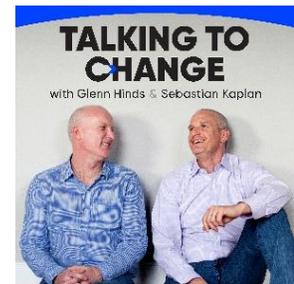


Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 8: Trauma in Practice and MI, with Dee-Dee Stout.

Glenn Hinds:

Hello again everybody and welcome back to Talking To Change-A Motivational interviewing podcast with myself, Glenn Hinds, and I'm joined again with my good friend, Sebastian Kaplan. Hey Seb.

Sebastian Kaplan:

Hey Glenn. Good to talk to you again.

Glenn Hinds:

Yeah, absolutely. And we are very excited as always with a new guest tonight. We are talking to Dee-Dee Stout. And before we introduce Dee-Dee in a formal way, can I just invite you Seb just to remind people who they can contact us on social media and website.

Sebastian Kaplan:

Certainly. Glad to. So, on Twitter the handle is @ChangeTalking. On Facebook, we have a page called Talking To Change. And if anyone's interested in sending us an email with feedback or questions or requests for future episodes, you can send us an email at podcast@glennhinds.com. That's G-L-E-N-N H-I-N-D-S .com.

Glenn Hinds:

Fantastic. Thanks, Seb. So, the theme of tonight's conversation or today's conversation, because again, as it has been a few occasions, we have different time zones and the conversation tonight I'm talking to, it's just 11:00 PM here in Derry, Northern Ireland. Seb, you're at?

Sebastian Kaplan:

6:00 PM in Winston Salem, North Carolina.

Glenn Hinds:

And our guest Dee-Dee Stout, what time are you out there?

Dee-Dee Stout:

It is three o'clock in the Bay Area at San Francisco, Oakland.

Glenn Hinds:

Fantastic. And tonight, we're going to be talking about trauma informed practice and motivational interviewing. And as you've already heard, that's Dee-Dee's voice in the background. Dee-Dee has undergraduate degrees in both psychology and human



sexuality from San Francisco State University where she also earned her special major master's degree in health counseling.

Glenn Hinds:

She's a member of the International Motivational Interviewing Network of Trainers. Dee-Dee has worked in addictions mental health world for more than 30 years. And as someone with a personal history through addiction and other psychiatric diagnosis as well as of a long family history of both, Dee-Dee definitely brings a personal story to the conversation.

Glenn Hinds:

Dee-Dee has extensive specialists training including motivational interviewing supervision training, solution-focused brief therapy, cognitive behavioral therapies, community reinforcement and family training, harm reduction, and now FITPCOM, which is client directed outcome-oriented work around trauma.

Glenn Hinds:

Dee-Dee has been a faculty at numerous Bay Area colleges and universities. Her areas of specialization include curriculum development, substance use disorders, psychiatric disorders and treatment, public policy issues and addiction, trauma addiction in women, harm reduction in addiction treatment, family work communication, queer issues and treatment, criminal justice.

Glenn Hinds:

Dee-Dee has made numerous appearances and invited speaker at conferences including internationally. She's contributed to various bestselling books as well as scholarly papers on treatment including trauma. Dee-Dee is well known for her wicked sense of humour, which we're looking forward to tonight, and her ability to make complicated evidence-based practice understandable.

Glenn Hinds:

Her book, Coming to Harm Reduction Kicking and Screaming: looking for harm reduction in a 12-step world is widely available and has received positive reviews. Currently she writes a blog for families for sensible drug policy Facebook non-profit group called Family Matters, Families matter. Dee-Dee, you're most welcome. Thank you for joining us today.

Dee-Dee Stout:

Thank you, God, that was a hell of an introduction Glenn. No wonder I'm so tired.

Glenn Hinds:

Yeah. You've packed it in Dee-Dee over this time. And so we're really keen to hear in any way that your experience and knowledge and how it can I suppose assist people who are listening to us tonight, help them as practitioners or as trainers or just people who are interested particularly in the world of motivational interviewing.



Glenn Hinds:

And we're particularly keen to explore with you this approach or this idea of trauma informed practice and its relationship with motivational interviewing. So maybe that's where we could kick off with maybe giving us some insight into what is trauma informed practice.

Dee-Dee Stout:

Yeah. I think that's a great place to start. In fact, I'm going to read it directly from the book that kind of became my Bible when I was learning about trauma informed work a few years ago. I had the distinct honour and pleasure of doing trauma informed trainings for the State of California over a grant that we had about two and a half years that we did that. And I did some motivational interviewing training as well.

Dee-Dee Stout:

And I did a tremendous amount. So, trauma informed practice, and this is going to be according to Maxine Harris and Roger Fallot who wrote the book called Using Trauma Theory to Design Service Systems. And they say that to be trauma informed means to understand the role that violence and victimization play in the lives of most consumers of mental health and substance use services.

Dee-Dee Stout:

And to use that understanding to design a system that accommodates the vulnerabilities of trauma survivors and allows services to be delivered in a way that will facilitate consumer participation in treatment. So, in other words, to me it's about appreciating, first of all, we look at the whole person, that they are a person and that their behaviors become viewed as coping mechanisms problems.

Dee-Dee Stout:

And then the services wrap around that idea. And we look at the person again rather than just the symptom, which is generally in services what we're doing. We're looking to minimize the uncomfortability of those symptoms. And we treat the crisis rather than looking at, well, why is this crisis happening? What's going on in this person's life or in their past, in their life that has come to this point and so now this has become quite an issue?

Sebastian Kaplan:

So, it's really a shift or an overall model of care or way of thinking about care as opposed to a treatment method.

Dee-Dee Stout:

Right. Yup. It's not an intervention Sebastian you got it. It's really an approach or to borrow words, a way of being with people, which is one of the ways that I think it fits a nice in with motivational interviewing.



Sebastian Kaplan:

Right. And curious. So, this shift, you said you did a bunch of trainings in California or were involved with some training efforts in regards to trauma informed care. Just wondering how much of a shift that sort of concept or this approach was for the folks that you were training?

Dee-Dee Stout:

Still is.

Sebastian Kaplan:

It's ongoing. Yeah.

Dee-Dee Stout:

Yeah. It really is. It's difficult because what tends to happen, and I'm not trying to point fingers or blame, that is not my point. Trying to understand the system and the system I give trainings to the staff and the staff get on board and says, "Okay, this seems like a better way to approach people. We can see the benefits of this. You can see how it will help and might improve outcomes for clients and even be healthier for us as staff, since we're not acting like police. Now we're actually being counselors or therapists or at least health professionals."

Dee-Dee Stout:

And then the system itself doesn't change. And that's where I see the problem happening. And it's not just me. And that's where most of us see the real challenge is how do we get the systems to make a change and to allow for these new ways of working with people to happen? So, if I could give a really quick example, one of the trainings that we did in California and this came out of training all of our domestic violence shelters in trauma informed.

Dee-Dee Stout:

So, one of the things that we did, I didn't even know this, but most of the domestic violence shelters in our state were doing urinalysis on the women that came in. And if they tested positive for illicit substances or alcohol, frankly, then they were not allowed to stay. And so, we looked at that and said, "Okay, now first of all, are you doing drug treatment?" And they said no.

Dee-Dee Stout:

And said, "I'm a little confused about why you're doing drug testing." And they said, "Well, we need to know if people are using." And I always then ask the question, "Well, how come?" What that when they tell you. "Well we want to make sure this is a safe environment for everyone, and we can't have women using because that will not be safe." So, we decided that we have a conversation at what might happen if you just stopped drug testing.



Dee-Dee Stout:

Very simple thing. And also, drug testing is quite expensive. So, that could save money. And usually, unfortunately that cost is passed on to the client or the woman in this case. They started to do that in a couple of the shelters. And I ran into them a year later at a conference. And without exception, they said, "Oh my God, it has totally changed how we see our jobs now.

Dee-Dee Stout:

We don't have to be police anymore that if the women are using substances that that sort of the signal that something's wrong and we need to have a conversation with her and say, "Well, what's going on, what's coming up, what happened during the day?" What is the thing that you're trying to resolve. So, it lowered the thresholds for people coming into the shelters, obviously, and then also found a way to facilitate in the shelter and not feel more ashamed of their behavior.

Dee-Dee Stout:

Now, the other piece of this is we want to look at the power differential, particularly in shelters when we're working with people with intimate partner violence. Because what IPV is, that intimate partner violence is imbalance of power. So, when I start doing urinalysis on women and I have to watch you while you're peeing, forgive me here because that's part of the process, well, what relationship is that kind of imitating? The abusive relationship, right?

Glenn Hinds:

Yeah.

Dee-Dee Stout:

So, when we look at it in that way, in that frame, everybody got it and said, "Oh my God, we would never think of doing that. That's not our intention." Of course, it isn't. Nobody is blaming anybody, but because of the way it was set up and with the court's involvement, they were being forced to do these urinalyses.

Dee-Dee Stout:

It got to the point where even, excuse me for interrupting there, that courts in one jurisdiction came back and said, "The women are doing so much better when we see them. What are you doing differently?" And the shelters said, "The only thing we're doing differently is that we're no longer doing UA, urinalysis." That's how remarkable the change was.

Sebastian Kaplan:

Wow.

Glenn Hinds:



So, it was almost like there was a tradition with an embedded assumption within the system that their job was because women who take drugs are dangerous, our job is to protect woman. What we have to do is minimize the risks to them. That the assumption was that if you take drugs or take alcohol, you're an increased risk.

Glenn Hinds:

But when you encourage them to think about this differently, they saw it from a different place, but also much more significantly, the results changed dramatically that the woman themselves, it sounds like were not experiencing that power imbalance or that power differential as you describe it. That the workers weren't policing them.

Glenn Hinds:

So, there was an immediate shift in their own experience in the shelter where they've come for safety. It actually was safe for them to do whatever it was they needed to do to deal with the consequence of the domestic violence or the intimate partner violence.

Dee-Dee Stout:

Exactly. Exactly. And the staff were happier as well. Because they got to go back to the job of being supportive, not behaving like police and not that police are bad. It's just that that's not what these folks went to school for. So, we want separation of these roles and we want to, again, the main undercurrent is we don't want to do anything that might look like that power differential that a woman just came out of from the abusive relationship. And obviously it's for a man as well in a violent situation. It just happened that these were women in shelters in the state.

Glenn Hinds:

Right, right.

Sebastian Kaplan:

And one thing that's striking me as well is that it would ... this isn't just a way to inform how counsellors can do their jobs differently. It is, I imagine a way of setting any professional sites differently on the work that they do and the people that they serve. So if you are a nurse or a counselor or a secretary or any number of roles that are important in the functioning of say, a domestic violence shelter, that they would all sort of be on board and begin to view the work in a different way.

Dee-Dee Stout:

Right. Everybody begins to see their role differently. They begin to see the people that they're working with differently as well. So, if we're looking at domestic violence shelters, we might say that I'm not viewing that woman who's in here as a victim anymore. I may look at her as more of a survivor with a lot of skills. And just because she's using substances, well, first of all, she's an adult because we don't have any children that come to the shelter other than with their parents, their mother.

Dee-Dee Stout:



So, using alcohol and some substances like cannabis now in the state of California is perfectly legal. So, what are we saying to that woman when we say, "You can't drink if you're here." Well, why not? All right. I am free to go at any time I want. I don't have to stay in the house. In fact, most of the women go out and do other things and get involved in the community or have a job or something along those lines. So again, that idea of forcing rules on them that they would not have in their life in any other circumstance.

Glenn Hinds:

So, this-

Dee-Dee Stout:

So how do we help them have self-determinant? We're not? We're setting up another form of dependency, which is what they came out of.

Glenn Hinds:

So, the intention of the center is to offer them a gateway to a new way of being. And either consciously or unconsciously it appears that the system wasn't taking into account what they were doing and itself was mimicking some of the challenges that these women were facing in their family homes.

Dee-Dee Stout:

Yup. You got it, Glenn. That's exactly the point that we really want to stop and think, "Do we have this rule in place just because it's always been that way, or maybe there was a good reason in the past?" We can look at it that way. And now we know differently. So, let's review all these rules and do we really need to have pages of rules? Can we kind of boil it down to a couple?

Dee-Dee Stout:

And maybe we don't need any at all. We just need something, a general ethos or a culture in the home or the house or the facility that says, "We treat each other with respect and then we're going to have a conversation about what respect means."

Glenn Hinds:

Right. Right. Okay. And so, in some ways it's almost like what I suppose most people would think of what a family home would sound like. That there's not strict boundaries, but there's shared values and shared understanding and people striving to live up to those for themselves, but also for the good of everyone else.

Dee-Dee Stout:

That's right. That's a great way to look at it. I would just add that that would be a healthy family that we'd be in with. And yeah.

Glenn Hinds:



Yeah. Which would make sense if the service is trying to offer these women an alternative way of experiencing relationships that what they would hope to experience is being modelled is the healthy version of what family life can be.

Dee-Dee Stout:

That's right. That's right. What's it like to be in a warm, loving, compassionate family. And a lot of times these women have not experienced that, or they haven't experienced it in a long time, they've kind of forgotten what that looks like. And the same is true when we look at addiction services or mental health treatment. These again are often ostracized or often marginalized. Right? And so that same sort of idea, how are we coming at them? Are we coming to them or are we coming at them as service providers?

Sebastian Kaplan:

It also strikes me that to do this sort of work or to adopt this model or system of care, it would require, again, anybody involved in the system to periodically or maybe even on an ongoing way, imagine what it's like to-

Glenn Hinds:

Sorry Seb. I've lost your sound, man.

Sebastian Kaplan:

Okay. Hello. I think we had some technical difficulty there, but we should be back on track. But I was thinking about again a professional, a provider, a staff person adopting trauma informed practice. And one of the things I would imagine myself doing and needing to do really is to sort of see the world through the eye of the person or the recipient receiving care or in this case the women in the domestic violence shelter.

Sebastian Kaplan:

So very much consistent with the Rogerian idea of kind of imagining what the world view is of that other person.

Dee-Dee Stout:

Right. And very much in keeping with motivational interviewing. I think, at least the way that I interpret MI is very much that my job is really to listen to my client or clients if there's a family so deeply that at the end of the conversation, while I may not agree or like or think that it was the right thing to do whatever their behavior was, I can stand back and I say, "But I get it. I understand why someone might think this was the best thing to do."

Dee-Dee Stout:

So, it's about my fully entering their world as Carl Rogers used to talk about it. And then of course he used to say, the trick is, and I'm paraphrasing, is to find a way to get back to yours once you've entered that world because you don't want to get lost in it.

Sebastian Kaplan:



Sure. Right. Right. So, we're beginning to bridge that, not really a gap. We're just identifying the places of overlap really between trauma informed care and motivational interviewing. And so, we've in previous episodes talked about the MI spirit. And so that's really kind of where we're at right now.

Dee-Dee Stout:

Absolutely. When I was kind of looking over things again for today and thinking when we look at spirit and the four processes now coming out of MI3 with engagement being that first process that we're always doing, just some degree or another that's there around all the time. And I was talking about this with Alameda County yesterday with providers.

Dee-Dee Stout:

And saying they were looking at their own engagement statistics and saying, "We're not reaching any engagement in certain communities and with certain people. And how do we improve that as a county behavioral health care service?" And I'm there with my hand up, I'm going motivational interviewing, trauma informed. That's exactly how you do that.

Dee-Dee Stout:

And so, looking at that in around the spirit of this idea of collaboration really is the key along with compassion. And then I sort of see the acceptance and advocacy as being on top of that. But with that core, the compassion and collaboration, that is trauma-informed because otherwise, and I become the expert again and now I'm telling you what to do, or I'm trying to pressure you somehow or persuade you somehow rather than engage you in the process and find out what it is that you want.

Dee-Dee Stout:

And domestic violence or IPV, sometimes that will look at like, I'm trying to pressure you or persuade you to leave the violent environment. And that's a mistake that we made for a very long time. That's not my job. Even though every fibre of my being may say, "You should not be there," whether you're a man or a woman, whoever is the abused and sometimes they are the abuser and the abused. It gets complicated.

Dee-Dee Stout:

But that's not my decision to make. I know several people who have said to me this other person is important to me. This relationship is important, or they're the mother or the father of my children. I'm not just going to walk away. So, we need to find a way to make this work. And in the past, I would have made the argument, "No, no, no, you need to leave." That's it.

Dee-Dee Stout:

Or the same to me with drug users is to say, "Well, just don't drink. Don't use a drug." That's the first thing. You have to have abstinence. We say, "Why did we do that for all those years?" Yeah. That might ultimately be a great goal, but that may not actually be helpful right now. It might even be harmful in some ways to try to do that.



Glenn Hinds:

Right. Because I suppose, and thinking about this part of motivational interviewing and certainly in the conversations we've been having to date, some of what we've been exploring, while it sounds quite simple it is actually quite a complex and many levels quite a profound shift for us as practitioners to allow this idea to come into our world where that we meet someone whose life is in a chaotic state and trauma.

Glenn Hinds:

In this instance has been visited upon them. And we're now encouraging practitioners to recognize, it's not actually helpful to tell this person who's experiencing trauma to get away from the source of the trauma. And as you were describing, it brings up the reality that if we do step back, we can recognize the ambivalence of that individual in that situation is feeling.

Glenn Hinds:

That, "Yeah, this is the perpetrator of violence towards me but in another realm of our relationship, they're also someone I feel close to. They happen to be the father or mother of my children and I'm not going to just give up the violence when I leave. I give everything else up." And it sounds like that's a price that is really important for us practitioners to take into account and-

Dee-Dee Stout:

That's right. And that can be really difficult for practitioners as you can imagine. It's hard to watch someone who's in that much pain or who has just come from the hospital because their nose is broken or their eye is black or their ribs are bruised or God knows whatever it is. And again, it can be the same thing if somebody just had an overdose. We can say, "Oh my God, why are you doing this again? What is it going to take?"

Dee-Dee Stout:

But that we know is not the way to engage people in services. That's actually a way to help them to not engage in services because we're not listening. We've shut our ears down.

Sebastian Kaplan:

Yup. And so with the engagement clearly there's a need to see the world from the other person's perspective in a non-judgmental way, be able to express that in a way that connects and is consistent with the other person's experience. So, all of these we've talked about in previous episodes consistent with the work of Carl Rogers in MI spirit.

Sebastian Kaplan:

Thinking about some of the other elements of MI for instance, evocation or change talk in particular as a specific concept, how might you see that fitting with the world of trauma informed practice?



Dee-Dee Stout:

That to me is also part of, again, back to collaboration. Yeah. It really is at the core part of that process. And that's always there because if I'm really deeply listening to you, if I am focused on what you're saying and trying to understand it in its context, not just as word at me, then I have really engaged that spirit of MI, but I'm also using the processes of MI, that system if you will, to borrow a term. I'm not sure if Phil or Steve would like that, but of engagement.

Dee-Dee Stout:

Yeah. To me they call it a process, a system, however we want to describe it that I'm going to stay, and I call it treading water. I'm going to tread water with you. I'm not trying to pull us out yet. I'm hopefully not trying to sink either. We want to keep our noses above water so we can breathe and stay alive, but I just want to hang out with you for a while as a practitioner and I may do that for a very long time depending on the circumstance.

Dee-Dee Stout:

Yeah. I've worked with people that their trauma was so deep, I swear one young lady told me it took a year and a half for her just to trust me and I was honoured that she ever did. It was kind of to that level. And so, I have to be in there for the long haul around that. That doesn't mean that she was not able to make any changes in her life for a year and a half. She made many changes.

Dee-Dee Stout:

She didn't get to complete all of them and she didn't get to the ultimate goals sometimes, but she was on a path and working and as paths are they do this and they go back and they come forward and they move along, and so she was able to do that. And that was the collaboration. That was also the focus. We kept that view that there's something else that's coming, I can see it and it's not the next train coming to hit me.

Dee-Dee Stout:

It really is something that's possible in my life. But I also have to be careful because if I look too far ahead, that can be overwhelming. Because they just have not experienced that kind of goodness in their life, that positivity and love, that compassion that allows for that kind of dream to even be thought of to be possible.

Sebastian Kaplan:

So, it's important not to get too far ahead, important to stay right there with the clients. And while also as part of the collaborative process to or I suppose in the MI world, the collaborative elements of the spirit to really focus on the ideas and the thoughts and the wisdom that the other person has and to draw that out.

Dee-Dee Stout:

That's right.



Sebastian Kaplan:

Yup.

Dee-Dee Stout:

And I think ... Go ahead Sebastian.

Sebastian Kaplan:

You were talking about those conversations, the well-intentioned conversations that often don't go well when a provider's basically pleading for someone to leave their partner. That MI would fit quite well with trauma informed practice because it wouldn't be about telling the person what to do. It'd be about drawing out what their ideas are about how they might make change.

Dee-Dee Stout:

That's right. And if you could imagine coming from any of these groups of marginalized people, whether we're talking about, and they all have trauma in them. That is one of the underlying features that nearly everyone that sees someone for mental health services or for substance use services or housing services or we can kind of go around and around, there's some trauma in there almost for everyone.

Dee-Dee Stout:

So, we sort of say those of us in the trauma informed world, act as if everyone you see has some history of trauma. Just go ahead. It won't hurt to keep these principles in the back of your mind. Just like we do with MI. It may not be the intervention that we would like. MI isn't appropriate all the time, but the spirit is of MI. So, hold on to that. And then let's see where we're going to go depending on what the client's needs are and what their desires are and what they're willing to do.

Dee-Dee Stout:

So, the same thing. And when we're looking at marginalized folks, I think one of the core pieces that often doesn't get talked about is that idea. Again, back to the idea, I can't think of my life being functional and happy because it hasn't been that or maybe it's never been that. And so, for you to even ask me what I want is overwhelming and welcomed and frightening and exciting, all those things at the same time.

Dee-Dee Stout:

So, kind of having just sit with that and saying, "It's okay if you don't know what you want right now. Maybe where you start is with what you don't want." Most people can be pretty clear on what they don't want in their life or what behavior they don't want to engage in anymore and start at that place, and then down the road gently nudging as you hear more from them of what they do want and start guiding in that direction. Yeah.

Glenn Hinds:



So, in some ways it's again, recognizing that change can happen in two different directions. One is towards being different by bringing something into your life, but also by being different by getting something out of your life. And as a practitioner whose job and desire is to help this be different for some, it may be about identifying which direction is the most suitable for this individual to begin with. But ultimately by-

Dee-Dee Stout:

Yeah. But other things that I like to do.

Glenn Hinds:

... going left, you always end up right, and if you turn right, you're all going to turn up left anyway

Dee-Dee Stout:

Yeah. One of the things I like to do is to ask somebody if we're going through kind of what are the things that you want to look at in life, and let's say they have three or four things, different areas that they'd like to work on at some point. And I'll say, "So which one of those do you think you would be most successful changing in if you were to do it, to start on that process today?"

Dee-Dee Stout:

And they're often surprised because they think I'm going to ask them what's causing you the most trouble. And oftentimes one that's causing the most trouble is the hardest thing to change. And what I know and what we've learned about change is that change, positive, successful change begets more change. You get energy from that; you build your confidence from that. And failure begets failure.

Dee-Dee Stout:

So, if I fail at this big change, then I tend to get more beating up on myself and more depressed and I'm not going to try again because look, I just screwed it up. So looking at a baby step that I can take towards something that's fairly indirect that I can be successful with, the first thing I do is going to build my confidence to try the next thing and the harder thing.

Dee-Dee Stout:

So that's where I like to go with folks and explain to them why I'm suggesting this. Now obviously they can do whatever they like, and I will work in any way they want to on that. But I do make the suggestion, this might be a way to consider. What do you think about that?

Sebastian Kaplan:

Yeah. And I'm just thinking about listeners that perhaps are, maybe they're already in a trauma informed practice or maybe they're not, and they're not in really a position to change the sort of fundamental way that a system operates. Maybe they're a provider or



a counselor or other healthcare practitioner that's working with people that have experienced trauma. What might you say in a more individualized way or at the level of the conversation as opposed to the system?

Sebastian Kaplan:

How do you see MI helping in, you've already given some examples, but without necessarily diving into trauma focused cognitive behavioral therapy-

Dee-Dee Stout:

Yeah. Yeah. Thank you.

Sebastian Kaplan:

... topics like that. But yeah, how do you see MI being helpful?

Dee-Dee Stout:

Well, let me go back if I could to the thing that is, so a couple of things. So one is that where trauma informed, and MI truly intersect is in that compassion and deep listening. Engagement. So those pieces are right here. The next place. And what that helps to create is a relationship and a positive caring relationship. With trauma, that's where trauma comes from, is from not having that kind of relationship.

Dee-Dee Stout:

And we see it in evidence all the time. You look at Scott Miller and Barry Duncan and what makes change, *The Heart & Soul of Change*, the name of their book. And they have said over and over, looking at meta-analysis of what works in therapy. What works mostly to make change is the therapeutic relationship. The second thing that works is what the client brings, their strengths and that's very MI.

Dee-Dee Stout:

So, let's look for your strengths, look for things that you've done positively. Begin to build on those things in baby steps, which is what I always suggest. And then secondly, building that rapport, that relationship, that will help give that person you're working with some confidence to start to work on their possibly even their trauma. Now, not necessarily with you, perhaps with someone else.

Dee-Dee Stout:

If they have a good relationship with you, whatever your role is, they're more likely to engage in another health care professional and vice versa. Bad interaction with one of you guys, I'm more likely to say screw the system. I'm not going to engage with anybody. It's none of their business. This is mental health and that's private or whatever the issue is. And that's what happens.

Dee-Dee Stout:



That's why we can't engage a lot of communities including plain old, whatever we are called Western Europeans these days. It's the same idea. Nobody wants to have a mental illness. Nobody wants to be seen as a victim. Nobody wants to have a drug problem. So, how do we engage people and keep them engaged? And that's what we've learned. Things like housing first is so important.

Dee-Dee Stout:

Get the housing, get people stabilized in housing. And what happens? Their drug use begins to decline. Symptoms of their mental illness begin to diminish without any treatment. Isn't that amazing? And it's that relationship.

Glenn Hinds:

Sure, sure. And it's almost like you're describing by meeting the basic needs by meeting, if we were to think of Maslow's hierarchy of needs.

Dee-Dee Stout:

Thank you. Yeah.

Glenn Hinds:

Take care of the first things first and the second things will come, they will arrive for themselves. And in a word, I was struck a few minutes ago when you were talking about the way we would maybe interact with people and saying, "Why would you do something like this?" And what came to me was that's a really interesting question if we change the tone of our voice.

Glenn Hinds:

And I think it was a form of what you were saying, is why are you doing it that way? And I'm also conscious that we've been taught quite a bit of both domestic abuse and partner violence. But my guess is that there's a lot of people that may be listened to this who work in alcohol or family services or criminal justice or mental health.

Glenn Hinds:

And it sounds like what you're inviting them to consider is where are the traumas that may be present in this individual life that have brought them to your attention because of their alcohol use, because of their mental health, because of their relationship or involvement with criminal justice or mental health presentation, that it's almost like you're saying that if we look close enough, the likelihood is that there is trauma there.

Dee-Dee Stout:

That's right.

Glenn Hinds:

And because it's there, if we take this into account, that the way they're behaving make sense under those conditions.



Dee-Dee Stout:

That's exactly the point, Glenn. That's perfect. That's just where we want practitioners and systems to begin to understand that people's behaviors make sense given their history. So, if you don't know the history, then their behaviors look pathological. They look crazy. Those are the kinds of things that we say. "Why in the world are you doing X, Y, and Z? What's the matter with you? You're an intelligent person. Why are you doing that?"

Dee-Dee Stout:

Well, there is a reason, people always have reasons for their behaviors. And we're not suggesting that people always know what their reasons are or that they even understand that they have a trauma history.

Glenn Hinds:

So, the trauma informed practitioner may recognize some of the sources of this drama whereas this is simply their lives. But by treating them with this compassion, with this understanding, with this willingness to sit with them in that initial period without a demand to move anywhere, that that in itself can be very beneficial, very supportive, and potentially radically different for them as well.

Dee-Dee Stout:

Yeah. Yeah. It really gives, it's an invitation to have a conversation, I think is where we start. And that's what MI is good at. Let's say just come on in, have a seat, grab a cup of tea. Let's just chat about what's going on in your life and how you envision it turning out or how you envision the next five minutes.

Dee-Dee Stout:

Sometimes with folks, the people that I've trained, certainly they're not people that I generally work with anymore, but I have in the past that their lives are so chaotic right now that they can't even think about next week. They're thinking about tonight, where am I going to stay? Or what am I going to do? Am I going to use again? Am I not? Where am I going to get my medications or all of these sorts of things. And I think MI is great for that. It just says, "That's okay. Let's just talk about tonight then."

Sebastian Kaplan:

It's a very open and accepting stance with people. For sure.

Dee-Dee Stout:

I love it when Steve Rollnick was the one that always would say, "Stop asking what effort, that person ..." if the person is saying that they can't make that change. Okay. Whatever somebody else may be a stakeholder may be asking them to make, whether it's the insurance or the provider or their parents or their partners, police, the three PS, whoever it is, they're asking it of them, why don't you ask them instead what they are willing to do or maybe what they're able to do right now. Okay. I love that.



Glenn Hinds:

Let's get this ball rolling in the easiest way possible.

Dee-Dee Stout:

That's right.

Glenn Hinds:

In a way that suits you.

Dee-Dee Stout:

That's right. Work smarter, not harder.

Glenn Hinds:

Right.

Sebastian Kaplan:

Well, we're keeping an eye on the clock here and probably needing to start winding down. We often will begin the closing with a question for our guests about what a recent interest is of theirs or perhaps a new direction that they're thinking about in terms of their MI work. You've been talking about some recent interests or even some projects that you've been working on currently as far as trauma informed practice.

Sebastian Kaplan:

Just wondering if there was something kind of a new idea or a new take or a new application that you've been thinking about or trying lately.

Dee-Dee Stout:

Yeah. Interestingly enough that the work that I do more and more these days has to do with using motivational interviewing and frankly coming from a trauma informed approach is with families. Doing the blog for a FSDP has been really instrumental in that work. And I also do some training for a group called the Center for Motivation and Change out of New York City where they've partnered with a group in the United States.

Dee-Dee Stout:

And we train parent volunteers to work a hotline that other parents who have kids with drug problems or they may be concerned they have drug problems can call in and get free peer to peer counseling for X number of sessions. And our job is to train those coaches or want to be coaches.

Sebastian Kaplan:

The peer coaches.

Dee-Dee Stout:



Right. The peer coaches.

Sebastian Kaplan:

And you used an acronym there or a series of letters FSDP. What is that?

Dee-Dee Stout:

Yes. Thank you. Families for Sensible Drug Policy, it's a fairly new non-profit group, has quite a Facebook presence, and is working in the next year to expand some services that looking at how to help families in a new way. The last blog that I did, we did a two part for July and August on the concept of tough love and how that has harmed, not just the individual on the receiving end of it, but also the families themselves.

Dee-Dee Stout:

And I talk about the fact that my own family has never healed from our interactions when I was a teenager, which has now been 50 years ago now. And just how sad that is. And we know differently now, we can do it in a different way. And one of those is starting with an invitational approach with motivational interviewing and thinking and approaching things with that lens of trauma informed, appreciating that everyone in that system is getting traumatized.

Dee-Dee Stout:

And that can be hard for the parents to see their kids because they see them while they're using drugs. So, they're not feeling anything. They obviously don't care. That's not usually true at all. In fact, it's quite the opposite. So, everybody has to kind of look at everybody else's role a little differently too.

Glenn Hinds:

It's really promoting empathy within family systems.

Dee-Dee Stout:

Yeah. Yeah. There's another I'm involved with that a fellow that has made what he calls empathy circles and we're looking at building towards a m.o.o.c to train other people in an open forum. Right. And he had an interview with Bill because he's using Bill Miller's latest little book on listening well. I don't know if you've seen that one little paperback. Amazing.

Dee-Dee Stout:

It's taking the principles of oars and active listening out of MI and saying, "This can be utilized, and we'd love it to be utilized by everyone. And here's how to do it." Simple little cheap little book. I'm using it in one of my classes as extra credit. It's great. So what we're trying to do there is to build a culture of empathy because as you may be aware in the United States right now, we don't have a lot of empathy and compassion at some levels, we do at others. And we'd like to increase that.



Sebastian Kaplan:

Right. Well, fantastic. This has been a wonderful conversation, Dee-Dee. And we also ask our guests if people in the audience wanted to reach out to you or get in contact with you, what are some of the easier ways to do that [crosstalk 00:49:19]?

Dee-Dee Stout:

The easiest way is probably to go to my website, which is Dee-Dee Stout Consulting, and Dee-Dee is D-E-E-D-E-E. Stout like the beer, S-T-O-U-T, consulting.com. And you can click on my email address from there and contact me that way. Send me an email.

Sebastian Kaplan:

Okay. Very good.

Dee-Dee Stout:

Yeah, I'd love to hear from people.

Sebastian Kaplan:

Fantastic.

Dee-Dee Stout:

That'd be great. Thank you so much you two. It was a real pleasure.

Glenn Hinds:

Yeah. It feels like I'm leaving the table before I'm fully satisfied Dee-Dee to be honest.

Dee-Dee Stout:

I'm sorry.

Glenn Hinds:

And I know that there's a lot of questions that other people are going to be left with after today. But again, it sounds like the key message tonight was that by understanding this individual, that that in itself is helpful. Answering the question, why are you doing this? Not with aggression or judgment, but just by curiosity.

Dee-Dee Stout:

Right. Not with the finger going.

Glenn Hinds:

Right, right.

Dee-Dee Stout:

Yeah. But instead with a sense of curiosity.



Glenn Hinds:

Yeah. Yeah. Fantastic. Thanks Dee-Dee.

Dee-Dee Stout:

Thank you so much. Both of you.

Glenn Hinds:

And again, just to remind people to follow this on Twitter, it's @ChangeTalking. On Facebook, it's Talking to Change. And do you want to make comments on anything that we've talked about or ask questions? It's podcast@glennhinds.com. But until next time, thank you, Dee-Dee. Thank you Seb. Thank you everybody.

Sebastian Kaplan:

Thank you so much Dee-Dee, and Glenn, great talking to you.

