

Katherine Nulicek ([00:15](#)):

Today, I'm joined in conversation by Steve Carlson, Steve, initially gravitated to the field of psychology to deepen his understanding of himself and his family system. During his career, Steve has worked with children, adjudicated teenagers, people in crisis and couples as a marriage counselor, but he favors this time working with individuals navigating shelterlessness, mental illness, and substance use disorders. Currently Steve works as a trainer at the Center for Practice Transformation at the University of Minnesota. His mission is to support other human service professionals in developing their skills and capacity to be fully present with clients who are working towards liberation from whatever prevents them from leading authentic and full lives. So thank you for joining me in this conversation today, Steve.

Steve Carlson ([01:05](#)):

Hey, it's good to be here.

Katherine Nulicek ([01:06](#)):

So for folks who are listening, who are unfamiliar with the Center for Practice Transformation, can you provide a little bit of background about what happens at the center?

Steve Carlson ([01:15](#)):

Oh five or six years ago, the state really wanted a center for training and research and mental health and substance use. As we've begun to integrate the care for people with serious mental illness and substance use disorders, we realized that we really needed a center of training and research. So we got started about five or six years ago. With that in mind,

Katherine ([01:37](#)):

You have experience working, collaborating with , which is the Center for Advanced Studies in Child Welfare. And I'm wondering if you could speak a little bit about your experience working with folks at the center and also your experience working with child welfare.

Steve Carlson ([01:54](#)):

We decided, or CASCW decided that they really wanted to bring information about recovery from mental illness and substance use disorders within child protective services. A good 30 or 40% of people whose kids go on into foster care, is a result of parents who have opioid addictions and other problems around substance use and mental illness, and really wanted the child protective workers to get a background and understanding the tremendous impact of these disorders on them and to learn a recovery model of growth and change and transformation for the people they work with so they can get their kids back and, and raise healthy kids.

Katherine ([02:46](#)):

And can you describe a little bit of your role in that work?

Steve Carlson ([02:50](#)):

Yeah, for the past few years, along with Korina, we have found counties who are willing to host a series of trainings that include understanding the stages of change, stages of treatment that people with substance use disorders go through around a recovery model that supports people in finding a meaningful life apart from their their substance use problem or their mental illness. And we focus in a

bit on how to support somebody in getting the help that they need. And so we've been a few years now where we go out and it's, we provide a series of trainings around those topics around, around in the counties, in Minnesota,

Katherine ([03:44](#)):

The scope of your practice is pretty fantastic. You do a lot of work with within co-occurrence and with varying populations of people. And the topic of this conversation today is about person-centered practice. And when I think of person-centered, I usually think about language. And that's the practice that we talk about. So for instance, an example that might be relevant to child welfare is rather than labeling someone as an unfit parent, you would describe them centering the person first. So an example would be a person who has barriers to successful parenting. I'm wondering if we can extend how we think about person-centered language into person-centered practice. How, what are the ways in which we can be person-centered beyond just the use of person-centered language?

Steve Carlson ([04:46](#)):

Good question. I think it begins, as you said, the words being person-centered, we focus on that person and that as a person, as a human and somebody that is seen by us, I think in our work in mental health and substance use and in child protective services, sometimes it's hard just to see the person in front of us because we're so focused in on the challenges around protecting children and this person who is struggling in life with a substance use disorder or mental illness. This, it starts with seeing them. I think as humans, we want to be seen, we want to have somebody that has some compassion and seeks to understand our life situation. And so to me, person-centered, we start with seeing that person. As humans, one of our greatest needs is a sense of belonging and to be connected to others.

Steve Carlson ([05:48](#)):

And I think when we start with that, with the sense of seeing this person as an individual, as somebody who doesn't want to be in the situation that they're in, they're struggling in their situation. It really begins there. From there it goes to the centered part, I think as practitioners or as people working in child protective services, we have to keep ourselves centered ourselves. And to begin coming from a place of our own strength, of our own self care, of our own self compassion. And so being centered with someone who's struggling, provides a sense of presence with somebody. And so it becomes a sense of that person-centered care. We are focused on them and their needs at the same time, we're focused on protecting children.

Katherine ([06:48](#)):

Yeah. And it seems like there's a balance that you strike in doing that work. And I'm wondering you speak to being centered yourself as a clinician, and I'm wondering if you can describe what you do to stay centered.

Steve Carlson ([07:05](#)):

Yeah. Three things actually, glad you asked that because, three things, one is before I ever meet with someone, I set an intention for what do I want to bring from myself to be with that person? And I set an intention on my way if I'm driving, or if I am in my office, I'll set an intention for, I am going to be present here. And so it starts with setting an intention. Secondly, to pay attention, I am going to be, I am going to attend to this person and seeking first to understand them. And then hopefully they will want to understand where I'm coming from as well. It's a, quality of listening to understand and not so much

listening to respond. Listening to understand is much more, u pro uh, the first thing that we do listen to, to understand, and then, and then how we're going to respond. So it's setting an intention to pay attention and finally, attitude to have a particular attitude of curiosity, an attitude of kindness, an attitude of acceptance. I may not like the behavior that has happened at all. I might feel very defensive towards children or protective of children, but I want to be, extend that person-centered kindness to the person that I'm meeting with. So intention, attention, and attitude.

Katherine ([08:37](#)):

How do you hold, how do you hold both? Because I think the experience of feeling protective of children is inherent to all of us. As clinicians we, you know, we operate within the context of ethics that are regulated by a board. How do you navigate that duality of recognizing that there are certain things, there's a certain scope with which we have to operate within. And that generally people, there's like this assumption that people are inherently good and they don't want to do harm. Their circumstances might be manifesting something.

Steve Carlson ([09:20](#)):

It's a great question. You know, as you identified earlier, I worked for many years with people that live homeless. And I remember having this moral dilemma when someone would come to me who needed shelter and I couldn't provide shelter, there wasn't bed space for them. And this moral dilemma of, I needed to say, I'm sorry, we don't have a bed for you. You have to sleep outside again tonight. There was this horrible dilemma around what do I do with this bind that I find myself. I think for child protective workers, the bind of providing support to someone who is struggling with significant life difficulties and protecting their children is a moral dilemma that can only be solved by an integration of not, it's not even a balance. I am integrating an ability to be compassionate in the midst of violence or what I, you know, violent acts that have occurred or neglectful behavior.

Steve Carlson ([10:32](#)):

I am able to be present to both the protection of the child and the compassion towards this person. But it has takes us out of dualistic thinking, dualistic thinking would say that there's somebody good and there's somebody bad, or there's somebody, right, there's somebody wrong. These situations are so messy and so integrated. And so.

Katherine ([10:53](#)):

Complicated and nuanced.

Steve Carlson ([10:57](#)):

Yes, yes. That it takes, it takes an incredible ability on our own part. And child protective workers that I've seen that have been in the field a long time have learned it. People burn out pretty quickly in this field. Two, three, four years is oftentimes a standard stay within working in child protective services. The only ones I've seen that have been able to get through that have either become so burned out and so tired that they just start doing their job in an encapsulated way, or they've learned how to be able to integrate both compassion for the parent and protection for the child. Which is a whole new way of talking about being person-centered in our work we're being person-centered toward the parent.

Steve Carlson ([11:50](#)):

And we're being person-centered towards the child in accepting both where they're at, doing everything we can do and need to do to protect the child while being compassionate towards, and setting limits doesn't mean we don't set limits. We speak the truth. We have to speak, what is true, this is what's going to happen. Your child will be taken away for a period of time. We will work together to be able to figure out how you can, you know, work on this stuff you need to work on through treatment or whatever it is it's going to be whatever the judge says. And we're going to figure out both of these things.

Katherine ([12:29](#)):

Well, I think even the way you described that work feels like more of a collaboration than a power differential. It's not exacerbating that power differential of I have all of the control over what happens in this really tenuous situation. That feels really stressful. And like, we're going to work on trying to come to a solution that serves everybody.

Steve Carlson ([12:53](#)):

I think when as child protective workers go into a situation, if they find themselves in a power struggle, is learning how to roll with that resistance, sort of that motivational interviewing language around collaboration. It really ought to be more of a dance than a wrestling match. I realized setting limits with people can feel like a wrestling match, but if I'm not emotionally in that wrestling match, I'm simply setting boundaries. This is what has to happen, it's what the judge ordered. This is what we need to do, and I'm going to still work with you. And of course the person's going to be defensive. They can be mad. They're going to be, but we can still stay present to that in a person-centered way, still attuned to the spirit inside of them that wants to get their child back. That wants to return things back to a healthy way of living and where they can nurture and take care of their child.

Katherine ([13:48](#)):

I guess I'm curious in all of your years of working, you've probably encountered people who do person-centered practice really well and others who don't. And I guess I'm curious what has brought you to this point? What have you done personally to sort of get to the place where you can hold that duality in a way that's nourishing and permits you to keep doing this work long-term?

Steve Carlson ([14:13](#)):

I went into this field really to fix my own family and figure myself out. My graduate research was on, do those of us in this helping profession, do we need to pursue our own therapy in order to be good counselors or good caregivers or good human service providers? And the overwhelming evidence came from people that had done their own work said, yes, it's really, we've got to do our own work. I think having a commitment to personal growth and transformation is really the way that it happens. You know, when I first when I graduated with my doctorate, they had taught me really well, how to look like I cared, like, looked like I was listening and I had it all down and lean 60% forward and nodding all the minimal encouragers. Oh yeah. Oh yeah. I know about how hard that is for you. And I learned all the right words, but literally took me five years to become a regular human being once again, where I could be more genuine and authentic. I think being on a personal growth path is, makes us good human beings, which makes us good counselors. I mean, there's a lot of skill needed as well. A lot of tools that are very important,

Katherine ([15:42](#)):

But the tools in tandem with that authenticity.

Steve Carlson ([15:44](#)):

Yeah, yeah, that's right. Yeah.

Katherine ([15:46](#)):

That's where real connection happens.

Steve Carlson ([15:48](#)):

And I think learning from people that live in the, in the, in the sort of the bottom of, of our success ladders in our society, people that live homeless with serious mental illness, they taught me a lot of lessons about how to be real, how to be genuine, how to not to have a lot of pretense or.. So they were my teachers.

Katherine ([16:09](#)):

If you encountered a worker who wanted to do that personal growth, what advice or suggestions would you have for them?

Steve Carlson ([16:20](#)):

Well, the first thing is simply to have an awareness that that's what I want to do and set an intention and a plan, or an intention to be about growing. And with that is simply learning to observe oneself, observe my reactivity and to become conscious of my own reactions because they happen all the time. Maybe in a staff meeting, you react to a coworker that you don't like very much, this is an opportunity to be able to explore your own reaction to it. And so it really begins there, is doing that. And then of course, if you have some kind of a meditative practice, some way where you can just be present to yourself to be quiet and to have periods of quiet and solitude, and meditation is very helpful to learn, to get in touch with this crazy jungle mind that jumps from topic to topic, to topic so fast, it's hard to be present to our clients in fullness. If we can't really be present to our own thoughts and our own emotions as they arise. Certainly psychotherapy can be very helpful. We all know from the ACEs study that 67% of us have at least an ACE score of an adverse childhood experience of one. And that has been a, uh, something that's contributed to our, our own way of being in the world. So being able to explore our own histories

Katherine ([17:50](#)):

With that curiosity, extending that curiosity to ourselves.

Steve Carlson ([17:54](#)):

Yeah. The inner observer, the inner witness, the part of us that can observe those things

Katherine ([17:59](#)):

Hmm. Embodying this ethos of being person-centered, you know, extends beyond language. What you're talking about is like a personal philosophy, almost like how you show up in the world transcends language is how it sounds. You're talking about this philosophy that shows up in, on, on a deeper level than just through communication. If people are unable to tap into that sort of person-centered ethos, what's the potential harm that could happen.

Steve Carlson ([18:29](#)):

Psychodynamic psychology describes it as transference and countertransference. You know, we have a reaction to somebody in the child protective work. For example, somebody reminds us maybe unconsciously of our, a parent or a teacher that shamed us in class or a student were bullied or something. If we are reminded of that, we act that way. My father was an alcoholic. And I remember as a therapist, many years ago, one of the first families I met with the dad was an alcoholic. And the mom came in and two kids and the father was a closet alcoholic, just like my dad was. And I remember having a hard time collaboratively having a discussion about this man's drinking because I was bringing my own projections into the session. And it was helpful for me to see that and get supervision around that to say, Oh, you know, this is a reenactment of my own history.

Steve Carlson ([19:33](#)):

And so I think to be truly person-centered, we have to be aware of our own reactions and our own reenactment. In part, because, you know, we know from trauma-informed care that the reenactment of a persecutor, a victim and a rescuer, this triangle that happens, we can easily become involved in that in child protective services, where we are trying to rescue a child and persecuting a parent, and they're feeling then victimized by us. We want to be able to stay outside of that triangle. And I think if we aren't practicing this ethos of being person-centered and being able to do that genuinely, I mean, we can look like we're person-centered. We can have all the tools. And of course, in person-centered thinking and practice and planning, there's lots of tools that can be used, but if it's not genuine, our clients will know it and they won't trust us. And trust is crucial. Our clients have to know that we're there both to protect their child and to support them in their recovery. They have to know that and change transformation requires an absolutely safe environment, or we tend not to change very much.

Katherine Nulicek ([20:54](#)):

Yeah.

Steve Carlson ([20:56](#)):

It's safety for the child as well as safety for the parent. Both.

Katherine Nulicek ([21:00](#)):

Yeah. And I think there's, there's a literal idea of safety, but then there's also creating contexts that are safe despite intergenerational trauma and this experience of a history of trauma that exists. So, you know, yeah there's actual literal safety, but beyond that, creating safe environments that recognize that there's a history of trauma that exists.

Steve Carlson ([21:24](#)):

Right. Well there's really four kinds of safety. We're talking about the physical safety, but we're talking about social safety in that relationship with our client, we're talking about psychological safety, where the parent is able to keep themselves safe and be able to speak what is true for them. And then moral safety, which we brought up around this moral dilemma about how do we protect the child as well as support somebody in their recovery. I mean, there's that moral safety where, you know, we want to be able to practice that ourselves.

Katherine Nulicek ([21:52](#)):

So for workers who listened to this and feel moved to want to do that interpersonal insight building work, can you point those individuals to resources that you have found to be helpful?

Steve Carlson ([22:09](#)):

You know, you could probably begin by reading Brene' Brown. She has a number of Ted Talks and conversations. I think Brene' Brown is really a spokesperson right now for being able to be vulnerable with ourselves and learning how to do that with each other in our relationships. She is able to describe really well her own vulnerability. And she does so in a humorous way. Because, it's, it's good we can laugh at ourselves. You know, at our own sort of funny ways of being in the world and our own failures. I was with my two first grade grandkids three weekends ago, and everything was going so smooth. I thought I'm just the greatest grandfather in the world. They're all getting along well by Sunday, they were at each other. And I remember a moment when I was cleaning up

Steve Carlson ([22:57](#)):

my grandson's throw up from the night before that I lost it with him. You know, it was just like, you know, they were fighting over a toy gun that I'd given them, you know, it was a Nerf gun. My granddaughter had bit it and broke one of the bullets and he was complaining. They were out, I literally lost, it says, give me the F'in gun. I said to him, and literally said that to my grandkids. I'm like, Oh my God, did I just say that to my grandkids? Now it's kinda, you know, it's like, you know, it gave us a chance to kind of work it through. We began to practice some of our, you know, emotional conversations around how to deal with conflict, but you gotta be able to laugh at ourselves and be, be vulnerable and be able to say, you know, I make a lot of mistakes.

Katherine Nulicek ([23:41](#)):

Yeah. Be human.

Steve Carlson ([23:44](#)):

I think, you know, they probably call it human centered-practice as well as person-centered. It might even be add a little bit of the sense of humanity and that we are all human, which means we're all flawed.

Katherine Nulicek ([23:56](#)):

Steve, it's been a total joy talking to you, and I'm so grateful for your willingness to have this conversation.

Steve Carlson ([24:03](#)):

I enjoyed it myself very much. So thanks Katie for inviting me in.

Katherine Nulicek ([24:07](#)):

Thank you for all of your insight and your wisdom on this topic of being person-centered.

Speaker 3 ([24:14](#)):

This podcast was supported in part by a grant from the Minnesota Department of Human Services, Children and Family Services Division.