



National American Indian and Alaska Native  
**MHTTC** Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

**IOWA**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Flying Starfish, Broken Pots, and Puppies in the River: Culture is Trauma- RESPONSIVE Care

Special Guest Speaker  
Michael G. Bricker MS, CADC-II,  
NCAC-2, LPC

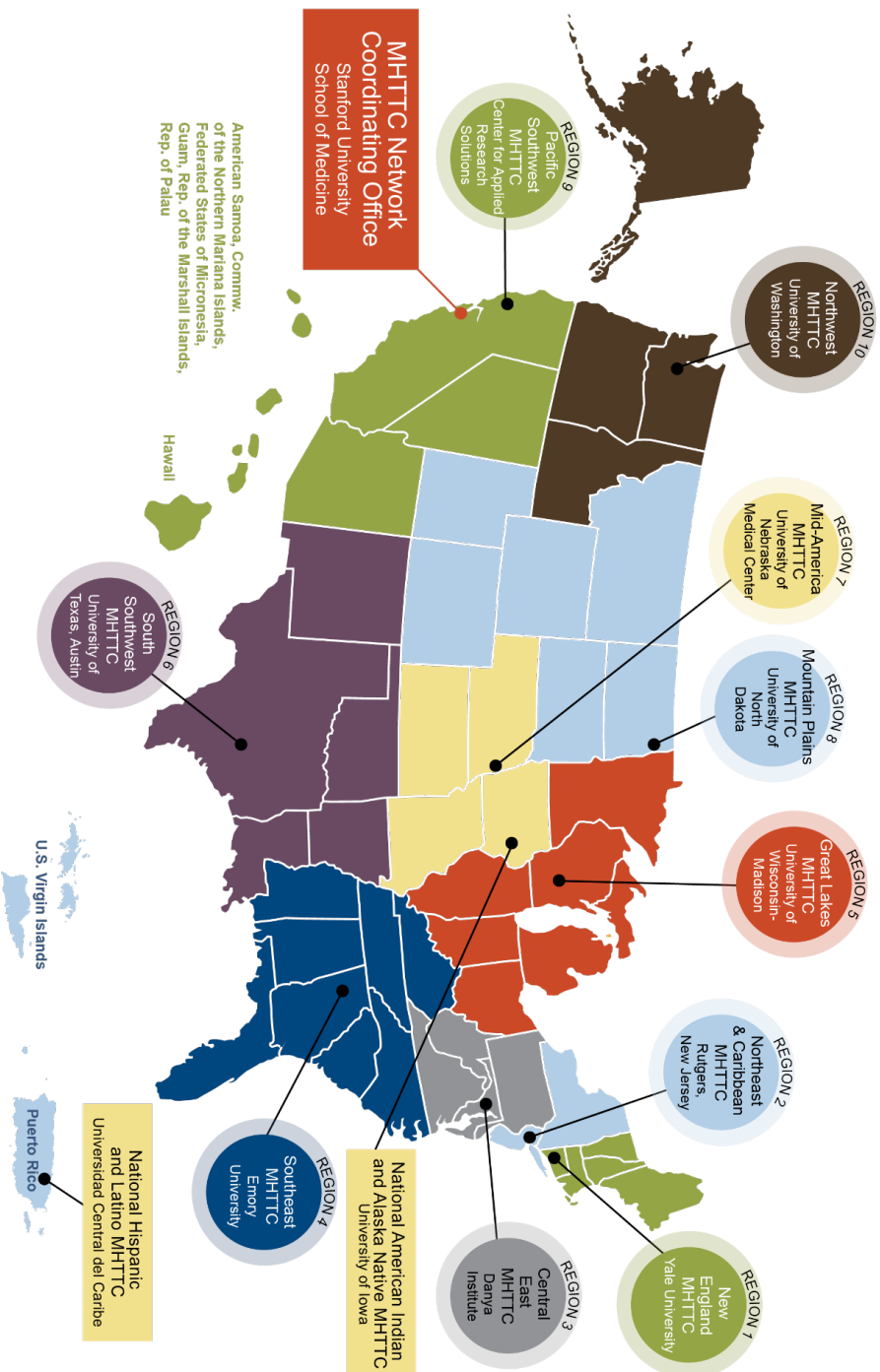
December 14, 2022



MHTTC

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American Indian & Alaska Native Mental Health Technology Transfer Center



Substance Abuse and Mental Health  
Services Administration

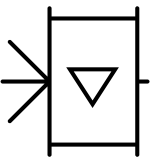
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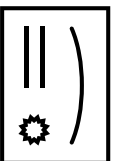


# Follow-up

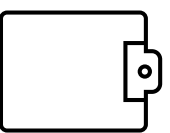
Following today's event, you will receive a follow up email, which will include:



Links to the presentation slides and recording, if applicable



Information about how to request and receive CEUs, Certificate of Attendance, if applicable



Link to our evaluation survey (GPRA)

# Land Acknowledgement

We would like to take this time to acknowledge the land and pay respect to the Indigenous Nations whose homelands were forcibly taken over and inhabited.

Past and present, we want to honor the land itself and the people who have stewarded it throughout the generations.

This calls us to commit to forever learn how to be better stewards of these lands through action, advocacy, support, and education.

We acknowledge the painful history of genocide and forced occupation of Native American territories, and we respect the many diverse indigenous people connected to this land on which we gather from time immemorial.

While injustices are still being committed against Indigenous people on Turtle Island, today we say thank you to those that stand with Indigenous peoples and acknowledge that land reparations must be made to allow healing for our Indigenous peoples and to mother earth, herself.

Dekibaota, Elleh Driscoll, Meskwaki and Winnebago Nations

Takimaweakwe, Keely Driscoll, Meskwaki and Winnebago Nations

Keokuk, Sean A. Bear, 1<sup>st</sup>. Meskwaki Nation

# Today's Speaker



**STEMSS®**  
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Mike Bricker MS, CADC-II, NCAC-2, LPC since 1984 has been a consultant on “dual recovery” from substance use and mental disorders through the STEMSS® Training Institute and specializes in blending western research-based treatment with other Wisdom Traditions. He is also a Behavioral Health Clinician for Strong Integrated Behavioral Health in Eugene OR. Mike has worked extensively among Native American and Alaska Native Peoples. He served 10 years as Program Director for the Yukon-Kuskokwim Health Corp. in bush Alaska and was awarded the ANTHC Behavioral Health Aide Program Award in 2009 for his work educating Native counselors. He was also Clinical Director of the Tse nani a Hi (Rainbow Bridge) Residential Program on the Navajo Nation. More recently, he has developed training workshops for the Klamath, Shoshone-Bannock, Mandan and Yakima Tribes. Mike is a seasoned trainer who presents regularly at national conferences, and a NAADAC Approved Education Provider. He has been a clinician, consultant and teacher for over 35 years.

Contact: [mike.bricker@STEMSSinstitute.org](mailto:mike.bricker@STEMSSinstitute.org) (541) 246-8053

Michael G Bricker MS, CADC-2, NCAC-2, LPC

Approved Clinical Supervisor – LPC/LMFT

NAADAC Approved Education Provider

# *Flying Starfish, Broken Pots and Puppies in the River...*



*...Culture IS Trauma-  
RESPONSIVE Care*



**Michael G Bricker MS, CADC-2, NCAC-2, LPC**  
the **STEMSS Training Institute**

National American Indian and Alaska Native



**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

**Wednesday December 14th 10:00 – 11:00 Central**



## ***We all know the story...***

...a young boy walking on the beach finds hundreds of starfish washed up on shore after a storm. So he reaches down and tosses one back into the ocean... then another... then another. A man walks by and asks: "What're you doing, son?" The boy replies "I'm saving the starfish!" The man chuckles and retorts "Look at the hundreds of them on the beach... you'll never save them all!" The boy tosses another starfish –

“Well, I saved THAT one!”





In behavioral health, that's a pretty apt metaphor.  
(In fact I never metaphor I didn't like!) But as  
we all know, the storms of life keep washing  
starfish onto the beach...sometimes ones we  
recognize and remember. That's discouraging for  
us and leads to burnout...

...and also not much fun for the starfish!



I'd like to call your attention to another story. A young girl is relaxing on the bank of a swiftly flowing stream...just basking in the sunlight. Suddenly they hear a panicked puppy barking – and there it is, thrashing downstream through the water! So she jumps in the water and manage to bring the puppy safely to shore. The girl gets a few “thank you” licks, and the puppy is on its way. So she stretches out in the sun to dry...



...only to hear another puppy! So, still wet – back into the water to rescue another puppy. And another. And another. Finally – exhausted – the girl realizes she can't save them all. But when she looks upstream...there's a guy throwing puppies in the river!

So up the stream our hero goes and – after some energetic discussion – convinces the guy to STOP throwing puppies in the river!



The parallels with the work we do are pretty obvious... or maybe not?

Metaphorically, who's the guy who hates puppies? The drug dealer on the corner? The bartender who'll let you drink all night in exchange for your Sobriety Coin? "Big Pharma" who floods the river with pills? As terrible as those things are, I think they miss the point.

For most of our peeps – especially the “frequent flyers” – the upstream villain is trauma. And we stand puzzled why – after we rescue them, dry them off, surround them with love and coping skills – so many of our “puppies” run back upstream...only to be thrown again into the river. The common denominator may well be coming from the experience of trauma.

It doesn't matter much if it's “big T” trauma like rape and war, or a childhood full of “little t” trauma like domestic violence or neglect. The cumulative effect on the nervous system is only a difference of degree.



# Intergenerational Trauma

Adverse Childhood Experiences

Historical Trauma/Embodiment

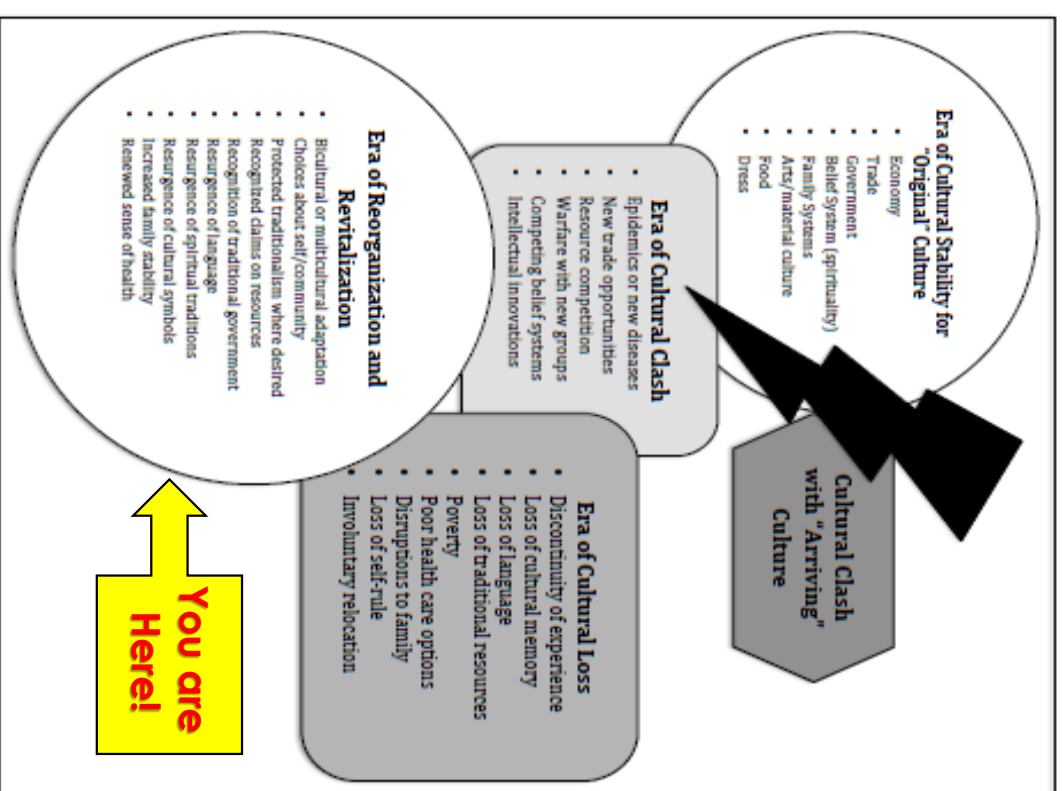
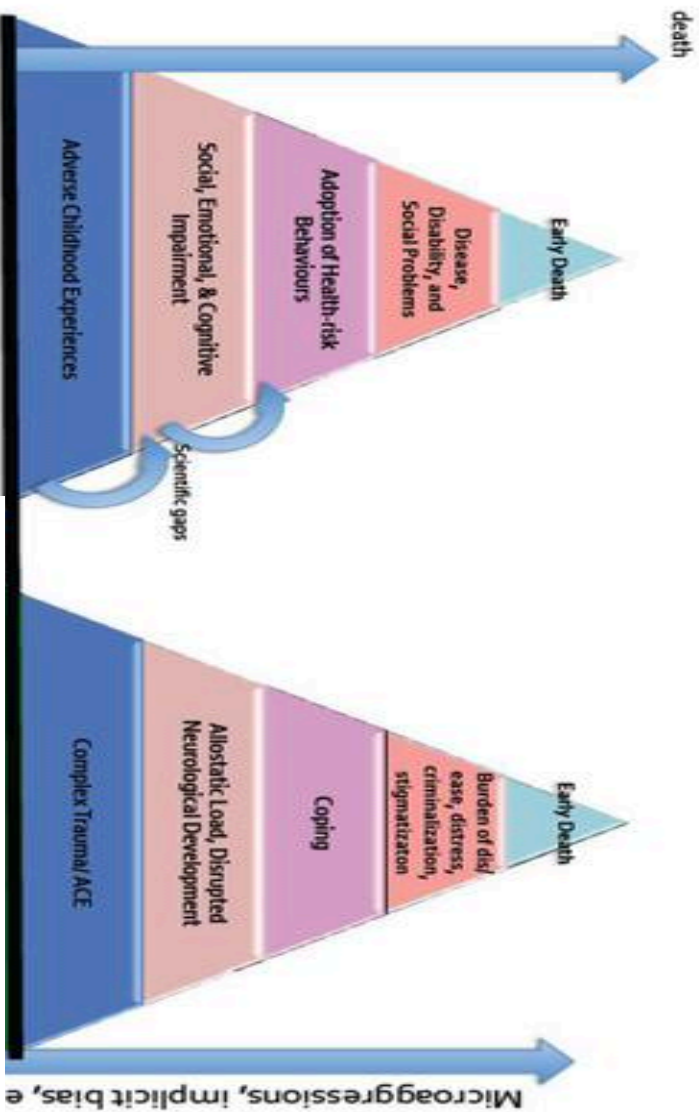
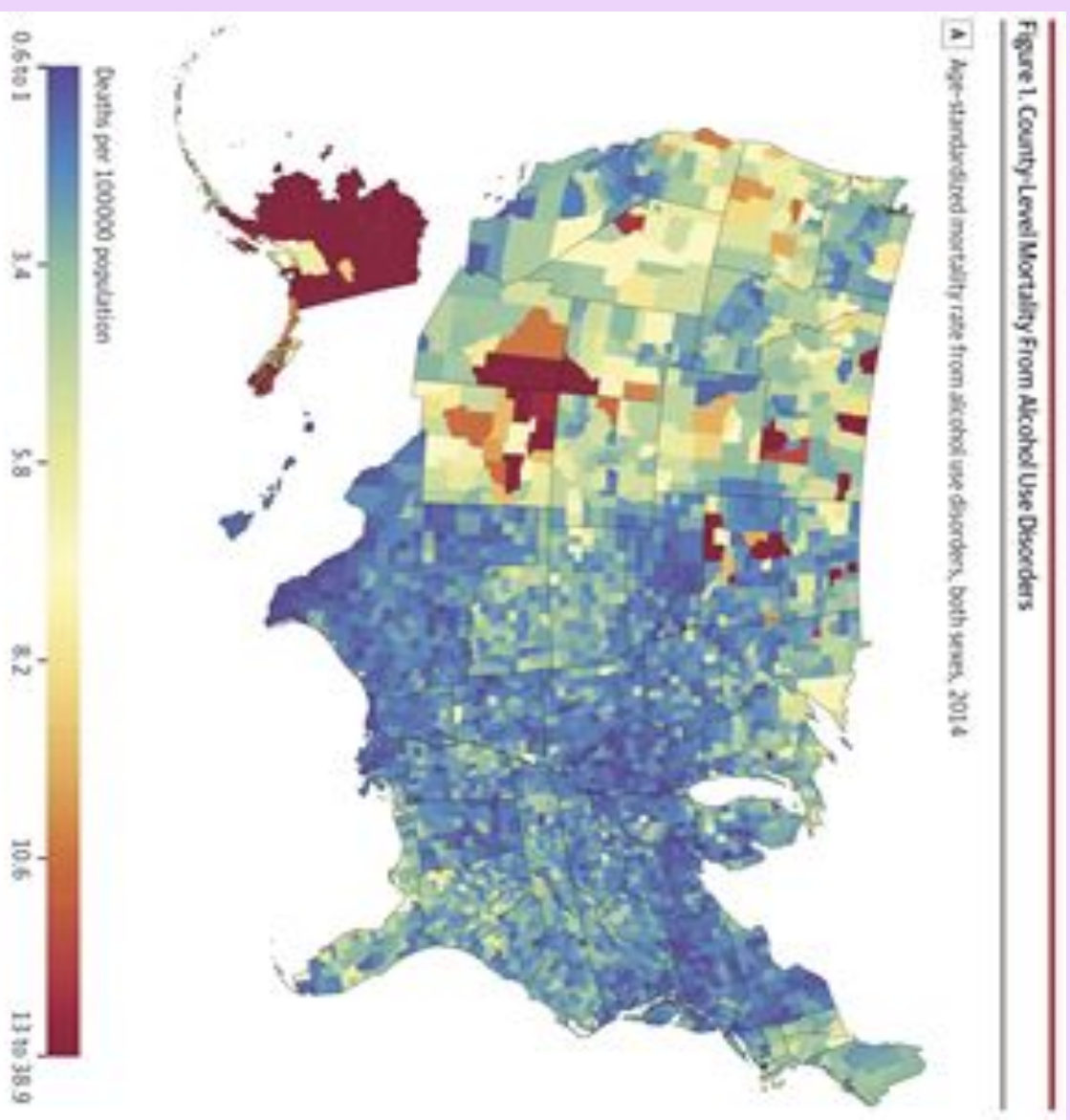


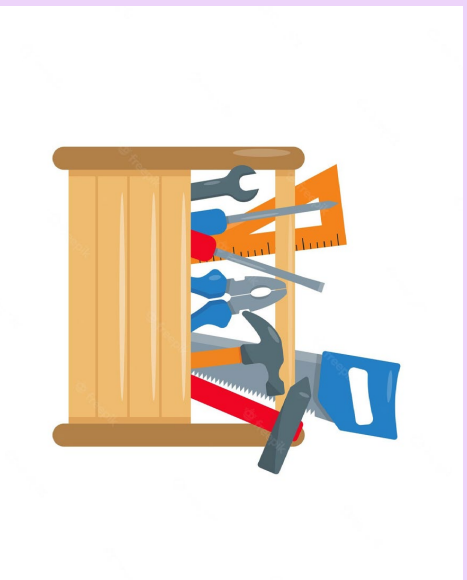
Figure 1. Cultural Challenge Model (Hudsonall-Stamm, Stamm, Hudsonall, & Higson-Smith, 2004)

# *“Despair Deaths”*

The highest rates of alcohol-related deaths are in areas with high Native American and Alaska Native populations, county-level data from the University of Washington shows IHME-University of Washington



Why is it that our best efforts as clinicians sometimes seem to have only a temporary benefit? I believe that, when it comes to treating people who come from the experience of trauma, we may not be using the right tool for the job!



We all know that the impact of trauma gets stored in the body/mind in different ways – sometimes as a “body memory”, sometimes an unconscious implicit memory stored in the “fight/flight” limbic system of the brain. What do both of these trauma repositories have in common?

***They are inaccessible to most of our treatment interventions!*** Since the limbic system doesn’t understand language – and has no concept of linear time – it’s simply impossible to “logic people out” of being trapped in their story.

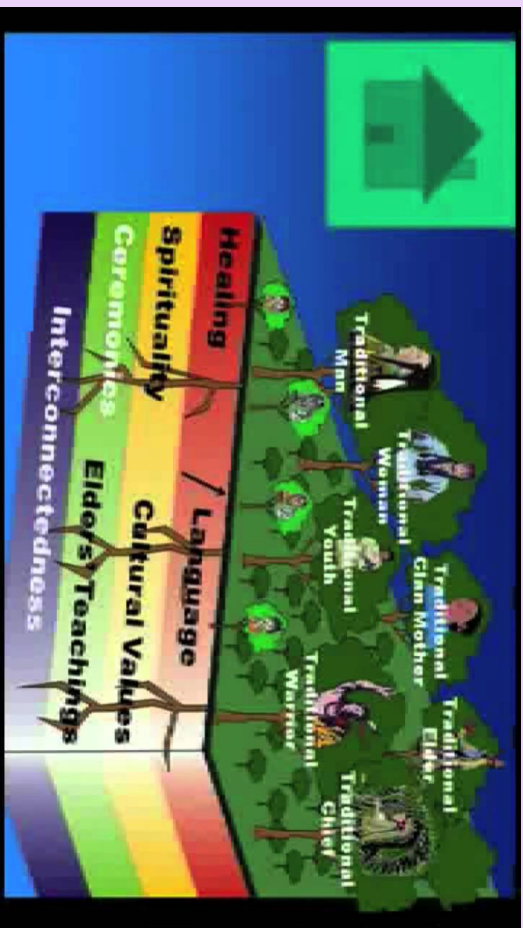


Traditionally, most of our treatment modalities (with the possible exception of EMDR, Yoga and Somatic Experiencing) rely on psycho-education, cognitive restructuring and skills acquisition. So our evidenced-based manuals hammer home the benefits and pathways to recovery from mental health and substance use disorders.

But when it comes to treating the trauma that keeps tossing our patients back in the river... it's like trying to drive a SCREW with that hammer. You might be able to do it – if you're really careful and really good... but it's not the right tool for the job!



The many Western evidence-based practices in our toolbox are wonderful for pruning, weeding and watering the garden of woes that bring patients to us. But why do some of them stop growing and go to seed? And others seem to bloom brightly for a while...only to wither and die? Our patients can't grow healthy plants in poisoned soil! Their roots are sunk deep into the pain of the past, so it unconsciously contaminates – and sabotages – their best efforts (and OURS) to get well.



But when we “replant” them after treatment the toxic trauma underground can take a toll – some wither and die, others fail to thrive and just hang on

Don Coyhis and the Native Wellbriety movement talk about a “healing forest” of healthy trees growing in healthy soil. We do wonderful work “re-potting” our patients in treatment so we can nurture and water them back to health..



Speaking of “re-potting”, that brings to mind another metaphor – the lives of our patients have been broken and fragmented by trauma, often from an early age. Their souls have been shattered like a piece of pottery.



Which brings us to the second problem with our treatment efforts: we tend to focus on the fragments of the jar. Removals. Boarding Schools. Theft of land and resources. MMIW2S. Destruction of the family. Loss of language... the list is long and painful.

***But the fragments of the jar are pieces of a person who once was whole...and can be again!***

There is an ancient Japanese art called Kintsugi – “golden seams” – joining broken shards of pottery with gold.

The beauty is in the broken places... a rebirth of healing and wholeness which hold the brokenness of trauma together. This is the TRUE essence of trauma-responsive care! It gives depth of meaning and context to the EBPs we are asked to use in treatment. We help our patients find the strength of Spirit to mend their broken lives!





So what's the antidote to the poisoned soil? The answer, I believe is HOPE! Our main job as clinicians is to help our patients borrow hope from us. Not some platitudinous “just make lemonade” hope – but vibrant *capital* HOPE that they no longer have to be prisoners of their past! “Heart Open... Please Enter” is a slogan from AA. Another is “*When your Heart Opens the Pain Ends*”

So how can we honor this opportunity with our patients? One way to begin is with the ACEs Survey or a trauma-informed psychosocial interview to see how deep the soil of trauma is. Then we begin to honor and build on the resilience that helped them find their way to our door.

I tell every patient “*if surviving it didn't kill ya...getting over it isn't going to!*”

*Sooooo...*

*How do we do it?*



# Trauma Informed Care

Diane Yatchmenoff, PhD – Portland State U.

## The Foundations of Trauma

### Informed Care

Commitment to Trauma Awareness

Understanding the Impact of Historical Trauma

Agencies demonstrate TIC with Policies, Procedures and Practices that:

#### Create Safe Context

- Physical safety
- Clear and consistent boundaries
- Transparency
- Predictability
- Choice

#### Restore Power

- Choice
- Empowerment
- Strengths perspective
- Skill building
- Modeling

#### Support Self-Worth: Value the Individual

- Respect
- Listening
- Collaboration
- Compassion
- Mutuality
- Relationship







# *“Trauma-Informed vs “Trauma-Responsive”... what’s the dif?*

## **Trauma - Responsive**

- **Trauma - Informed**
  - Acknowledges that trauma exists
  - Looks through the lens of diagnosis
  - Treats clients as “survivors”
  - Looks for ways to identify and treat
  - Staff are the “experts” - Program has the power
- ❖ Recognizes that trauma is a universal human experience
- ❖ Looks through the lens of resiliency and competence
- ❖ Helps patients to see that this is what happened to them, not who they are
- ❖ Helps the patient to re-write their story in the present tense in order to HEAL
- ❖ Patients are the “experts”

# *Trauma-Responsive Care:*

## **WHO needs it?**

- ❖ Every person who walks in your door is potentially “someone who comes from the experience of trauma”
- ❖ Everyone should be offered the opportunity to be screened...
- ❖ ...starting with the Staff!
- ❖ ACES Survey, SRRS, Stress Inventories

## **WHO should do it?**

- ❖ EVERYONE in the facility, not just the “counselors!” Every single receptionist, office staff, custodian, executive – each has a chance to save a life!
- ❖ Your clients are “sizing you up” before you even realize it.
- ❖ Healing has already begun... or not!



## *Working with “persons who come from the experience of trauma”:*

**Huh? Who are they?**

They are not “victims”

They are not “survivors”

Labels keep them “trapped in their story”

*They are people who have had a unique opportunity to develop a set of strengths and resiliency that we need to understand...*

*...and that they need to feel **safe** enough to share with us!*

# *Working with “persons who come from the experience of trauma”:*

## **Starts before they walk in the door**

What is your Agency’s reputation in the consumer community? (Do you know?)

## **Requires us to become aware of THEIR awareness**

Is the waiting room calm and welcoming?

Are the support staff friendly and helpful?

What are some perceptual barriers we may not have thought about?

# *Working with “persons who come from the experience of trauma”*

- How are potential clients greeted?
  - Just because they're here doesn't mean they're engaged
  - They're “sizing you up” before you're even aware of it! (How did you dismiss the client before them?)
  - A welcoming smile turns a handshake into a “heart-shake”
- We're always asking them to examine their values and assumptions...
- ...have we examined OURS?
  - What are “they” like?
  - Why do you think they are here?
  - Transference and countertransference
  - When you're stressed – and you will be! – where do you fall on the Karpmann Triangle?



## *Working with “a person who comes from the experience of trauma”*

**Requires a different “heart-set” as well as mindset**

- “You never get a second chance to make a first impression”
- “They may forget what you said or did – but not how you made them feel”
- Requires a level of openness to their experience that challenges our traditional boundaries

# *Working with “a person who comes from the experience of trauma”*

## **Counseling 101**

- “They don’t care what you know until they know that you care”
- “If your only tool is a hammer, you’ll treat every client like a nail” - Carl Rogers
- Whose needs are getting met here? Why did **they** come here, and how am I helping them toward that goal?
- “I don’t care why they come – I only care about why they stay” - *Bricker*

## **Bear in mind that RULES are not safe!**

- “Rules” are what other people in power used to hurt me
- “Rules” only seem to work for the other guy
- Developmentally, many clients are at a maturity level where “rules” are only meant to be challenged, evaded or manipulated

Trust and transparency rely on **reasons**, not just rules. (“What’s the WHY?”)

## ***For instance - “Group Rules” are usually a waste of time...***

- They're based on the “establishment” expectations for minimally acceptable behavior...
- ...the “lowest common denominator” of compliance
- They are based on a power differential...
- ...which often leads to a power struggle!
- They tell the group exactly how to challenge your control.

**...and they won't disappoint you!**



***But we gotta have rules, right?  
So Keep it simple: “Just for today I commit to***

**H**onesty with myself and others

**O**penness to others’ beliefs and opinions

**N**ot “preach” or attack my peers

**O**ffer my truth quietly and respectfully

**R**espect the privacy of the Group”



*Native Modalities - presented by Elders*

Drumming

Smudging

Sweat Lodge

Grandfather's Stories

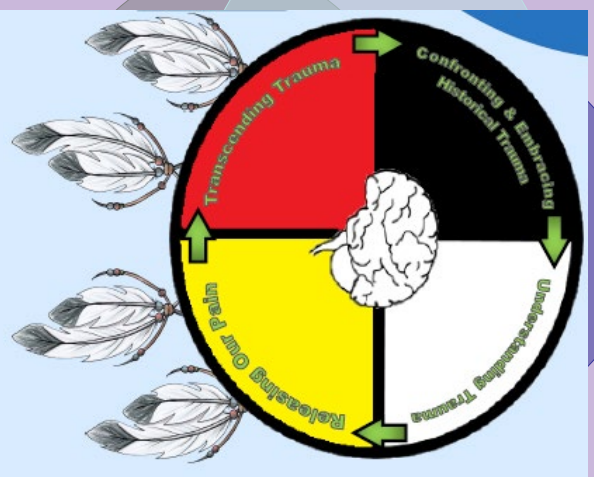
Specific Ceremonies

# Ceremony Restores Balance

**Spiritual Being**  
*(meditation; moving  
toward my valued ends)*

**Social Being**  
*(distress tolerance)*

**Cognitive Being**  
*(re-structuring my  
experience without  
judgment)*



**Physical Being**  
*(I ha...  
it doesn't have ME)*

**Emotional Being**  
*(relaxation and  
self-regulation)*

# Culture is the Cure!

## Principles for Trauma-Responsive Care in American Indian & Alaska Native Communities

- ❖ **Trauma is universal:** All people have been impacted by trauma in their lives. NA/AN communities need systems and providers who recognize that most people suffer the negative consequences of trauma and that the resulting symptoms are not, in and of themselves, pathological. Because trauma is so endemic that it is frequently seen as normal, a non-diagnostic approach to working with those who have been harmed – and those who have caused harm – is not only compassionate, but may be necessary for effective healing.
- ❖ **Native People are resilient!** All individuals have the potential to heal from their traumatic experiences, but they need a safe, healing environment in which to accomplish this. An open, supportive care-providing relationship where the trauma is acknowledged, validated and recognized as a factor in current wellness concerns may improve outcomes. All efforts to address wellness should be based on the inherent strengths of the individual and community. All planning for healing should acknowledge local resilience.

## ***Principles for Trauma-Responsive Care in American Indian and Alaska Native Communities***

- ❖ **Trust, Safety and Confidential Support:** Effective healing relationships are built on trust and foster empowerment and increased self-efficacy. Safe, Sacred and nurturing environments are necessary for healing. An integrated mind/body approach, intentionally designed to reduce arousal, is a primary goal in the creation of an effective healing space. The local justice system is a key partner in building a sense of safety and confidentiality in the healing community.
- ❖ **Healing Models and Native Ceremony:** American Indian/Alaska Native healing models and Cultural interventions that use Ceremony, rituals, traditional counseling, support and teaching methods can be just as effective as Western clinical healing models. These techniques can be even more effective than clinical interventions because they can establish or re-establish meaning for those healing from trauma.
- ❖ **Options Must Remain:** People who have experienced trauma need choices and control in an effective recovery process. The diversity of Tribes and Tribal practices must be recognized and honored in planning options for each individual.

## *Principles for Trauma-Responsive Care in American Indian and Alaska Native Communities*

- ❖ **Roots of Trauma May Lead from Individual to Family, then to Community**  
**Healing:** Addressing the traumatic events an individual has experienced may uncover systemic cycles of trauma within the family or community. Trauma care must address healing of the individual, family and community, not just the patient alone. Healing from trauma in AI/AN communities may include: changing current community & Tribal expectations regarding violence; naming and addressing the impact of mass trauma events such as natural disasters; government policies; historical events and acknowledge-ledgeing that violence is present while fostering community responsibility and including all relatives in the healing process.
- ❖ **Community Provider and Justice Systems Must be Engaged:** Changing community norms must include a collaborative approach among the Tribe's government, local justice system, educational institutions, and human service agencies.

## ***Principles for Trauma-Responsive Care in American Indian and Alaska Native Communities***

- ❖ **Non-Diagnostic, Non-Judgmental Care:** Judgment is an effective barrier to healing. Due to the type of current historical trauma & loss experienced by AI/NA communities, judgmental positions may be especially offensive and incompatible with healing from trauma. Treatments of trauma based upon formal diagnoses – which require judgment in the process of categorization and measurement – require careful scrutiny for possible risk of harm. Any effective trauma-responsive approach must continually strive for non-judgmental processes, and must carefully evaluate the helpfulness of formal diagnostic efforts.

- ❖ *From: American Indian & Alaska Native Communities Trauma Informed Care Work Group meeting report. January 30<sup>th</sup> 2009*

# “Toolbox” of Native Teachings



## **People Awakening Protective Factors**

A decade ago, a group of Alaska Native people said they no longer wanted the media and researchers to focus on problems in their communities and how their lives were in peril. Instead, they asked: What are the stories about our people's strengths, hopes, and successes? How do so many Alaska Native people live good lives without abusing alcohol and drugs?

The **People Awakening Project** set about to answer these questions led by an Alaska Native advisory council, their partners at the **Center for Alaska Native Health Research (CANHR)**, and funding from the National Institute on Alcohol Abuse and Alcoholism, of the National Institutes of Health.

Over three hundred people from around the state shared stories of what helped them to stay safe from alcohol and drugs, what helped them to get and stay sober.

Many of the stories shared similarities in protecting people from substance abuse and giving them reasons for life. These protective factors were essential for leading a good life.

The **Qanruyutet**, teachings, for the Qungasvik are based on these protective factors. This section contains a complete list and description.

Each Qanruyutet chapter of the Qungasvik describes a few of the protective factors addressed by the activities. When you develop your own Qanruyutet activities, consider the ways that these activities can promote these protective factors.



# Culture is Prevention



## Yup'ik Language Title

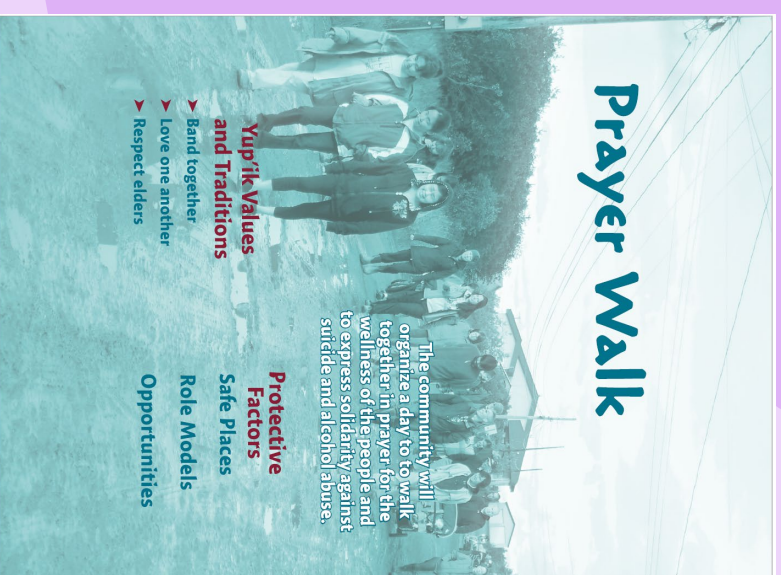
### Create Your Own Teaching

This guide can help you format the teaching that you create for your community.

- ▶ **Yup'ik Title**
  - What is the Yup'ik name for this teaching?
  - Write and record an audio of the title in Yup'ik with the dialect of your community.
- ▶ **Title**
  - What is the English translation of this teaching?
- ▶ **Protective Factors**
  - What are some protective factors that are delivered through this teaching?
- ▶ **Summary**
  - What is this teaching about?

**Protective Factors**  
**Protective Factor Name**

*(These buttons link to the definitions of the Protective Factors.)*



## Prayer Walk


The community will organize a day to to walk together in prayer for the wellness of the people and to express solidarity against suicide and alcohol abuse.

**Protective Factors**  
**Safe Places**  
**Role Models**  
**Opportunities**

**Yup'ik Values and Traditions**

- ▶ Band together
- ▶ Love one another
- ▶ Respect elders

# Yuyaraq – “the Way to be a Human Being”



## The Whole Human Being

*As human beings, each of us must determine for ourselves what life is all about and how we will live it.*

Participants learn about the human being as a spiritual, physical, mental, and emotional being, so they may strengthen each aspect of their being to make good decisions and lead a good life.

**Yup'ik Values and Traditions**

**Protective Factors**

- I Can
- Spirituality
- Sharing and cooperation
- Respect for self, others, nature and land

**Role Model**

## Strong and Sober

*To be of good mind, body, and person*

Share facts, experiences, and ways to be safe around alcohol. Participants can have a positive effect on their friends regarding alcohol.

**Yup'ik Values and Traditions**

- Learning is a lifelong process
- Always be prepared
- Respect every individual without judgment
- Be mindful of the consequences of your decision

**Protective Factors**

- Ellangneq
- I Want to Lead
- I Can

# Each Native Culture has its “Stories of Strength...”

**The Land Provides for Us**

Never angtagaq, or say that you will catch one before going out hunting.

Prepare and go hunting, fishing, or gathering food from the land, sea, and sky.

**Protective Factors**

- ▶ Eilangneq
- ▶ We Are Strong
- ▶ Affection/ Praise
- ▶ Being treated as special
- ▶ I Can

**Yup'ik Values and Traditions**

- ▶ Always be prepared.
- ▶ Awareness
- ▶ Safety
- ▶ Carefulness
- ▶ Respect and Generosity
- ▶ Respect and Humility

**Stories of Strength**

The old stories teach a person about themselves and how to relate to their culture and tradition.

Elders, community members, and youth share stories so youth gain awareness that teachings from their ancestors and life experiences are tools to guide them in overcoming challenges in their lives just as their ancestors did for thousands of years.

**Protective Factors**

- ▶ Eilangneq
- ▶ Clear Limits & Expectations
- ▶ Being Treated as special

**Yup'ik Values and Traditions**

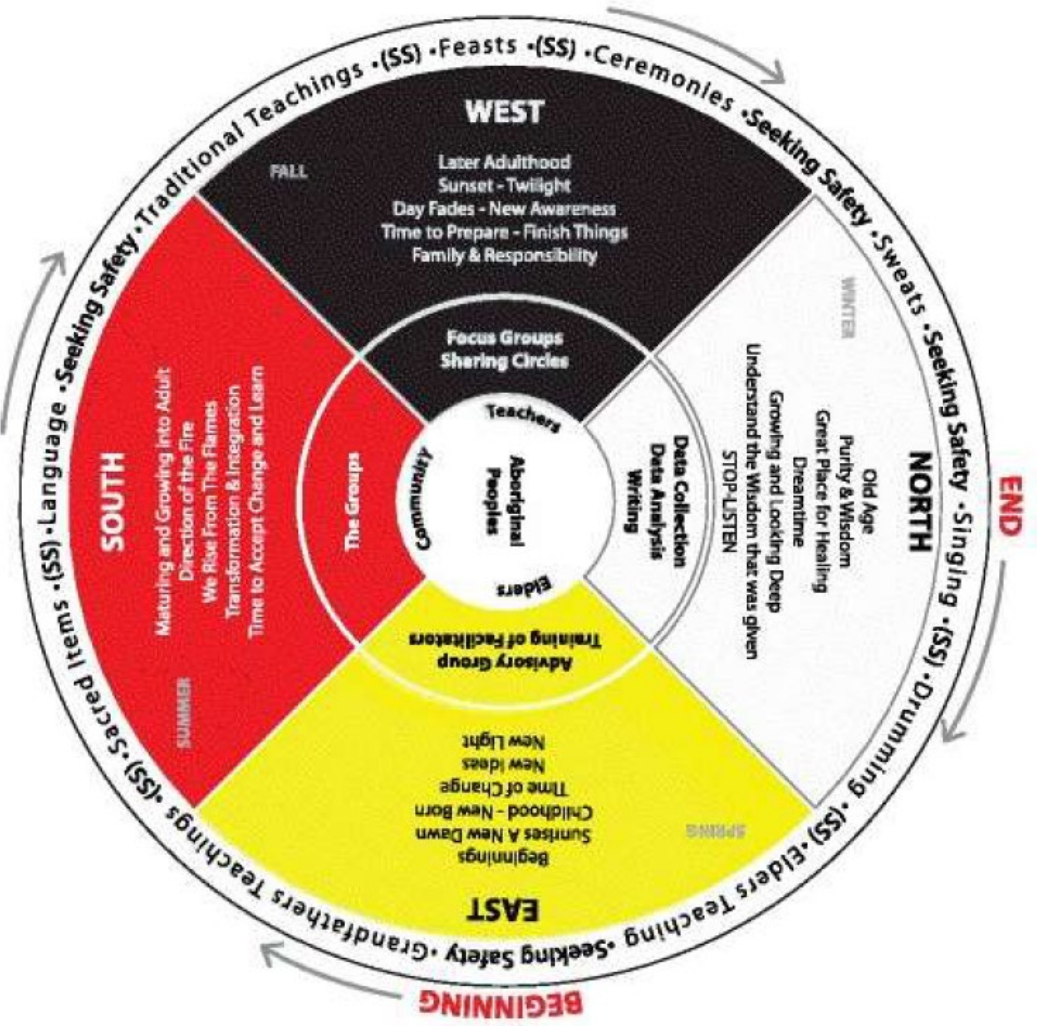
- ▶ Resiliency and ingenuity
- ▶ Cooperative problem solving

...what are **YOURS?**

# Native Medicines

From:  
"Medicine  
Wheels: A  
Mystery in  
Stone

J. Rod Vickers  
Alberta Past  
Vol 3 - 1993



## *Two-Eyed Seeing Blended Approach to Seeking Safety*

**YELLOW – East**  
(Spring)

- ❖ Beginnings
- ❖ New Dawn
- ❖ Sobriety
- ❖ Childhood – rebirth
- ❖ Times of Change
- ❖ New Ideas
- ❖ New light

**RED – South**  
(Summer)

- ❖ **Maturing & growing into adulthood**
- ❖ **Direction from the Flames**
- ❖ **Transformation & integration**
- ❖ **Time to accept change and learn**

**BLACK – West**  
(Fall)

- ❖ **Mature Adulthood**
- ❖ **Sunset – twilight**
- ❖ **Day fades new awareness**
- ❖ **Time to prepare – finish things**
- ❖ **Family and responsibility**

**WHITE – North**  
(Winter)

- ❖ Old age
- ❖ Purity and wisdom
- ❖ Place for Healing
- ❖ Dreamtime
- ❖ Growing & looking deep
- ❖ Understand the Wisdom that was given
- ❖ **STOP - LISTEN**

offer: “Medicine Wheels:

A Mystery in Stone” –

J Rod Vickers (1993)

# Ceremony Restores Balance



**Social Being**  
*(distress tolerance)*

**Cognitive Being**  
*(re-structuring my  
experience without  
judgment)*

**Spiritual Being**  
*(meditation; moving  
toward my valued ends)*



**Physical Being**  
*(I had trauma...  
it doesn't have ME)*



**Emotional Being**  
*(relaxation and  
self-regulation)*





So this is where ancient art meets ancient Wisdom! Kintsugi – “golden seams” – joining broken shards of trauma with the Spirit and strength of Native Culture and resilience. The beauty is in the broken places... a rebirth of healing and wholeness which hold the brokenness of trauma together, stronger than it ever was. This is the TRUE essence of trauma-responsive care... helping our patients use Culture and the strength of Spirit to mend their broken lives!



So our main job as clinicians is to hold open the door of possibility, and guide our patients through to a life worth living! After all, isn't that why you do this work?

*You want to be the difference that **MAKES** a difference in the lives of the people you serve. And that, my friends, is work worth doing!*





*And the reward for all the work you do...*



The last starfish!



And happy puppies!

*Thank you...  
...for bringing hope,  
help and healing  
to the people  
you serve!*





## How was my talk?

Take 2 mins to share your feedback and get a freebie!

Scan this QR Code or go to **talk.ac/mikebricker**




enter code when prompted:

RELAX


### Let's Stay In Touch!

 brickermike

 pub/michael-g-bricker/17/a76/a71

 mike.bricker@stemsinstitute.org

Feedback 98% complete for  
**Mike Bricker**



**Hi! 🙌 Thanks for your time!**  
We promise this will be quick!


RELAX

yourname@carrier.com

Yes, please keep me updated on news about Mike

**Let's Go!**

Feedback 100% complete for  
**Mike Bricker**



All Done! Thank you so much!

**Get Your Freebie**

**Let's stay in touch!**

@brickermike  
michael-g-bricker-a71a7617/



<https://www.youtube.com/watch?v=bfnBWWVAJcg>

**PUTTING IT ALL TOGETHER -**  
*Breathwork, Relaxation,  
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The youtube video and  
Relaxation/Anchoring script are  
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# *Promoting dual recovery since 1984*

**Michael G. Bricker MS, CADC-II, NCAC-2, LPC**

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3459 Timberline Drive  
Eugene OR 97405

Phone: (541) 246-8053

Email: [mbricker6421@gmail.com](mailto:mbricker6421@gmail.com)



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