*Beyond Trauma-Informed Care: Culturally Driven Healing for Complex Cases and Repeat Consumers*

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Kimber R. Olson, PhD, MSW

Founder & CEO | Juniper & Pine Consulting, LLC

# Healing-Centered Rehabilitation Practice

# My Storywork: Who I am and where I come from

# Gratitude and Acknowledgements to those who have Walked on

Grandfather Ten Bears and the lineage of the *tish diyan*

Elder Uncle Walter Soboloff, Tlingit

Dr. Bob Morgan, Lakota

Grandma Dr. Rita Pitka Bloomenstein, Yup'ik

Alice Abraham Miller, Yup'ik

Diane Payne, Northern Cheyene (adopted)

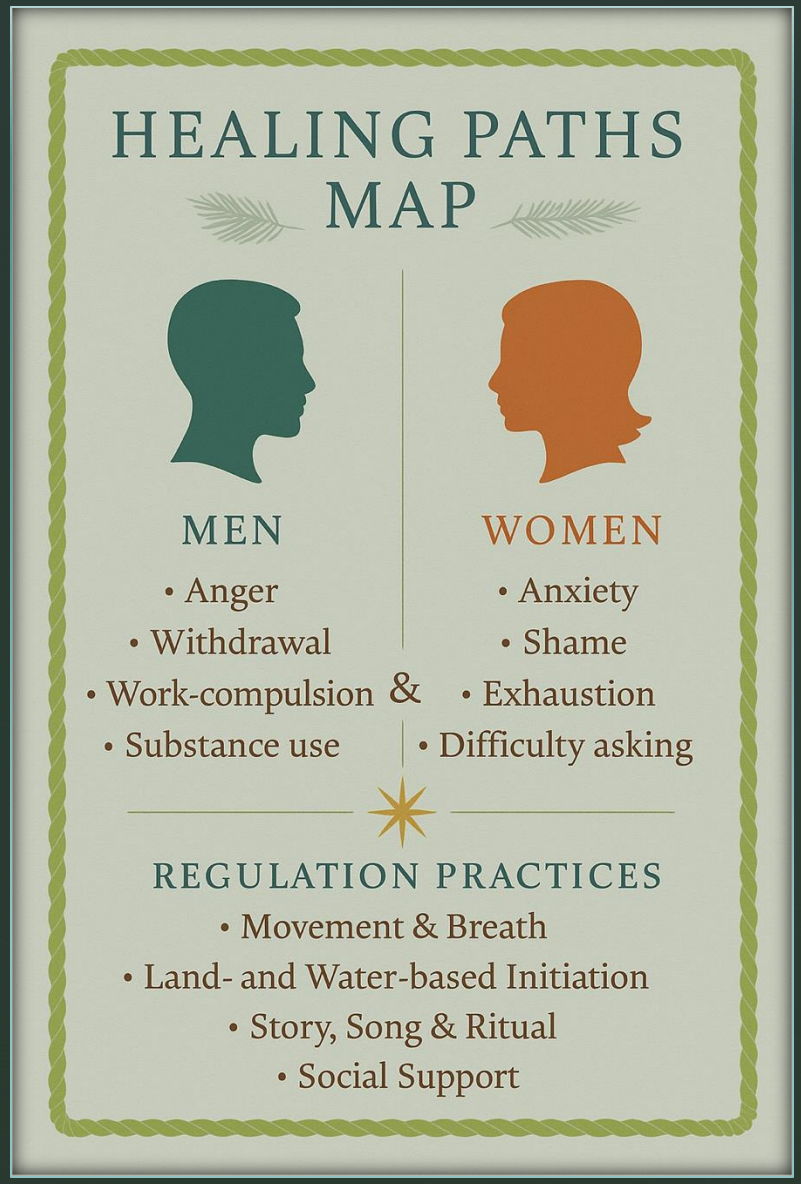
- “Healing is not fixing.
  Healing is remembering.”
  — Elder Teaching

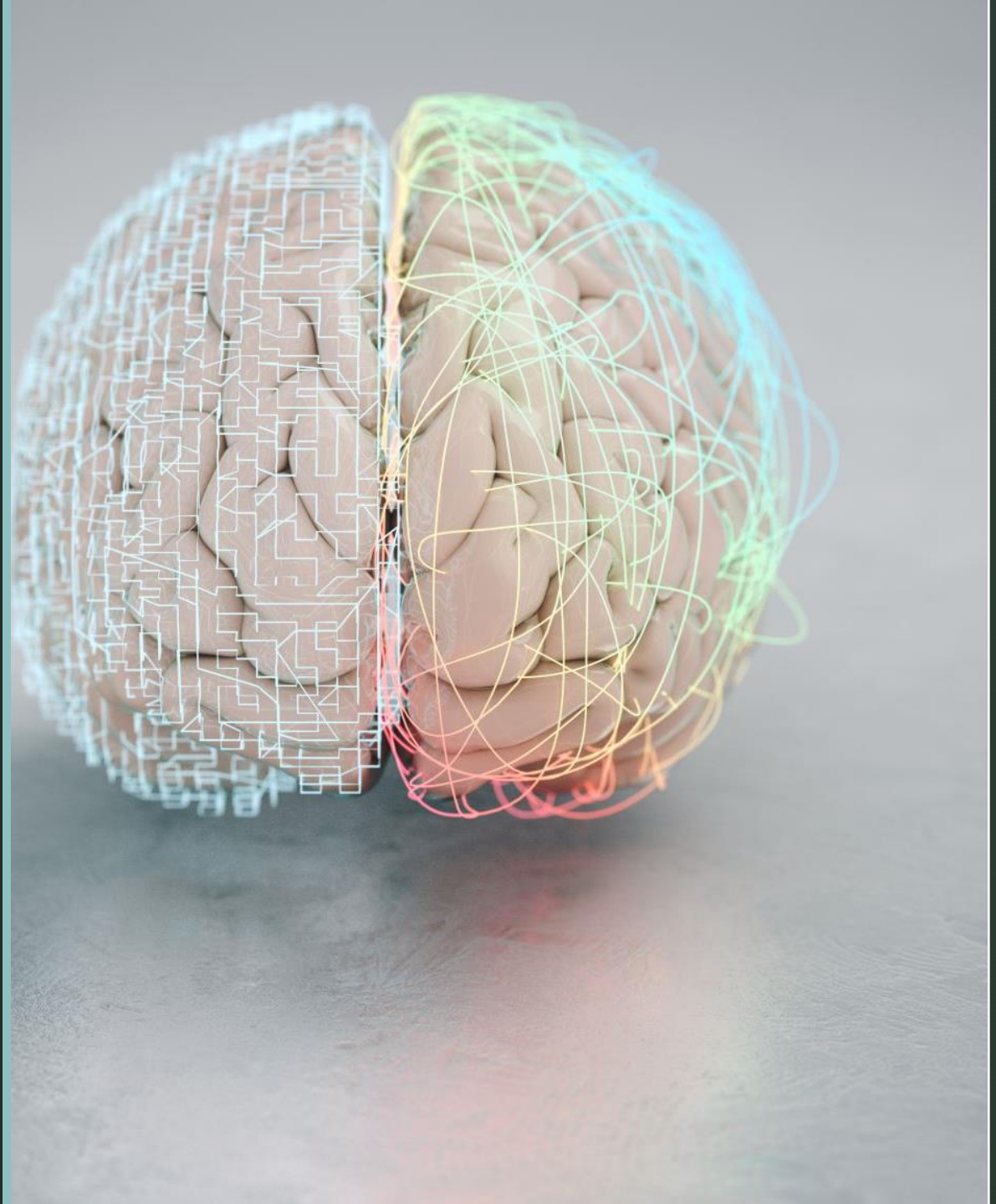
# Why this Matters

- Many consumers return again and again not because they “don’t want help,” but because:
  - Trauma is layered
  - Systems are disjointed
  - Healing requires relationship, not compliance
  - Colonial harms remain active

# A Healing-Centered Lens

- Moves **beyond pathology**
- Centers **strength, connection, belonging**
- Honors story and land
- Focuses on **restoring balance**, not punishing behavior





# What Trauma-Informed Care Gets Right

- Awareness of trauma
- Safety and trust
- Avoiding re-traumatization
- Understanding brain-body connections

**But… it's not enough.**

## Limitations of Trauma-Informed Care Alone

- Often remains clinical, detached
- Centers deficits
- Overlooks community & culture
- Keeps power with the provider
- Frames people as “broken”

## Healing-Centered Practice Principles

- Culture first
- Belonging before behavior
- Safety through relationship
- Story as medicine
- Healing as collective
- Rhythm and regulation as daily practice

# Complex Cases Are Complex Stories

- Layers of:
  - Historical trauma
  - Grief & loss
  - Disability
  - Substance use
  - Poverty
  - Violence
  - Systemic barriers
- Returning is often a sign of **resilience**, not failure

# Reframing Repeat Consumers

**Instead of:**

- "Non-compliant"
- "Resistant"
- "Difficult"

**Try:**

- "Carrying heavy stories"
- "Seeking connection"
- "Doing the best they can with what they have"

## Indigenous Framework: Medicine Within

- Integrates:
  - Indigenous science
  - Ceremonial knowledge
  - Mind-body medicine
  - Two-Row Medicine
- Centered on:
  - Reciprocity
  - Relationship
  - Cultural safety

**Small Group Work**: Seeing Beyond the Case File

*When we shift from 'What's wrong?' to 'What's happened and what's sacred?' we open space for belonging.*

# Four Dimensions of Healing

**Body** — rhythm, regulation, breath

**Mind** — reframing story

**Spirit** — culture, ceremony, language

**Community** — kinship, belonging, support

# Body: Supporting Regulation

- Co-regulation first
- Breath practices
- Movement & sensory grounding
- Rhythm: drum, sway, hum
- Gentle pacing

Regulation opens the door.
Insight walks through it.

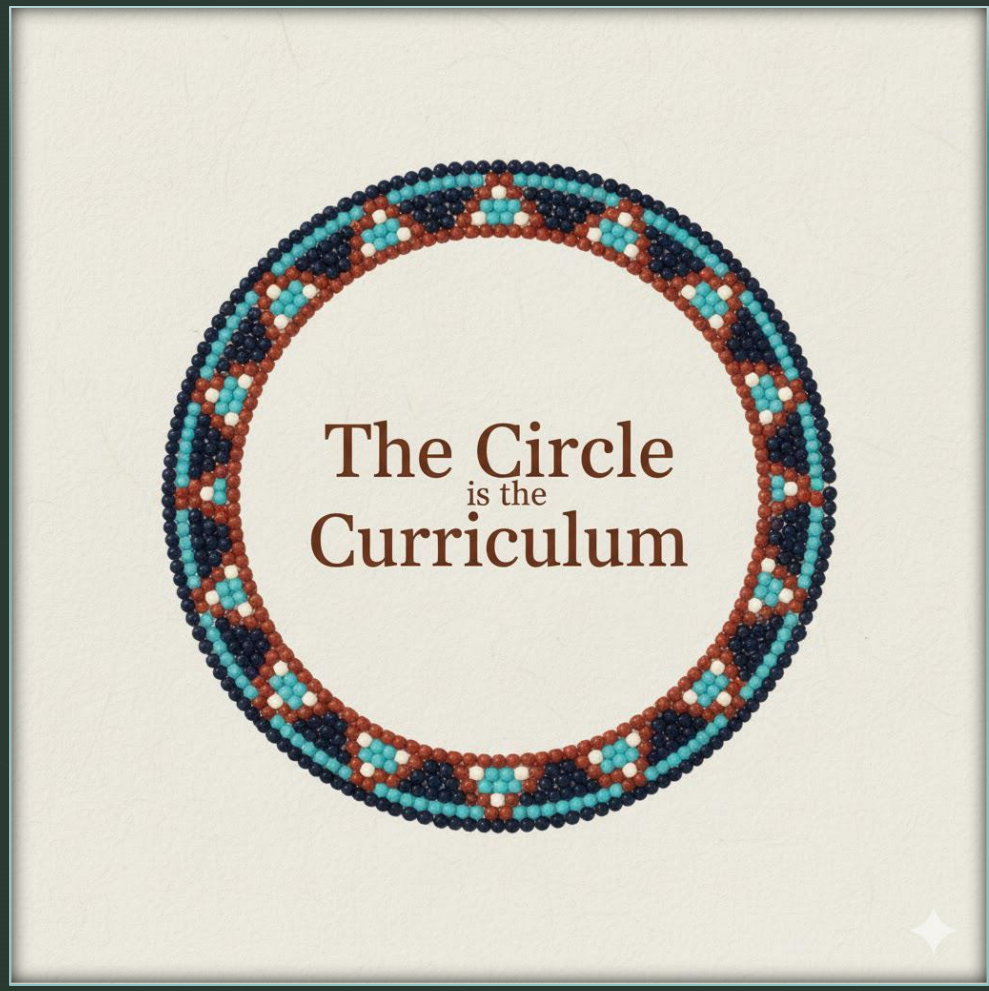
# Mind: Rewriting the Narrative

- Validate experience
- Reframe symptoms as adaptation
- Highlight strengths
- Ask meaning-making questions:

“What has helped you survive this far?”

# Spirit: Culture as Medicine

- Inclusion of:
  - Storywork
  - Prayer
  - Song
  - Language
  - Traditional roles & teachings
  - Land connection
- Honor local community protocols



# Community: Collective Healing

- Talking circles
- Peer support
- Family engagement
- Community helpers
- Elders and Knowledge Keepers

# **Small Group Work**: The Four Dimensions of Healing-Centered Practice

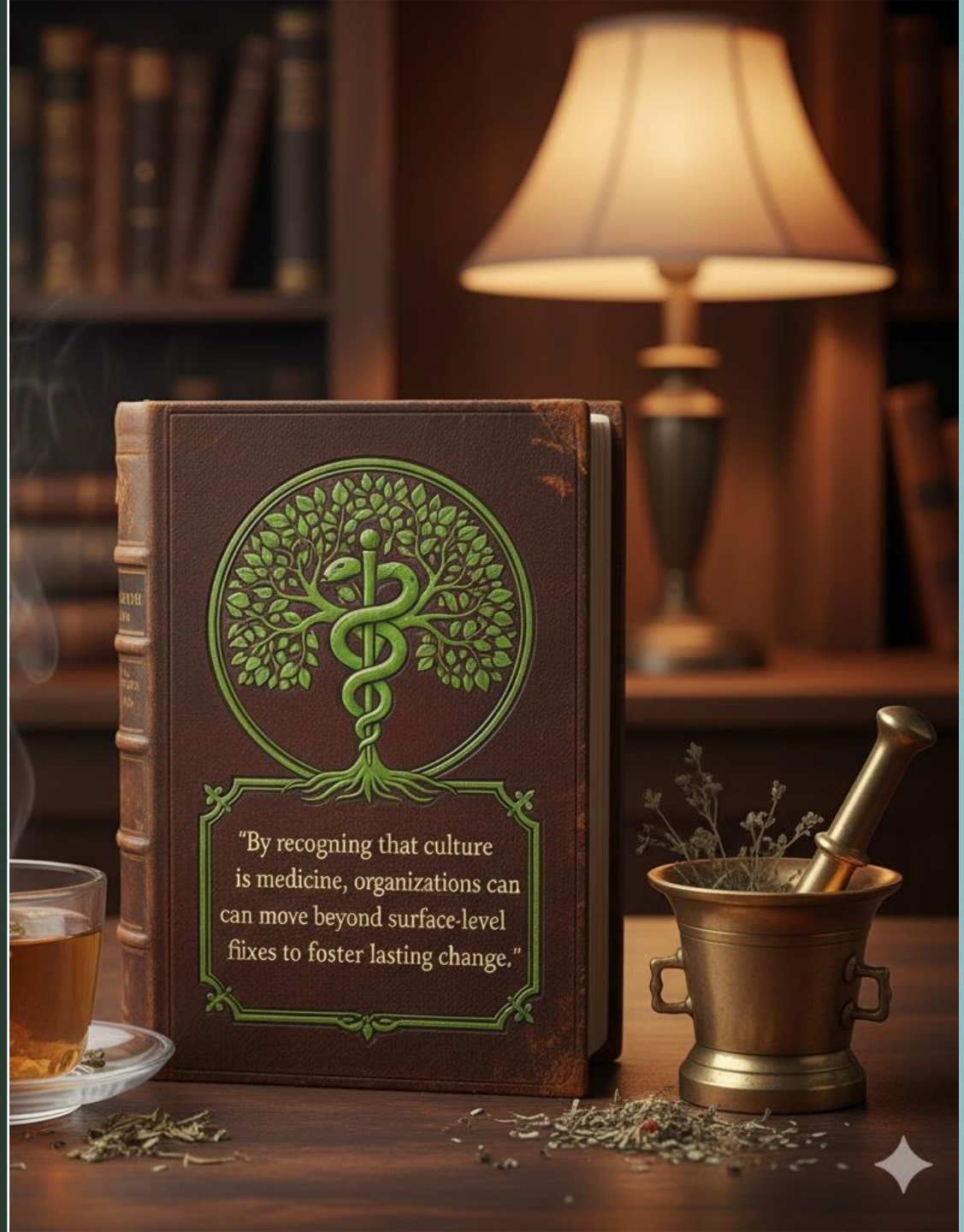
*Healing is not linear — it's relational.*

# Case Mapping Tool

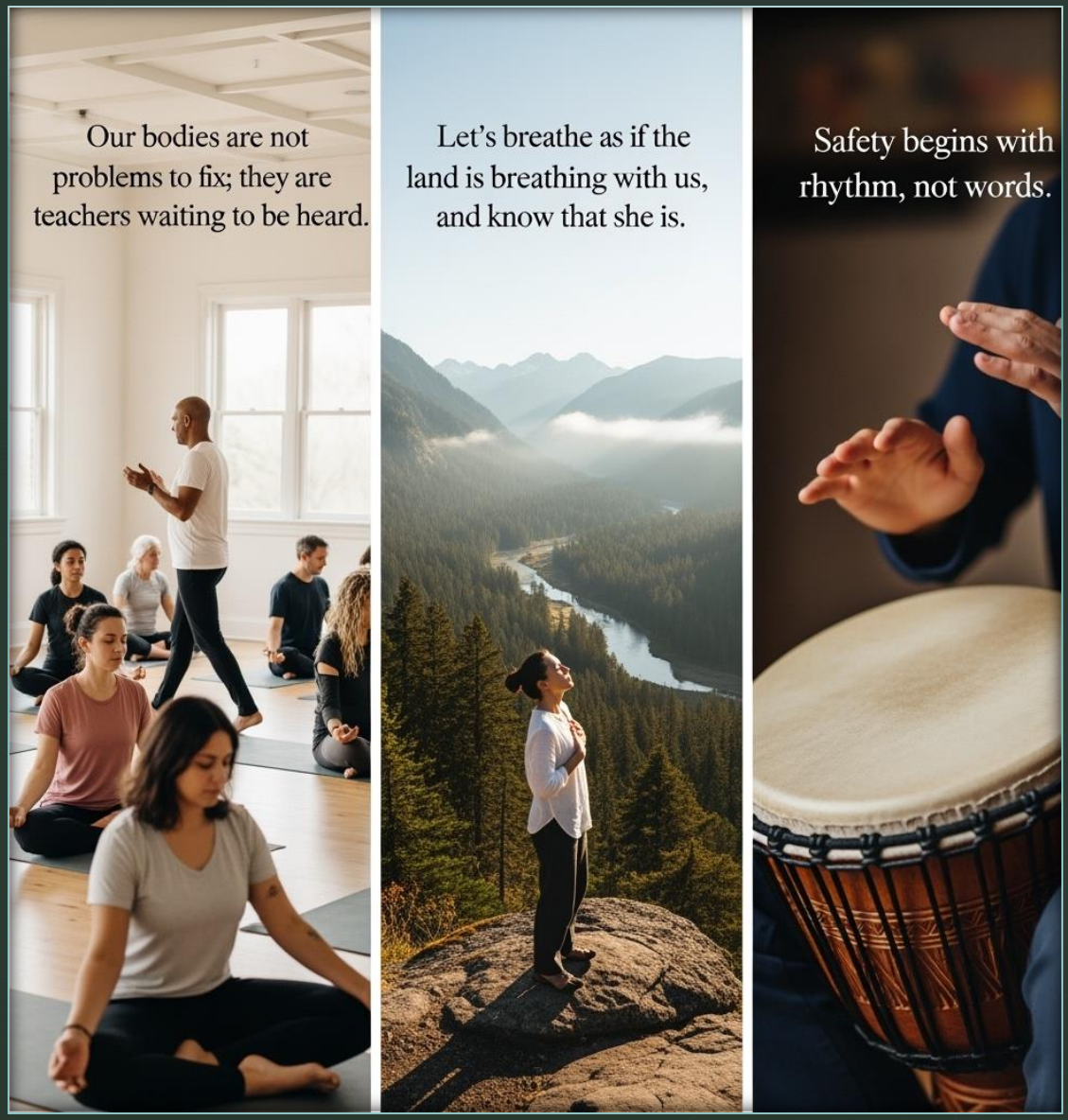
- Center: strengths & aspirations
- First ring: family/caregivers
- Second ring: systems
- Third ring: environment/history
- Healing happens through connected rings, not isolated services.

# Cultural Healing Strategies

- Ceremony
- Language
- Storytelling
- Land-based practices
- Art, beadwork, drum
- Collective rhythm

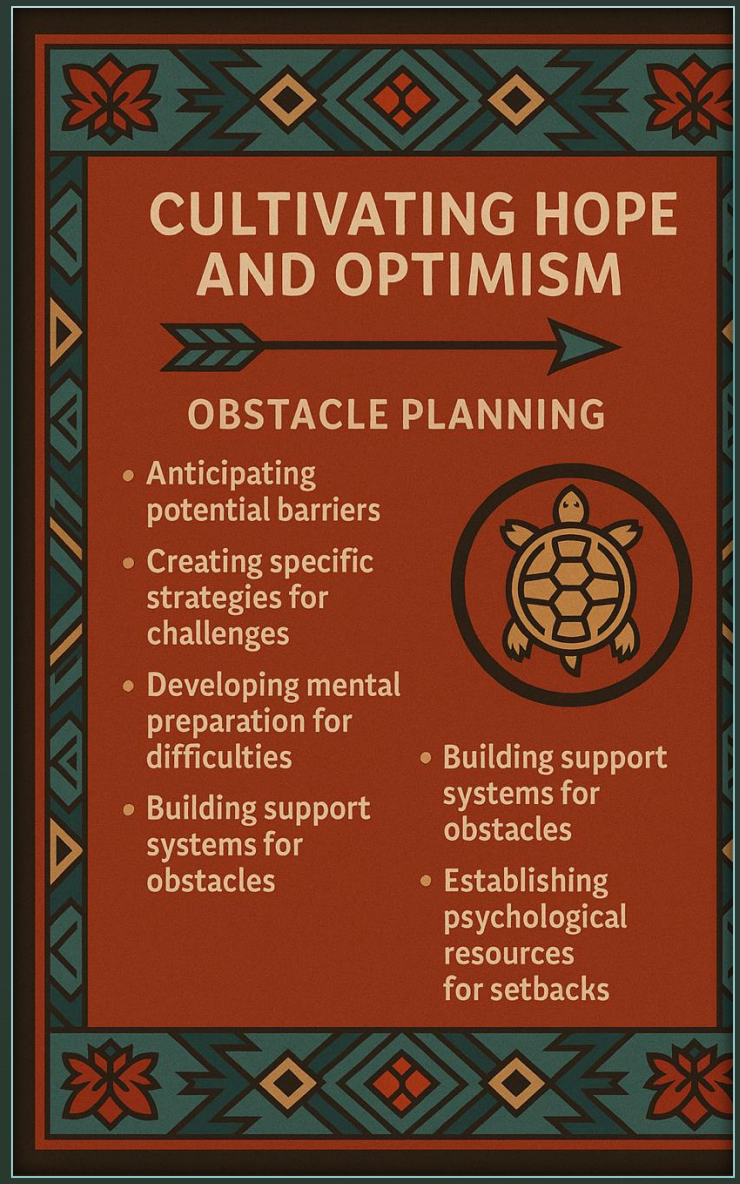


# Experimental Activity: Somatic Land-Based Mindfulness



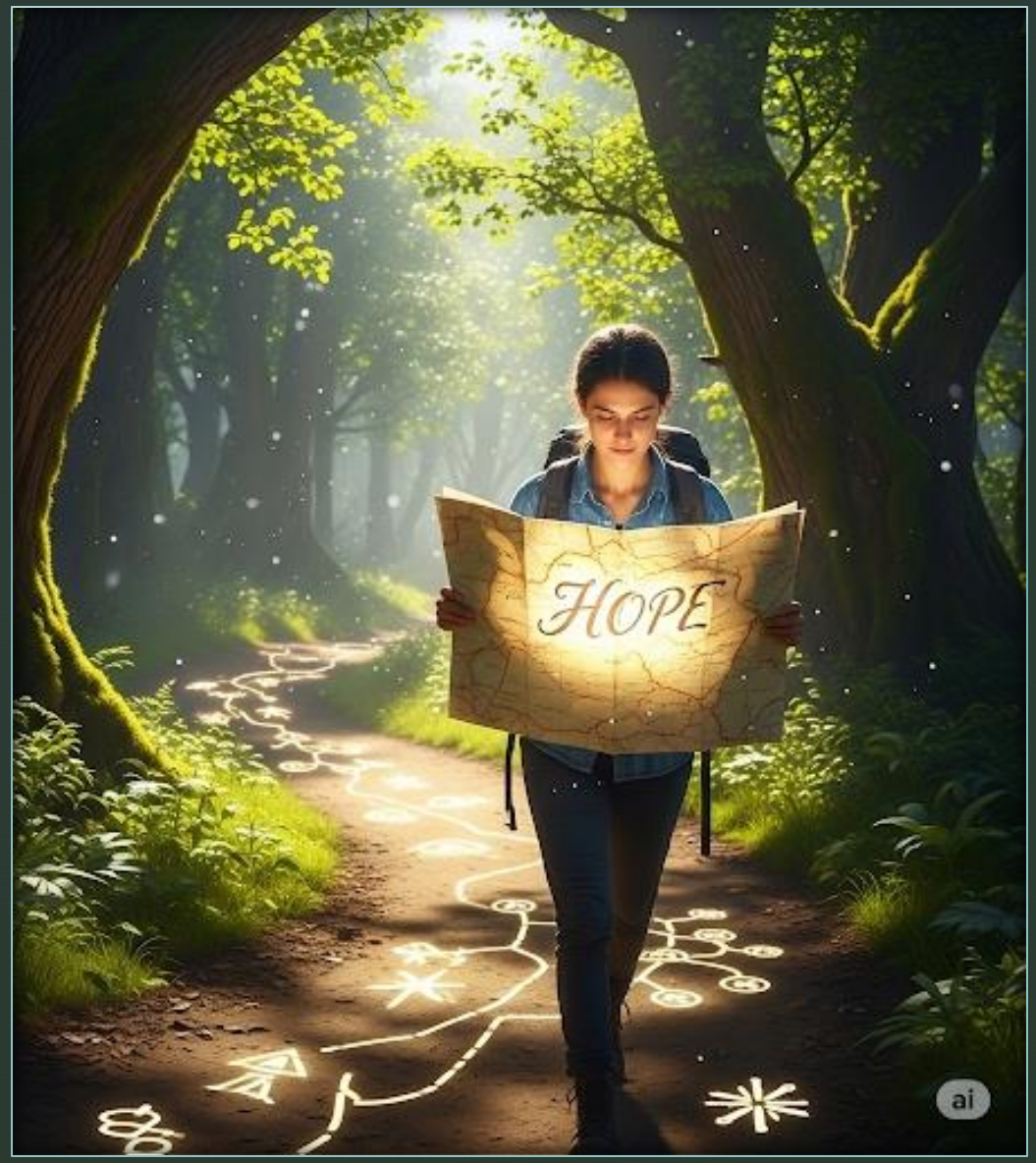
# Barriers to Engagement

- Fear
- Distrust of systems
- Shame or stigma
- Fatigue
- Unsafe environments
- Disconnection from culture



# What Helps Engagement: Roots of Hope

- Warm, relational presence
- Flexibility & curiosity
- Cultural safety
- Humor
- Slowing down
- Being seen




# Healing-Centered Language

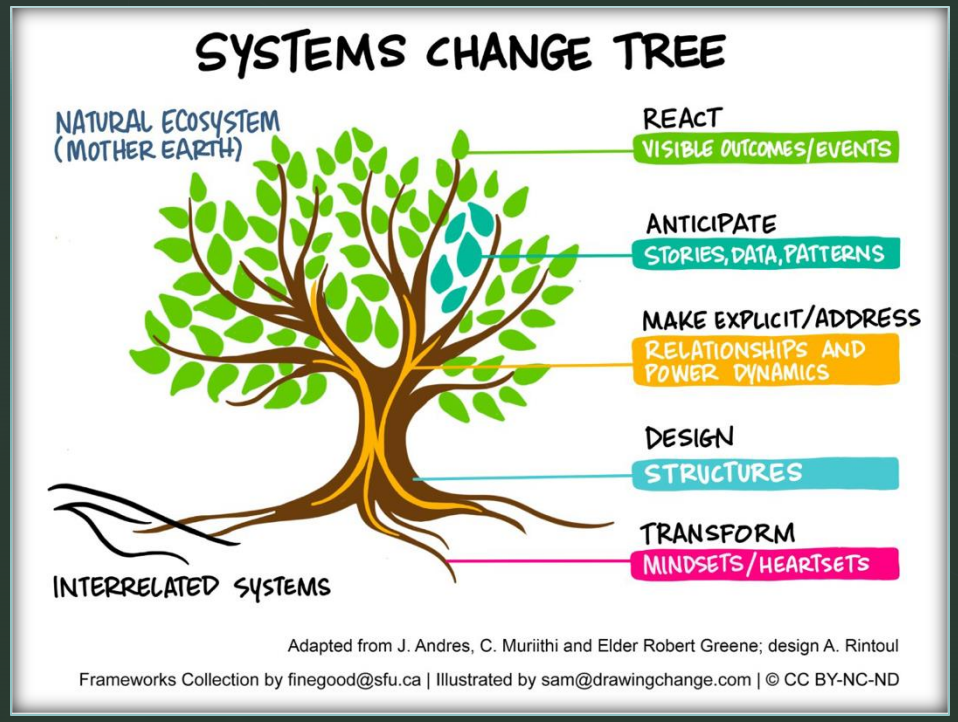
Replace:

- “What’s wrong?”
- “You need to…”
- “Why haven’t you…?”

With:

- “Tell me what’s been heavy.”
- “How can we walk this together?”
- “What do you need right now?”

# System Change: Practical Adjustments

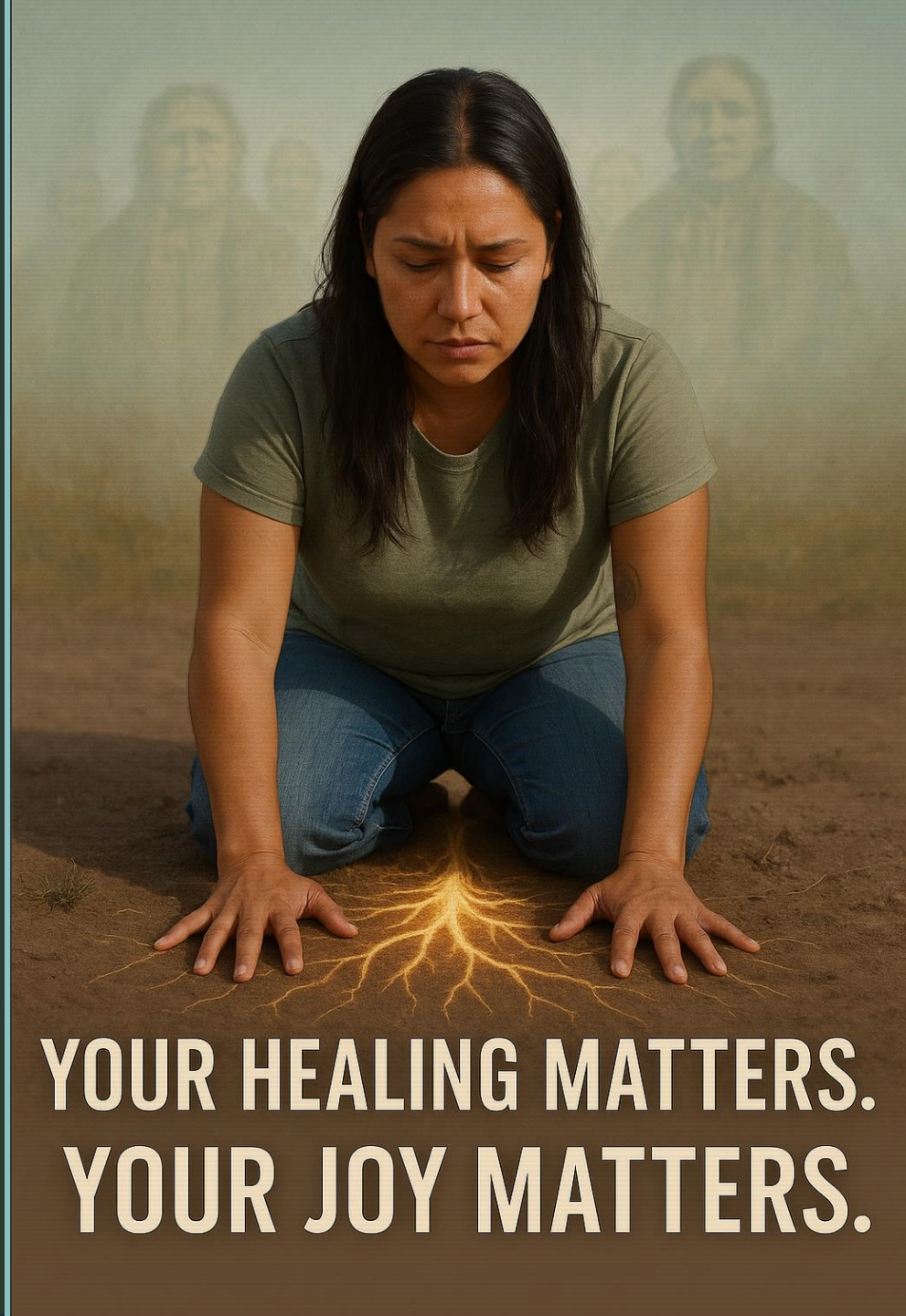



- Trauma-informed intake redesign
- Flexible meeting schedules
- Culturally relevant evaluation measures
- Integration with behavioral health
- Elder involvement
- Culturally anchored goals

# Provider Wellness

- Secondary trauma awareness
- Collective support
- Rituals of release
- Team reflection
- Peer circles

You cannot pour from an empty vessel.



# **Group Exercise:** Mapping Your Complex Case

| Choose | Use | Identify | Identify |
| --- | --- | --- | --- |
| Choose a consumer | Use the concentric model | Identify strengths and barriers | Identify one relationship to activate |

## Discussion Prompt

What happens when we shift from fixing to walking with?

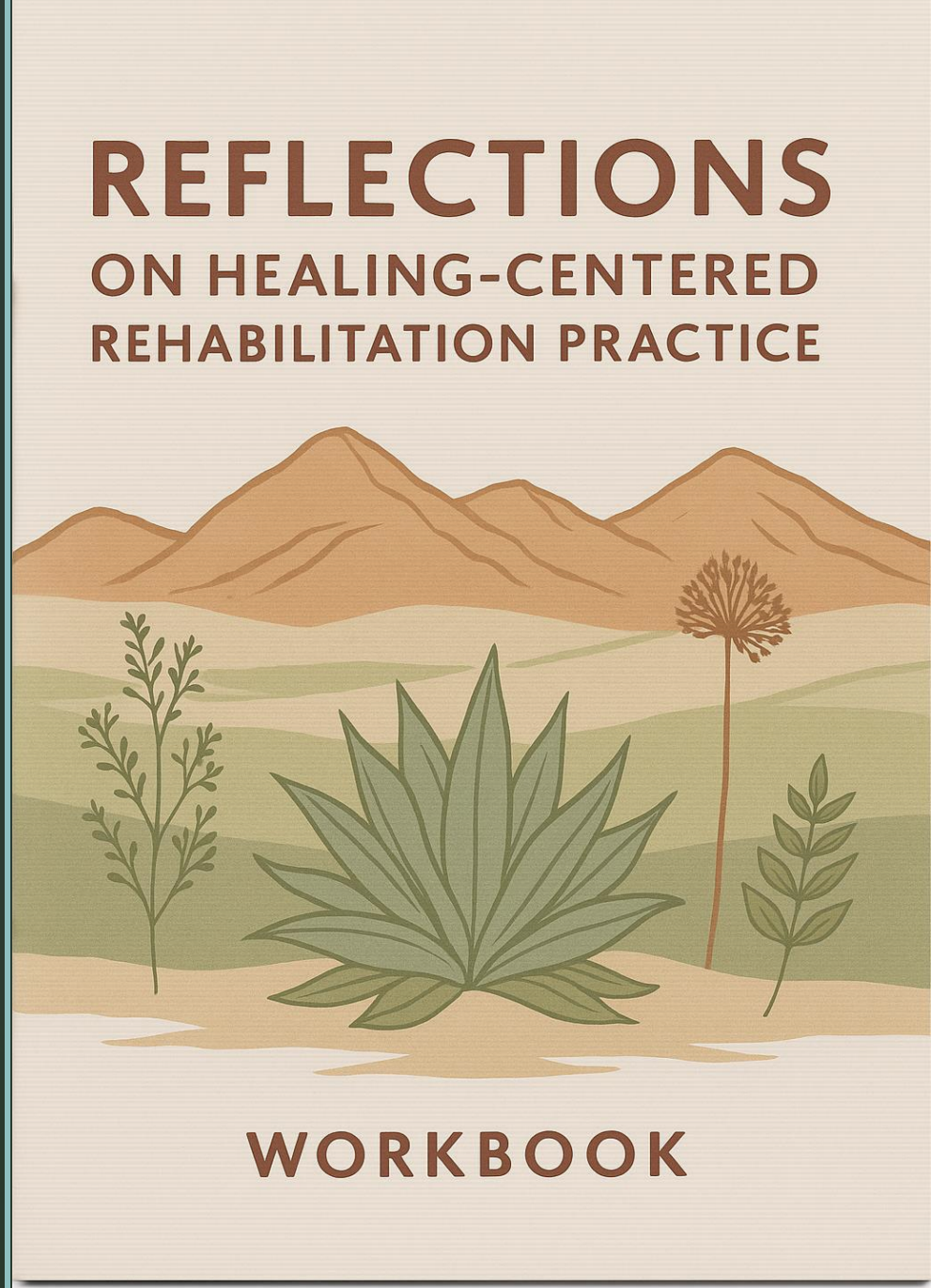
What strengths have you witnessed in your clients?

What system-level change could support healing?

# Closing Reflection

*Every interaction is ceremony.*

When we honor this, outcomes change.



Juniperpineconsulting@gmail.com
907.306.0138

www.juniperpineconsulting.org

# Thank you