



## **EELAC Presentation:**

# **Healing Centered Restorative Engagement for Southeast Michigan**

**Thursday, February 29<sup>th</sup>, 2024: Noon – 1:30 pm**

Dr. Jessica K. Camp, PhD, LCSW, CAADC

Dr. Tracy S. Hall, PhD, MPA

# Agenda

- **Who We Are**
- **Part I: Theoretical Perspectives**
  - Global Context
  - Trauma and Disconnection
- **Part II: Practices**
  - A Philosophical Shift is Necessary
  - HCRE Principles and Approach
- **Part III: Applications**
  - Sectors
  - SE MI Applications
- **Wrap-Up**



# CoFounder & Epistemological\* Navigator



**Jess K. Camp (she/her)**

**PhD, LMSW, CAADC, ACTP-E**

## **Professional**

- 20+ Years in Social Work in Wayne County
- Started as an Adult Mental Health and Substance Use recovery therapist in Community Mental Health
- Committed to improving inclusion and equity in employment and higher education.
- Poverty researcher examining intersecting inequities by race, gender, and disability.

## **Personal**

- Survivor of complex childhood trauma.
- Mental health recovery.
- Family history of mental health disorders.



\*Epistemology: a branch of philosophy that investigates the origin, nature, methods, and limits of human knowledge.

# CoFounder & Ontological\* Guide

**Tracy S. Hall (she/her)**

**PhD, MPA**

## **Professional**

- 20 years in Washington, DC-based legislative, executive branch, and government relations public service.
- 10 years in Greater Detroit human services and workforce development.
- 12+ years as UM-Dearborn faculty member and academic administrator.
- 10+ years creating and implementing Healing Centered Restorative Engagement with underserved populations.

## **Personal**

- Multi-racial family; survivor of adult trauma.
- Decades of public service, teaching, and coaching experience.
- Passion for creating theoretical and practical alternative administrative practices; pathways out of poverty; and connecting people to opportunity!



\*One who studies the branch of metaphysics dealing with the nature of being!



# Part I

- **Theoretical Perspectives**
  - Global Context
  - Trauma and Disconnection





adapted from: *Dilemmas in a General Theory of Planning*  
Horst W.J. Rittel and Melvin M. Webber (*Policy Sciences*, June 1973)



# Trauma is Common, We are ALL Impacted



## Societal Trauma

- Racism, sexism, ablism...
- Intergenerational Societal Trauma, Racial Capitalism, History of Slavery
- Pandemic
- War/ Genocide/ Terrorist Attack

## Community Trauma

- Gun violence, school shooting
- Poverty, Redlining, Segregation...etc.
- Lack of equitable opportunities, access to good jobs

## Interpersonal Trauma

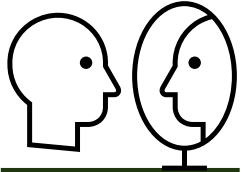
- Abuse, Neglect
- Domestic Violence
- Secondary Trauma
- Intergenerational Family Trauma

## Personal Trauma and Toxic Stress

- Severe or prolonged illness
- Accident
- Pain
- Experiencing racism, sexism, ablism, discrimination, etc.

# Trauma is Disconnection

## Self



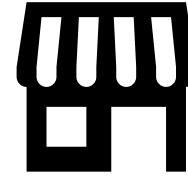
- Weakened personal sense of self
- Struggles with decision-making
- Learning challenges
- Diminished mental and physical health
- Difficulty finding purpose and meaning in life
- Less overall joy and happiness
- Fractured spiritual and religious bonds

## Relationships



- Inability to trust
- Diminished friendships, openness, connection to others
- Sluggish maintenance of important networking connections
- More tenuous employability
- Less likeability and reliability due to disengagement

## Organizations



- Struggle to use resources where most needed
- Not meeting mission, vision, values, or goals
- High turn over
- Lack of resources to address problems
- Work occurs in silos, not collectively

## Community

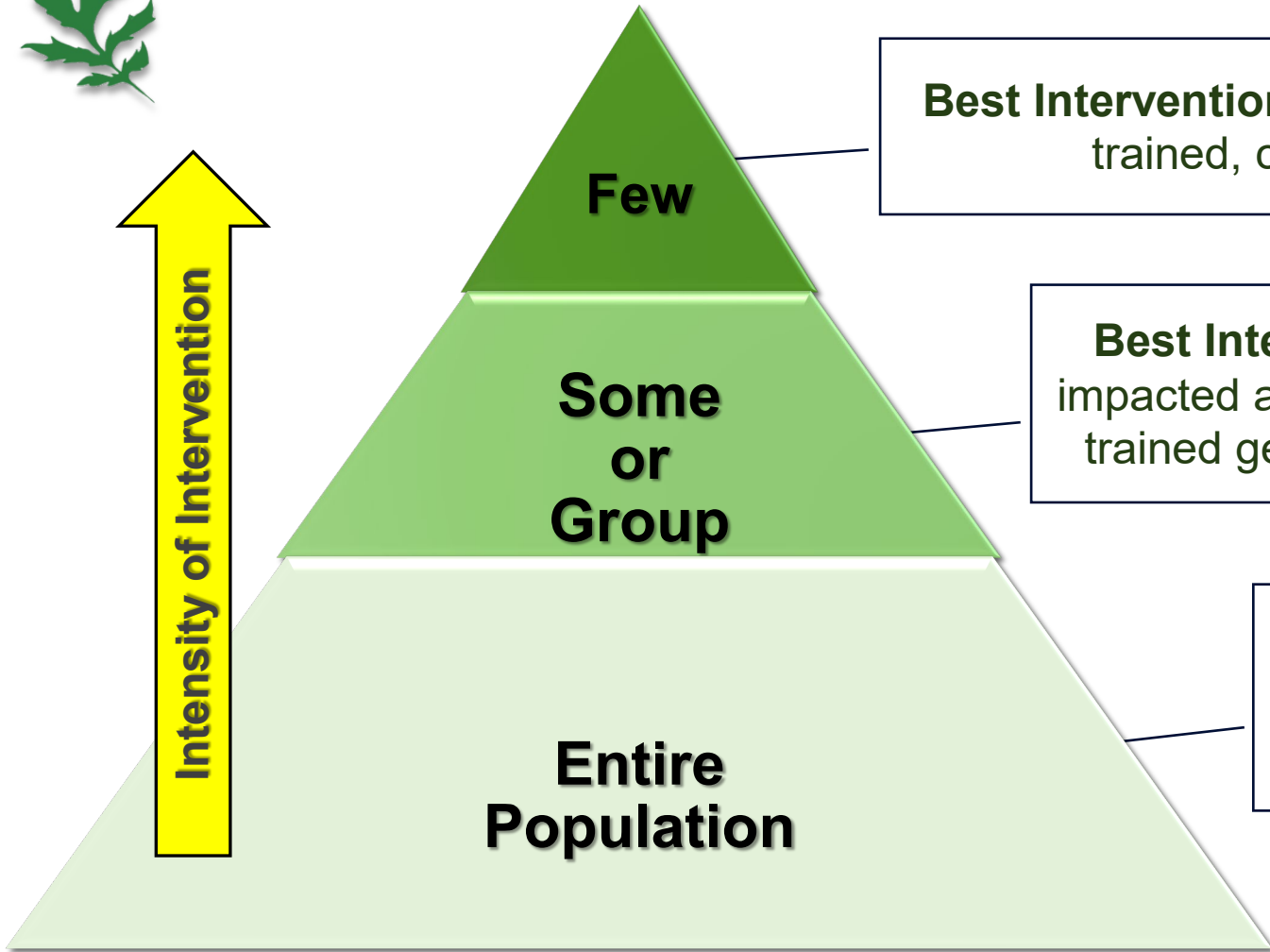


- Fewer resources distributed inequitably
- Poverty, segregation, lack of equitable job and educational opportunities
- Fewer pathways to well-being, greater pathways to disconnection





# Effective Resource Allocation



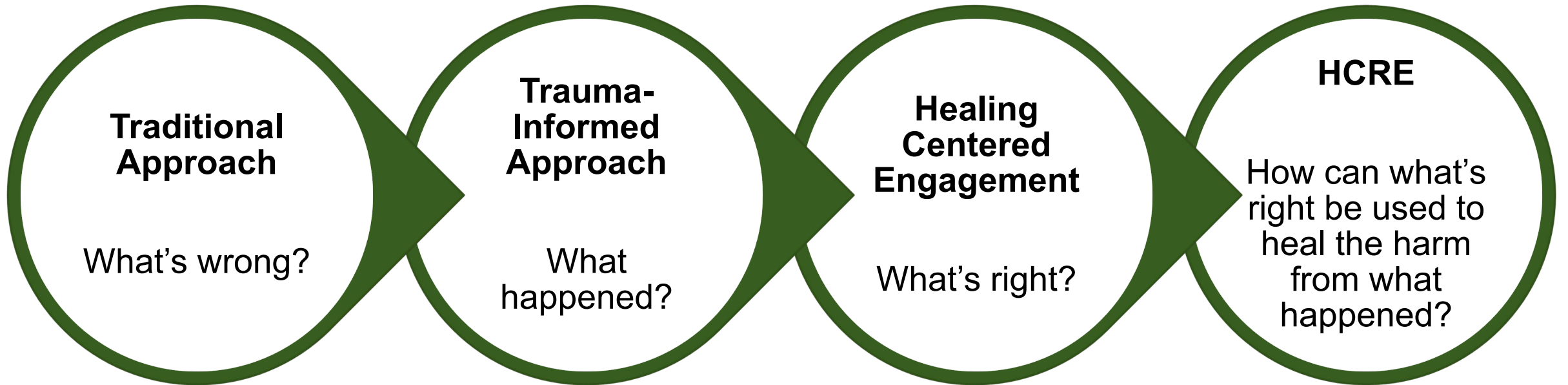
**Best Intervention:** 1:1 Treatment provided almost entirely by highly trained, clinical experts (doctors, therapists ... etc.).

**Best Intervention:** Equal combination of treatment for those impacted and prevention to eliminate future spread. Experts and trained generalist professionals are both needed to intervene.

**Best Intervention:** Prevention first interventions must be prioritized! Not enough resources to treat entire population. Every person has a valuable role in reducing spread.

Modified from Response to Intervention (RTI) Three-tier model and the Positive Behavior Interventions and Support (PBIS) Three-Tiered Logic created by the U.S. Department of Education.  
Abrams, G. Community health and its determinants. Presented at the IIRP Summer Symposium on 7-8-19.  
Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health, 100(4)*, 590-595.

# Moving the Question



# Part I: Question Prompts & Discussion

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- ✓ Does the preceding information resonate with you?
- ✓ Are these also concerns of yours?
- ✓ If so, how are these issues impacting your self, family, organization, network?
- ✓ Do you believe current practices can respond to wicked problems and concerns?



# Part II: Practices

- A Necessary Philosophical Shift
- HCRE Principles and Approach



# A Necessary Philosophical Shift

## Traditional – where we've been; it's not working!

- Relationships are transactional/instrumental
- Privileges rationality/objectivity
- Science defines, explains and categorizes
- Moral authority is codified in the law and is applied
- Focus on steadily improving the way life is lived
- Action is methodical, scientific, privileged, expert
- Positivist science
- Reinvent government

## Alternative – where we're going!

- Relationships are transformational
- Privileges arationality/subjectivity/critical thinking
- Human experience and inner knowledge explain
- Moral authority is a product of context and discourse
- Engage in a process orientation to life; here and now
- Action is tentative, pragmatic, practical, experimental
- Pragmatic action/social constructivist
- Reconceptualize government



# HCRE's Nine Core Principles

1. Belonging,  
Inclusion,  
Accessibility

2. Strengths-  
based

3. Connection  
and Relationship

4. Preventative  
and Proactive

5. Process First  
to Solve  
Problems

6.  
Transformational


7. Power  
Sharing, Equity-  
Focused

8.  
Interdependent

9. Ongoing  
Reflection and  
Evaluation



# Healing Centered Restorative Engagement: Our Approach

- Underlying premise  experiences of trauma and toxic stress are multifaceted and occur throughout the social-ecological system
- To create healing, human service systems need to disrupt toxic stress cycles and recenter them on healing
- Leans into best practices from multiple evidence-based models
- An inclusive, non-prescriptive, set of practices philosophically grounded in an alternative public administration approach to organizational life



# Part III: Applications

- Sectors

- SE MI Applications





# Sectors/Arenas in which Healing Centered Restorative Engagement Has Been Applied



- Higher education
- Mental health & substance abuse
- Returning citizen re-entry and jail diversion
- Workforce development
- Nonprofit and human service agencies
- State and municipal government
- Community service and volunteerism
- For profit and entrepreneurial systems

# Regional HCRE Applications

- 1. Detroit @ Work – All Adult and Youth Serving Sites**
- 2. SER Metro-Detroit/Youth Division**
- 3. Michigan Association of Reentry Supports**
- 4. Dearborn Courts – Jail Diversion Programs**
- 5. Entrepreneurism – Intermediary Service Organizations**



# Part III: Discussion Prompts

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- ❑ What does the preceding content mean for EELAC's environment?
- ❑ What is needed to get there?



# Contact Information

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CoFounder & Ontological Guide

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