Understanding Trauma-Informed Care-20260514_150032UTC-Meeting Recording

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2h 0m 23s

Simon-Ulysse, Phanide 0:05

Good morning, everyone, and welcome to MBHP webinar, Understanding Trauma-Informed Care, in partnership with the Justice Resource Institute. We're so glad you could join us today. Before we get started, just a few quick notes. You're currently in listen-only mode with your mic muted and camera off.

We'll bring everyone out of listening only mode during the Q&A, and you'll have the option to turn your camera on then. Please use the chat to share questions as they come up. Live captions are available in your meeting controls, and today's session is being recorded. CEUs are available for eligible disciplines.

To receive credit, please plan to stay for the full session and complete the evaluation survey we'll share at the end. With that, I'll turn it over to Tiffany to get us started. Tiffany, the floor is yours.

MH

Mcduffus, Heather 0:59

Um, Funny, just one quick, they don't see the, they're not seeing the deck.

Mm.

For some reason, their view is a blank screen.

I can.

TN

Tiffany Naste 1:12

All right, let me, I'm going to try to re-share it and we'll see if this pops up.

Okay, can everybody see?

MH

Mcduffus, Heather 1:23

Yeah, yeah, yeah, people are seeing it now. OK.

TN

Tiffany Naste 1:23

The slides.

Oh, I see, I see emojis. Fantastic. Great. Great. Thanks. Hi, everyone. I really appreciate you taking the time to be here today for this conversation. My name is Tiffany Naste.

I'm A licensed clinical social worker at JRI, where I spend most of my time training. I provide clinical support supervision.
and I facilitate our agency's clinical review team. Much of my work has been really grounded in trauma-informed care and the ARC framework, and both in how we support our clients, but also how we support staff at our programs and our agency.
And then outside of JRI, I also do
ARC trainings nationally, and I have a small private practice as well where I see young adults and offer trauma-informed supervision. So given everything that is going on in our world right now, this conversation feels especially important. So I'm really glad and excited to be here with all of you today.
And today we're going to talk about trauma-informed care and understanding trauma-informed care, but not just as a concept. We're going to try to focus on what it actually looks like in your day-to-day work, whether you are someone who directly works with individuals, whether
You're someone who's supervising A-team, or you might be someone at your organization who is making system level decisions. Regardless of what your role is, this framework applies and is really important.
And so throughout our time today, I would also invite you to just think about how all of the things we're going to discuss show up in your specific roles. And this is really about being more intentional and purposeful in how we respond to people and to each other.
And so before we dive in, I think it's always helpful to ground us in why this matters. And so I know at ABAMBHP and at JRI, this work really is about health equity. And that is more than just access to care. It's about
feeling safe and respected when people walk into our programs and trusting us enough to engage in services. And what trauma-informed care helps us to do is to reduce re-traumatization and helps us build trust through consistency and transparency
and to work to understand behavior through a different lens. And so I think as we talk and start discussing these topics, I also wanted to just set the frame for what our time together will look like today. We'll start by just having a shared definition of what trauma is, what trauma-informed care is,
And then we'll talk about the impact that that has on our body and our brain. We'll discuss behavior as an adaptation to some of these experiences. And then we'll wrap up our time together talking about how this work impacts us directly. And so

My hope is that by the end of our time together, we'll connect some of these dots. And throughout the day today, I'm also going to hope to bring this back to what this actually looks like in practice. Because I'm sure many of you in this room have had trainings, have information on trauma, what it is, what it looks like.
but really sort of thinking about how this applies to our day-to-day and our work.
So let's just start with a shared understanding of what trauma is. When we talk about trauma, we're not just talking about events. We're talking about the impact. And so with psychological trauma, this is an experience or a set of experiences
that overwhelms one's biological ability to be able to cope. And remember too, and I'm sure we can reflect on some of our own experiences, we can have two people that can be in the same situation or experience the same thing.

Simon-Ulysse, Phanide 5:35
Okay.

TN

Tiffany Naste 5:51
but respond very differently. Right? And so for us, we want to make sure that we're not making assumptions, but rather staying curious about what it is that we're seeing.
And trauma is not something that's experienced in isolation. It's shaped by identity. It's shaped by access to resources, systemic inequities, and just sort of the cultural context in which people live, communities, larger systems.
And trauma really is about what happens inside the person, not just about what's happened to them. And I feel like I always talk about this in the sense of it's not necessarily the event, it's the person's perception of that event.
on their system, which we'll talk more about in a little bit. And it also doesn't just show up in one way. Trauma can show up in a number of different forms. And I wanted to ground us too in that there are different types of trauma that individuals might experience.
There's acute trauma, which tends to be a single incident. So this might be something like a car accident or a natural disaster, a sexual assault.

Simon-Ulysse, Phanide 7:05
Yes.

Tiffany Naste 7:16
And then we have chronic stress. And this is ongoing adversity, ongoing pressures like work or stressors about finances, caring for a sick family member for a prolonged amount of time.

Simon-Ulysse, Phanide 7:32
I.

Tiffany Naste 7:35
And then we have complex trauma. I think about this as developmental trauma, which is repeated experiences over time and over the course of development. And this would be things like experiences of childhood abuse and neglect or exposure to domestic violence.
community violence, exposure to parental substance use. For some of our communities, prolonged exposure to war. And then we think about historical trauma. Historical trauma results from systemic oppression, colonization. I think about capitalism, racism.

Simon-Ulysse, Phanide 8:02
Okay.
And.

Tiffany Naste 8:18
is forced displacement. And for historical trauma, its effects go across generations and tend to impact communities of color, gender diverse communities, and other marginalized groups as well. And that's why we'll talk a little bit later on around why it's important.
important around having cultural awareness in this work because we might have someone who, you know, comes to our programs or is receiving services where when we think about that historical trauma, that has an impact on trust for systems, right? So if folks are coming in,
And maybe there's some disengagement that might be a result of history, right? Not having great experiences, experiencing discrimination, not having access. And we see

too, as an example, chronic stress may impact folks' ability to stay focused or to engage in services.

Simon-Ulysse, Phanide 9:03

The.

TN

Tiffany Naste 9:18

So when someone walks into your space, they're bringing layers of experience with them. And sometimes I think about some of the ancestral pieces and the generational impact as well. All of that is coming with them. So trauma really is about impact. And so when we talk about trauma-informed care,

It's really about how we're responding.

So shifting into trauma-informed care, this really is a comprehensive system-wide approach that recognizes, understands, and responds to the pervasive impact of trauma. It's not just about individual interactions.

Some of the questions when we're thinking about trauma-informed care that we want to be asking is, how do we think about our environments and our spaces? How are we communicating? What are ways that we're responding to behavior?

Simon-Ulysse, Phanide 10:17

Oh, yes.

TN

Tiffany Naste 10:24

And this applies everywhere across the board, right? This is what our waiting rooms look like, where our offices are located, front desk interactions, how we run team meetings, our individual sessions with clients, whether they are

in office spaces, whether they're out in the community, whether they're in families' homes. And it also applies to policies and decisions around policies. So it really is about consistency so that people feel safe, they feel respected and understood.

And so there are some core principles that help guide this approach.

And some of you, some of these may look familiar. I did also at the end of the slide deck, there is a link to a SAMHSA resource that is really fabulous, which is a guideline for trauma-informed care. But with trauma-informed care, it looks to realize the widespread impact of trauma.

We know that most people, probably many of us in this room, have also had our own

experiences, right? And that it shows up in a lot of different ways. And this includes not only past experiences, but also ongoing stressors like community violence, like immigration concerns, identity-based harm.
And this feels particularly relevant always, but particularly right now. And then it also looks to recognize how trauma shows up. It doesn't always present in obvious ways. It can show up as behavior. It can show up in ways that people communicate.
or engage with people or services. And it can even look like disengagement sometimes. And so our role in this is really learning to notice some of these patterns without making assumptions, without being judgy, like having judgment around that. And really thinking too, if we're understanding the impact and we're recognizing how this shows up, think about this for your organizations too. Like, do you offer trainings within your organization? Are you, do you have access? If you're in other forms like Are these, have you been trained in the impact of trauma and whatnot? I know all of you are here today, but where and how do we make sure that this information is being disseminated and that we're having access to that?
And it also looks to respond in ways that we integrate this understanding into practice. So once we understand trauma, we can then adjust how we interact. And the hope is that we're shifting from this place of reacting to things.
and slowing down and being more intentional and responsive in how we're responding and why. And so, and this might mean slowing down a little bit, using clear and respectful communication. It might mean
being able to offer choices and focusing on safety. And again, from a larger, maybe macro lens, it also means for those of you who are in positions where you can make decisions, it might also mean taking a step back and looking at
policies and systems at your organization and how some of that applies too. And then lastly, trauma-informed care works to resist re-traumatization. And so this is about being mindful that systems, interactions,
Policies that were.
trying to not have it unintentionally recreate harm. And so there are these six principles here on the left, which help guide us towards being able to be grounded in some of what we just talked about.
And so the first principle is safety. And we know, and think about this for yourselves too, in your own experiences, people need to feel safe, both physically and emotionally, in order to be able to engage. We also look at trustworthiness and transparency.

Trust is built through consistency and follow through, right? We can talk a good game, but if we're not doing what we say and we're not following through on some of those things, that can create distrust. And so even small interactions like explaining our process, you know, when somebody
is coming in and maybe inquiring about services or is taking part in an intake. Part of what we want to do is inform them of what the process will look like. Because if we can be clear and we can be consistent and honest, that helps to reduce anxiety. and helps people feel more in control.
And peer support. I will say I've held a lot of different roles in my career. When I was doing in-home therapy work, my family partners who their role was using their lived experience to connect with caregivers, they were able to connect in a way
that I will not be able to. And so peer support is another principle because connection to people with lived experience can be really powerful and can help reduce isolation, right? Because if you're sitting with someone who
And even though all of our experiences are not the same, when there are connections or when we're with somebody who maybe hold some shared identities or hold some shared experiences, that helps people feel seen and not alone in that experience, which can help
foster and increase hope, which is a big part of what and why I think many of us probably came into this work. And then we have collaboration, which this, the focus here is really moving away from power over someone. And I will acknowledge that As a provider, as somebody providing services, we already come into the therapeutic or working relationship with some power and privilege. And so we need to recognize that. But part of our job is to
shift from power over to working with and alongside folks. And we want to really try to reduce power imbalances wherever possible and really valuing each person's knowledge about their own experience. Because again,
We want people to feel seen that we are alongside folks. We're working with people in this regard. And then there's empowerment, voice and choice. People need opportunities to have control and to be heard. And I always think about one of the hallmarks of trauma
which is folks a lot of times not having a sense of control or losing that sense of control in these experiences. And so where we are able, we want to create opportunities for people to have some choices, right, for their voices to be heard. And in doing that, I do also think that it's important we're recognizing that not

everyone has had equal access, right, or opportunities for their voices to be heard. And so we want to intentionally create spaces to do that. Even small opportunities for that are important.
And then lastly, there's culture, historical, and gender issues. And this is really about cultural awareness. And we want to recognize and respect the impact that identity, culture, and history has around that. And again, thinking about this in your role, if you are someone who provides direct care services,
you might be offering choices to people about where to meet. So if I'm somebody who maybe is doing community-based work, I might ask, are you comfortable meeting in your home or would you prefer to meet in a library or somewhere in the community? So giving folks options for this will be
really crucial. And again, if you're a supervisor, what's going to be important is that you're creating spaces for staff to be able to, you know, share their voice and have some input around that.
And so when this is grounded in equity, trauma-informed care works to center the experiences of those that have most been impacted by systemic harm and works to try to dismantle barriers to safety and healing.
And this is really how we operationalize trauma-informed care. Because again, we could talk about these things all day, but it's really about how are we taking this information and putting it into practice. And we can't talk about all of this without talking about culture and identity.
So I did want to just take a couple minutes to just talk about some cultural considerations within trauma-informed care. And for many people, particularly those who are BIPOC, immigrant, gender diverse, trauma may not just be historical.
right? It might be ongoing and connected to experiences of discrimination, experiences of systemic barriers or threats to identity and safety. So when we think about some of these topics here, one, if we're talking about acknowledging trauma history,
We also want to expand our lens to include those lived experiences and how they might shape trust or engagement in care, how they might shape behavior. So for example, if a client shows up who seems to be hesitant, I feel like
I'm constantly hearing things like, oh, this person is resistant to treatment or this person is resistant to services. In my mind, I'm trying to reframe that. And in my mind, I'm like, huh, like this person might have learned that systems might not have always felt safe. And so this is a protective

measure, right? Especially, I think about this coming up quite a bit right now in our agency around concerns around immigration status or past discrimination. And this can also be true for a staff member who might be guarded in supervision or in staff meetings might be less vocal.
Part of my curiosity is, I wonder what their past experiences in other work environments have been. Have they had experiences where they have not been valued or have not felt safe to express or share? So we want to keep those things in mind.
And this is a little side note, but last month I happened to come across a podcast called Mind Ya Mental, and it's a podcast by Dr. Raquel Martin. And one of the things that she talked about is
She called it the distress funnel. And so it's kind of like a V. And at the top were this idea of systems. So, you know, I think those are things like capitalism, colonization, systems of oppression. And then she talked about structural patterns.
So things that are more connected to like housing segregation, underfunded schools, things like that. And then she talked about community survival patterns, right? Historically, because of some of these things, communities, because we are resilient beings, have
created patterns in an effort to survive. And then you take that down to family adaptation. What are the messages that families communicate? You know, I think about in a world around policing, right? Family adaptations, like messages around how you show up in the world.
I think about some of those things like what do caregivers teach their children, right? Maybe it's about masking in certain environments or how you show up in the world in that way. And then we think about individual behaviors. And these might be things I feel like that are
people go into maybe people pleasing or it might be in like disengagement in certain things. And then at the bottom are symptoms. And what I loved
What she talked about was this idea that the symptoms, which a lot of times in... our work, we're treating symptoms. And what gets missed sometimes if we're only focusing on those systems, which I love that she talked about it in this way of a final expression of a long chain of adaptation, that we miss these other pieces and we miss these other parts that have
influenced what we're seeing. And so healing is really not just about changing the person. It's more about telling the truth about the person's experience and giving

some space for that. And I think about this a lot in our work where
How are we helping people sort of understand like what can be changed? What are things that we have to find tools and strategies to navigate because there are things that are out of our control? And what are things that we might have to spend time grieving about? So I always sort of ground myself
in that regard, especially working, I think, with the BIPOC community, folks who hold other marginalized identities as well. And then thinking about establishing safety through transparency. This also becomes important because as systems may not always feel neutral or safe for everyone,
And so again, this might look like how we're explaining things. So how we're, if we're asking folks questions or we're gathering information from a person, we want to be really clear about why we're asking these questions and what the information will be used for.
and what to expect. Because again, I think that can help reduce uncertainty. It can help reduce anxiety and really helps to engage in that in building that trusting relationship.
And we want to also like, interventions are not a one size fits all. And we want to individualize how we're supporting folks and adapt interventions to meet certain needs and thinking about how kind of culture plays a role in that. And I think a little bit around neurodivergence in this way where
You know, we think about teaching communication skills. And if a youth is avoiding eye contact or direct communication, like we want to think about how they kind of communicate and how we can adjust to be meeting them and be a little bit more flexible and understanding what communication might look like.
And we want to practice cultural humility. And this is really about recognizing that we don't have all the answers. There's no way to have all the answers. And I think there's been this shift too around, like we used to talk about cultural competence, but there's no way that all of us can be competent in all cultures. It's not
possible. But if we're practicing cultural humility, it's accepting. Like we're not going to have all the answers, but we're open to learning from the person who's in front of us. And this might even sound something like if you're sitting with someone, you know, it's asking, can you help me understand what feels most important?
important to you right now, rather than assuming that a person is coming into care and has certain kinds of needs. You want to ask the question. And then finally, this idea of empowerment through choice and control. And I mentioned this a couple of

slides ago, but this again, just
re-centering ourselves, not for everybody, but in particularly marginalized groups. We want to make sure that we're offering choices about what the treatment is, how we're doing that, and have those conversations ahead of time. And also be transparent about the modalities that we use.
or like our mission and our values at our organization and how that shows up in this work. Because that can really, when people are informed around that and people know where we're coming from and we're asking folks about their experiences, that can help restore a sense of agency for a person as well.
And so overall, this is really about applying trauma-informed care in a way that is not just consistent, but is also culturally responsive and is respectful and is grounded in each person's lived experience.
for that. So at the end of each of these sections, I did want to connect this back. And again, everybody in this room, I'm sure, wears different hats and has different roles within your organization. But I just wanted to kind of break things down. So I'm not going to read all of them, but just some examples of what
trauma-informed care could look like in each of your roles. So if you're a clinician, you know, I think what's important is that we're collaborating on treatment goals rather than just writing up a treatment plan and then moving forward. We want to ask folks what feels most important to them right now. And
include their language and their information into our treatment planning, if that's a role that you carry. So before I pause and ask for some questions, I did want to do a quick poll, which truth be told, I couldn't figure out how to do this in teams.
So if we could use the chat, and I love too that folks have been using the reaction if things are resonating with them, keep that going. I love it. But in the chat, I just want you to think about all these things we just spent time talking about in your work setting or even in your own practice.
practice, how well do you feel that trauma-informed care is embedded? And you can either write it down or you can choose A, B, C, or D. Do you feel like it's not at all embedded, kind of embedded, mostly, or fully embedded?
Okay, seeing some C's and D's, seeing some B's around kind of.
I love that I'm seeing mostly. That's great.
That's great.
That's great to see.
have some small practice folks here too.

Ah, great. I love seeing mostly embedded. That's so great.
All right. And so before we move into the impact that trauma has on the brain and body, I did want to pause. I've been trying to keep up with the chat, but I didn't know if there were any questions related to any of this before we move forward. So I'll just give some space if folks can feel free to put questions in the chat or
You can unmute and ask them.
Oh, I saw vicarious trauma. Don't you worry. We will be ending our time together focusing on that because that is very important. So thank you, David, for mentioning that.
Okay.
Yeah, and that's a great point, Nicole, about managed care, not giving a lot of room for trauma-informed care, because there are a lot of restrictions, which is very true. And I think that's where
What I have found helpful is looking at some of those principles of trauma-informed care and thinking about the places where I can bring that in, because there are going to be things that are out of our control around that. And as we know, some of those larger systems, whether that's, you know, I think about some state agencies that are, even though I know many of them are trying to get more training and learning around trauma-informed practices, the systems themselves are traumatized a lot of the time.
And so we're not quite there yet. So I definitely agree that that work still needs to happen. But I think that's where I always come back to, where are the places where I can show up in a trauma-informed way as a baseline. So I appreciate you naming that.
Yes, and Wanda, we will address that when we talk about vicarious trauma. We're going to talk about how for many of us, some of us who have had our own trauma histories or live within communities where ongoing trauma continues to happen, we'll talk about the impact of that on us.
Okay.
Oh, somebody mentioned that, Maria, we're talking about.
working with Spanish speaking patients, the trauma informed care is lacking, right? And I would again come back to what are ways that we can be more trauma informed in our approach. And I know something that
we are trying to do, I know, in our agency is like even just something as simple as, you know, offering resources and things in folks language, but also thinking about

other identities that folks have and ways that we can make sure that we are being trauma informed in that regard.
So, all right, I appreciate everybody's and feel free if folks have questions come up as we're continuing to move forward, feel free to drop them in the chat and we can always circle back to them as well. So thanks, everyone.
All right, so we're going to, some of this might be review. Some of this might be new information. I don't know. Hopefully we can add a different spin to it. But we're going to shift a little bit and talk about what's actually happening in the brain and in the body. And this is important because it helps us understand the why behind what we're seeing.
And to really be able to understand behavior, we need to understand the stress response.
And with that, I will say, like, as human beings, we are resilient. And we are also biologically primed to seek survival. It's how our system is designed. It's how our system is built. And that means that our brains are consistently scanning the environment.
for information and signals of safety or danger. And this isn't a choice. This is how we're wired. And so when the brain detects something in the environment that is threatening, it activates that stress response. And that's normal. That's adaptive. That's our body doing exactly what it was designed to do to keep us alive.
And what we can see, though, is when that stress response has been activated over and over again, what we can see is a breakdown in this adaptation to stress. And so if stress is really overwhelming, or if it's happened over a prolonged amount of time, or if it happens with the lack of adequate support.
Again, we see this breakdown for people. And that's when we move into, you know, shifting away from kind of this normative stress response to something like PTSD, right? Where the brain gets stuck in this survival mode, even when the threat is no longer present. And I think about how adaptive that is, because if
You know, you are someone who, let's say in childhood, experienced domestic violence or a caregiver who might have struggled with substance use, that unpredictability of what caregiver you might get at any given time, what happens is our body gets really good at adapting.
And so if that stress response has been activated a lot, our brain sort of overrides like, okay, we're just always in danger here. So we're just going to be ready. So I think about folks who show up in our programs that are like, just kind of, I think people

sometimes are like,
feels like they're always on the defensive or they're always kind of keeping people arm's length away, that's their body protecting them because that's what it's learned over time. And so we can see folks kind of get stuck in that survival mode, even when relatively things are safe.
So when we see behaviors in people, we can see, right, the hypervigilance, sometimes the withdrawal or increased irritability. Those aren't like character flaws. Those are signs that the system has adapted to and used to survive. And that hasn't been able to, the system hasn't been able to come back to baseline as a result of those experiences. And so keep this in mind as we move into talking about this system a little bit deeper, because we're going to look a little more closely about what the stress response actually looks like in the brain and in the body and how it connects to be.
to the behaviors that we see on a day-to-day basis. And yes, David, the alarm system, absolutely. And this stress response or this alarm system, I always think of it almost as like a chain reaction in that regard. And so it starts with some kind of stressor. And I really want to point you to the language here. It's the perceived threat to survival, right? It doesn't have to be an actual life threatening event. If the brain is perceiving something as dangerous, the body is going to respond to it. And that's really important in our work.
Because sometimes, and I know I've had this experience, where we look at a situation and we think to ourselves, like...
That is, what happened? Like that didn't seem like that big of a deal. But for the person experiencing it, their brain is reading it as threat based on all of the history and everything that they've been through before that moment. And so remember that a person's perception is their reality.
And so, again, once a stressor is detected, the brain and the body activate that alarm system and into that stress response. And so we want to just remember that this is a neurobiological thing, right? It's automatic. The survival system takes over.
and the thinking part of our brain shuts down.
And I always, this is another side tangent, maybe a little bit, but I'm sure folks have seen the hand model where I use my hand as a way to describe both to clients. And sometimes when I'm nerding out about this, I have adolescent clients who roll their eyes at me and I do it anyway.
But if we think about the hand model, if this here is the prefrontal cortex, like your

eyes are right here, this here we think about the brain stem, and we'll talk about in a moment, but our vagus nerve runs all the way down our brain stem. And if we open this prefrontal cortex and look inside the brain,
This is our limbic system. We think about our amygdala, our hippocampus. We'll talk a little bit about that later on. I'll try not to nerd out too much. But this limbic system or our survival brain, when our alarm system is activated, they call it flipping the lid, these
this capacity, these abilities go offline. And for younger kids, sometimes I talk about this in the sense of like the lizard brain here, which is our reptilian brain, and the wizard brain here, which helps us make decisions and think and organize and plan and manage conflict and problem solve.
when this stress response is activated, we lose access to those skills and those resources. And I really think that that is important to remember. So
If that stress response gets kicked in, right, what happens is, is we see people that sort of drives behavior. So I think the way this can show up sometimes is if someone is shutting down. And again, remembering too, that this can happen with our clients. And this can also happen with staff. Like if you are somebody who is supervising folks, I've certainly had supervisions where staff have come in and they're completely shut down or they're agitated or frustrated. They're struggling to follow through. All of these things can impact.
us as professionals and can impact clients. Because again, we're all human here. But just thinking about some of those reactions that we see, we want to remember that that's kind of an effect of this whole chain of events that's happening internally.
for us. And this is another way when we talk about the stress response, I think about our autonomic nervous system and the two parts of our autonomic nervous system. And the best way that I can describe this is for most of my career, I spent most of my time
doing community-based work in and around the Boston area. And for any of you who are from the Boston area or live in cities, you know, you might have to go 2 1/2 miles down the road and that could take you a good solid half hour because traffic's horrible. But even if you think about being in
a car, whether you're driving or if, let's say, maybe you don't drive, but you've been in a car with someone who's driving. If you just think for a minute, you're driving along, even though we're not supposed to be on our phones, maybe we're checking our email or we're picking a podcast or figuring out what playlist to listen to.

and you look up and you see brake lights in front of you, just think for a moment, feel free to put it in the chat, what are some of the physiological things that you experience in your body in that moment? I know for me, I get flushed and I get like this wave of heat that happens.
We might, yep. Yes, Rachel, like racing heart. Your heart starts beating faster. Your chest gets tight. You start sweating 100%. Your eyes are now open. You're more alert. Get a sense of anxiety. Yeah, holding your breath 100%. That stress response. clenching your teeth, get butterflies in your stomach. Absolutely. Those are all things that are happening. I love that. Throw my arm out to protect the passenger instinct, right? We've all been there and done it. But those things happen automatically, right?
And we don't think about what we're going to do. We see those brake lights. We have that biological, physiological response. And we're not thinking, I don't know, should I slam on the brakes? Should I swerve? If we had to take time to think about those things, we would hit the car in front of us.
right? So what happens? We end up slamming on the brakes, right? Protect my laptop bag, 100%. Try to make sure your bag doesn't spill in the passenger floor seat, 100%. But when that happens, right, we don't want to be thinking about what to do. body takes over and that is the stress response. That is our sympathetic nervous system getting activated, right? And that is kind of a normative response to fear or threat. And think about this, what happens? So you slam on the brakes, you're like a millimeter maybe from the car in front of you.
But you didn't hit it.
take maybe a couple deep breaths, and you're like, whoa, that was stressful. And what happens? Usually within like a couple minutes, we're back to picking up our phone and being distracted, right? So this idea of this sympathetic nervous system gets activated, and we take action without thinking, because that's a protective. thing. And then we have our parasympathetic nervous system, which is responsible for stopping these responses so that we can rest and regenerate. And so even in this moment, right, we get that surge because we see the brake lights.
We stop, we're okay, we realize we're safe. And then for most of us, pretty quickly, our system comes back to baseline. And even sometimes too, I'm like, whoa, gotta like roll the shoulders and de-stress a little bit. That is our body doing what it's supposed to do.
And what's important, I think, around this is for some people, that sympathetic

nervous system has constantly been activated. And for some folks, they don't have a lot of opportunities to experience this rest and regeneration. And again, it's important to know that
when we're seeing some of this show up in behaviors, right? Whether it's distrust around, you know, the systems or not being able to think clearly or struggling to make decisions or reacting in ways that seem disproportionate to what's happening. It's not defiance or necessarily a character flaw. It's their nervous system doing exactly.
what it was designed to do under threat. And I saw a question come in, Nicole, where you were asking about whether or not this is different for autistic people. And yes, and it's interesting. We're going to talk a little bit about the polyvagal theory. And there is some work coming out of
And I'll try to pull the article and send it, but talking about the way that we look at our nervous system and how that kind of, what that looks like for folks who are autistic and definitely seeing, you know, some of the...
Yeah.
the considerations around that sympathetic nervous system, right? That it is more likely when we're looking at those meltdowns or shutdowns, sort of what that looks like for folks. So I'll try to find that article and share that resource as well. And so again, I think as we're talking about some of this, you know, we want to
look at what trauma responses might look like for different people. And so, you know, we always hear this idea of fight, flight, freeze. I know we're talking a lot about the fawn response now too, but these kinds of things can show up in different ways. And again, I won't read everything here, but you know, that
flight response is not just kind of running away. It also might be someone who has a hard time sitting still or is just working all the time, maybe as a way to avoid things. And fight doesn't always necessarily look like anger outbreaks.
bursts or physical aggression, that can also be someone who might be over controlling around things or maybe, you know, is, you know, bullying other folks. And with freeze, I think we see this. This is not just about like being immobilized in this way. It might also be
If somebody is in this state, they might have a hard time making decisions or feel really stuck. And the fawn response, you know, this is what we see for folks who maybe are people pleasers and they don't necessarily have boundaries around their own needs because

if I care about other people, if I'm focusing and more attuned to the needs of others, and that's going to help me stay safe. So just keeping that in mind with the folks that you work with. But also think about this for yourself too, right? Like if you have a response to stress in a way that
fits in one of these categories, that might be information for you that your nervous system has been activated in some way.
And I did, as I mentioned, I do really appreciate Dr. Porges' development around something we call polyvagal theory. And we think about that connected to our vagus nerve, which again, runs within the whole center part of our body.
And it gives us, I think, a really helpful way to understand what we've been talking about with this stress response. But it takes it a step further. And so a lot of us, I know for me, I've always, you know, learned this and what I just talked about in these two systems.
the sympathetic and the parasympathetic nervous system. But what Porges showed us is that there's actually three states, and these three states are controlled by different parts of the vagus nerve. And so the most important thing, I think, for
for us or to know is that these states are automatic. Nobody chooses which one they're in. The nervous system does that and decides that based on what is detected in the environment.
And so the first state, which is like this top circle up there.
is what we call, and again, it's like the relaxed state, right, or the ventral vagal, but this is the safe and social state. So when somebody's nervous system reads the environment as safe, or at least safe enough, right, they can think clearly, they can connect to other people,
They can deal with conflict and they can engage in things, right? Like normal heart rate, you know, we think about some of those things in this kind of safe state here. And this is where we want people to be as often as possible. It's where meaningful work can happen.
whether it's in, you know, clinical sessions or therapeutic sessions or even in team meetings, like even just conversations with folks that they're coming in contact with when they walk into our programs. This is the state that we're trying to strive for here.
And then the second state is that sympathetic state. So this is what we think about around that fight flight. So that's the activation the body mobilizes, right? We talked about this heart rate goes up, muscles tense, adrenaline kind of kicks in. And this is

where, again, we might see folks that might be agitated or argumentative or super hyper vigilant.
But remember what we talked about earlier, in this state, the thinking goes offline, right? And survival takes over. And again, this isn't a choice. So I always tell people, and I always have to remind myself that we can't reason with someone whose brain doesn't have access to
to those processes. And so just reminding that sometimes what we have to focus, if somebody is in this state, we might have to really be focusing on how am I helping this person regulate and be more grounded so that they can access this more relaxed or engaged state.
And then the third state, which he talks about, which is kind of that shutdown state. And part of that is like the primitive response, right? When the nervous system determines that threat is so overwhelming that there is no escape. And I've
I've heard survivors of sexual abuse talk about this a lot of like, it's almost like the body just kind of shuts down in this way. And so the person in this state can look checked out. We see some of those freeze responses here. Folks have
shared about feeling nothing, being really numb, or being completely disengaged.
And I want to be clear about this too, because folks in this state
It's not just about.
like defiance or an unwillingness to engage or participate. This, and it's not laziness, this is really the last line of defense for a system that feels unsafe. And so if you think about the person who just seems like they're like not trying,
or not doing the things that we're asking of them to do, they might actually be in this immobilized state. And so part of what's really great is I think, you know, he talks a lot about in this work around neuroception, which is really, it's a fancy word, for really just talking about the idea
that the nervous system is constantly scanning everything around. So that includes things like tone of voice, facial expressions, body language, the physical space that they're in. And the system is making split-second decisions about whether or not it's safe.
And so I think for us, we want to be really tuned in if we're noticing some of these shifts so that we can take a pause and work alongside that person to help mitigate some of that or to help think about ways that we can help support safety and regulation in those moments.
But that this is happening below conscious awareness. Like folks don't always know

this is going on. And sometimes our work is having this information and being able to talk about that with folks gives them the ability to be like, my gosh, like that makes.
sense about how I've been feeling in these situations or in these moments, right? Because we know that someone who's experienced chronic trauma, they have a nervous system that is just hyper-focused, right, and tuned in on detecting threat, even if the environment is relatively objectively safe.
they're hyper fixated on some of those things. And I think about this a lot with a young person that I saw where, again, I was working at Brigham and Women's doing like on call in the emergency room. And then I was also working at JRI. And I remember I had gotten called in
worked at the hospital all night and then had to be at work for my 9 AM client. And I was exhausted. And I remember my client halfway through our session had asked me, like, are you mad at me? And I remember being like, gosh, no. But part of what was happening is
I was tired, my energy was lower, and my client was picking up on that, so much so that it was hard to even engage in our session. And so I remember being like that moment, I just remember being like, oh my gosh, like how I'm showing up matters so much. And I remember talking in supervision because I suggested
I was transparent and said that I didn't get a lot of sleep. And so I was just tired, but I wanted to be here with her. And I asked if we could maybe go take a walk. And I remember talking in supervision about, was that okay to do? And I remember my supervisor at the time was like, you're also modeling that you're human, right? And that we have these experiences, but that I want to be here and we can take action to shift.
that. And I remember that kind of shift our sessions, that shift kind of our therapeutic relationship, but it also made me just aware of how tuned in folks can be to some of those non-verbals, even when we may not be aware of that. Because again, it's their system.
right, telling them that they might, something's not right here and not always sure how to read that. And again, this is why our presence matters so much in this work. And so for those of you who might be in direct care, if someone is in this, like,
fight or flight or shut down state, they literally can't process what you're saying. So I just had this conversation with a therapeutic mentor I was supervising where they have job applications to fill out and they're trying to work on some of these

independent living skills. But their client is kind of in this immobilized place right now. And so
we talked about kind of, okay, this isn't about them, you know, just kind of being rude, not wanting to do these things. They're in this immobilized state. And how do we understand what's going on and try to support some regulation? And I think part of what we want to do in those moments is be calm, be predictable,
be aware of our tone and our body language because those things signal safety to their nervous system, more so at a biological level. So I think this framework, I kind of like some of this and truth be told, I'm still, you know, trying to learn more about this. But I feel like this framework, we're going to kind of come back to in our time together as we're talking about some of these things, because we'll see it in kind of the brain impact and the modulation model we're going to look at a little bit. But I wanted to just, and again, this is just a slide.
I feel like says a lot of what I've already kind of shared and I think it just...
reiterates the fact that when our stress response is activated, it is shifting our and changing our brain, right? That this limbic system becomes more active. And even in a lot of studies, Nadine Burke Harris,
She's a doctor that focuses on childhood trauma. She's got a great TED Talk as well. But research is showing that like the parts of the brain that are activated in individuals who've experienced trauma are all these fear responses and more of these kind of survival primitive
parts of the brain. And so what we want to do is to work on regulating the system so that we can get that part of the brain back online that allows us to, you know, do the things that we need to do and to function day to day. And what is really
nice is because we call it plasticity, but because the fact that like this part of our brain is always changing. So until we die, we can be creating new neural pathways. And so I just want to reiterate that for us when we're
Um...
helping folks or using ourselves to co-regulate or helping folks feel more grounded, helping them understand what's happening in their nervous system. All of those attempts help to reshape the brain in that way. And I, you know,
I think this then, you know, leads us to like, what does this actually mean in practice? And how do we kind of understand these different trauma states, right? Because the brain and our bodies are shifting between several states. And this can happen, I feel like,

throughout the day too. Like this can, you know, we might be in a place where we start our day and we're feeling safe and we're feeling really great. And then something happens that can put a person in more of a survival state. Thank you, Felice, for posting that. It's a fabulous TED Talk.
Um...
And so that shift can really help. So I think that the takeaway here really is that two people could be sitting in the same room, experiencing the same situation, and yet be in completely different neurological states.
As somebody who's done a lot of family therapy, I see this in those sessions where a caregiver might be in one state and the child or another caregiver might be in a different state. And so for us, if one person's nervous system is reading the environment,
as safe and another is not. And I think about the way past trauma shapes that. This scanning is happening automatically and it's not happening within this conscious awareness. And so the most important question I think that we can ask ourselves when, where, like,
sitting with folks is what state is this person in right now? Because our response needs to match their state, right? Not necessarily the situation. So if somebody is overwhelmed and in that sympathetic, like fight or flight mode we talked about,
Um...
I think what they need is for us to be grounded. They need us to be calm and not necessarily focus on the tasks at hand or to correct or to punish or to set a limit because their brain can't process that. And a lot of times when we do that, we see people like escalate into more heightened or
more shutdown states.
And so I think this is where trauma-informed care stops being just these like this like theoretical idea or framework, but it becomes practical, right? It's where we can begin to shift how we view behavior, not as something to manage or to punish, but as a window into the state that the person's nervous system is in.
And I do always love, because I know we talk a lot about the way in which trauma affects the brain and the body. And we also know, and again, I'm sure you can Google it or I don't know, ChatGPT could probably explain it to you. But when we talk about this idea
of the nervous system and the changes that happen, the reality is, is that even though things trauma can impact and change, and I know the ACEs, right, where we

also have a lot of information, ACEs is the adverse childhood experiences.
where we know the more adverse childhood experiences a person has, it doesn't just impact their mental health. It also impacts like physical, medical health, biological health, right? We see increased rates of heart disease,
and other kinds of medical conditions as an impact of the system being in a constant state of stress. So there's a lot of implications here, but I do appreciate this quote, which says that when it feels disheartening to learn that trauma changes the brain, Remember that healing changes the brain too. And that's why as we move into understanding behavior as adaptation, that will help us sort of shift our lens for how we're seeing and understanding folks as well.
And so again, I just wanted to kind of bring this back to what this can look like, depending on your role. So if you're in a leadership position and you have the ability to like make some decisions or shift policies, you want to be thinking about
the physical environment that your staff are working in and that clients are receiving services in. You want to think about communication styles, wait times, noise levels in your programs. Even sometimes like lighting can trigger threat responses. So really being thoughtful about how you're designing
environments to reduce some of those cues in more like a systems level application of what we're talking about, which is a lot of neuroscience around that.
So I will pause us there before we move into behavior as adaptation. I know there were some questions that came in that I tried to answer along the way, but just wanted to open it up. Any other questions about some of the neuroscience around brain and body that folks had?
And if not, okay. Again, if questions come up, feel free to pop them in the chat.
All right, so I feel like this is probably one of the most important mindset shifts that we can make. And that is understanding behavior through a trauma-informed lens. Behavioral is not random. It's adaptive.
And when we understand what's happening under the surface, it's really hard to look at behavior the same way because we change our outcomes when we change our perspective.
And because we know that behavior is not kind of this random thing that we're seeing behavior as an adaptation to an activated nervous system because of some of these overwhelming experiences, it has been adaptive, right? Every behavior we see, whether it's
someone shutting down or lashing out or refusing to engage. Part of that

development was because at some point it helped the person cope or it helped the person survive or meet some kind of need. Their nervous system learned that response because it worked.
right? If it no longer serves them in the current moment. And part of what we want to do is shift from the question of what's wrong with this person, which again, thinking about from a macro lens and some of the larger systems, people come into care because they quote unquote have problems or issues or challenges.
And so we want to shift our thinking.
But we want to shift from what's wrong with the person to what happened to this person and what need is being met through this behavior.
And so we move, I think, from this idea of judgment to more curiosity. And by doing this, I will say in working, and even though I've been doing this for, I don't know, I think I've been at JRI now 20 years and been working in other environments a little bit longer,
But I feel like this, honestly, what this has done for me is it has shifted me from these feelings of frustration sometimes around the work to more compassion.
and from managing behavior to actually understanding the person in front of us.
And I agree with you, Maria, around that lens needing to be also, and we'll talk a little bit about this too, but the cultural awareness if we're working with diverse populations.
because that 100% is important.
And so I just, again, these are not like every behavior we see, but if we look at behaviors through the lens of adaptation, they start to make sense. So someone who never asks for help isn't necessarily, you know, being difficult or making things challenging.
They may have learned early on that asking for help leads to disappointment or harm or rejection in that regard. And so it becomes a survival strategy, right? I also think too, another language I hear a lot is,
you know, somebody who's really manipulative. And so I'm always thinking like manipulation, like this person has gotten really good at finding ways to meet their needs. The other thing that's not listed here that I hear a lot is attention seeking.
And that tells me that this person, right, is needing connection and is seeking that connection. And it might not be a bad thing. And so part of it is just understanding, right, if we understand the context, if we understand some of the history, then we can.

shift how we understand some of these things. Even something like substance use, right? That is a person's, and I hear this from, you know, clients and individuals all the time, that part of it sometimes helps to regulate. Sometimes it's an escape for these really painful experiences. And
It has served a purpose as a way of coping.
So across each of these examples, regardless of what it is, each of these behaviors is serving a function. And it might be about coping, it might be tending to regulating emotions or maintaining some kind of control.
or escaping overwhelming pain.
And I did want to just highlight too, which I think speaks a little bit to what you mentioned in the chat, Maria, as well, is I just wanted to highlight this distrust of systems, right? I feel like it's not just this like irrational thing. I think for a lot of communities, especially communities of color,
I think immigrant communities, gender diverse communities, other marginalized groups, that distrust is a rational response to historical and ongoing institutional harm that exists. And again, I think the state of the world right now
I think there are some of these things have been highlighted even more so. And I think there's a, I'm finding in my work with a lot of different communities, an increased sense of feeling unsafe right now. And that shapes to how we deliver services, right? Like
folks might be, I think we're seeing this happen a lot in our immigrant communities where folks are scared to access services. And so from a systems level, how are we thinking about providing support and care to folks where it might be unsafe for them to actually come into our offices and to come into our sites?
So we want to really be mindful about that because when we understand context, whether it's personal experiences or systemic experiences, behaviors stop looking like problems to just fix. And I feel like it's, you know,
I feel like it starts looking like information about what a person might need in this moment. And that's really the shift that we want to be making.
And so what does that mean for how we actually respond in a trauma-informed way? And so it means that our role isn't just to fix or control behavior, it's to understand it first. And so when we lead with curiosity instead of judgment,
we open that door to be more effective, to be more compassionate in our responses. And research tells us, and we probably have felt this in our own experience, right, that when people feel genuinely understood, they're far more likely to engage in

services.
And we know how important connection is, right? It's what makes engagement possible. And so as we are thinking about individuals that you work with, I would just invite you to, you know, ask yourself these questions as you're sitting with.
What might this behavior be helping this person do in this moment? And what is the need that might be underneath it, right? And I feel like these aren't just clinical questions. They're questions I think that can be applied in every interaction. So whether you're somebody that
is an administrator and you're at the front desk and you're, you know, greeting folks as they're coming in, or if you're in supervision, or if you're looking at policies, like looking at, you know, policies from a more trauma-informed lens is going to help support us show up in more trauma-informed lens.
ways. And so I also feel like that when we pause long enough to ask these questions, it helps us be more grounded so that we can shift from
reacting to, you know, to responding with more intention and purpose. And I do think that can sometimes be hard because we are in situations too when we're working with people that, you know, our nervous systems get activated. I think we can get stressed and overwhelmed too.
And so we'll talk in a minute about how, what we can do to sort of ground ourselves so that, you know, we can be safe enough too. And I do think.
how we help people get to that place.
is a couple things. But before we jump into that, I always talk about this modulation model, which I do feel like is another way to talk about some of the things we have been talking about. But just wanting us to have kind of a shared understanding here, because I sometimes use this
When I'm doing safety planning, I sometimes use this visual to talk with clients about where they are on this modulation map. And I tend to talk about, like, instead of just talking about regulation, I like the frame around this, around energy.
and some energy language. And so if this is like an arousal map,
I think we want to look at this in terms of how activated or deactivated somebody's system is at any given moment. And so just like what we talked about in terms of that optimal arousal, again, this is where that prefrontal cortex is online, or I think as somebody mentioned, that wizard brain is online.
This is where we want people to be, is in this place where they're able to have some agency and feel more in control and be clear around some of those things. And I

think what we see a lot of time is when folks, when that alarm system has been activated and they're
you know, kind of triggered or pushed into that either high or low activation, they move out of that optimal window. And so our job is we want to help folks get back into
call it window of tolerance or that like optimal, like relaxed, regulated state is where we want folks to be. And one thing, again, maybe a little bit of a tangent, but one of the things that I think we're also learning, and if you look at the
polyvagal diagram that I shared, you'll see overlaps. And that what I wanted to highlight here is I do think that we have folks who might sort of live on, if you see kind of the, that optimal arousal zone.
One, for some people, that window is very small. And so what we're wanting to do is to try to widen that window so they can tolerate more things as they come up. But part of what I think we've also seen is that we have folks that even within this optimal arousal zone,
tend to sort of live at the upper edge where they might have higher energy or, you know, I see this a lot with folks who might kind of talk fast or might have a lot of energy, but they're still engaged. And I think what happens sometimes if somebody's energy is increasing,
that can trigger our nervous system. Or I see this sometimes in families where caregivers start to get a little bit activated around like, uh-oh, energy is rising or energy is going down. Like bad things can happen here. But for us, it's sort of recognizing, and this is where
It's individual, I think, for each person. But talking with folks about what do we know when you're in that optimal arousal zone? How do we know that? What does that look like? When you've sort of moved into the higher activation, what does that look like? And so I did want to just take some time just in a concrete way.
way to talk about when somebody's energy is high, when they're sort of above that optimal zone that we just looked at, that's that fight or flight response in action. And so a lot of times what we see is yelling or aggression. We might see like faster rapid talking, pacing, arguing, and feel free if there's other things
Again, these are just a couple of highlights, but if there's other things you've noticed when folks are in this high activation state, feel free to drop that in the chat. But our job is to try to help bring the energy down. And so just some things that can help with that are staying calm and regulating ourselves in these moments, right?

not using a ton of language. I tend to use my body more so than that. So as an example, if somebody is like pacing and talking really fast, I might use myself to maybe walk with them at their pace. And then I might start to slow
my pace down. And, you know, the hope is, is that then my more regulated nervous system will connect and hopefully start calming their nervous system. But also being able to give space if needed. Like we might offer opportunities to take some space. around that. We might offer just some simple limited choices, you know, like things seem to be overwhelming right now. Do you want to go for a walk or do you want to take a minute and go to your room or something like that? And that the focus really is about safety.
Right, when somebody's energy is really high.
And I just saw a question come in. Has the way trauma is addressed changed at all with the virtual interactions or telehealth encounters? That's a really great question. It is interesting doing telehealth because you only see a portion of a person. So I think about this a lot.
when I'm doing telehealth sessions of like, it might be harder to see if somebody is fidgeting or their legs are going a mile a minute, other information that might, but I do think with telehealth, we do have to think about safety. And I think there is a little bit more intention to, and again,
I think it depends on the age of the person we're working with, but...
What are the resources like in the moment that we can tap into? And I think when we're working with folks and having these conversations, we want to be, and this is where transparency comes in. Like, I'm not with you. So if we're talking about things or something comes up and it feels really hard, or what are our policies if
somebody maybe becomes dysregulated in some way and they sign off and we're not able to get in touch with them. What are our policy? What are your program policies around how you're addressing that? Because I do think that
I think trauma presents, I think, in the same way, but I think we have to be a little bit more intentional and thoughtful, especially around how we're focusing around safety if someone has shifted. And I do think this is where, you know, if I'm sitting with someone and I'm noticing somebody is feeling maybe is kind of shut down and disengaged,
I might offer a cold bottle of water or something like that. And if we're not in real time to do that, we want to do some planning ahead of time around if this happens, how can, what are some tools and resources that you have at the ready that we can,

you know, use or tap into?
So I hope that answered that question, but it's a great one. And I do think with all of this technology, we're also, you know, still continuing to kind of like learn and figure out how to do this in the best and safest way possible around that too.
And then I did want to also talk a little bit about when energy is really low. That can look like somebody who is withdrawn or maybe they're not responsive. I know for some of my adolescents, it's like hood up, head down, not wanting to engage or curled up in a ball.
on a couch or on a chair. And we can see real low energy or avoidance in this place too. And so I think some things that help, because what we want to do is to try to bring energy up. And so I think that's where, you know, we can kind of gently and calmly check in.
We might just need to give some space and time for folks. This is where to, I do think about some grounding.
techniques, like again, I think I mentioned it, like temperature can be helpful. Sometimes like weight can be helpful, but just thinking about some of the sensory ways that we can maybe like shift the system or get the system back online in some way. And this is where, again, we want to use simple language. And it might be one of those things that we have to kind of re-engage.
Slowly around that, so.
And yes, playfulness. I love that playfulness, humor, all of those things can be helpful. Sometimes even distraction, you know, like if we're noticing about some of those things, like we might distract or I had a staff be like, I hope it's all right, but I shared like a TikTok video.
because that's what the kids like these days. And it sort of snapped the kid out of this, like not engaging at all in session. And they really have a conversation about the TikTok video and then, you know, kind of open the door from that.
important to me. Yeah, and I thank you, David, for saying that around helping people feel like to belong within that therapeutic space. We're giving clear instructions.
And then a question came in that can we encourage participation and engagement without making residents feel pressured or re-traumatized? And I do think that there are ways to do that. I think partially, I think sometimes even just inviting into spaces and I think this is where we want to
have some understanding about the individual and their experiences. Because sometimes, and I say this to folks, too, participation can look different for people.

And I will say, I think sometimes this is where there are some system barriers, because in order to
receive services, like folks have to show up and folks have to be doing things. Otherwise, sometimes insurance won't cover or we have to close services. And so part of it is like, what does engagement look like for that person? And sometimes it might be just being present. And I always think about the relationship and
trying to bridge and build some of those connections, because I do think within programs, if folks feel connection to a couple staff or feel that folks are genuinely like interested in who they are and what they're experiencing, we can sometimes see participation shift in that way.
So that, I hope that answered the question, but I think that would be something I would encourage folks to do.
And again, I think, which we've all, I feel like we've kind of talked about this already, but this is just really important again, because I, if we.
When we're seeing behaviors, it's basically reflecting where somebody is on that modulation map. And so our goal is not to control this. It's helping people to try to return to a place where they can engage and they can show up in a way that feels good.
you'll see. And so putting this into practice, these are just some questions I think should guide our work all the time, is where is the energy? What might be underneath it? And what response would help shift it? And so I think the most important thing to remember here is that
if we're trying to help someone shift their energy, we also have to manage our own energy, right? And so we need to make sure, and we'll talk about this later today around ways to stay regulated as providers, but we need to be regulated and grounded.
when we're sitting with folks. And so I just wanted to highlight some of these tools that can be helpful. So reflection is a really powerful tool. And this is simply just naming what we're observing without judgment. And this might be something like even just saying something like, I can see you're frustrated right now or like, oh, that sounds so disappointing. Or,
that sounds really important to you right now. So being able to reflect what it is that we're seeing. And then we want to validate, which is really just acknowledging their experience as real and understandable, which can help build that trust and safety that we talked about as one of the foundational

principles to trauma-informed care. And so we might say things like, oh, like it totally makes sense that you would feel upset about that. Or, you know, a lot of people would feel frustrated in that situation. And so we're validating their experience in those ways. And then we want to
normalize that, right? Especially, I think this is really important because it sort of counteracts some of the shame and isolation that a lot of times accompanies trauma. And so when someone hears something like, oh my gosh, that makes sense that you you know, given all the things that you've been through, it can shift their entire experience. And I think even saying things to folks around, like, you know, normalizing the fact that, you know, it's okay to feel nervous before trying something new, or lots of people have moments where feeling really overwhelmed.
can be hard. So again, and again, I'm giving examples, but I think for you, think about your own style and your own practice is important here. And then we want to offer choices because one of the, again, one of the hallmarks of trauma is that people lose that sense of agency or control.
And I feel like this, again, is one of those core principles of trauma-informed care that we talked about, where we want people to restore a sense of agency and control. And so I think this is where, you know, we might say, you know, do you want to take a break or do you want help getting started with something or
Would you like to take space? You know, we can, you know, take a walk outside or we can just sit here quietly. So being able to give options. And then we want to make sure that we are staying calm. And again, I do really feel like this is a lot about co-regulation.
because our nervous system can communicate safety to their nervous system. And it can just help bring their energy back towards that optimal zone that we're trying to get at. Because what we want is we want folks to have access to the tools and resources around being present and staying.
present around that.
Okay. And then again, this just kind of like sums up, but just as a reminder that all behavior communicates something. It's communicating a need, a feeling, or some kind of response to stress or a threat. And so our role is not just to manage the behavior, it's to understand
what is being communicated.
And again, it helps us to kind of shift around that.
Oh.

Again, just tying this back, and I will say, like, as an example, if you are a supervisor and you're supervising folks, you might want to help your team reframe challenging interactions, right? So if you're hearing, if your staff is coming in and maybe using some of that language of like, oh my gosh, this person is so manipulative, or this person is lazy or they don't, we want to help shift that language and not do it in a judgment way, but we want to be asking questions to cultivate some of that curiosity because it really is a culture shift a lot of times, I think, in in this field. And I will also say, I also feel like the more informed we are as providers, I also feel like we have a responsibility if you are someone who sits in, this just came up because I supported a staff in an IEP meeting.

And the way the team was talking about the parent in the room, where English wasn't their first language, they didn't have an interpreter. There were a lot of things happening in this meeting that I was like, can we pause for a moment and figure out how to make sure that like the caregiver is getting what they need. And also the the language they were using to talk about the child, we can, you know, also help others maybe shift their lens by offering and saying, you know, I hear what folks are saying. I have a different understanding about some of this behavior and sharing how we understand behavior as adaptation. Because we might then offer a different perspective or viewpoint that somebody else may not have thought about. So I do think that even in some of the barriers to some of the larger structural things that we don't have control over, we also, I think, have the ability to be able to share some of this in other settings too.

So I just wanted to kind of name that. So I'll pause us there before we shift and kind of focus more on how this works impacts, how this work impacts us. I know I answered some questions as they came in, but any other questions or comments?

Simon-Ulysse, Phanide 1:35:38

Tiffany, there was a question early in the chat about lizard brain versus wizard brain concept. Can you talk a little bit more about that and how to activate that wizard brain for those who may be in these trauma states?

TN

Tiffany Naste 1:35:46

Yeah.

Yeah, I mean, I think that's all of what we've been talking about here, right? That if

someone's wizard brain is not online, like we're focusing on regulation. And I don't know if folks are familiar with Bruce Perry.
But he does a lot of work, which this is like the cornerstone for, I think, how we help get that wizard brain back online. And again, the diagram is a triangle. And so funny how many people use triangles as, or upside down pyramids as visualizations, but
At the bottom, it's the whole, the first thing we have to do is regulate, right? And so that's where we're talk, all those things we just talked about, we're using some of those strategies. And some of this is trial and error, right? Like we have to, we have to try things to see if they're going to work because
The same thing doesn't work for every person. So there is a little bit of experimentation that happens here, but we have to regulate. And once we have somebody that is a little bit more regulated and grounded, then we have to relate, right? Because that connection, you know, getting down on, like if we're working with a young person, not standing over them,
I even think about supervision too, like putting your not being behind your computer as a supervisor, but being present with the person we want to relate. And then once we've regulated and connected with the person, then I feel like we're able to reason. And the reasoning happens in that prefrontal cortex, which is the wizard part of the brain. So I hope that answered the question, but, and I use the wizard lizard brain when I talk about it to young kids too. And they're really creative. Like they talk about it in terms of like Harry Potter and thinking about
certain characters. I'll go on a whole tangent about how we try to like use people's interest in incorporating some of this because even like the Incredible Hulk, right? Like there are times when he's, anyway, I'll go down a rabbit hole with that. But there are ways that we can be
creative in how we talk about some of this to young people. And sometimes, truth be told, even sometimes older people get a kick of it because it can relate to some of how they understand things as well. So
All right, any other comments? If not, I'm gonna shift us a bit.
into, like, we've spent all our time today talking about understanding how trauma impacts people we serve, but we can't have this conversation without turning the lens on ourselves, because the reality is, is that this work impacts us too.
every day, regardless of what role we serve.
You're exposed on a daily basis to other people's stress, to their pain, to their trauma. You hold their stories. I feel like we tend to absorb their emotions. We're constantly

navigating a lot of times high stakes situations. And again, I feel like, and I feel like the pendulum swings a lot of times, but I do feel like people are showing up into care right now.
Um...
with higher acuity. And so I think we're navigating those quite a bit. And in addition, and that's just our work, right? That's just our day to day at our jobs. We're also managing our personal lives outside, right? So we might have responsibilities outside of
work too. You might be a caregiver that's navigating somebody with special needs or medical complications. You might be caring for a sick parent. You might be struggling financially. You might be dealing with housing issues. Like all of these things.
We're human, we're living in community, like we might be having those things too. So I just feel like too, like right now, where there is such an increase in needs and limited to services, you know, given some of the changes that are happening and just kind of the ongoing stress in the world around us,
I do find that this weight can feel heavier. And so we can't practice trauma-informed care with the people we serve if we're not also applying it to ourselves and supporting each other. So just as we've learned that people's nervous systems are constantly scanning for safety,
Our nervous systems are too, right? We're doing the same thing because we're human. And so the principles of safety and trust and collaboration and choice and cultural responsiveness, all of that applies just as much to how we support ourselves and our teams
as they do for how we support communities we serve. And so I just want to do a quick check in and feel free to use the reaction.
thing at the top. But just kind of, again, heart, thumbs up, whatever. I just want you to respond to these questions. How many of you in the last, let's say, week have left work feeling more exhausted than you expected? Me every day. Amen, I feel that. Lots of thumbs up, lots of hearts.
Yeah.
Yeah.
I work in crisis, so every day, absolutely all the time.
How many of you have gone home after work in the last week and have replayed an interaction or a situation or even just something somebody shared with you have

kind of replayed that over and over again in your head? Maybe even, I know for me, they sneak into dreams sometimes.
Yeah.
Absolutely. Lots of people, I'm feeling seen here, feeling a shared experience. And then how many of you have, just in this last week, felt tense or stressed or exhausted even before you start your work day?
Yeah, lots of folks.
Yep, every day. Yep.
So.
These are common and important signals for us that our nervous system has been impacted.
Right? These are, and I think what I would invite you to do is think back to what we've learned about the stress response and the modulation model, and that these experiences are signs that your energy can sometimes be pushed, you know, out of that window.
right? It either might get too high or might get too low. That's your body's way of communicating, just like we talked about for people we serve, right? The difference is that...
for many of us who are in a helping profession.
I also feel like this is somewhat of a culture shift, which I do feel like we're moving in the right direction. But it's always been work, work, work, work, work. And, you know, not to open a box here, but even I think about this as somebody who's a social worker. Like when I first started 20 years ago,
You know, it was the like, I'm not here for the money, but it's like, I also need to pay my bills and I've worked really hard to be here and like, I also want to get paid. So I just think that there are these ways that this system is, again, giving us information and we really want to kind of shift
and understand that when we ignore, because I do think a lot of us in this profession can sometimes ignore or minimize these signals in ourselves because, you know, we focused on everybody else. And so I just want to kind of talk a little bit about vicarious trauma, compassion fatigue,
that this really is a cumulative impact, which is what happens when we're exposed to other people's trauma over time. It's not just a single event. It's something that's ongoing. It happens day to day. And it can impact, right? It can affect how we think about things. It can affect our emotions and how we feel.

how we see the world or see others in the world. And it can sometimes impact our sense of safety. But this is natural. Like this is a neurological response to doing this work. And so again, pulling everything in about what we talked about around our body and brain. And I agree.
compassion fatigue is another way to think about it. And we don't talk about this enough. And so this is not, and again, this is where some of the cultural beliefs come in too, because having these experiences is not a sign of weakness. It's a natural response to doing this work. And then, as I mentioned, we layer on some of these other
things, right, that we're all sort of grappling with on a day-to-day. And so I just want to acknowledge that this isn't about creating some kind of like hierarchy, but it's really about recognizing that truly trauma-informed organizations and work has to account
for, I think, these differences in how we kind of talk about and how we support those of us doing the work within our organizations, as well as how we are practicing on an individual level, what we're doing to tend to that.
And so I just want to talk a little bit about the role of boundaries and the cost of caring. Because part of, again, what drew us to this work likely is our sense of empathy, right? The ability to connect with other people's pain and truly see
and feel what someone else is going through and be present with them in those moments, those most vulnerable moments. And while that empathy is a gift, and I think it makes this work meaningful, but the reality is, is that can be incredibly hard to maintain that empathy.
when we're witnessing trauma on a regular basis or continued basis. And so without support and without having healthy boundaries, we can become overwhelmed and it becomes harder to stay present and effective for the people that need us the most.
And so I just want to say that the goal here is not to care less.
It's the care in a way that's sustainable so that we can continue doing this work and to continue to show up for people. This is another tangent, but I recently watched the pit, which I will say, content warning, it can be very overwhelming. Do not watch this before you go to bed because it can activate your nervous system.
But I will say the second season, I think what I really appreciated about the pit is actually how it addressed the mental health of work healthcare workers, which is not talked about. And I really appreciated the way it sort of talked about some of the like larger system issues that

we don't have to, you know, we don't have the ability to change, but it still has a direct impact on us. So just, again, I was like, I'm not going to watch it because I hate these medical shows that are all about relationships and drama. But I did really love how it centered healthcare workers and the toll it takes
on people. So again, tangent, but just wanted to name that. And so here too, how many of you can resonate with this image on the left that says, I'm already tired tomorrow? I know I can absolutely relate to this. And even just looking at this, the signs of compassion fatigue,
How many of you notice that, which my sister just pointed this out for me, but like how many of us are complaining more than we often, you know, than maybe we tend to, or have difficulty concentrating or focusing, feeling just kind of emotionally exhausted?
Um...
being aware of this impact and recognizing these signs can be important. And so I did also want to name too that when we're having this conversation about self-care and vicarious trauma, because this is something that can compound over time,
I think this is especially true for staff or for folks who share similar identities or lived experiences with the people that they serve, because you're carrying both your own history and you're carrying the weight of others' trauma. And so the toll of that, I think, can feel deeper and more complex.
And that's why, again, I think when we focus on...
culturally responsive support and supervision. Supervision, that's not, those things are not optional. They're essential. And I think this is how we need to think about it systemically, not just individually around that. And I just, again, this, I saw this, this,
How many of you can relate to this? Constantly overthinking everything, but forgetting everything, trying to make what feels like a million decisions every day, whilst trying to keep everyone else's needs in mind, but always worrying that you've made the wrong decision. Yep, that'll do it. I feel like I don't.
This like resonated with me so much and I actually laughed out loud when I saw this, 'cause I'm like, I've certainly been there before. And these are just some signs of impact that I would invite you to reflect on a little bit too, right? Feeling on edge or reactive or overwhelmed, that's a high activation, right?
Feeling numb or shut down or disengaged. The other day I was sitting on the couch and I literally had my TV on, my laptop open, and I was like doom scrolling on my phone. And I remember being like, this, that we got to change this. And I remember

putting everything away and being like, oi, yi, yi.
this is me like not focusing on everything and being really distracted. And so just pay attention that we, just like our clients, we can move through different states throughout the day at different times. And this is just your stress response being activated. This does not.
reflect any kind of weakness or any kind of personal failure. Our goal isn't perfection here. It's recognizing where we are and finding ways to return to a place where we can function and connect in a way that feels good for us. Because behavior communicates things too. If we're irritable, we might be overwhelmed.
So again, having compassion for yourself and instead of asking, oh my God, what is wrong with me? What we really should be pausing and reflecting on is what might I need right now? And keeping that at the forefront. I actually have a sticky note that has that listed there.
which might be cheesy, but I feel like I sometimes have to ground myself in that way. And I just feel like it's the same compassionate lens and the same understanding of the stress response that we hold and have for folks that we serve, but we also want to apply that to our own experience.
And again, some of these slides are a little bit repetitive, but I just wanted to give different ways of thinking about this. But I just loved this self-care manifesto because I think when we think about self-care, I feel like there's been this kind of push where it's like,
Oh, get a manicure, do yoga, take a bubble bath. Like I, that is not what I do for self care. And so even just looking at this manifesto where what we're saying is that self care is not a luxury. This is something that is your right and your responsibility.
And even just looking at this list here where it's like setting a boundary and telling other people no. I think sometimes too, like speaking up and being heard, pressing the reset button when we need to. So kind of looking at this because again, self-care is about what helps you.
stay regulated, supported, and able to continue doing this work. And like I mentioned, that can look different for each of us in this room. And I would also say, too, that I would challenge you to think about self-care not as some kind of add-on or reward for getting
through the day, but as more of like a necessary and functional practice that keeps us in that optimal zone where we can think, engage, and support ourselves through that. And I think we do also want to name too that, you know, there are lots of things

that
shape this and it's not a one size fits all. And I also think it's important to name where the barriers are because they do exist. And I also think too that we also have to leave room for all of these things and how that plays a role because
as I mentioned over and over again, we can do things for ourselves. I also think we can support each other in staying present with this if we're setting intentions, sharing that with each other and holding each other accountable. But it also is a systems issue in that way. And I think it's too, it's not
just interested, and again, this is a resource for you, that it's not necessarily about changing everything all at once, but there are different aspects or domains of self-care. And so what I would like you to consider is which of these areas right now for you feel most impacted.
And then what feels realistic to focus on? Like, you don't have to overhaul everything. You just need to maybe think about, you know, one area or one place where you can make a small shift, because even just that action can make a big difference.
And I think these are just some small practical ways of things that you can do. It's things like taking a pause between sessions or between meetings, changing your environment and where you're working, setting small boundaries where you can. that it's not about doing these big, drastic things. It's more about small, consistent actions that can feel more sustainable in that practice of taking care of you. And I love this quote. I actually have it up here too, where it's self-care is giving the world the best of you instead of what's left of you.
And I've always just found that really powerful. And again, focusing on small things that help you stay regulated and then doing them consistently. And these again, don't have to go through this, but these are things too that might be interesting practices that you do individually.
or that you bring into your team meetings where you have folks create space to reflect on some of these questions. And then I love this 5 minute self-care check, which are the basics. Are you eating? Are you sleeping? Are you staying hydrated? How many of you have gone through the day
I know me where I'm like, oh my God, it's 3 o'clock, I have a headache. Oh, I haven't eaten, I haven't taken a bath or break, and I haven't had any water today. So even just some of the basic day-to-day things, we have to take care of this body so that we can stay present, so that we can do this work.
around that.

And then I don't want to, I don't want us to leave today without acknowledging something that's just as important. So even though this work can be hard and overwhelming, this work can also be a source of joy. It can be a source of strength and meaning. And vicarious resilience is what happens when we witness the strength and the courage and the survival of people that we serve, right? It changes us. I know it's changed me for the better. Seeing people overcome challenges, experiencing moments of genuine connection and trust, watching someone grow over time,
in care, like these experiences can really deepen our perspective. They can deepen our sense of meaning and really appreciation for how resilient humans are. And I feel like, again, the way that we can kind of practice vicarious resilience is about increasing that self-awareness.
healthy self-care practices, and really just capacity for resourcefulness. And I think it's, again, we want to hold space that the reality is that this work is hard and it can transform us in positive ways too. And both of those truths can exist at the same time.
And then as we wrap up here, I know we're approaching time. I always have to come back to there is a collective and organizational care responsibility too. And so these are just some ways and ideas that we can be doing this at the organizational level. So

Simon-Ulysse, Phanide 1:59:06
Yeah.

TN **Tiffany Naste** 1:59:10
There's additional resources on these last few slides, but that pauses us. I'll stick around. We have one minute if there were questions, but I just want to thank everybody for the work that you do every day and that I hope that you take some time today to care for yourself, even if it's just drinking some water.
But that's enough. So thank you all so much, and I really appreciate you being here today with us.

Simon-Ulysse, Phanide 1:59:37
I just before folks jump off, again, thank you for joining us and a special thank you, Tiffany, for leading us through today's training. So as a reminder, CEUs are available for eligible disciplines. To receive the CEUs, you have to complete the evaluation. We

share the link in the chat and an email.
will be sent after the webinar. So this session was recorded and will be accessible to attendees following the event. So with that, this concludes MBHP understanding trauma-informed care training. Thank you for your participation, and we hope you have a wonderful rest of your day. Thank you.

Tiffany Naste 2:00:13
Thanks, everyone. Have a great day.

Simon-Ulysse, Phanide 2:00:15
Thank you, you too.

Fran Gannon 2:00:18
Thank you.

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