Transcript:

Exploring the Impact of Trauma and Adverse Childhood Experiences on Substance Misuse and Substance Use Disorder Prevention Efforts: HHS Region 5

Presenter: Dodi Swope
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ANN SCHENSKY: All right, we still have some people logging on, but I will just get started. Welcome again, everyone, to our webinar this afternoon. Our webinar today is the relevance of a trauma-informed approach for prevention professionals. And we are thrilled again to have Dodi Swope as our presenter. This is a part of a two-part series. The series is two webinars exploring the impact of trauma and adverse child experiences on the prevention of substance misuse and substance use disorders. That second webinar is next week, on the 31st. And you can go to the chat, if you are not already registered, and go to the link so that you can register.

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We have some housekeeping details today. If you are having technical issues, please individually message either Kristina Spannbauer or Stephanie Behlman in the chat section, and they'll be happy to help you. The chat section is at the bottom of your screen. We will be using automated transcription during the webinar today. Please put any questions you have for the speaker in the Q&A section at the bottom of the screen, and we will respond to those during the presentation. We will also be sending out certificates of attendance for anyone who attended the full session. And those take about two weeks.

At the end of the session, you will be directed to a link to a very short survey. We would really appreciate it if you could fill it out. It really only takes about three minutes, and it's how we report back to SAMHSA. And we are recording this session, and it will be available on our website, again, in a couple of

weeks. If you are interested in seeing what else we're doing, feel free to follow us on social media.

And again, I am excited today, our speaker is Dodi Swope. Dodi is a licensed marriage and family therapist in the state of Massachusetts. Dodi's background includes teaching in regular and special ed settings and a clinical practice serving children and families in the Boston area. Most recently, Dodi has provided training and planning facilitation on a broad scope of community health initiatives. And we are thrilled to have you with us today, and I'm going to turn it over to you.

DODI SWOPE: Thanks so much, Ann. And good afternoon, everyone. I'm going to share my screen. It's going to take me a minute to get my slides up, so be patient with me as I do this. It's a little awkward at the beginning. There we go. Hopefully, you can all now see my co-- oops, I hit Stop Share. I didn't mean to do that. Sorry. Hopefully, you can all now see my co-trainers. Today, as we're talking about trauma, I decided to invite the story of my two little kitty cats here as co-trainers for me in this session. This is Bree on top-- she's the black and white girl-- and Buddy on the bottom. He's the orange fellow. We adopted these cats about two and a half years ago. They were feral kittens, and we got them from our local animal shelter.

They have sort of a Lifetime movie kind of story. They were found next to the road in the woods in a small town close to where I live by themselves, away from their mother at about six weeks. So way too early. And they were taken to the shelter, and they were given food and medical attention and taken great care of. And then a few days later, the shelter found the rest of the litter, which was the mother and an additional eight kittens, and brought them to the shelter and tried to reunite them all together.

And it was challenging to do that because these two had been on their own together, traumatized by the isolation and abandonment of their littermates and their mom. Not that their mom abandoned them on purpose, but that was their experience. It was quite traumatic for them, so they didn't easily reintegrate with their litter, but they always were very, very close to each other. And I'm going to be using them as sort of a way to explain how trauma works in living creatures. I will also, of course, make the link back to humans, but they'll do a good job of helping me tell my story today.

I think one of the most important things to understand about them is, even though I've told you that they share the same story, their internal capacities and their lived experience is somewhat different. So their trauma responses are also quite different. And we'll explore that throughout today's training. So our learning objectives for today-- sorry, got to find my right button here. There we go. Our learning objectives for today are to define trauma at the individual and the community level. It's important for prevention providers and professionals to understand both the individual and the community context for trauma, so we're going to look at both of those pieces.

We're going to look at how trauma has a lasting impact on our physical health, our brain function and cognition, and our emotional regulation. For those of you who participated in my last webinar with the PTTC, you'll see some familiar slides because they're very relevant to this conversation, as well. While we were looking at self-care and ourselves individually last time, this time, we're going to be looking at what does this mean for you in your work. So it's just a little bit of a heads up that you might be hearing some familiar information.

We're then going to really look at how do you build a trauma-informed practice as a prevention professional. And then we're really going to think about really concrete ways that you can integrate a trauma-informed approach into your specific prevention efforts. And that would be more interactive. We're hoping to get some of your ideas during that part of the webinar, as well.

So my mouse is not behaving. So let's dive right in. So it's always important to be on the same page when it comes to words. So it's important to understand where the word trauma actually comes from. So I think many of us might think about trauma as a psychological event, but it really comes from the Greek word for wound. So when you think about trauma sections of emergency departments, they're really thinking about physical trauma and how that works.

So SAMHSA defines trauma as that which results from an event or a series of events or a whole set of circumstances that's experienced by an individual as physically, emotionally harmful or threatening, and having lasting adverse effects on that individual's physical, social, emotional, and spiritual well-being. I often say trauma hits us in three places. It hits us in our mind and our brain, our thinking patterns, it hits us in our emotional regulation and well-being, and it hits us in our physical bodies. SAMHSA often talks about it as being the event, the experience of the event, and the effect.

And just to go back to my little cats, as I said, they don't both react in the same way. They're very unique in their trauma response. And that's true for every individual you'll ever meet who's had a traumatic experience. Everyone has their own unique experience related to what happened to them, and also with how much of an effect it has on them.

So when we think about types of trauma-- this is from the National Institute of Mental Health-- trauma is classified simply as a stressful or negative experience. And it can include a wide variety of different kinds of experience. So physical and sexual abuse, emotional neglect, physical neglect. Poverty can be traumatic. It isn't always traumatic. I think it's really important to say that, that poverty, especially multi-generation grinding poverty, can have a traumatic impact, but that just because you're poor doesn't mean you're traumatized. And I think those are important distinctions to make.

Witnessing traumatic events has a traumatic impact on us, as well. So even though we may not be the one who was the direct victim of a particular event, witnessing that event can also have a trauma response in all of us. So if you have experienced domestic violence in a family situation or community violence, such as the kinds we've all experienced in the last several weeks, those can have an impact of us just watching them. I think we all understand that now, after two weeks of a lot of community violence, that we all feel a little traumatized. When it comes back up on the news again, we find that we have a response to that. That's quite natural.

It's also important to say that one of the things that's not in the trauma description from the National Institute of Mental Health is national-- natural, sorry-- natural disasters. So hurricanes, tornadoes, tidal waves, tsunamis, all of those things, droughts, fires, we've all had a decade of a lot more of those kinds of natural disasters, and that those have a trauma impact, as well, even though they're not necessarily captured in this definition.

So I'm just going to pause there for a minute and see if there's any questions. It's a little early, but Ann, anything anybody's wanting to ask at this point?
ANN SCHENSKY: We do not have questions right now, but this is a really good time to remind people that, if you do have questions, feel free to put them in the Q&A section at the bottom of your screen, and we will-- oh, all we had to do is talk about it.

DODI SWOPE: Wonderful.

ANN SCHENSKY: Someone said, would the pandemic count as a trauma?

DODI SWOPE: You bet. You bet it would. Yes, absolutely. And we're going to talk a lot more about that in a little bit. So great question, whoever asked that. We're going to talk exactly about how the pandemic actually has become a traumatic event for all of us. And I think that's such an important point because if you have not experienced trauma in your life before this, you have now. And I think there's a lesson in that for all of us because we now have direct experience of what it feels like to feel traumatized.

I think many of us may have had that experience prior to the pandemic, and so the pandemic is yet again another layer of trauma. But it is important for those of us who have not had a traumatic experience, we now understand it in a new way because it's our personal experience, as well. It's not just up here in our heads, it's in our bodies, it's in our emotional well-being. So great question, and thanks so much. Keep them coming. So—

ANN SCHENSKY: Just one more.

DODI SWOPE: Please, Ann.

ANN SCHENSKY: As a follow-up to the previous question, what about financial difficulties as a result of the pandemic?

DODI SWOPE: Yes, absolutely. Yeah. And we're going to cover exactly how that works, so hold on a little bit because I'm going right there. But absolutely, financial stress is another component of what can turn into trauma. So wonderful question.

ANN SCHENSKY: Thank you.

DODI SWOPE: Your check is in the mail to whoever that was who wrote those questions, because that's exactly where we're going next. So when does stress become trauma, right? So this is exactly where we're kind of starting for today's webinar. So stress is a natural function of being alive, right? We've all experienced stress in ways small, medium, and large, potentially. But there's not a human being alive who hasn't been under some kind of stress at some point during their life.

It's important to understand that some stress is a natural part of living and it's actually a good thing, right, that there are kinds of stress that help us function and that help us, in fact, do better. Any person who's involved in performance art will tell you that they have that little edge before they go out into their performance, and that helps them do a better job. That's a positive stress, right? And positive stress is often experienced in an elevated heart rate, maybe flushing in the face. Your stress hormones start to kind of wake up, and that actually engages your brain a little bit more. So that's why that stress can help you have a better edge in your performance.

Now, this kind of stress is often-- I often describe it as like if you had a stick and you were drawing on a body of water. Right? So as quickly as the stress is happening, you're finished with the performance, the stress is gone. There's no lasting imprint on your body, mind, or spirit from that stress. It actually might have helped you have a more positive experience.

Then we go into what we call tolerable stress. And we've all experienced this at different times, too, whether it's losing a job, moving, ending a relationship, having a bit of financial difficulty, but not extreme financial hardship. We've all been in positions where we've had stress that is kind of-- it's hanging around. It's a problem. I think about my dear parents in the end of life that I saw both of them through. Those were stressful times, but they were also buffeted by-- you know, I have a very supportive and loving family. I had really good care. There were a lot of things that helped me get through those stressful times and buffeted the impact of that stress.

And then there's prolonged, chronic stress that can turn into what we call toxic stress. So now, this is getting back to the questions that were asked earlier, right? So this is kind of where we're starting to understand that we're living. So that tolerable stress I like to think of, if you have that same stick and you draw

it in the dirt somewhere-- it could be the sand on a beach or it could be the dirt in your backyard-- it might hang around for a while, the impact of that stress might stick for a while, but eventually, it will wear away and it'll be as if it wasn't there anymore.

When you move into chronic and toxic stress, it's far more like a chisel and a hammer on a stone. Those impacts are much, much harder to release, and it really takes intentional effort and it takes time. And so I think it's really important, and I think that's a helpful way to think about the impact of stress, if you think about the stick in those three mediums and sort of what the lasting impact is.

I will point you to my absolute hero when it comes to talking about this. And that's Jack Shonkoff. He is the leader of the Center for the Developing Child at Harvard University. You'll see on multiple slides that I've tagged a link. So this one will just take you to his direct web page that talks a whole lot more about toxic stress. There'll be additional links in the slides to point you to specific resources that I think you'll find helpful if you'd like to dig deeper. So I'm going to continue here. So it's important to understand, because we will be diving into adverse childhood experiences in the next webinar, that ACEs are simply one source of toxic stress, but there are multiple sources of toxic stress. And that's important to understand. So we now understand a lot more about historical trauma than we did in many, many years before. We understand the impact of that on, particularly, Black and Indigenous people of color. And what they've experienced over generations, that really sums up historical trauma. And we're going to talk a little bit more about how that actually plays out in our next webinar.

Adverse childhood experiences are really those developmental experiences that happen early in life and have impact over a lifetime. But also, toxic stress can be caused by adult experiences, as well. So you don't have to be a child to experience toxic stress. It can happen to anyone at any time. Ongoing experiences of racism or systemic injustice absolutely contribute to toxic stress, and I think it's incredible that we're finally talking about this and understanding what it actually means.

We'll be talking a lot more about that in the coming slides. And then as prevention providers, you all know-- or prevention professionals-- you all know the impact of protective and risk factors, right? And so some of those risk factors that we often talk about when it comes to youth can also be sources of toxic stress-- things like bullying, things like not being able to bond with your school or with your peers. Those kind of things can cause toxic stress. So toxic stress is a big bucket, and it encompasses a lot of different things. ACEs is only one of those, and the experiences in childhood is also only one of those, that there are multiple sources.

So I think it's really important to understand that toxic stress carries a burden. It burdens the person who is experiencing it. I think it's very like this guy who's

trying to ride this motorcycle, right? Just think for a minute about what he can't do because he's carrying all that hay. Right? He can't look behind him. He can't really move very quickly, right?

He's going to have a hard time managing that vehicle without tipping over. He's kind of hypervigilant because he's got a really big load, and it's probably shaking all over the place, right? So all of these things are what it's like to carry the burden of toxic stress. And because of those compromising factors, that can really compromise your abilities to perform in your job, in your relationships, in your family, and in your community.

Once we understand this-- and this is so critical, of all the things I teach you today, this is the most important-- we need to shift our thinking from what's wrong with you to what happened to you, and what are you carrying that's making this so hard. And it really will shift your thinking away from this person is not able to this person is carrying this huge load, and therefore they're not able. What does that mean about how I can support and help them? It's a very different conversation once you make that shift. So going from what's wrong with you to what happened to you is one of the most important shifts we can make.

This might be a good time to pause for a minute, too, Ann. Any other questions or comments that we should check in on? We're good?

ANN SCHENSKY: We're good. Sorry it took me a second to get the mute unmuted.

DODI SWOPE: No worries, Ann. It's great. And I do have-- I can see the little Q&A, so I should just look up there and see. I don't see the chat, though, so.

ANN SCHENSKY: We are good. Thank you.

DODI SWOPE: Thank you. That's great. Wonderful. OK, so let's dive in a little bit deeper to what this actually means. So as I said earlier in my opening remarks, the trauma really hits us in three specific places. It impacts our brain function and our cognition and our ability to think well, it impacts our physical health, and it impacts what I like to-- I mean, I think of it as the heart or sort of our emotional regulation, our ability to manage mood.

And that's really critical, to understand that it isn't just one thing, that we may see somebody cope really well with the emotional regulation part, but we wonder what's going on with they don't seem to be thinking as clearly as they were before. So again these are very individual responses. There isn't one percentage of how people are impacted. Everyone is very unique in their reactiveness to how they respond to trauma.

So let's dig into each of these a little bit more. So here's my little buddy. So there he is. So one of the things that I learned about Buddy from the minute I

brought him home was he does not like the breeze. He does not like the wind. He doesn't like the sound of it, and he doesn't like the feel of it. At the same time, he likes outside because outside is where he came from. But outside is often windy where I live, and so he has this approach/avoidance relationship with the windows, or he did when he was a kid.

And so he would want to look outside, and then a wind would come and he would literally hiss-- so there's the fight part-- he'd freeze up, and then he would run to his safe place. And we're going to talk about that a little bit later. But that was his fight, flight, and freeze response, right? And in a cat, that kind of all comes at the same time. For humans, it's often one or the other. But Buddy, all he would have to do is hear the breeze. Something happened to him that was related somehow to the breeze or the wind. We don't know what it was, but he has this reactiveness to it. So we assume that there was something traumatic that happened around that to him. Now, his sister was with him. She doesn't seem to have the same response. So again, individual responses are key.

So what's important to understand about the thinking part is that, when we're in a stressful situation-- and I'll illustrate this in the next slide-- we find that our prefrontal cortex or the executive function in our brain starts to not function as well. We get pushed into a reactive state, that fight, flight, or freeze. And it's important to say, I might feel like I want to fight in one traumatic situation, I might want to freeze in another, and I might want to run away in another. So again, very individual related to the experience for each person.

But what happens to me at that moment is I lose my ability to think abstractly. I become very concrete. I lose my ability to really plan. So I might be running, but I haven't really thought about where the heck I'm going to go or what's going to get me out of that. I've lost my ability to think ahead. And I've often lost my ability to focus on what's really most important. I'm really in reactive mode. I'm in that, eek, and running to the basement to where it's safe, just like my little cat. So that's a really critical thing to think about.

And when the person asked in the Q&A, which I thought was a beautiful question, are we traumatized by the pandemic, I want you to just think for a second about do you-- you know, we're prevention professionals, right? What's our work? We're trying to take this abstract science and apply it to our communities. So that takes some real cognition. We're planners, if we're nothing else, right? The strategic prevention framework, and all the work we do in coalitions, and in school settings, and in community settings, is all a lot about planning. And it's about focusing on specific things.

If you felt a little compromised in your ability to do that over the year, you get a pass, because you have been impacted by the trauma of the pandemic, and it makes it harder to do those things.

I will just share-- it happened to me three times this week. I'm embarrassed to tell you-- I thought I'd written an email, and sent it in response to something somebody sent to me. And so I'm thinking, great, I handled that. That's great. And the next morning, I come to my computer, I open up my laptop, and I realized that I'd written the whole thing, I'd completed the thought inside my head, but I forgot to hist send.

Happened to me three times this week. That is not like me. But I am compromised a little bit by the trauma of the pandemic. And so I took a deep breath, I forgave myself, and I got back to work.

But it's important to understand that we're all a little compromised right now. So let's look a little bit more at what goes on inside the brain. So those of you who were in the self care webinar will recognize this slide, but it's such a beautiful illustration of what happens inside the human brain. This is from Amy Arnsten from Yale School of Medicine.

So the unstressed brain-- you can think of it as the Uhura on his ship, you can think of it-- I like to think of it as Captain Kirk in his chair on the Star Trek Enterprise. You know, he's sitting in his little captain chair, he's the prefrontal cortex, and he's got Scotty in the engineer room, he's got Bones in the medical center, he's got Ohura on the communication lines. I'm really dating myself with this Star Trek reference, I don't know if any of you are newer to Star Trek, you're probably not really getting what I'm talking about here.

Or it's the commander of an army who knows that all of his units are doing the things that they need to do in all of the various places that they need to be. That everything is organized and ordered, and that there is a chain of command in the human brain and it's functioning well.
What happens when stress and trauma hit the human brain is that just falls apart. So I think about this start to the old Star Trek once where that Klingons hit the ship, and everybody falls out of their place, and they all forget what they're supposed to be doing. And they all have to roll around on the ground for a little bit.

Well, what happens in the human brain is a similar kind of thing. The energy and the connectedness in our neurons goes from the prefrontal cortex down into the amygdala-- which is our more primitive part of our brain. And it's the place where fight, flight, and freeze live. It's our survival.

So we get kicked into that more primitive part of our brain, and we find ourselves reacting without the thoughtful prefrontal cortex weighing in on-- is this a smart decision? What are the consequences of this decision? What's going to happen in two years if I do this now? All of that is gone and we're just in reactive mode.

And so what we find also is that the stress hormones that come from the neurology of the brain going, uh-oh, we're in trouble, also start flooding our

physical body. And so that has an impact, as well, and we're going to dive into that in the next slide.

So as those stress hormones are coming through your body, you'll start to see this stairstep of reactiveness. So as we talked about, some stress is fine-- that positive stress that we talked about. You feel a little bit of sweating, a little hyper arousal, your heart starts beating a little bit fast, your breath might change, and your feelings are a little sharper.

Now, if that goes away right away, and you've done your bit and you're finished, then you're fine. But if that starts to linger, then you end up in that next box, where you're talking about chronic stress. And that's stress that takes place and lasts over a period of time.

And that's when you start to see things like disruption in sleep, disruption in eating, disruption in how your body regulates itself. And there's chemical reasons for why all of that is happening. So it might manifest in headaches, or just muscle aches, or those kind of things.

Over time, if that stress is unrelenting and unremitting, it will impact our body's important systems-- things like our immune system, our digestive system, reproductive system, and our cardiovascular systems. And that's where the link between ACEs and chronic disease starts to become really, really clear. So this is just looking at stress over the continuum of time and intensity. Quick intensity-- up, down, you're finished-- there's probably not a bad impact on your physical being. And in fact, it might even be a little positive.

When it starts to last, and you start to see these behavioral changes-- I can't sleep, I'm not eating, or I'm eating too much, I'm drinking too much, I'm using substances too much-- those kind of things, they're a yellow light going, uh-oh, uh-oh, be careful. You need to start backing off the stress. You've got to start to handle this. Then you tip over into chronic stress, and that's when you really start to see physical impact.

So over time, without care, toxic stress can have lifetime impacts. And so when the person who questioned, asked about is economics a part of trauma for folks? The problem with the economics is that it goes right hand in hand with the stress. So if you're not feeling well, and you're taking time off of work, and you might find that you're going to get laid off, or whatever, they can be really vicious cycles.

For the pandemic, of course, it wasn't anything that anybody individual-- it wasn't about anybody's individual behavior. But the fact that economic stress hit us, put us in that stress, that last bucket, and then can be a precursor to some of the more serious toxic stress impacts that we can have.

So they really go hand in hand-- our physical well-being and our financial and economic well-being. That's really critically important.

So I would take a guess to say, there's not a person on this call, or a person that's around you, that isn't in this second box now. Because of the stress of the pandemic over a year plus, we all are feeling this in some way, shape, or form. If you'd like to share your particular symptoms in the chat, please feel free to do that. We can read some of those out.

I will just be honest and say, for me, it's all about body aches. I realized the other day, I was like, all my joints hurt. And I realized that it was really a stress response, because nothing else is different. So it is important to understand that we're all sort of in this middle box.

If you find yourself with less patience at the grocery store, or on the road as you're traveling, there's really good reason for that. And that's because you're in that prolonged stress place, and both your brain and your body are reacting to that.

So any comments? Any comments or questions, Ann? There's a lot on this slide-- there's a lot to unpack here.

ANN SCHENSKY: In the chat, some people have said, over-eating, sleep disruption, less patience, heightened anxiety around other people. And then, personally, I know people who have had their blood pressure go up to a not healthy level, when it had never been that way before. Panic attacks, and easily frustrated and feeling like I'm in a fog all the time.

DODI SWOPE: All of those are exactly a natural human reaction to chronic stress. So I think, again, it's important, as I said before, for us to say this about other people. It's not what's wrong with you, it's what's happening to you? That's important for us to say to ourselves, as well.

That part of this, it's not, all of a sudden I'm not OK. I'm having a chronic stress reaction to a global pandemic that's gone on for more of a year. So that means intentionally, I have to take greater steps to make sure that I'm doing OK, and I'm doing some of those protective, mitigating things that will help me survive this, and not tip into that toxic stress.

Kristina, I loved that you said that about the blood pressure, because I don't know about where you are, but on my news, when I watch the news, what I keep getting is this public health message that says, if you're experiencing these kinds of symptoms, don't wait. Go to the doctor, even though there's a pandemic.

So because they're worried about people having heart attacks, having panic attacks, having high blood pressure, and feeling like they can't get help because of the pandemic. But the public health message is, go to your doctor. You can certainly get care during this time. We figured out how to keep you separate from what's going on with COVID.

But I think that that's a very common experience for lots of people. And I think it's instructive for us as preventionists, because if we've never felt it before, we get it now. Like we get, oh, this is what chronic stress is. And so now I'm going to be a lot more compassionate when I'm sitting with other people who've had traumatic experiences, or are living with toxic and chronic stress. I do see a couple of questions in the box, Ann. Should we tackle some of those?

ANN SCHENSKY: Yeah-- the first one says, so it would seem that for people who experience toxic stress as a child, but have no memory of it, it may be the brain's way of protecting our bodies from harm.

DODI SWOPE: Yeah, that's great. Yes, and it's also developmental to some degree. I think Bessel van der Kolk-- and we'll talk about this a little bit more in the ACEs presentation next week-- he says, the mind might forget, but the body never does. And that's an important piece that, even though a child-- and I remember-- sorry, I'm saying two different things at once. Let me finish one complete thought.

It is important to understand that just because you don't remember that it happened doesn't mean that it didn't have an impact on you. That's the body never forgets piece.

In fact, it's sometimes even harder to manage the traumas and the stresses that have happened when kids are very young, because they don't have the developmental tools to work through that stress. So a couple of years ago, I worked in my local community to create a program called Worcester Addresses Childhood Trauma. And what we were doing was doing a co-response with police officers to places where children had witnessed domestic or community violence. So there were community outreach workers that went into families, made sure the families were OK, and addressed the immediate trauma response for the children in those homes.

And as we first started planning that, we had a group of police officers that were planning with us, and one of them said, well if this happens when they're under two years old, they're never going to remember it anyway, right? So we don't have to really do anything about that. And all of the trauma therapists in the room, went, OK, can we take a minute?

And they went through a whole 45-minute explanation that trauma still lives there, even if the child was so young that they don't have the verbal and memory to pull that trauma out to work with it. It makes it a little more difficult, and it makes the treatment of that trauma more challenging. But it certainly doesn't mean that there wasn't trauma because it wasn't remembered. I hope I answered that OK.

ANN SCHENSKY: Yeah, it kind of sounds to me like it may come up again, but you don't know where it came from.

DODI SWOPE: Yes, you can be triggered by that trauma and not understand at all why you're having that reaction, Ann. That's exactly true, yes.

ANN SCHENSKY: Thank you. Is acceptance and commitment therapy used to treat trauma?

DODI SWOPE: Acceptance-- I'm not sure I'm familiar with those terms. So what I would say is, trauma therapies-- and we're going to talk a little bit more later on, and I will keep us moving towards that-- we'll talk about what a trauma approach is. And I think it can be embedded in a lot of different treatment models.

So, for example, when Ann introduced me, I'm a systemic family therapist. So I think in systems, I think in relationships. I also have a background in narrative therapy. So what's the story that you tell yourself?

There are a million different models out there, right? There's Gestalt, and there's talking therapy, and there's EMDR, and there's a million different kinds of therapy. And it really is more about embedding a trauma understanding in the kind of therapy that you do, rather than, is one therapy the right therapy for trauma? I hope that answers that.

ANN SCHENSKY: OK, and if you have other questions you can either restate it in the questions, or you can put it in the chat.

Can you get stuck in one stage, even when the stressors are eliminated?

DODI SWOPE: Sure, yes. And we'll talk about that, yes. You can stuck in the stage, or you can find yourself returning to that stage very quickly.
So we'll talk more about that in a little bit. So I'm going to hold my more of an explanation, because I think I might answer that in the next few slides.

ANN SCHENSKY: OK. And this one is, I think, a challenge that most of us have at least thought about during the pandemic, is-- can stress cause weight gain without any change in your diet?

[LAUGHTER]

DODI SWOPE: Yes, darn it. I'll just be real-- I shared this, I think, on the last webinar when we were talking about self care. You know, when we all thought the pandemic was like two weeks, a month, right? When we all thought we'd be out of this real fast, my husband and I, whenever we would take the turn to venture out to the grocery store would be like, don't forget the ice cream.
And we were eating ice cream like every night. And that was not a good thing. We realized after about a month like, OK, we can't do this anymore. This

pandemic is going to last a long time. We have given up eating ice cream every night a long time ago-- I'm still struggling with getting that weight off. And I'm walking and I'm doing all of these self care things.

Part of that is because of the stress hormones that are coursing through my body. It does make it harder for the body to get back to a regular metabolism. Some people will find that they're shedding weight, if that's the natural way that their body deals with stress. Others will find that they just can't seem to lose any weight, even though they're trying to do all the right things.
So the recommendation there is, it's not just about what you eat, it's really a holistic approach. So some of that may be thinking about other kinds of self care that address stress management, and some other kinds of things that help get that hormonal balance back where it needs to be so that your metabolism feels more normal.

ANN SCHENSKY: Great, thank you. I think it's something that many of us are struggling with right now.

DODI SWOPE: It sure is.

ANN SCHENSKY: And then our last question is, infants are most affected, because they have no coping mechanisms. Is this true?

DODI SWOPE: Well, it's interesting-- and I'm not sure-- I am a child development person, I love child development. And I'm not sure that infants don't have any coping mechanism. I think all humans have coping mechanisms. I think theirs are more primitive and more simple, but they do have coping mechanisms.

They cry when they're hungry. They cry when they're wet. They move around a lot when they have a lot of energy. So they have ways of coping, they just don't always have interactive ways of coping with us.

So I do think, however, that part of our work here, and why this work is so important, is I think we're understanding so much more about what we can do to support infants and young children in ways that we thought, well, we don't really need to think about that because we don't see it. I think we now understand that there are absolute ways we can help infants and very young children build better coping, self-soothing kinds of behaviors, and those kinds of things.

Whereas before, we kind of thought, well, kids just grow up. It's the way they go. We don't really need to help them all that much. I think we've had a real cultural shift when it comes to that.

I could do an entire webinar on that, so I won't go further. But I do think it's important to think intentionally about this stage of development, and what are those protective things that you can do from early infancy all the way through

late adulthood that help people cope? And there are ways we can intentionally support that.

ANN SCHENSKY: Great, thank you. We've addressed all of our questions for right now.

DODI SWOPE: Keep them coming, you guys, this is great. And I love the interaction. So that's really wonderful.

So that was a very fruitful conversation. Let's look a little bit at emotional regulation.

So I will share that this slide actually comes from ACE interface, which is the national training program that was built by Robert Anda and Laura Porter, who were very involved in the original study, the original ACEs study-- Robert Anda was one of the original researchers. So I am trained as a master trainer in ACE interface, so that's why I'm using this slide. So it actually belongs to them.

They talk about life course, and how life course impacts the way that you regulate your feelings and your moods. So I do want to say, it's really important to understand that these are two extremes. We're showing the perfect life course, and the most challenging life course.

And the reality of us as human beings is we're not usually in either one of those extremes-- we're somewhere in the middle. But we use those two extremes to help you understand how children develop differently, depending on the life course that they have.

So, excuse me, let's start with the young man on the top in the red. So imagine that he's a young child, he was born into a family where there was a lot of stress, and a lot of disturbance. And it was dangerous at home. He didn't have a safe place to be a child.

He spent a lot of time in his early years in fight, flight, and freeze, so his brain got really regulated to doing fight, flight, and freeze-- and you're thinking about those lobes of development, he has a really overdeveloped amygdala, and not as developed of prefrontal cortex. And over time in his life, he learns, and he is excellent at-- and we all know folks like this-- he's excellent at surviving the worst conditions because his life course has taught him how to do that. Now, it's important to think about who are those folks? So my daughter works at the local fire department. And whenever I talk to her about this, she says, those are my firemen. That's who they are-- they come from these backgrounds.

And they come to these backgrounds because they're so good at managing that kind of stress-- many, many of them. Not all of them. I don't want to make any big generalization.

But oftentimes, folks who have survived the worst conditions find themselves in jobs that require them to use the skills that they learned along that life path. So you might find them in emergency medical responders, you might find them as police officers, you might find them as firefighters, you might find them as folks who do disaster relief in various parts of the world. Those folks are regulated to operate really well under those conditions.

But just think for a moment what it's like for that little guy in the red shirt to enter a traditional kindergarten, or first grade, and be told he needs to sit down and be quiet and focus. And then we wonder why he can't do it. And we think, what's wrong with you? Instead of thinking, what happened to you, and why is this so hard for you?

So just hold on to that, because we're going to say more about that in a minute.

Now let's go to the bottom of the life course, here. So the child in the bottom grew up in a loving family with lots of safe adults around him. He had lots of all of what he needed-- developmentally appropriate toys, safety, good input, he had a lot of resources in terms of people, in terms of helping him understand how to think.

And he had lots of opportunity for ways to explore who he was going to be. Not just, do I stay here? Do I freeze? Do I fly? Do I fight? And he finds himself quite able to survive in the best conditions.

But the problem is, when he gets a little stressed out, he falls apart. Because he really doesn't have the same skills that the young man in the red shirt does. And again, it's important to understand that none of us have these extreme-- none of us are on either extreme of this. Most of us are somewhere in between.

But I do think it again brings that point about life course really impacts our ability to do different things. It's not good, it's not bad, there's not a judgment about it it's. Just science and biology. And it's very, very important to understand that that's what's going on for many, many kids.

A lot of our systems-- school systems, after school programs, sports programs-- are built for kids in the green life course. They're built around the possibilities, and the people, and the capacities that those children have. And the troublemakers are the kids that have the more difficult life course.

It really shifts your thinking when you start to understand it in this way, because you stop blaming that child for misbehaving. You start understanding that they are doing what they're doing because that's the life course that they've been taught. That's the conditioning that they've received.

And then, you realize, you know what? If I adapt my program a little bit, I can help this young person succeed. I just need to understand that he needs things differently than the kid who's had a positive life course. So I hope that makes sense.

I do see one question, Ann, and I don't want to go too far and let it lose it. So maybe we'll see if there's a question there.

ANN SCHENSKY: Sure, it's actually pretty relevant to how does this affect the brain long term? If the amygdala is strong, but the frontal cortex is not well developed?

DODI SWOPE: Right, so that's when you find that folks are more reactive-- that they are very good at reacting in quick moments. It doesn't mean that the rest of their brain doesn't develop. I don't want to say that only one part of the brain develops and the other doesn't. It just means that there might be more strength in one part of the brain than there is in the other.

And remember that we build our systems and our organizations around a map of a model human being, not understanding that there are people across this whole continuum, with strengths in different parts of the way that they think, and learn, and behave, and operate. And if there's any work that ACEs has brought to us, it's to understand that there are so many variables there. And that we can adapt environments to help those people succeed better.

So I hope that answered it a little bit. But it just that the amygdala is functioning all the time and the prefrontal cortex never functions. Humans develop, in and prefrontal cortex does eventually develop. It just might not be as supported and developed as a child who's had that done intentionally throughout their lifespan.

ANN SCHENSKY: Great, thank you.

DODI SWOPE: Sure. All right, so let's go a little bit further with this idea. So Dr. Teicher, who is one of the ACEs researchers-- the other one, Dr. Anda and Dr. Teicher-- he would say, when biology collides with social expectations, that's when there's trouble. So as I said before, when that child who is so used to a dangerous world, then interacts with a world that is built for the child who has the ideal circumstances, that's where the rub comes. And that's why we start to see things like, in my community, kids getting kicked out of preschool because they're not behaving correctly. And that's a pretty sad thing-- kids getting kicked out of preschool. What kind of life course are they going to get if they can't even find a place to be in their early childhood environment? And I'll talk more about this later-- we've done a tremendous amount of work to change the way that that happens in our community.

But it is really important to think about things like adaptations in schools and classrooms, and expectations in family functioning. If a child is very poised for flight, flight, and freeze all the time, maybe they shouldn't have to sit in a desk for four hours straight. Maybe they just need a few more breaks. Maybe they need a standing desk. Maybe they need every 20 minutes for the teacher to say, it's OK to go do a loop around the classroom and come back.

So if we understand where they're challenged, we can make adaptations to help them succeed. But again, not what's wrong with you, but I'm adapting to what happened to you. That's the really key finding here.

So just to take this a little further down the road-- that those kids who are not safe at home often find themselves in trouble at school. And then, guess what? Guess where they end up? They end up at the door of our juvenile justice systems, and they end up at the door of our prisons and jails.

This is an amazing statistic. Among adjudicated youth with high ACE scores-- we'll talk about this next week, but we're talking three or more ACE scores-- 85% were first suspended from school in second grade. So there's a way in which, if we are not trauma informed, if we don't understand how this works, and we blame the child for what's wrong with you, why can't you behave? That's where the school to prison pipeline comes.

This is exactly what it is, when we don't understand the development, we don't provide the protective buffeting around the kids that need it, from infancy, to early childhood, to early kindergarten, first, second third grade, through middle school to high school, we can mitigate that with our protective factors. And we're going to talk a lot about how to do that in a little bit. So that we don't kick them out in second grade, and set them up for this pathway that ends up at the jail door.

So it's a powerful slide-- I know that's a really provocative thing I just said. I don't think anybody intends for that to be what happens, but it really does happen when we don't have any trauma informed approaches in our toolkit to address these kids that had a more difficult life course.

So here's Buddy and Bree again. So we often talk-- when we talk about trauma, we talk about triggers. So someone had asked earlier about, can you sometimes just get stuck in a place? You absolutely can. And more likely than just getting stuck, what you'll find is you keep coming back to that trauma place.

So many, many, many years ago, when I was a child therapist in the Boston area-- it was during the '80s, so that tells you, if you didn't know already from my Star Trek reference, I'm kind of old. I was working with a young man-- this was during the '80s, so think about what kind of music, what the format people were using for music-- they were using cassette tapes, and the kind

you needed to use a pencil to rewind. Some of you will remember that, others will be like, what the heck is she talking about?

But I was trying to use the metaphor of a vinyl record with this kid. He had had a traumatic experience, and I was trying to explain to him that what happened when he had that traumatic experience was like the needle on the vinyl record getting jammed into the record, so that there was a skip every time he got to that part of the record, there was a skip. That's a trauma trigger-- that's what a trauma trigger looks like.

We now understand about vinyl records a whole lot more, so maybe that metaphor is still worth thinking about. But it's like my little friend Buddy here, he really hates a car ride, because think about what a car ride's like. It's full of wind and breeze and all of that. And so here he is having to go get his shot, and he was just terrified. And if he could have crawled inside his sister, he would have done that.

He was very, very triggered at that moment. So what happens is, that hammer and chisel on the rock, you run to that place, and you feel that trigger hit you again. Even though it might not even be clear to you what it was in the environment that triggered you, as the person asked in the Q&A before. Maybe you don't even know, because maybe it happened pre-verbally, and you don't remember what happened. But you find yourself thinking, you know, I'm having this reaction. Why am I having it?

And there are things that we can do to smooth that scratch on the vinyl record, so to speak. You know, back in the old days, when we had scratches on our records, we used to put coins on top of the needle. That is not the recommended treatment. Just kind of barrel yourself through the trauma. We've certainly asked people to do that in our communities and in our lives for a long time. That's not my recommended response. But there are ways we can help people develop responses, understanding of what's going on inside of them, coping mechanisms to help them, and build a community that really supports them in a new way.

So one of the things I've done, I realized that he, Buddy here, really hates this cat carrier. Because it doesn't serve him. It's hard, it's plastic, he slides around it, and adds to his trauma.

So one simple thing I can do is change that experience for him by getting those little bags, where I'm kind of holding him close to me, and he can be close to me, his sister can be close to him. We've got them all in this nice little more enclosed, safer kind of environment. And so that's what's important to think about.

The triggers-- you can't just dissipate them, but you can build around them layers of protection.

Now, there are kinds of trauma treatment, like EMDR, which is a eye-desensitization form of therapy, and there are some other kinds of therapies that go really into the unconscious parts of the brain and help to smooth out those traumas, that can be very, very effective. They're not for everyone, and it's really important for therapists to have long conversations with the folks that engage in those kind of treatments to be sure that the person is ready for that. I do see some questions here, Ann, so I am going to pause.

ANN SCHENSKY: OK, we have two. The first is, how can a person be assisted who acts on impulsivity, primarily driven by flight, fight, and freeze? You have to really practice that.

DODI SWOPE: It's hard to say fast three times, for sure.

ANN SCHENSKY: So those three responses then uses the frontal cortex, the logical thinking, to process after experiencing the consequences of that compulsive behavior.

DODI SWOPE: Right, and that's very common. I mean, those are overall survival techniques. Those are all things people have learned how to do because it's what's gotten them through life. And the key is to go back to that initial fight, flight, and freeze, and think about, how do I help you when that comes up to slow down the impulsivity?

And so this is complicated, and again, we can probably do a whole workshop on this. But the first thing that is important to do, and absolutely backed by science, is to regulate yourself-- not the other person, but to regulate yourself. Because oftentimes, when people are acting impulsively, what do we do? We meet them in response. Ah, what are you doing? We escalate and escalate. The first most important thing to do when you see somebody going into that fight, flight, and freeze, is to regulate yourself and help them by bringing them into your regulation. So calming them down, slowing it down. So it's really less about the explanation that comes later, and more about helping to smooth out the corners of that regulation. And helping them learn over time, and practice, how to regulate themselves.

And that is a learned behavior, people can learn it. But they need to recognize first that that's what's happening. And oftentimes they need a loved, caring person from outside to help them do that. We'll talk a lot more about that in a little bit. I hope that sort of addresses your question.

ANN SCHENSKY: Thank you. And then, just a clarification, it says, just curious, the one slide said, in second grade-- and I'm assuming that the children who end up in jail are incarcerated-- is it in second grade, or by second grade?

DODI SWOPE: Yeah, thank you. Let me go back to that slide for a second, just to read it specifically. Oh, there it was.

So were first suspended from school in second grade. So I just wanted to get the language exactly right. So what's happening is, those kids-- when we trace back a child who's in a juvenile justice setting, we ask them their history, 85% of the time, that child might say, well, I got suspended in school a lot. Well, when was the first time you got suspended? I was in second grade. Think about it-- if any of you know a second grader, what's that? Seven years old? Six, seven years old, right? That's a very young child with a very developing brain.

If what we do is cement that reactiveness of, you're a bad kid, therefore you need to be punished, that's what cements that on the course to getting them to the jail door. If we adapt our response in second grade to go, oh, this is clearly a child who needs some behavioral help, and some self-regulation skills, and we modify the environment, and we give them extra protective factors and mitigating support, they may never have to get that far, they may never have to get as far as the jail door. I hope that clarified that.

ANN SCHENSKY: Yes, thank you. And then, we have another question that-- she apologizes for a long question, but I work with homeless young women at a homeless shelter. There are certain rules and expectations, and if they don't follow them, there is a noncompliance system set up. We're talking a lot as a team about how to improve the system, and turn it more into a reward system, and in turn, using more of what happened to you mindset. And just wondering if you have any recommendations for these types of models in other organizations?

DODI SWOPE: Yeah, I'm so thrilled with this question.

ANN SCHENSKY: To reframe things?

DODI SWOPE: Yeah, thank you so much for that question. And thank you for that hard work that you do. This is really where the rubber meets the road-- is that our systems of care, especially for folks who are our most challenging, our most challenged and most challenging, is to try to get them to behave like those folks on the positive life course. Not going to happen, right? Not without a lot of help along the way-- and maybe never.

And so, we really do have to stop trying to make them behave the way we want them to, and understand that notion of, what happened to you, and how can I help you? And it requires a whole lot more of us. I think that's the important piece-- like it requires our systems to stop trying to get people to fit, and start trying to build systems that fit around the people that we're trying to serve.

That's a really critical piece. It takes a lot of training, it takes a lot of time, it takes a lot of space sometimes, because a lot of that is also sometimes space considerations. Like, do you have enough room if people need to have their own space?

So it's not an easy answer. There's a lot of wonderful models out there. And between now and next week-- I hope you're signed up for next week-- I can do some research and bring you some ideas, or I can give it to Ann and Kristina and Stephanie and they can get it to you. I think there are some really good low demand, low threshold programs, that are learning how to do this well.

But I work with a veterans program out here, and it's a veterans mutual aid organization. And it came into being because so many of our veterans programs have so many compliance rules, that veterans who've experienced a tremendous amount of PTSD and trauma say, I can't live in this-- I can't live in this environment. It's too stressful for me. It's too many compliance rules, it's too many rules. I can't do it. And that's why they're not in those places. So we need to create environments where they can be safe and get what they need. So great question and wonderful work.

ANN SCHENSKY: Just one more, and then we can-- more of a comment than a question. But the evidence is clear, the whole community has to be trauma informed for really to make this work.

DODI SWOPE: You are right, yes. And I'm going to talk a little bit about how to do that. So hold on, because we have some ideas for you. But absolutely, it is a shift in the entire community. And banks can be trauma informed. The grocery store can be a trauma-informed place. Transportation hubs can be more trauma informed.

And that's what really helps people feel that they're being helped in a community that cares for them. And that goes a long way to easing some of that fight, flight, and freeze kinds of behavior that we see. So beautiful comment. So thank you for that.

I just saw one more, Ann-- is it related to this? Or shall I keep going?

ANN SCHENSKY: It's actually-- any suggestions for materials along the lines of training for court staff, on engaging families who are under court supervision for child protection?

DODI SWOPE: So I'm just going to ask us to hold that, and let me get back to you on that. Because I do have some good resources, absolutely.

ANN SCHENSKY: OK, great.

DODI SWOPE: But I'm not going to get to them now in the middle of the webinar. But, Ann, hold on to that comment. We'll follow up with you after the webinar.

ANN SCHENSKY: OK, awesome. Great.

DODI SWOPE: All right, so as we've talked about-- just to get us back to the slide-- so we've talked about how trauma can happen in an individual's life. It can happen to a six-week old kitten, it can happen to an infant, it can happen to a three-year-old. It can happen to a 50-year-old.

But there is a new field called epigenetics. And so hang with me here, this is a hard slide. So epigenetics has shown, scientifically, that trauma lives in our DNA. And so the basic take away from epigenetics is, those who have experienced decades, or generations of trauma-- and this is where it links into historical trauma-- actually have some of that reactive behavior built right into the DNA, and it is transmitted, then, through pregnancy to the next generation.

That's a hard thing for me to say. It's a terrifying thing to say. But it is something that we have now proven scientifically.

I'm going to tell you the science of it. It's one of these-- if you've ever studied psychology, or had to do psychological experiments, you might not be as weirded out by this. But if you haven't, you might be.

So a lot of psychological scientists work with rats or mice, and they try to figure out what neurology is doing by using rats and mice in cages. So the study was that, they had a set of mice that had had a traumatic experience in the presence of the smell of cherry blossoms. So the smell of cherry blossoms was in existence, this traumatic thing happened to these momma rats.

And then they took the cherry blossoms away, they let the momma rats come to term. They had their babies. They let their babies grow up, they took them away from the momma rats, because now they don't need them anymore. And then later, they reintroduced the scent of cherry blossoms. And the little rats, who are now grown rats, freaked out. Now, these rats had never been exposed to cherry blossoms before. But the memory of the trauma that happened alongside the scent of the cherry blossoms to their mothers still lived within their mental and cognitive experience, and their emotional regulation experience, and probably somewhere in their bodies.

So this is a very complicated concept. I'm giving you some good resources here, again, back to the Center for the Developing Child. They have this, what is epigenetics handout that's terrific. They have a couple of videos that really do a nice job of explaining it.

But what's important to understand is that this is a multi-generational problem. We understand this as substance abuse, substance misuse and substance use disorder preventionists, that this stuff is generational. That we know that there are pieces in our genes that predispose us to a likelihood for substance use disorder or not.

But to understand that trauma is also multi-generational, is a really important concept for us. So I think that's a scary thought to have. It's also an incredibly hopeful thought to have. Because if we can prevent, if we can address the trauma in this generation, and prevent it from being passed along to the next generation, then we can make a huge difference going forward.

So one of the things that Anda and Teicher say is, what is predictable is preventable. So once we understand that this happens, we can learn how to prevent it. So again, this is a complicated and difficult concept, but I did just want to say, it's really important to understand that sometimes the person who asks-- sometimes I don't even remember what the traumatic event was. Well maybe, it didn't even happen to you, maybe it happened to your parent, right? And so it's important to understand that. Sometimes you won't know where it comes from. Where it comes from is not nearly as important as what you do about it now, and how you build protectiveness going forward, and trauma-informed approaches.

So I do see one question, before we go into what preventionists can do. And our time is running out so fast, Ann, but we will take one more.

ANN SCHENSKY: And this is actually just a really quick-- Sharon says, on YouTube, there's something called, "Why Inheritance is Weirder Than We Thought," and it's a very short film on epigenetics.

DODI SWOPE: Perfect, that's wonderful, great. Thank you for that reference. and I've learned a lot about this, and I still sometimes have a hard time explaining it. So I think what I want to say is, there's a lot of wonderful people who've figured out how to really talk about this in ways that are clear and understandable. So I love having a resource like that, that's terrific.

ANN SCHENSKY: And Stephanie put it in the chat in case you missed it, so you can grab it out of there.

DODI SWOPE: Wonderful, thank you.

All right, so let's move to the more positive as we wrap up for today-- we've only got about 20 minutes left. So what can prevention professionals do? This is one of my most favorite quotes. I'm a gardener at heart, and I'm so happy it's spring.

But I think we don't do this with people, but we do it with plants. If you've got a plant in your windowsill, and it's not doing well, you don't blame the plant. You look at yourself and you go, oh, maybe it's too much sun. Maybe it's not enough sun. Maybe it's too much water. Maybe it's not enough water. Maybe it needs feeding. Maybe it needs to be re-potted. You change the environment so that the plant can grow well. That's the concept that I want to have stay with you as we look towards the next set of slides.

So one of the most important things is that for individuals-- we talked about what we can do for individuals-- is we can support these what we call core protective systems. The first one is a little harder to impact. So what somebody comes into this world with, in terms of individual capacity, is impacted by a lot of things that we might not have the ability to change. But it is important to understand that everybody comes into the world with a set of particular capacities, and everyone is unique in what those capacities are. One of the most important things we can do to increase core protective systems is build attachment and bonding. So attachment and bonding is the healing balm for trauma.

But it has to be genuine, intentional, and real. It can't be fake attachment and bonding. And people will tell you, that's working for me, or it's not working for me. And if it's not working for them, then it's not genuine attachment and bonding. So people need to find the right place for where they get that, and that might be very individually driven.

And then, community, culture, and spirituality. How you are wrapped around. The person who said, sounds to me like trauma is a community work. And absolutely-- how we build our communities, and how we build the way that we live together in our neighborhoods, and towns, and cities, really has a lot to do with how we support protection for people who experienced trauma, or who have been born with traumatic experience.

But then, it's also important-- so that's the individual piece-- and then it's important to think about, how do we build trauma-informed into all of the systems that interact around folks. So I love who's on the call, so we've got someone who's in a homeless shelter, we've got someone who is in child and family court, we probably have lots of folks who work in schools, who probably have folks who work in community level different kinds of services.

The four core pieces of a trauma-informed system are that it's safe and trustworthy. And I'm certainly not calling out any particular system, but a lot of our systems-- and we've seen it during COVID-- are not all that safe or trustworthy. We can't count on them. I'll say just for me trying to get a vaccine, it's the most frustrating experience.

But it requires an immense amount of patience on my part. It's not a safe, trustworthy-- I can't just go, oh, I'm so completely sure I'm going to get what I need in this system that all I have to do is this one thing. We could really increase our trauma response by making sure that our systems are more transparent, more safe, and more trustworthy-- that they respond in the way people expect them to.

Providing choice is a really key piece. So how do we make sure that folks have the ability to find the way that's right for them? None of us can do it alone. So even in the very best trauma-informed system, you need to be connected to all the other parts of the community that that person might need,

so that there's an ease in getting people to and from the unique services they need.

And then, finally, the sense of empowerment. And we're going to talk about that a little bit more in the next set of slides, so I'm not going to go into that too much here.

So how do you get there? So SAMHSA outlines these particular points as being the steps to building a trauma-informed response or approach. So the first is that one that you saw in the previous slide-- how do you build a safe place, trustworthiness, and transparency? And we're going to go into each of these in a little bit more detail in the coming slide, so I'm not going to say a lot about each of them now.

How do you build in peer support? How do you build in collaboration and mutuality? How do you move to voice and empowerment, and helping people really speak up for what they need? And then how do you start to address those cultural, historical, gender issues around oppression, systemic racism, all of the things that we're all now talking about because COVID has made them entirely clear to all of us.

So let's dive in a little bit more. One of the most important things to think about-- and we do this, all of us do this-- is we forget. We like the trauma-informed approaches, but we forget that they need to be built on these three key things-- trust, safety, and support. And so we always need to be thinking about, how do we involve the voice of lived experience-- meaning those who have lived the trauma-- to tell us if we are maintaining trust, if we are maintaining safety, and if our support is meaningful.

Then, we can do our trauma-informed approaches in the nexus of all those three things. But oftentimes, we jump to the solution, and we forget the foundation of those three key areas, which are really, really important.

So, here we are back to my kitty cats. So one of the first things that I realized when I brought these guys home-- because I do have a young grandchild, and I have an older grandchild, but they love him because he picked them out. But the young grandchild terrifies them.

So I didn't really want to put a 6 and 1/2 foot cat tree in the middle of my living room-- it didn't really match my decor. But I realized, Buddy needed a place where he could go and rest like that. And that, for a cat, is going to be a high place where he can see everything around him, and he knows he can get to it at any moment when he feels scared.

So I had to build within the environment-- even though it didn't really work for me-- a place that defined safety for him. And how would I know that? I have to listen to him-- I have to listen to his experience to understand what he needs.

So that's the first important thing. So for the person who asked the question about the homeless shelter, ask your clients what they need. Ask them where it's a rub around the compliance issues, and what you guys could do together to soften some of those edges. That would be the first step here, with the safety, trustworthiness, and transparency.

One of the most important things I will say here is that those of us who are less traumatized take up all the air in the room most of the time, and we don't create space for people with lived experience to tell us what their experience is. So being quiet, being receptive, listening, creating space to hear that-- because sometimes it's so hard to hear. That's the most important thing. Sometimes it's as simple as pausing in a meeting, and letting there be a little bit of silence, and allowing someone space to get that energy together to share their experience. And that might take longer than we think we have, because we're rushing through the agenda. So really thinking about slowing things down, gentling things, making sure that it's all very clear to everybody what's going on, that it's transparent and trustworthy-- really, really important. Peer support-- so creating spaces for people with lived experience to support each other is a really key thing here. I work with an organization out here called Living in Freedom Together-- I'm in Worcester, Massachusetts, I don't think I said that-- and these are women who have left the commercial sex trade, and speak from a lived experience and survivor voice.

And I have watched them from being the women that were being arrested on the street as prostitutes, to now being vocal advocates for prostituted women. Did you hear the difference? They are not prostitutes, they are women who are prostituted.

And they have educated our entire community about their lived experience, and how we need to change our approach to address their needs, and provide avenues for women to exit that without the stigma, without the legal system. And help them find their way back into our supported and beloved community.

It's really, really important. And along the way, one of the things we realized is, we can't ever ask one person to do that alone. That just re-traumatizes them. So thinking about, how do you build peer support? How do you build dyads and triads, and groups and ways in which survivors, and people with lived experience, can support and talk about it together, really allows them much greater ability to feel strong and powerful in that sharing. That's really critical.

I know I'm running out of time, so I'm going through these quickly. So collaboration and mutuality-- this is where I wanted to talk about how communities can become trauma informed.

So one of the things that happened was this woman, who I was just explaining to you about, her name is Nicki Bell, and the organization is Living in Freedom

Together-- they have an amazing website. Go check it out if you'd like. She said, you know, we just need to start training people up in this stuff.

And so she found the head of our Worcester Childhood Addresses Trauma group and said, can you host trainings? We'll do them for free. Just host them for us. Just give us a room, maybe if we can get money to donate lunch, that'd be great. But our women will come and train from our own experience. And so they started doing that. This was pre-COVID. So we used to have lunch together, and people would come.

And then people would be like, well, I have a trauma story. You know, I want to tell this, I want to look at it from the perspective of birth trauma. Or I want to look at it from the perspective of adverse childhood experiences. Or I want to look at it from the perspective of homelessness or disaster.

We've now had trauma training Tuesdays once or twice a month for the last two and a half years in the city of Worcester. And I would say, probably thousands of people have attended those trainings. Now that they're on Zoom, anybody can attend them. They're all recorded, so they're all posted where somebody can go look at them.

And we have people that are just like, I'm just interested in this because of my own experience. I'm not working in the field. But it has really transformed the community conversation. It's been terrific. So that's a really important piece.

Empowerment and choice is a complicated one. So I do want to take a pause here and say that one of the things my husband has to talk me down off the ledge, whenever there's a disaster of any kind-- just happened with the mass shootings that we've all experienced in the last couple of weeks-- I'll be watching the news report, and some reporter will go up to somebody who was in the middle of that traumatic experience and interview them. And I'm always screaming at the TV at that point.

I'm like, not the time. That is not the time to ask for a voice. That is not the time to put a survivor up and ask them to speak about their experience. Maybe it gets a lot of viewership, but it totally re-traumatizes that person. Once that person has been through their healing process, then they're ready to be that voice. So Nicki now, 10 years out, and a lot of healing, is the voice of empowerment and choice and standing up for other women. But I would never have asked her to do that 10 years ago when she was just coming off the street, and was incredibly traumatized herself.

I have a really dear colleague who works with men in the juvenile justice system, young men in the juvenile justice system. And he says, when you're healed, you tell the story differently. And so that's really important in this aspect, that the healing come first, and that you protect people from being re-traumatized along the way, before you ask them to speak up and to put them out in front of other people.

But you also always do it with a peer. You always do it together, you always make sure nobody's isolated in that so that support is always right side by side.

I know I'm going faster because I'm worried about time-- I want to get to the end so we can answer those final questions.

And then it's really important to think about the larger context, and start to have the conversations we are now finally having about oppression, systemic racism, historical trauma, and women's issues, and all of that, are important to think about. How do we move into a different place on a societal level. But it takes a while to get there.

So now, Buddy loves the window. He's a very gentle house cat now. And he loves hanging out in the window, whether it's windy or not. But he only does it when his sister is sitting right next to him. So peer support, peer support, peer support.

So I just wanted to wrap it up with this slide, which is very familiar to all of us in the prevention field, thinking about the layers of socio-ecological change, and how do we impact that. How do we build protective factors across all of these domains that help reduce trauma.

So just as a wrap-up, at the individual level, we're thinking about self-efficacy, self confidence, self understanding, self regulation, and coping skills. Teaching individuals those things. In relationships, we're building positive, intentional, thoughtful attachment and bonding.

At the community level, we're looking for ways people can positively be part of the community. Once they're healed, once they're strong, that we value their voices, and we lift them up, and we say, we really need to learn from you. And then finally as a society, we build environments that reduce stigma, so that people get help earlier, and don't have to be so damaged by trauma over the long haul.

That was a lot. Ann, I'm sure there's a few more questions.

ANN SCHENSKY: Sorry, my mouse and my mute button refuse to get near each other. We do have four. One is, I see many people thinking that attachment and bonding only happens during early childhood. How do we get people to see that it's something that happens throughout a lifetime?

DODI SWOPE: Yeah, such a great question, and I love that question. Because I'm so with you, that attachment and bonding is healing throughout your life. And we all know this-- we know this from our own personal experiences.

I've had a lot of attachment and bonding in my life, I've been very blessed. But four years ago, I lost my dearest lifetime friend very suddenly, she died from the flu. And the only thing that pulled me out of that was attachment and bonding to other people who were her friends that I didn't know that well then, but we attached and bonded around our grief and we pulled ourselves through it.

I'm in my 60s, so attachment and bonding have a lot to do with my healing from that experience. So absolutely, it is not just a childhood thing. And especially if you had disrupted attachment and bonding throughout your life, you may need to learn it almost in the same way that you learned it as a child-- step by step, simple little pieces.

Can I get you food when you're hungry? Can I give you a drink of water when you're thirsty? No, I won't touch you if you're not comfortable with that. And building that kind of safe relationship is so important, especially with adults who've been traumatized.

So thank you for that question. Great question.

ANN SCHENSKY: Thank you. Since America is more of an individual culture, is it harder to address things here than in more collective cultures, like the community?

DODI SWOPE: That's a great question, and I don't know. I'll be really straightforward that I've not looked at that. And I wonder-- I'm sure that other places have trauma, but they may have different kinds of responses. But I don't know. I think that's a fascinating thing to study.

ANN SCHENSKY: Great. Any resource recommendations for communities of faith?

DODI SWOPE: Oh, absolutely. Well, faith communities are very key part in that last piece that we're talking about, in the community and the society piece. How do we build in trauma responses? And those are places where that attachment and bonding can really happen.

But again, I hate to say this, but I was raised Catholic, so for me, you'd have to really talk to me a lot about safety and transparency and trustworthiness before you got me back to the Catholic church, to let me open up my trauma and have you be the one to address it. I'm just putting that out there really bluntly-- because of the child sex abuse scandal.

So I just wanted to place that in the right place. Because there has been a lot of deceit in that, so if I want to be a protective factor now, I got to own that. I got to talk about that, I got to talk about how I'm not doing that now. I've got to show you where it's not happening.

And words are not enough. So it is really important for, I think, any kind of faith community, or any kind of community, to address those safety, trust, and trustworthiness pieces first.

ANN SCHENSKY: Thank you. What are your thoughts about TF or CBT interventions for youth populations?

DODI SWOPE: Yeah, it's so specific. And I will say that, I think that if we-- and we'll talk more about this again at the next training around more youth focus-- I'm not practicing as a clinician these days, and I haven't for about 20 years. So these are not techniques that I'm using on a regular basis. So I need to just own that that's not my expertise.

What I understand from my trauma training center locally is that it's-- nothing is a one size fits all when it comes to trauma. That trauma really requires an individual response. So you would want really carefully to look at what was going on with that particular client, and then look at the model that you're trying to use, and make sure that you're adapting it for that specific person's trauma response.

Probably not the most satisfying answer, but that's what I've got.

ANN SCHENSKY: Thank you. And then someone just recommends the book, The Boy Who Was Raised as a Dog. I'm not familiar with it, but they just said that it's a great read.

DODI SWOPE: I will say, that's a wonderful way to learn. And so, it is another thing we do in our community is we share book groups from voices of lived experience. Because sometimes you don't have the person there to help share that experience, and that can be a terrific way to get people to start to open up their minds and understand what the lived experience of someone who's dealt with trauma is.

So that's great. Thank you for that recommendation. Anything in the chat, Kristina, that we want to bring forward before we wrap up for today?

KRISTINA: Let me scroll back up here and see. Iris-- all the resources will be posted within seven to 10 days on the Great Lakes PTTC website. And other than that, nothing else in the chat except for a book recommendation and the YouTube film reference that we talked about earlier.

DODI SWOPE: Great, well maybe we can scoop all that up together and send it out to the whole group along with the slides. Or however we do it-- post it with the slides, or whatever.

KRISTINA: We can definitely do that.

DODI SWOPE: Awesome. So we are wrapping up for today. Thank you so much for your time. That was a really packed session, I know.
We have lots more to talk about. We'll be together next week-- not on a Thursday, though, it's a Wednesday. Next Wednesday, same time.
And we're going to dive into more of what we have learned about adverse childhood experiences and how we can really think about that in regard to our prevention interventions, and use it to talk about the impacts and the outcomes that we're getting. So I invite you to please participate-- you can sign up for that at the PTTC website.

And I'd love to see you all next week. And thank you so much for your time.

ANN SCHENSKY: And we, of course, want to thank you again, Dodi. A phenomenal presentation. And we will be together again next week.
And again, all of the references and materials and slides will be available on the PTTC website in about seven to 10 days. So again, I thank everyone for their time, and especially Dodi for her phenomenal presentation.

DODI SWOPE: Thanks so much. Thanks, everybody.