CASAT Podcast Network

Welcome to season two of CASAT Conversations.

I am your host Heather Haslem.

This season we will explore the timely and complex topic of resilience for healthcare providers.

Within each conversation, you will hear from experts, clinicians and providers who will explore and share the latest research, best practices and applications for how to be resilient.

Please enjoy today's conversation, we are so excited to welcome Dr. Meagan Corrado.

Meagan Corrado is a Doctor of Social Work and a Licensed Clinical Social Worker.

As the owner and founder of Storiez Trauma Narratives, she has authored 9 books and trained over 6.000 clinicians, community leaders, and trauma survivors across 20 innovative training programs.

Dr. Meagan's interests in helping others process difficult life experiences began as a very early age when she helped family members and friends process feelings about significant life stressors.

Storiez stems from Dr. Meagan’s own personal experiences with trauma, as well as her clinical work with children, adolescents, and families.

Dr. Meagan specializes in work with Children and teenagers who have experienced difficult life experiences.

She takes a creative approach to her work with Children, adolescents and families, incorporating elements of art, music, poetry, play therapy.

In her clinical practice, she also engages her own creative practice using mosaic alcohol ink collage and resin as a way to process her own experiences of trauma and resilience.

Dr. Meagan completed training in a variety of modalities, including childhood sexual abuse treatment, trauma focused CBT CBT prolonged exposure therapy and narrative exposure therapy.

Her experience includes clinical work in a variety of settings, including community mental health agencies, residential treatment facilities, schools and homes.

More recently, Dr. Meagan has supported systems and implementing trauma informed practices.

She has worked collaboratively with the City of Philadelphia’s Office of Homeless Services, the Philadelphia Police Department, and the American Institutes for Research.

We are just delighted to have you here on CASAT Conversations today.

Welcome Dr. Meagan

Thank you so much for having me.

So, as we get started, I'd love for you to please share more about your story and how you got into this work.

So, where do we start?

And how much time do we have?

It's always really hard for me to pinpoint the particular time when I was like, you know what I want to provide support to people who've experienced trauma.

But then reflecting back on my childhood experiences, I've been exposed to different forms of trauma, different forms of diversity ever since.

I can remember.

Um I also was the friend in high school that all the other friends came to to talk about their problems.

Um and then I also knew how to keep people's stories separate.

So if one group was in conflict with another group, then I knew to keep particular details private so that each could kind event and then somewhere when I was preparing to graduate from high school, I learned that there's actually a career where I could do what I felt like I was already doing, which was providing support to people.

Um so I I pursued it right.

I pursued a degree in social work and and in my bachelor's program, I was studying trauma, I did an honor project which culminated in a novel where I wanted to kind of depict and show what all of these different trauma symptoms might look like in a person and a character and a group of characters that I had created and also what it would look like for them to um tap into their sources of resilience and I still hadn't realized that I was a survivor of trauma at that point, then fast forwarding to my Master's program, I feel like somewhere around my Master's program is when I had this moment where I was like, oh my goodness, I've experienced trauma too, and it's not just one type of trauma, it's all these different types of trauma, but I never used that word to describe my experiences.

So um I feel like my journey to helping and supporting other people developing curriculum, it's been this parallel process of me learning through books through training programs through mentorship, through all these different kind of sources of information how to provide support to clients to ah particularly urban youth of color.

And then at the same time we also realizing, oh wait, this is affected me too.

Um yes, it's like, and I can't say this is the moment when I was like, oh, but it was just this parallel journey and then also me using the arts to process my own trauma and then whatever I learned passing it along to the clients that I was working with.

So it was like this mutual parallel healing journey that was happening.

And then so where uh how I began to kind of help people tell their narratives is um when I graduated with my Master's degree, I was providing support to youth in residential treatment facilities.

They were adjudicated dependent and adjudicated delinquent youth and then also youth who had various mental health challenges, including suicidality, um including uh psychosis and PTSD.

And I was I was connecting with them and it just felt like there were parts of their stories that were missing and I knew that I had used storytelling as a way to process my own experiences.

I was like, what if I kind of use some of the same processes?

I've been using the process, my experiences with them.

And I started supporting them and telling their narratives before the stories, trauma narrative intervention ever had a name.

I was doing almost the exact same process with them.

And then fast forwarding.

I was talking to other clinicians and they were really excited about the fact that I was doing trauma narratives with clients and they're like, how do you know how to do that?

And I'm like, well, I'm just kind of putting things together and doing things in a way that makes sense and letting the kids, the teenagers be creative.

And so then, um you're like, oh, this is really cool, we would love to do it.

So then when I got into my doctoral program, I decided I really wanted to formalize this process so that other clinicians can help people who've been through trauma to also tell their trauma narratives using creativity.

So that's that, believe it or not, that is the, the long story short, but there are many, many more details that go along with it, but that's the gist.

Well, I love how you described your path and it sounds like, you know, it was pieces of the puzzle that you've been putting together um and different life experiences and also paying attention to your own strengths and the things that resonated most for you um as you gone along your journey and then integrating them into this beautiful practice.

Um so what does you've talked about trauma and um when you think about the term trauma, how do you describe it?

Because you know what you were pointing to as far as like I haven't experienced trauma and then all of a sudden one day realizing or across time realizing, oh, I actually have this is me to um I find that that is really relevant and happens quite often, we think, oh, other people have experienced that, but I haven't and then one day we realized, oh actually I have, so I'm curious how how you describe trauma and how do you talk about it?

That is the million dollar question.

Um when I'm teaching students and doing workshops, I always start off by highlighting multiple different definitions of trauma because depending on you know who you're listening to what you're reading, you're gonna find a wide variety of different ways that people define trauma.

Um I also speak to people about the controversy between whether or not trauma is the actual event and whether or not event particular events or experiences are always traumatic or if it's the person responds, person's response to the event that makes it traumatic.

Because some people would say, you know, regardless of what your response is, if you've been through X, Y and Z, it's a trauma.

And then there are other people who would say well if the person didn't interpret it as being traumatic and the person didn't internalize that experience is being traumatic, that it wasn't traumatic.

I tend towards definitions of trauma that speaks to um to be honest, I'm actually somewhere in the middle.

So I think that there are some experiences that are inherently traumatic, even if the person doesn't necessarily recognize it as being traumatic.

Sometimes people have experienced trauma for so long that they don't have these really huge reactions to the things that they're going through because it's been the norm.

Um when you've experienced things like incest and poverty and discrimination and racism sometimes um you don't you don't have anything else to compare those experiences too because that's all you know.

But then I also think there is this, you know, there's also this subjective nature of trauma where um it's really about how we define those experiences and so my definition of trauma and its ever evolving.

So my definition of trauma now might not be my definition of trauma in another six months, but I feel like traumas are experiences that cause us to feel overwhelmed, that may cause us to feel broken, that may cause us to feel confused.

And they're also experiences that um cause us to question who we are, where we fit in the world, how we relate to other people.

So that's once again my definition for now, but I also always leave space for that for that definition to evolve and change and also for people to push back to say, well I've been through X, Y and Z and your definition of trauma doesn't account for that.

I love that you leave space and that you um have this ever evolving definition um as you know, you learn and grow and the research community learns and grows um leaving that fluidity in there is very cool, so thank you for sharing that.

How do you believe that our own trauma impacts our capacity for resilience?

Oh you are asking excellent question in a different situation.

I just might be right.

So we talk about trauma informed care.

It's a buzz where people are receiving funding for it all throughout the nation.

There are books, there are articles, there are ted talks, YouTube videos, any type of resource you can imagine that focuses on trauma informed care and what has happened in trauma informed care is that I don't know, I don't know where or why.

Um, we began to like create this dichotomy between the traumatized and IAN traumatized um, in reality when we look at statistical information about how frequently people, not just clients but human beings are exposed to trauma, the numbers are through the roof.

So oftentimes it's like we're learning about things to provide support to other people and the focus of our work is on how do we support clients, but when we look at the numbers, when we look at how often human beings are exposed to traumas, not just about our clients, it's about us too.

Um, so I really advocate for instead of an US versus them approach.

I really advocate that as helpers.

We're seeing this trauma informed approach as being about all of us in this together at the same time.

Um also if we look at statistics, um, that speak to how often people in helping professions have experienced some form of adversity, whether those are adverse childhood experiences or traumas, which you know trauma, the term trauma captures many more negative or or difficult experiences than average child than the aces or adverse childhood experiences captured.

So whether you're looking at Aces or you're looking at trauma more broadly, the amount of trauma that we're experiencing as providers is really astronomical, especially when we compare it to people who are entering other disciplines.

Um There's a study that that compared NBA students, masters of business administration students to a masters of social work students and the numbers were staggering how much more adversity and trauma, mental health challenges, substance abuse um MSW students had experienced as opposed to these NBA students.

So it's really a reality that we have to look at that we have to face um that it's not just about our clients, it's about us too.

So in that vein, um you know, as we look at really including all of us under this umbrella of trauma, what are some of when we look at building resilience for healthcare providers?

What are some of your recommendations?

Or really it sounds like um body practices and developing resilience.

So what what do you find most helpful too?

So I guess two part question.

So 1st I want to clarify that uh I have by by no means have I had a perfect journey to figuring out how to also support myself and healing.

I learned the hard way.

Um It seems like I learned a lot of stuff the hard way, but I learned the hard way um about the importance of tapping into our own sources of creativity and looking at our own strength.

Um and it's it's taken a lot of downs.

Um It's taken a lot of challenging circumstances and it's taken burnout vicarious trauma, secondary trauma.

For me to realize the importance of um how am I helping myself Hell?

How am I helping myself get back up?

How am I telling myself or what messages am I telling myself?

And um are they abusive messages or are they messages that highlight strength?

Are they messages that highlight resilient?

Because so for me, I noticed that some of the messages that I was telling myself even as a helper are things that I would never say to a person.

I was helping the tone of voice that I was using to speak to myself about the work that I was doing because we do difficult work and we don't always have positive outcomes and oftentimes we're fighting against systems that are um that are really broken and are really traumatizing.

Um and I found I found myself, you know, speaking to myself in particular ways and saying things that I would never say to a client and having to re evaluate that and it's a work in progress and I'm buying no means at the end of the journey with this either.

Um, some things that I think are really important.

So we, we talk about self care too.

That's another buzzword.

Um, the term self care always kind of bothered me a little bit.

Ah I think partially because when I would attend different seminars and workshops, people always talked about bubble bath when they're talking about self care, and I'm just like, first of all I don't like bubble bath.

Second of all, bubble baths are not going to erase all of the pain that I had to help people absorb and process and experience.

It's not going to take away kind of this new lens that I'm looking at life from because of all of the things that I've heard and witnessed and steam alongside of my clients.

But then I found a book, I don't know if the author uses the term self care, I believe she might, but I found a book called Help for the Helper and it's by Babette Rothschild and I found it after I was like 10 years into the field.

Now if I had that book at the beginning um I think that it would have definitely impacted my practice in such a way, so that I wouldn't have had, I still might have learned some things the hard way, but I feel like something's, I wouldn't have had to learn the hard way because um it really, it talks about it, he has you explore yourself, talk there's different exercises that um encourage you to also kind of think about how are you taking control over the imagery in your mind, How can you turn distressing thoughts as you're listening to people talk about their pain, how do you turn them down?

How do you turn the intensity down?

Um so those are really important things just because yeah, you know, getting your nails done, going to the hair salon, taking a bubble bath.

Okay, those are, those can be temporary fixes that make you feel good, but at the end of the day, they don't take away the nightmares that you experience some time when you're supporting people who've been through trauma.

They don't take away the fear as you're walking to your car at night or as you are, um you know, providing support to somebody and a dangerous area.

They don't take away that fear because you know what has happened to people.

Um you know, it's like, I think about the book and it's also a movie now, but the book, the giver and for those of you who aren't familiar with the giver, it's about how it's about this, this society where everybody kind of has their own place.

Everything fits in a nice, nice neat box.

Um you have different people who fulfill different tasks.

There's no color in this community.

There's no um no memories of pain, but then there's not really many memories of joy or memories of like and any overwhelmingly positive experiences either.

And there's um there's there's somebody in this community that's designated to be the giver and the givers job is the hardest of everyone else's job because the giver has to absorb the memory and the giver has to has to hold the pain.

But then the giver also holds the strength and the joy and the color and the vibrant.

Um and I think about us as helpers as as being the giver in a way where we are holding these memories in these experiences for the people that were supporting, we're holding them alongside of them.

But these are things that, you know, individuals who who, you know, work as engineers, work as mechanics, work um work in other fields.

They don't have to hold these things, but we hold them and they can give us joy when we see somebody's strengths and they're resilient and they can also bring us pain when we see people relax or experience even more adversity.

I had forgotten about that book.

I'm so glad you brought that up.

I'm gonna add it to my reading list because it's one that I read many years ago and is such an important part of this conversation in the work that healthcare providers do in creating space and holding space for others.

Um So yeah, and then how how do we also care for ourselves?

I agree with you.

The term self care always feels a little yucky to me.

Um and I think because of, you know, the bubble baths and the, you know, just do something to care for you that you enjoy.

But there's a depth to that and that's really what you're speaking to in how do we pay attention to the thoughts um the habit patterns of the mind, how we talk to ourselves, um you know, the fears that we carry with us from hearing people's stories.

Mhm.

What does the term wounded healer mean to you?

And how does it apply to your work?

Yeah, so I have these nerdy moments um they happen randomly where I learned about a term or um I hear about a concept and then I hoard all the articles and books that I can and then I don't want to give my library books back because I'm just like, so intrigued.

So something that something that I'm still um still exploring is this idea of the wounded healer and it was actually introduced to me by my own therapist, um that I that I saw to help me navigate through my own trauma and she's no longer alive now, but her name was an and an would talk to me about the idea of the wounded healer and uh it's this idea that as helpers, we don't have it all together either.

Um as helpers, we don't have everything figured out.

We don't have our lives tied up in, you know, a nice pretty package with a bow on top, but even in the midst of our own wounds, we're helping other people heal as well, so that it's this collective healing process, not that not that our clients are are therapists, um but that it's not that we're helping other people because we have everything figured out, we're not helping people, um, because we are the expert on what it means to live a life without pain and to live in the fullness of joy and satisfaction and happiness, but it's that I had a wound.

I see that you have a wound to um I can use my womb to support you um, strategically.

I think it, you know, what it brings up for me and listening to you describe it is it's acknowledging that um, you as a provider is also a human being.

We put up these boundaries that are critical and important to our well being, but sometimes if we, you know, don't manage those boundaries well, they can sometimes become walls.

Yeah.

Um, I really like narrative theory, that's my favorite, that's the theory that I'm biased toward.

And I also like a relational cultural theory that kind of speaks to this idea that um we mutually haven't have an impact on each other that um, I change you when you changed me and then I'm not the same as a result of connecting with you and you won't be the same as a result of connecting with me.

And I think it's kind of scary sometimes to think about this idea of the wounded healer and this idea that there's this mutual change process that happens.

It can be scary because some of our wounds may still be open and we put up, we create these boundaries, we put up these barriers for good reason.

And I'm not saying we shouldn't have any boundaries, we shouldn't have, you know, any uh that we should just be an open book, sharing any and everything with the people that we are working with.

But I think it's also important for us to think about how would we feel if we went to someone for help and support?

And they had all the answers to everything as opposed to going to someone for help.

And they are acknowledging their humanity.

And they're also acknowledging maybe not in its fullness but partially their vulnerability as a human being and saying, you know what we're in this together and I haven't figured everything out and neither have you.

But hopefully we can come to a better understanding um by collaboratively working together then then we might be able to do if we were just doing it on our own.

So I think that some of this comes from 40 in theory, this idea that we are the helper um that has all of our emotions in check and we are the expert.

And then our client is laying across the couch expressing emotions and maybe sometimes chaotic ways.

But in reality none of us is going to this therapeutic space as a neutral human being.

Um we're constantly giving people information about ourselves from our skin tone to our hair to our makeup.

2 2 are sneakers to what we have on the walls of our offices, to our accent to our tone of voice.

All of those things are information and while we do have to be careful what type of information we share.

I think that there is a space for us to also share our humanity um who we are as human beings and some of our vulnerability and our work with trauma survivors.

I know that so there's different different philosophies as it relates to self disclosure and what we are social workers referred to as a therapeutic use of self.

I tend to I tend to disclose some information for the benefit of my clients because the clients that I've worked with, especially urban youth of color, they don't want to hear what you have to say if you don't show them that you're a human being too.

So I don't answer all of their questions, but I do answer some of them and in moments when um when I know that they need support so that they know that they're not alone.

Um when so that they know that we're in this helping process together, I will share different things because I know that if I was going to somebody for help and they were just so ridiculously boundary that I couldn't even connect with them, I wouldn't tell them my life story.

I wouldn't be able to dig deep with them because I don't know that I can trust you.

I don't know that we're on the same page.

I don't know.

Um I can't talk to you about my pain if I can't even connect with you as a human being.

I'm curious how as a clinician um really, you know, sharing your humanity in these ways with your clients, how does that impact you?

Oh, I learned new and different things every single day of my clinical practice.

Um as my clients are learning about themselves and coming to these deeper discoveries about who they are and who they want to be.

It's this ongoing reflective process where I'm also learning.

I'm also growing some of the wisest things that I have heard have come from kids who have experienced multiple forms of trauma from kids who are labeled as delinquent or bad, but when I connect with them on this deeper level, I learned so much, not only about them, but later.

I'm also reflecting and learning about myself and I'm also seeing so much resilience and that encourages me to tap into my own sources of resilience to.

The other thing I want to mention to about this approach is it shatters the power dynamic.

Um so I think we're comfortable oftentimes as helpers taking a more for indian approach because it allows us to stay in control.

Um and it also preserves this power dynamic where I am the helper and you are the person that I'm helping.

Um and that can be, it can be a little bit of, it can be a little uncomfortable two kind of turn that around to stay.

Yes, I do have power, but we're sharing power together and there's also this mutual learning that's going to happen.

Um, and it can feel very uncomfortable for us in the moment sometimes too, where we weren't expecting a particular discovery or when a client shares an experience for it to impact us too.

But sometimes I share those moments.

Um, I share in the moment with the client what's happening inside of me too.

I might not go into all of the depth of why, you know, I'm having this response, but you know, if somebody is sad and then it's making me feel sad.

I might say like, well what you said really connected with something that I've been through too and I feel your sadness right now.

Um, so I don't have to go into what happened in my life to make me that sometimes it might be beneficial to do that.

But it's just about identifying this moment of connection and it breaks down this power dynamic and it allows our clients to see No, she she's human too.

He's human too.

They are human as well.

Um, so they can, they can connect with me on this basic human level.

Thank you for naming that power piece.

I really love.

Um looking at the terms power over versus power with and if you look at our conventional medical system, it's a power over system, but um, I think they're really needs to be a shift into power with and how do um it's really pointing towards everything you're saying today, about how do we partner with people and it is this shared therapeutic experience um that transforms lives?

Mhm.

Both absolutely, you know, self as a clinician as well as um the client.

Mhm.

Super, fascinating.

I just I love all of your perspective and your knowledge, so fun to chat and pick your brain.

Um you have worked a lot with narratives and stories, can you tell us a little bit more about the semantics of storytelling and narratives and how it can be supportive even for a clinician?

Sure.

So, um I was actually asked by a colleague during a webinar um what do you mean exactly by a narrative?

And I was like, he didn't even prepare me for that question, but as you're asking me that I feel a little bit more prepared because she prepared me beforehand.

Um so I think of a narrative as being not just a sequence of events, but um events that are organized um in a particular way that are connected to the events are connected with our thoughts and our feelings about what happened.

And then putting this narrative together, integrating these pieces, the experiences, the thoughts and the feelings then also leads us to some type of deeper meaning meaning about ourselves or understanding about ourselves and also about our understanding of life in the world.

And I also believe that narratives can cross genres can cross medium.

So oftentimes people think of narratives as just being written, but narratives can be um narratives can be written, they can also be spoken, they can be acted out.

You can create a narrative and dance and music in collage and paint.

And narratives are really powerful in supporting people and healing.

I used narratives all throughout my life and I know that that's part of what drove my my desire to kind of specialize and work uh and providing support to people through trauma narratives as a kid.

I was always reading, always reading fictional stories, always kind of in these other worlds where I was kind of opened up to new possibilities and new characters and um and I was also writing all the time as a kid ever since.

I can remember um where I was, you know, creating characters and um editing things and changing things around and using my imagination and I would create narratives even with like with my toys with my stuffed animals, and I was the only child um actually until I was in college.

Um so I was always like creating these narratives on my own entertaining myself and also helping myself navigate through a lot of the conflict and um the trauma that was happening at home.

And now as a clinician, it's like I've been able to take what I know has helped and supported me and navigating really difficult circumstances as a kid, as a teenager as an adult, all the way to the present narratives have this incredible ability to they give us some distance, some space from the pain so that we can explore them in a way that feels safe.

They give us the ability to experiment with different outcomes.

So I can write my story, even if I'm doing an autobiographical story, I can write word for word, all the details of what I've been through.

And then I get to choose how things end and when they end um and what what will happen in the future.

And I can invent that for myself.

I can also um use the narrative process as a container for emotions.

So oftentimes when we've been through trauma, our thoughts and feelings and memories are all over the place.

That's for our clients.

That's for us as clinicians to sometimes it's difficult for us to articulate what it is that we've been through.

We have all these different things intrude on our thoughts.

Intrude on our lives.

And it's like, it's like if you go to the grocery store and you buy a basket full of of things, but you have to carry them outside without a bag without a container.

It's like how am I supposed to do that?

But so often we're walking around with all of these experiences.

We don't have a container, we don't have a bag.

And narratives in a way, serve as this container.

They give us a place to put our experiences.

We can we can put them we can put the pain, the joy, the adversity, the resilient into our narratives and the narrative in a way helps us carry those things through us as we go to work, as we go to school, as we provide support to our Children and to our partners.

I I love that visual of the groceries and walking around like I'm just imagining like juggling all these groceries and that narratives is a way to provide a safe container and that that looks different for each one of us, depending on how, you know, do we?

I know I am a words person.

So it's easier for me to sit down and write yet someone who's more visual um or needs to move their body right?

Like that.

That looks different for all of us.

And so there's all of these creative expressions to process all of these life experiences.

And then it sounds like also giving a sense of empowerment for okay, here's what has happened as of this moment and looking forward.

This is what I want for my life to create that vision.

Something that I always say is that as long as a person is living and breathing their story is not over.

They can they can reinvent themselves, they can change characters.

They can develop a new and different vision.

Um there's always hope to be able to change the narrative.

Mm I love that so much.

Um I'm gonna put you on the spot here, you know, for anyone listening.

Uh is there a prompt that comes to mind?

You know, this is a podcast for healthcare providers focused on their own resilience.

So is there a prompt that comes to mind for them too, explore their own narrative that might get these creative juices flowing as helpers?

We are supporting people and delving into um some of the darkest parts of their narratives every day.

And um sometimes as helpers, we forget to look at our own narratives.

We're so preoccupied with supporting other people and finding their sources of resilience.

And also kind of pulling out the skeletons in their closet so that they can figure out ways to move forward in um in more productive and in healthier ways that we forget about our own.

Um So I would say first think about how you express yourself creatively.

What do you already do?

Um do you like to write?

Do you like to dance?

Do you like this thing?

You don't have to even be good at it.

But like what is a form of expression that you already do?

And then how can you use that form of expression to support you?

And telling your own narrative?

That's awesome.

Thank you.

I hope anyone and everyone listening really maybe takes a pause or takes a moment to um reflect and engage in the practice of expressing your own narrative.

It seems critically important at this time as we build our tools of resilience so well how can our audience learn more about you and your work?

How can they find, how can they find you?

Well, I would say the best way to find me is through my website.

Most of the information, different links, two publications, the articles, the book to ah to my podcast series.

All of those things are accessible through my website which is www.storiezguide.com.

Wonderful.

Well Dr. Meagan, thank you so much for your time today um for sharing yourself your your full human self with us.

And uh I just wish you well thank you so much for having me.

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