
Rich Simon: Welcome everyone to this installment of “21st Century Trauma Treatment - State of the Art.” My name is Rich Simon and I’m the editor of *Psychotherapy Networker* and I’m your host for this series. So throughout this series, what we’re trying to do is bring together different leaders within our field. People who work with trauma in a variety of ways and asking them to give us a very concrete way of understanding how they operate in the therapy room, both in how they think and also how they deal with the various challenges of dealing with their clients.

And also, a big part of this series is the very notion of trauma itself. What do we mean by that word? We use it a lot in our field these days. And today, we have someone who has really expanded our perspective on trauma, its role in our field, and the connection between sociocultural issues, between race and poverty and trauma, and how that influences the way that we work with clients. It is my great pleasure to welcome my long-time friend and occasional basketball buddy, Ken Hardy.

Ken how are you?

Ken Hardy: I’m doing well Rich, how are you?

Rich Simon: And now that the NBA season’s up and started, I know that that’s cheered your mood considerably.

Ken Hardy: I’m doing much better.

Rich Simon: Okay, me too. All right, so let’s get started here. So in our previous conversations, it seems like you – so you’re a dyed in the wool family therapist. You’re a family therapist from very early on through your early training and as a younger therapist. But you didn’t really get into the connection incorporating this notion of trauma explicitly into your work until 10 – 15 years into your practice. Tell us, how did you first get interested in this idea of trauma and incorporating that into the way that you worked with issues, and particularly issues of race and poverty?

Ken Hardy: Well, I think it started out as a very personal journey. I mean, I – I was a family therapy educator and really doing genograms with students in classes and walking through the genealogies and realizing that I didn’t know my own. That the ways in which I was cut off from my own history. And so I was at Syracuse University at the time, took a sabbatical and spent time in my mother’s native home in South Carolina attempting to dig out slave records as a

way of trying to get some sense, some longitudinal sense, about who I was.

And much to my dismay, that didn't get very far because I didn't know the name of the slave owners at that point, which was actually critical to being able to ascertain the information. And so at that point, I had pulled together quite a bit of information about slavery, and so I decided to then convert that into a documentary that I did on the invisible wounds of slavery. And I think it was somewhere in the compilation of that material that I became aware of that a lot of the language I was using to describe the aftermath of slavery and the impact on the African-American family and the African-American individuals that it was a language that was very consistent with the language of trauma.

And so it wasn't until that point that I made the connection between these broad sociocultural events like slavery and trauma. And that began to change my whole approach to working with children and families and, not just with African-American's but realize that I'd been using the term oppression to describe this debilitating condition that many families suffered from. And then during this process, realized that it was something inherent in the experience of oppression that was in fact traumatic and that all oppression is traumatic, not all trauma involves oppression. So it began to really frame how I work with not just racial minorities, but with the poor and with other marginalized people as well.

Rich Simon: Okay, so take us into that. So give us a – at this point, we're talking about the early '90s?

Ken Hardy: Yes.

Rich Simon: Okay, 15, 20 years ago. So how did you – give us the flavor. So how did this become not only an idea in your head, but as a working clinician, how did this translate into the kind of information that you wanted to get from your clients, the kind of relationship you were developing your conception of what you were doing in your therapeutic work?

Ken Hardy: Well, I think the initial critical changes had to do with a number of issues. One, that the type of organizing question that I took into therapy shifted from "What's wrong with you?" to "What's happened to you?" And so once I started pursuing the "What happened to you?" that uncovered a whole different set of information. And at this time I was doing a fair amount of work

with urban, poor, African-American youth, and so the “What’s wrong with you” question was very seductive for that population because it was very consistent with the language of the juvenile justice system – that these were bad kids who were doing bad things. And so when the question shifted for me, “What happened,” I started looking for different kinds of issues. I started looking for issues that were beyond “What lead to your moral bankruptcy?” but in terms of “What experiences have you had along the way that have hurt you, that have debilitated you?” And so that was a significant shift in my work.

Another piece of the change that occurred, was I realized that I needed to slow down and that I couldn’t work as quickly as I had been trained to work or that I had once desired to work. Because when working with trauma, that there was a whole – the context of therapy was so important and had the potential to re-traumatize a traumatized if you move too quickly. So working slowly in a much more methodical deliberate way and really with a – making conservative effort to create safety in the room was another major shift in the work that was necessary.

Once I began to think about those with whom I was working as being victims of trauma, rather than think of them as perpetrators. And many of them were perpetrators and they had done some pretty horrific things out in the world. But I was able to see them in a much more complex, much more nuanced way that thinking of them not just as perpetrators, but perpetrators who was once perpetrated before they became perpetrators.

Rich Simon: So this early stage – as you’re describing tough kids, some of them have been violent. They’re not the nice, polite, middle-class therapy clients that many of us are familiar with. So can you – this business of what happened to even getting that information sounds like that’s your first challenge. These kids do not, in many cases I would think, want to present themselves as vulnerable, as anything other than – that’s a big piece of it, isn’t it? That they’re tough and they’re survivors.

Ken Hardy: Well, that is and they all come into therapy with this “never let them see you sweat” kind of attitude. And so there isn’t this openness and willingness to open their hearts up. And I remember just last week, I had a kid come in who stormed out in the middle of the session because he is saying to me, pointing his finger to me very aggressively, “I told you you’re not going to get in my damn business.” And this was his reaction to me asking him a question

about his personal life that he was so upset with me that he was so irate that he got up and he just stormed out of the room.

He's come back since then, and I think that what I tend to do with kids like this is in the midst of all the trauma, the chaos, the horrific things they do. That I always feel that it's incumbent upon me as a therapist working with youth who have been traumatized to find the hero in every youth, that there's always some heroic event or some piece of a hero in the midst of this horrific person. And so early on in the process of therapy, I feel like it's incumbent upon me to find that heroic component and to play that back to the client. Because that later serves as a resource and a therapy to build on.

Rich Simon: So tell us about – give us an example of how you do that in a situation with a kid where most of us would not think that there's a hero buried inside there. We would just think, this is a scary kid, this is a tough kid, this is a tough nut to crack. So just give us a flavor of how you work, and how you begin the process of discovering that.

Ken Hardy: Well, early on, I mean, part of this “find a hero” is about really finding redeemable parts in the young person that – and it's kind of like the – this mantra about love. You know, that love denied expression is loved denied. And so if I see the redeemable part and fail to comment on it, then it's almost like a failure to see it. So this kid who stormed out, I mean, one of the things I said to him was that I admire tremendously his ability to sort of keep things real in his life.

And so at a point in which I had pushed him beyond the point to which he wished to be pushed, that he kept it really real with me, and that I appreciate that about him, and that was a redeemable part of him. And you know there's always a risk because, I mean, he could have responded by telling me to go to hell and keep that – and with my psychobabble. But I thought it had resonance with him, and it got some traction with him, and so just that little piece was about finding what was heroic in him.

And so to me it doesn't matter whether it could be the child that grows up in a family of seven siblings and six of whom are incarcerated or strung out on drugs and that somehow he managed to escape that narrative. Then I identify that as the hero in him, that that's the heroic part of him, that that gives me something to work on and something to build on.

Rich Simon: Okay, so what happens – give us a flavor. So there’s trauma with a big T –

Ken Hardy: Yes.

Rich Simon: There’s an obvious event that somebody has experienced, it’s a car accident, it’s some guy has come back from a war zone, those kinds of things, and then there’s this – and then for the purpose of this conversation, let’s call it trauma with a small t where there’s not a specific event. There’s not a particular thing that’s happened, at least that’s obvious that is the traumatizing event in someone’s life. So when someone is – let’s stay with the example of these kids. How do you begin the process of working with them, uncovering that and then the process of change? You said earlier that this is a slow process. And that’s one of the lessons you learned.

So give me some flavor for how about it and, if you can, with the kid you’re talking about. Or if there’s a particular example you can give us, give us the flavor of what a first session might be like with you and something of the rhythm of the way that you work.

Ken Hardy: Well, and see, and the thing about it is that when these kids are referred, that the word trauma is nowhere indicated in the referral information. So they’re not coming in for trauma, they are coming in for other kinds of things – armed robbery, or chronic truancy. And what I believe is that trauma provides a powerful backdrop to those presenting problems. And along with that there are a number of very, I think, clearly identifiable – the way I refer to them is invisible trauma wounds – that these kids come in with. And so right from the very beginning of the therapy, that I’m trying to – instead of – I’m paying less attention to what the presenting problem is in terms of – so if a judge has referred them and for some criminal activity. I think it’s really important for me not to start the conversation or start the relationship with some detailed conversation about their criminal activity.

Because what I’m interested in is “What happened to you?” And so I’m asking them to talk about their experiences of being a poor, black kid in a poor neighborhood of Philadelphia for example. And often times, the response is total 100 percent silence or “I don’t know.” A shrug of the shoulders or a slight elevation of the eyebrow. And so then what I do, that I wasn’t trained to do, is I begin to self-disclose a bit at that point.

So I think it's important for me to sort of name that which hasn't been named very early on. And so I talk about my thoughts about being black and what that's like. And experiences that I've had where I had been boarding a plane and using my hard earned frequent flier miles upgrade to have the flight attendant say to me, oh, sir, we're boarding first class. And so I share these sort of stories about my own experience, which then I think serves to sort of normalize it a bit.

And then gradually, what I find is that they'll begin to sort of participate in these conversations about what happened to them. And I think this is a very difficult part of the therapy, because when I've had other therapists observe my therapy, the common response I get is, is that you're teaching these kids how to be victims. You're talking about their victimization when these are kids who are doing horrific things. And so I do think it's a very difficult and critical part of the therapeutic process because before I talk about any ways in which they have victimized others, I'm trying to create a space for them to talk about some of the experiences that they've had that have been harmful to them.

And so that is very early in the process. And what I'm also trying to do at this point is to create some modicum of safety where we can have even more detailed conversations about these matters that matter. And so that happens very early on. And then, the other – the other thing that happens in this initial session, in this initial phase of therapy, is I do very little if any challenging or confronting at that point. Because I feel like it's too risky, I feel like that we haven't developed a relationship. And the thing that these clients have in common with other clients who experience trauma is they come in a state of a hyper-arousal state.

So the only thing that's challenging them – if I challenge them, it only spikes up the arousal. And so at this point, what I'm trying to do is to sort of use the therapy, use my tone, use my pace with them to bring them in a much more relaxed state. So it's almost like I'm doing, you know, some form of unconscious meditation with them to help bring their arousal state down. And usually it is the art of validation that does that. Because I do think that even the worst of us would like to know that there's something redeemable that we have to us, and so that's a huge piece of the initial part of the process.

Rich Simon: And so, that I can imagine that can be quite extended?

Ken Hardy: Yes.

Rich Simon: In basis, and maybe with some of these young people they pick up on it and they feel comfortable with you early in the process. What's the shift? So it seems like you can spend a lot of time laying this groundwork in creating this atmosphere of safety and what are you looking for. When does therapy move into something – another phase? Not to say that that's something that needs to happen quickly or does happen quickly, but what happens then? So is that in and of itself isn't the goal of your work. What's the –

Ken Hardy: Yeah, I think it's a great question Rick. I think a couple things happen, one is that the transition point is when I notice that there's been a discernible shift in the state of arousal. So just affectively, I mean the clients are not bouncing off the wall full of MFs and all that type of thing. That something actually noticeable happens in terms of their demonstration of affect, their state of arousal. So that's one – that's a major transition point.

The other is because there's some reduction in the state of arousal, we can now have a conversation that's comprised of something other than four letter words and or that I don't know. That we can actually have a meaningful conversation where there is some exchange. But you're absolutely right in that it is conceivable that I could spend four or five sessions with a young person where I'm offering virtually nothing to that process other than validation, affirmation, which is very difficult. Because when you're sitting there with someone who has really done something horrific to another human being, and they're coming in for four or five hours of validation, it gets to be a hard sell to family members, to judges, to juvenile probation officers. They really don't want to hear that. They get hyper aroused when they see that.

[Crosstalk]

Rich Simon: Yeah, and what's it like for you? I mean, so you're absorbing a fair amount of abuse, I imagine. It's not apparent it's going anywhere. Sometimes it may never go anywhere, depending on your definition of anywhere.

Ken Hardy: Right.

Rich Simon: What is it that you – how do you take care of yourself? This sounds like a really demanding way of working with a tough bunch of clients.

Ken Hardy: Well, I mean, I think the issue of self-care is always important to work with trauma, because I think there is always the risk of – and the reality of – vicarious trauma. I think one of the things that's a saving grace for me is that I don't personalize a lot of this. I think that if it's personalized, then of course I end up looking like a slice of Swiss cheese with lots of holes. I mean, so I don't – and this issue I had mentioned earlier about looking for that pearl of functionality, if you will, that's embedded in a web of dysfunction or looking for the pearl of strength that's webbed in this ball of negativity.

So even when a kid is acting out in a most aggressive way, my mind set is – and what is the heroic part of this behavior that's operating here? Because if I fail to see the heroic part, then it feels infinitely more personal to me. It feels like you know that this is directed to me, that I'm not getting much traction. But – and this is for where for me the framework of trauma is really important because I think that that acting out – that egregious behavior is nothing more than an expression of the person's trauma. And so that – and to me that's the real trick of the work, that when someone is in that mode where they're expressing the pieces of their traumatized experience it's where therapy's at its most delicate moment, but it's also where therapy's at its most difficult moment. Because that I think that the opportunity to get hooked and pulled in is quite extreme at that point.

So if I'm actually validating someone and affirming them and, in response to my efforts of validate, their cursing me out, for example. That it's hard to stay on course and continue to validate when what the thing I'm most assured of is that I'm going to be called an MF or something worse in response to that. But it's important to sort of stay on track there.

Rich Simon: Okay, so one of the things you're saying is sort of, there's some slowing down, some degree of calming, so there's a feeling of I can begin to have a conversation with this kid. That he's not just a tough kid who seems really mean. But you're getting inside this – the story. So when you shift into the – as a therapist, once this begins to happen, are you doing different things? What is the next stage for you in your development of your relationship with kids like this?

Ken Hardy: Well, the next stage is that – because what I believe is that – so here it is subsequently. So – and in this first phase, what I believe is that I have to create safety. I have to create a context for this broadened narrative to be incorporated into the process of therapy. What that requires of me is to do infinitely more listening than I do talking. It requires me to do more validating than challenging. And it requires me to do more holding of the clients experience than pushing or asking questions about it. So that's the first.

Now once the shift takes place, that what I believe is that there are a number of invisible wounds that are a byproduct of this disassociate culture trauma. So at this point, I'm beginning to sort of name those wounds because up until this point, they have no name. And because they have no name, they don't exist. And so what you have are these experiences that are organizing the behavior of these young people and there's no way to talk about it because there's no name for it. And they say they don't understand it.

So this is the point where I might talk about for example the phenomenon – and this is usually the entry point to talk with the young person about the phenomenon of respect. And there's a point in my career – respect –

Rich Simon: Uh-uh. Okay.

Ken Hardy: There was a point in my career where I would ask young people about experiences where they had been disrespected. And I ran into a brick wall with that, because I would get blank faces, or I would get a very strong aggressive reaction. And then it occurred to me, that I was framing the question inappropriately. Because to ask a young person who's full of bravado when – to talk about an experience where they've been disrespected, would be disrespectful to even own that you've ever been disrespected.

Rich Simon: Uh-huh.

Ken Hardy: So just changing the language there, where I would – I often asked at this transition point, so tell me about a time when someone in your life attempted to disrespect you? And so just an insertion of attempted made a huge difference in the conversation. And so when I asked these questions, I'm asking them, about as a black kid, as a poor kid, at a time in your family. And so as these somewhat segregated stories began to emerge, my job as a

therapist is to be a good seamstress and begin to stitch these together so that what the kid gets is a complete picture back.

Oh, so here's a common thread where there's been this attempt to disrespect you. Because what I'm getting at that point, is that I believe that one of the invisible wounds that young people sustain as a result of these experiences of disassociate culture trauma is this notion of devaluation humiliation. And so trying to get – and I think it's devaluation humiliation, which is the emphasis for a lot of the acting out behavior that young people do.

Rich Simon: Okay.

Ken Hardy: So this whole – this conversation about – and what I really sort of refer to it as the diss-discourse and what the diss-discourse is about experiences where there's been some attempt to disrespect the person sitting in front of me and have them talk about those experiences.

Rich Simon: Okay. So how did – so as the seamstress, as putting together, gives us a bit of the flavor of that. So what might you be hearing and what might your response to these stories, these otherwise disconnected stories? What might they be?

Ken Hardy: So one kid talked about, for example, which is a common theme, about going into Wal-Mart and this was around the Christmas holidays. And so it's Christmas – and felt like he was followed throughout his time in the store, he spent 45 minutes in the store and he said every fucking 40 – every fucking minute of the 45 minutes they're following and they think I'm so damn stupid that I don't know they're following me.

So there's this discourse about multiple layers of disrespect. So when I ask him how does he make sense out of that. And so he looks at me with this sense of indignation, well you know what – you know it's about being black. It's about being black. And so he goes on to talk about this experience. And so then I ask him about other experiences where he's felt that, where the disrespect has come at the hands of him being a young black man. And he talked about being in a car and being stopped by the police and those kinds of experiences.

Then there are these experiences within the family where he's had very complicated relationship with his father who's been in and out of his life. Who's been in and out of jail and where the father

has made any number of broken promises to him. And so tie that into disrespect as well. So here – so you're getting disrespected over here, out in sort of a public arena and then here the own flesh of your flesh has dissed you in some ways or attempted to diss you. And so that's a big pill for him to swallow. And this could only happen in this middle phase of therapy where he would even begin to entertain this because if I had said this early on, no doubt, I would have gotten cursed out, he would have stormed out of the room.

But he was at a place where he could hear this and begins to connect these experiences and then begin to look at what is his response – what is his typical predictable response to disrespect? Well, it's to engage in some time of behavior that is ultimately self-destructive. And so as a seamstress, I'm connecting those pieces for him.

Rich Simon: Okay, all right. And so what is – and so as he tells you these stories and in his mind his relationship with his dad, his experience in Wal-Mart's, maybe something's going on in school, those may not be connected for him yet?

Ken Hardy: Right.

Rich Simon: In his head and often, what you're saying, often they're not.

Ken Hardy: That's absolutely right. They're not.

Rich Simon: Okay, and so how – so the way in which – what's the language like that you use? How does it sound as you begin to – first of all, how you're listening to this? Because this is not material these kids are very interested in talking about. These are painful experiences. How do you even, at this stage of the relationship, get them to talk about it and then how do you begin to help them change the story or connect the story in this different way?

Ken Hardy: Well, the how to get them to talk about it – and this is where I've – I sort of say jokingly when I'm out on stump doing talks where I often say that I've been in recovery for a number of years from the ways in which I was trained. And the recovery is going remarkably well, because I think that the way I was trained to work with cases like this is in fact problematic. Because I – what I believe is that if I don't – if I don't engage in some level of self-disclosure than I don't get the full story from the young person. So

it requires me to share and to walk that fine tight rope between appropriate self-disclosure and inappropriate self-disclosure.

And so for me, if I'm self-disclosing because I'm looking for something from the client that I need healed then that's inappropriate. But if I'm sharing bits and pieces of myself that's in the interests of helping the client augment his story, then I think that's appropriate self-disclosure. So the way the conversation goes it would be something like so Jamar – so tell me about it – because I don't know. I just think that being dissed is like just – it's a part of being black in this country. I mean, we see it happens to the President. He's the most powerful black man in the world.

So if it happens to him, it happens to you, it happens to me. So tell me about a time where somebody attempted to diss you, because I know it's got to – it has to happen, because I know because it's happened to me. And so he begins to open up. He talks about the Wal-Mart story. So then, I offer some embellishment to that, by then talking about if I've had a Wal-Mart story, if I had – well, actually in this last case that came up it was a Denny's story. And I talked about trying to pay for a slice of pie I had in Denny's and I had the cashier's looking over my shoulder to take the money from the white person behind me.

And so we connect around this experience. We connect around this experience. And so oh, wow, that's deep Doc, I can't believe it happened to you. And why wouldn't you believe that happened to me? I mean, because it's not about being a doctor at that point, it's about being black. That's what I'm saying to you. Say yeah, you're right about that doc. That is. And that's messed up man, that's messed up. So, that opens up a conversation.

Rich Simon: Yeah.

Ken Hardy: Because what I'm doing is I'm self-disclosing, I'm validating his experience. Now there may be any number of issues imbedded within this Wal-Mart story that are worthy of challenging. So what's left from the story at this point, that you're in Wal-Mart Christmas Eve, but you have on a big hoodie, with your head covered and so there's the way in which you look dangerously suspicious.

Rich Simon: Uh-huh, right.

Ken Hardy: But at this point, that it serves no purpose to introduce that into the conversation. That's for down the road.

Rich Simon: Yeah, okay, so no, that – I'm getting it. So where do we go then? So as you're – I'm getting – I think I'm understanding this kind of this process in where you're taking it. And so at the point where this – the kid feels, boy this guy really, he's been there, he really understands this kind of an experience. What's the – and that seems really important to – even to get to that point. What's the next step for you? Where do you want to take it from there?

Ken Hardy: Okay, well let me just say this before I go there Rich. Because it's interesting because what he said to me in response to this interchange, was you know I think I really like you, because you really know how to keep it real. And it was interesting to me, because that's – and this has nothing to do with trauma, but I think it is important. That at this point, he's beginning to play back to me a word that I used to describe what was part of his heroic part. And so that let me – that let me know that there had been some traction and this represented a pivotal point in the therapy where we could shift gears.

And so the shifting of the gears then is about – so I'm actually getting him to walk me through the description of an experience that he's having. But up until this point, this experience has no name. And so what I attempt to do, is I attempt to name it so that it becomes shorthand for us to fall back on in therapy.

So I said, yeah, so when he talks about his experience, I talk about the ways in which – yeah, this piece about I call this being devalued. And it's like a big fancy word, but when you break it down, do you take away value – means you're valued. And so we always have this experience and so I think you have to be more mindful to think about – look at the ways in which when there's an attempt to disrespect you and to take away your value that what you can ill-afford to do at that point is act in ways that collude with that.

And so this is something – so this becomes a tool for the toolkit. He understands this. So I introduce him to this big word, devaluation, which I say to him, is another word for disrespect. And what it means is that you've been disrespected, and so part of being black in this – in America means living with disrespect. If you look with your mom, your mom has been disrespected – you can find ways in which your mom has been disrespected. In fact,

when you come back next week, I want you to be able to – I want you to give me a couple good examples of where you saw where your mom was disrespected. So now he’s looking for it outside of himself even.

And so where this sort of mirrors traditional trauma treatment in one sense, is that I’m hoping that this promotes some level of activism in him about a place where he – that’s a vulnerability for him. So that now if he can begin to see the ways in which his mom has been disrespected, that maybe there are ways in which he can be a little bit proactive hopefully in standing up and intervening for his – the ways in which his mom is disrespected.

Rich Simon: Yeah.

Ken Hardy: So that’s where it – so the transition point is introducing being – where I’m beginning to name these invisible wounds, and they’re fairly predictable, because I think with this sort of disassociate culture trauma that devaluation, humiliation is always a wound that comes along with that. Another one that comes – that I’m principally concerned about – is the way in which there’s a kind of imposed silence on those who’ve suffered from this level of trauma. And that’s the piece that is then connected to this sort of hyper-arousal state that often times when it’s not channeled to get expressed in terms of anger and rage.

So ultimately, what I’m trying to do is to attack those three issues within the context of therapy. The ways in which disrespect is such a huge piece of the experience, the ways in which that is then compounded by this lack – this inability to sort of be an advocate for myself to talk about it and the ways in which you know my silence gets transformed into a kind of self-destructive anger and rage.

Rich Simon: So this is – you’re creating a map.

Ken Hardy: Yes.

Rich Simon: With these kids of what’s happened to them. You’re giving them a whole language to talk about experiences that many of them don’t have. And so as they do that – is that an end point, or what is it? Where do you want to go beyond that? That seems like a really significant shift here. This seems like something that you’ve really come a long way from the phase one that you’re describing. Is there a phase three? Where are you going from there?

Ken Hardy: Well, the phrase three is where the young person has some working understanding of what these wounds are. This is a place where I would begin to do – just to give you some sense about how you know – how this really is a protracted experience because it's in this phase three where I will begin to offer some push back, some challenge. Yes, the world out there is awful, and rather than but, there's a way in which you have some role in that. And so I think it was awful and we're always going to be considered to be suspects.

And people are going to look at us with a scrutinizing eye. And there are things that we can do to help diminish or alleviate some of that. And so that – so in this phase three, that – because hopefully I have enough traction, I have enough of a relationship and the arousal state has been reduced to the point where now I can begin to plant these seeds about self-advocacy, responsibility, their role in some of what happens. And the roles may not be – his role may not be equal to the roles of others. But it is important for him to understand that he has some responsibility that he can exercise.

Rich Simon: So that –

[Crosstalk]

Ken Hardy: That happens in the phase three.

Rich Simon: Let's if people can hear a little bit of that, because there was – I find that – I really got this very immediate sense of what it would be like to be in this kind of conversation with you when you were talking earlier. So what's this language of challenge like? How do you – how does that get expressed? What – can you give us some examples of what goes on and the kinds of things that you might say either with this particular young man we're talking about or someone – another client that you can recall.

Ken Hardy: Well, let me take one instance. When I've had people watch things like this, that's very provocative. So I have a kid sitting in front of me, he has his best friend who has been shot, murdered. And that his only way of making sense out of this is to have this insatiable thirst for revenge, he wants revenge. And so what I would not do, what I don't think is helpful is to give him a lecture at that point about why revenge doesn't make sense. And all the ways in which that's said, well, you know you get revenge and somebody's going to want revenge on you.

So what I do is I lean into that by simply saying, you know that I can just tell from your desire for revenge that this relationship was really important to you. That a really important relationship to you and I can imagine that if somebody that significant to me had been murdered that I might want to seek revenge as well. That I think that's a kind of a normal reaction to have. Now the challenge, and at the same time, I think it doesn't make much sense, because there's a way in which revenge just invites more revenge. And so you know that you're going to leave someone else feeling the way that you're feeling right now.

So I'm basically – what I'm doing at that point is really – which I wouldn't do early on, is challenging this notion directly about revenge and why that, on the one hand I could understand why he might want to do that. But at the same time, I want him to take away a more complex integrated message, which is – and here are the reason why it would be fool hearty for you to do it.

Rich Simon: Okay. So what do these kids – when they take it in, I imagine some of the time, lots of the time, they may not take it in.

Ken Hardy: That's right.

Rich Simon: But when they do take it in, what does it sound like? How do they – like you were saying earlier with the keep it real guy. You can hear that your language has sprouted –

[Crosstalk]

Ken Hardy: Right.

Rich Simon: Sentences within these young men that you're working with. What does it sound like when your – when they take in your challenge, they take it seriously, and they just don't knock it away but they incorporate it? What's their language sound like?

Ken Hardy: Well, a couple of things. So what I said in a situation just to give – because I'm always attempting to – like I think it's important for me, for my role as a therapist. I often say that when I cease to be activist, I probably cease to be a therapist. And so what I'm really saying to him about this revenge thing is that I understand why you might want to do this, the challenge comes in that and I think it would be crazy for you to do this in the spirit of keeping it real with him. And I think this because; you know there are too many

of us black men who are lying on the streets and being taken out in senseless murder.

So I give a little lecture about that, about what it means to be a black man and why this is like a stupid course of action to take. And so typically, one or two things happen. Either, there's no push back, so there's no challenge coming from him, which let's me know that the absence of challenge mean there is traction. So he's thinking about it, which is good. Or, that – in one case, like I said, you know yeah, doc that makes a lot of sense to me. That makes sense to me. But I just – I have this feeling that won't go away and I don't know what to do about that.

Rich Simon: Yeah.

Ken Hardy: My response is, well see I appreciate you telling me that. So – because we can figure that out, because my commitment is I want you to live. And we can deal with that feeling.

Rich Simon: Wow! Wow!

Ken Hardy: So then I – what is it that – you know, this is – look, it sounds crazy, this is the actual dialogue. It sounds crazy, and I always think you've got to be crazy to do this. So like what color is that feeling? What – how big is it? What does it look like? Where is it located? In some effort to sort of concretize it, because these kids live in a very concrete world. And so the more abstract that I am, the more disconnected we become.

Rich Simon: Yeah, yeah. No, I can – just as you're saying that, I feel like okay, here's somebody that's – this guys on my side, and maybe I can trust him. You know –

Ken Hardy: Right.

Rich Simon: You know I – and you're – and we're a team. You're going to help me deal with this things that's kicking around inside of me. So all right, so keep going with this. So where do you hope to go with something like this young man or in working this way?

[Crosstalk]

Ken Hardy: Well, because where I'm hoping to go then is because I think that – and this is true for like what I said it refers to this disassociate cultural trauma, because it is so invisible. It is so unrecognized

that it gets so little attention. Now because I'm focusing on disassociate cultural trauma, doesn't preclude the possibility, nor the reality that this kid has had other trauma in his life. So it's really complex trauma that I'm dealing with because it's still the issue of the family of origin. There's still the issue of loss in his life, all those issues.

Rich Simon: Yeah.

Ken Hardy: And so what I'm trying to do here, the end game is to make as many of those invisible wounds visible as possible. To provide a language that he can understand it, that he can talk about it; it doesn't have to be my language. That he can recognize this and so that when he recognizes, when he's getting aroused from these traumatic experiences, that there's a way in which rather than remaining the back seat, while the car runs out of control in this hyper arousal state, that he can actually move to the front seat, grab the steering wheel and guide his life.

And so I think that happens with this additional information about this is what happens when – so we're actually walking through situations where, okay, so you're in a movie theater and the movie attendant comes up and asks you to move. And you're sensing now that you're being asked because – they didn't ask anybody else, so you can jump up, you can curse the person out, you can even hit them. But to what end? So here's some things that you can do in this situation like that.

And so trying to get him to sort of tune into – and that's why it's something that's slightly meditative about it in a sense, because I'm getting him to go into themselves. To understand themselves and the working of themselves a little bit better so they can navigate and manage the – their external selves much better.

Rich Simon: Yeah, yeah.

Ken Hardy: And so there's a piece of a skill acquisition that comes toward this method of therapy.

Rich Simon: Yeah, or kind of mentoring or –

Ken Hardy: Yeah.

Rich Simon: All right, well now here's so here's the tough one, so a lot of what you're saying and the way that you're saying it, you're a black

man, you have this commonality experience with these kids. If it's me, as the therapist or a female social worker, a young female social worker, and I know you do a lot of trainings. What's the adaptation? We don't have that commonality of experience that is going to be the basis. And certainly at that initial state, it sounds like it's a lot harder to move across this racial divide if you're a white therapist and particularly if you're a female therapist. Then, in the way that you're describing, how do you help people – how do you help therapists to deal with this, who are not you and don't have your cultural background?

Ken Hardy: Yeah, see, like I think – let me tell you about them one at a time. Like I think it's difficult for white therapists if the white therapists have not embraced their whiteness. So if they're white and not know they're white, then that's very difficult.

Rich Simon: All right.

Ken Hardy: You know, like I had a guy who's a psychiatrist down in Tennessee, who said to me, when I suggested something like this. And he said to me, that is the dumbest idea I have ever heard from a so-called educated person. Because I was saying the importance of him locating his – identifying his whiteness. He said, you know, you can look at me and tell I'm white. And I said, sir, that is absolutely true, but the fact of the matter is that you know you're white and the client knows your white, but the client needs to know that you know you're white. And that's the difference.

Rich Simon: Oh, okay.

Ken Hardy: And so I do think that for white therapists, have experiences they can tap into that would be useful. And so here's what I really believe, and I don't have any empirical data, but this is just anecdotal clinical data that I have seen this. I think for a person like myself with the kids I've talked about, what I have out of the block would be some face validity. So that there's still –

[Crosstalk]

Rich Simon: Let's – **[inaudible]**

Ken Hardy: So there's still the issue of trust though, so it doesn't mean like I put it on cruise control, but at some point in the process, I get challenged – it's a face validity that doesn't hold up. And so I

think that for white therapists, the initial phase of therapy is the most difficult phase because of the absence of face validity. But I do think that if there's a willingness to talk openly about race, and to – because the key for me is having the willingness to self-disclose. It doesn't have to be to say, yeah, well I'm black too this is awful.

But rather, does this therapist – is the therapist willing to use him- or herself in a way that creates and contributes to safety and open up blocked arteries. I mean, I think that's the key issue. So it could be that the white therapist is talking about this experience from their white experience, saying well you know what, and – I'm ashamed to say, but I was – I would probably be one of those white guys in Wal-Mart who would probably be looking at you a little suspiciously too.

And so I'm not proud of that. And so like, what do you think about that? What do you think about that Jamar? You know, because then it might open up a conversation about –well, this is why I don't think that you could help me. This is why I don't think you can, because you don't understand me.

Rich Simon: Yeah.

Ken Hardy: But that's an important conversation to have, because I think it's having that conversation about the absence of trust, actually will go a long way in building trust.

Rich Simon: Yeah.

Ken Hardy: And I think the issue is much more difficult for the young female social worker that you mentioned because I think that there are some realistic issues here around safety and violence that's there for everybody. But I could certainly see – but I just think that if anyone's working with this population that you know sort of go in understanding that there's some inherent risk to it. I mean, I just had – just before our call here, with a student who's doing home based family work and she wants it to be – but she wants to be safe.

And I said; well, you know, working out in the community. Going to people's homes, there's an element of where you're not going to be as safe as being in your office. So that comes with the territory and I do think even for the young white female, for example. I think being able to have open conversations about race – I think

that's the great neutralizer. I think that really does help to bring the process along quite significantly.

Rich Simon: Well, you know just – it's helpful for me as I'm hearing you to understand my willingness to do this as a therapist is helped along a lot by that you don't have any automatic entrée. That you're working and you're dealing with all the cross currents and the intensity and the anger in this first stage. It's like you don't get a pass either.

Ken Hardy: That's right. No, no, and that's my point. I don't get a pass because – and that's the complexity of it – because if I'm sitting with Jamar as I mentioned earlier, we share a common hue. We are both black, we share gender, we're black men. But there are ways in which our lives are fundamentally different. And I know that, and he knows that. And so if I try to bullshit him about that, it doesn't go anywhere.

Rich Simon: Yeah, yeah. So it's almost like there's a whole – that often, if you share a social class, race, you're like your clients, there's – you can move into a certain phase of therapy, kind of a relationship, without thinking about it. And it just happens, you know from the first session you can feel in sync. What you're describing here, is okay, wait a minute, before we can begin to get to that point, there's a whole bunch of things that we need to do here that we're – that we can't assume a trust from the get go in this kind of –

Ken Hardy: Yeah and I think that is often one of the biggest misperceptions and misnomers about this work is that somehow that if I share a common hue, that if we're both black than we can just go ahead and push it on cruise control. And I think there are as many points of divergence within that relationship as there are conversions at that point. And that there are no guarantees. I mean I that my success with Jamar doesn't render me successful with Tyrique, which is coming in next. I mean, so it's starting all over again and each relationship has to be cultivated.

Rich Simon: Yeah. Yep, so we just got a few minutes here. So bring in – so we started by invoking your family therapy origins here. And this is how you came into the field, as many of us did. So what's the role – so we've been talking a lot about your work in one-to-one with people up to this point. Where does the family fit into the work that you've kind of been describing?

Ken Hardy: Well, the family is an integral part because I – like I did – when I do trauma-based work, I academically think of myself as taking a relational approach. And so that, at some point of this, involving family members becomes a critical part of this, because I think that families have a great deal to do with the management, how the young person managed the trauma. And so – and there's no boundaries around this – so that because the father's not in the child's life is not a reason for me not to pursue the father coming in. Because the mother and the father haven't spoken in 10 years is not a reason for me not to invite the parents in the therapy.

So anybody who is connected to the child's life I want to have access to, because I think that they – if they're connected to the problem, they should ideally be connected to the solution. And so that the ultimate point of culmination is when I have enough trust in the young person that I can then add to the therapy, bring other people into therapy.

Rich Simon: Okay, so that's the pivotal issue. So if you – I mean, thinking back to earlier, you might start back when you and I were starting out, you might start with a family session. It sounds like what you're saying, is that's not a way that you typically work these days in that there's something you need to do in an initially connection with the kid before you can begin to involve the family?

Ken Hardy: Yeah, because I – the way I talk about it in therapy to the families, I talk about it as – that the family's to undergo a surgical procedure. And that this working with the young person first with whom the trauma resides around that person, it's like the preparation for surgery. And so there's something I need to do with him before I can bring the family together.

Because what I'm 100 percent sure of from having done this work for a while now, that if I start out with everybody together, the family will do in my office what they do at home and what they know best – blame, fight, disconnect. And so what I want that conjoint experience to be a different experience. And so part of that has to do with the preparation that I do with the individual client before bringing the family involved.

Rich Simon: Okay, and so we've been talking about Jamar here. So is – where do you – I don't know exactly, it sounds like that's in process. Where do you see that might go here as you kind of envision it and as you're seeing it and, maybe in a best-case, scenario. Let's

maybe come to a conclusion here. Kind of give us kind of a flavor of what you'd like to see happen from this point on?

Ken Hardy: Well, I mean, I would like for him to recognize the ways in which every time that something bad happens to him, that he has a choice to either do something bad or do something to help control his life. And so that's the language I'm using with him, so to make the right turn. So I'm wanting him to be more conscious of that. And then ultimately, would like to get his family involved that he has a disconnected relationship with his father. I mean, that there's some connection, but it's not a strong connection.

And so I've already had a couple of conversations with his dad on the phone, prepping him that at some point would want to get him in. And then to work with him within the context of the family. And I don't – I'm not very hopeful at this point that he and his dad will ever have the kind of relationship that he ideally would like to have. But I do think that it's possible to have that anatomy of that relationship work out a little differently than it has worked out. And so that's where I'm headed with this. And that's where I would go with most of these cases, because I think they – that what trauma does is it pulverizes the life of the individual. And so my job is to go back and then pull together – just to search through the rubble and pull together all these pieces so that the person's life can be relatively whole again.

Rich Simon: And the mom, what – where does – is there a mom in the picture and does –

[Crosstalk]

Ken Hardy: The mom, yes, and –

[Crosstalk]

Rich Simon: Sort of fit into your thinking.

Ken Hardy: And I've had – the mom has already been involved in the therapy at some critical junctures and is amenable to being a part of the treatment. So she definitely will be an intricate part of it.

Rich Simon: Okay.

Ken Hardy: As she has been.

Rich Simon: Okay, so looking broadly, I mean what – how are – as a profession, it seems like we began back in the '70s Minuchin and others – there's a big commitment to working with intercity families, poor families, the family approach. What do you – as we close here, how do you feel like you're isolated in the field? Do you feel like there's – as you look at the overall field, are a lot of folks doing the kind of work that you're describing? What's the state of our commitment as a profession to working with kids like Jamar for example?

Ken Hardy: You know, I mean, I love your question, because I don't think it's a matter that really matters much anymore. And I think that's part of the problem. I think that these kids have very difficult traumatized lives and the fact that no one seems to care about them and there's dwindling services and resources to work with them only exasperates that feeling, that their alone and nobody cares. And so when they have the sense that nobody cares about them, it's not uncommon for them not to care about anybody. And so we don't see the circulatory of this.

And so I think in this sort of age of managed care and manualized therapies that it's very difficult for the Jamar's of the world to get the kind of treatment that they have because it's just not where the field is at this point.

Rich Simon: Yeah. No, what you're describing is not in any manual. That's for sure.

Ken Hardy: That's right.

Rich Simon: All right, well, wow! Really, what great work you're doing and just what you've done at least for me is kind of opened up an understanding of somebody like Jamar. And to understand an aspect of him and his experience not just in this very visceral way. So you're – you know just very impressed with your commitment to doing this work and your skill and carrying it on.

Ken Hardy: Thanks Rich. My pleasure.

Rich Simon: There is a – those of you who would like to comment on this session and keep this conversation going, it's one of the – as Ken is saying – it's one of the really neglected conversations in our field at the moment. You'll see on your screen there's an opportunity for you, an invitation to you – what'd you think, what questions you have. How does this connect with your experience?

Ken, with his usual graciousness, has agreed to check out what you have to say if the spirit moves him to respond to some of you. So let's keep this conversation going.

Ken Hardy: Absolutely.

Rich Simon: Ken, my friend, thank you so much.

Ken Hardy: Hey, thank you brother Rich. Appreciate it.

Rich Simon: Take care Ken.

Ken Hardy: Thank you.

[Crosstalk]

Rich Simon: Take care all of you; see you for the next installment, next time of "21st Century Trauma Treatment." Bye-bye for now.

[End of Audio]

Duration: 62 minutes