on my face, my sense of well-being and the rejuvenating sunlight energy throughout my body.

As I passed the Civic Center Residence, I noticed some folks chatting in front of the building; I heard a woman say, "Have a good day...OFFICER!" I didn't see a police officer so I was perplexed by what she said; I assumed she was talking to me. It took me by surprise. For a fraction of a second I thought about what to do. I decided to turn around and approach her, "What makes you believe that I am an officer?" She replied, "The way you walk, of course, with authority." She also apologized, "I'm sorry if I offended you, but yes, you walk with authority and that's why I thought you were an officer."

I was at a loss for words. Suddenly, I had a thought—I said to her, "Well, you might be right when you say I walk with authority, but it's a different kind of authority—I am a psychotherapist and also a drum leader". The woman then said, "What? That's exactly what I need, a therapist! Where is your card? When can I see you?" After giving her the information she requested, I thanked her for reaching out to me based on her intuition and perspicacity. I also noticed that another woman who was drinking alcohol from a can hidden in a brown bag was listening to our conversation. I took an opportunity to say to both of them, "Come as you are, it is harm reduction, and it is totally non-judgmental".

#### Summer Fundraíser, Cont.

leading-edge Order of queer nuns. Since our first appearance in San Francisco on Easter Sunday, 1979, the Sisters have devoted ourselves to community service, ministry and outreach to those on the edges, and to promoting human rights, respect for diversity and spiritual enlightenment. "We believe all people have a right to express

their unique joy and beauty and we use humor and irreverent wit to expose the forces of bigotry, complacency and guilt that chain the human spirit." (www.thesisters.org) This is the second event the Sisters have helped us with. We thank them and hope to enjoy their support again and again. We also thank KJ Paul and Dana for another year of fantastic shut-up karaoke fun. Much money was raised by the crowd who paid to sing and then pair

sing and then paid to shut each other up, ad infinitum. All in all, a good time for all of us.



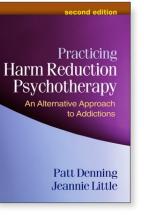




## Looking forward

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The Harm Reduction Therapy Center has a mission to practice and promote a model of integrated mental health and substance abuse treatment that welcomes under-served substance users with serious emotional problems. The treatment, harm reduction psychotherapy, is based on the importance of "Any Positive Change". Harm Reduction Therapy does not require abstinence as either a condition of, or a goal of, treatment. HRTC's highest value is client choice — we put the reduction of harm before any other ideals.