

>> HELLO, EVERYBODY.
THANK YOU FOR JOINING US.
>> GOOD MORNING.
OR GOOD AFTERNOON.
WE ARE GOING TO ALLOW A MINUTE
FOR FOLKS TO JOIN OUR GROUP.
IF YOU HAVEN'T ALREADY, MUTE
YOURSELF SO THE CAPTIONER HAS AS
CLEAN OF AUDIO TO HEAR FROM THE
PRESENTERS, THAT WOULD BE GREAT.
>> SO WE ARE GOING TO GET
STARTED.
WE ARE GOING INTO THE
HOUSEKEEPING TODAY.
THANK YOU FOR JOINING US.
I AM LEVI.
ONE OF THE TWO PARTNERS.
BEFORE WE GET STARTED TODAY WE
ARE ENCOURAGING YOU TO MUTE THE
LINES.
ZOOM IS SET UP DIFFERENTLY AND
YOU CAN TURN OFF THE WEB CAM AND
SET THE VIEW IN THE TOP RIGHT
CORNER TO SPEAKER VIEW AND THE
REST OF THE WEB CAMS ARE TURNED
OFF, IT BOUNCES BETWEEN THE
PRESENTERS.
BEFORE WE BEGIN TODAY, I WANT TO
BEGIN ADDRESSING THE GLOBAL
PROTESTS THAT ARE EMERGING IN
RESPONSE TO THE POLICE VIOLENCE,
THE RECENT MURDERS OF FLOYD AND
BROWN AND OTHERS THAT ARE NOT
RECOGNIZED AT THE NATIONAL
LEVEL.
BEFORE BEGINNING, LET'S MUTE THE
LINES AND HOLD A MOMENT OF
SILENCE.
>> THANK YOU, ALL.
I HAVE SEEN MANY OF THE
ORGANIZATIONS ON THIS CALL USE
THE PLATFORMS ENGAGE YOUTH IN
CONVERSATIONS ABOUT WHAT IS
HAPPENING.
OUR TEAM IS AVAILABLE FOR
SEEKING SUPPORT AND PRACTICE
WHATEVER SELF-CARE IS NEEDED
IN THIS MOMENT.
EVEN IF THAT IS STEPPING AWAY
FROM THE WEBINAR TODAY.
THE WEBINAR WAS FEELING RELEVANT
WITH THE PANDEMIC AND EVEN MORE
RELEVANT TODAY.
THE TITLE IS TRAUMA EFFECTS ON
YOUNG AND ADOLESCENT MINDS.
IT IS PART ONE OF THE SERIES.
WE HAVE QUENETTE WALTON AND LISA
AND GILMORE PRESENTING TODAY.
JUST A FEW HOUSEKEEPING DETAILS

BEFORE STARTING.
WE ARE ENCOURAGING YOUR
QUESTIONS THROUGHOUT THE
PRESENTATION WITH THE CHAT BOX.
WE ASK YOU TO STAY MUTED.
DURING THE PRESENTATION YOU WILL
BE INVITED TO SPEAK.
BUT AGAIN THE QUESTIONS ARE
ENCOURAGED THROUGHOUT VIA THE
CHAT.
TO FOCUS ON THE PRESENTERS,
DISABLE THE WEB CAM.
WE HAVE INCLUDED ENGLISH
CAPTIONING TODAY.
GO TO THE CC SYMBOL ON THE
BOTTOM OF THE SCREEN.
WE ARE RECORDING THE WEBINAR AND
THE RECORDING AND SLIDES WILL BE
AVAILABLE TO ALL PARTICIPANTS
AND AT THE PORTAL.
AGAIN, ALL OF THIS IS A FOLLOW
UP EMAIL.
WITH THAT, WE ARE GOING TO OVER
THE LISA AND QUENETTE TO BEGIN.
>> THANK YOU, LEVI.
WE APPRECIATE YOU INVITING US
BACK TO TALK TO THE GRANTEES.
I'M A CONSULTANT WITH ALSO.
I HAVE DONE WORK WITH THE UNDER
SERVED GRANT, WITH CY AND STOP
AROUND VIOLENCE AND A LOT OF THE
WORK FOCUSES ON
INTERSECTIONALITY AND UNDER
SERVED COMMUNITIES AND PONGSES
AS WELL AS THINKING ABOUT THE
WORK FROM A PERSPECTIVE OF THE
WAYS IN WHICH WE CAN GET BETTER
AND HEAL FROM THE VIOLENCE THAT
PEOPLE EXPERIENCE.
LISA?
>> HI, GOOD AFTERNOON.
I AM LISA GILMORE.
I HAVE BEEN A CONSULTANT WITH
THE ALLIANCE OF LOCAL SERVICE
ORGANIZATIONS, NATIONAL
TECHNICAL ASSISTANCE PROJECTS,
PARTICULARLY I SPEND A LOT OF
TIME WORKING ON THE UNDER
SERVED, OUTREACH FOR THE UNDER
SERVED POPULATIONS GRANT.
I AM A LICENSED CLINICAL
PROFESSIONAL OP IS IN THE
CHICAGO AREA AND I FOCUS ON THE
ANTIVIOLENCE IN TERMS OF
RESPONSE TO DOMESTIC SEXUAL AND
HATE VIOLENCE IN THE LGBTQ
COMMUNITIES AND NATIONAL LEVEL
WITH POLICY AND ADVOCACY
RESPONSES AS WELL.

SO I'M PLEASED TO BE BACK,
INVITED BACK TO HAVE THIS TIME
WITH YOU TODAY.

>> THANK YOU.

WHAT WE ARE DOING TODAY I THINK
AS WE THINK ABOUT WHAT'S
HAPPENING IN OUR COUNTRY AND HOW
IT IS, HOW WE ARE RESPONDING TO
IT, I THINK OUR CONVERSATION AND
TRAUMA CANNOT BE ENDING MORE
TIMELY.

AND SO TODAY, WE ARE WE'LL TALK
ABOUT, WE ARE ONLY SCRATCHING
THE SURFACE.

LET'S BE CLEAR ABOUT THAT.

WE ARE GOING TO TALK ABOUT
TRAUMA AND WHAT IT IS.

RIGHT.

WE TALK ABOUT IT IN TERMS OF THE
WAYS IN WHICH YOU PRACTICE AND
IN TERMS OF VICARIOUS TRAUMA.
FOR THE TIME TOGETHER, LET ME
PULL UP MY SLIDES TO SHARE WITH
YOU.

THIS IS MY JOY.

I'M FANTASTIC AT SLIDES OR
TECHNOLOGY, I SHOULD SAY, THAT
IS SO NOT TRUE.

BUT LET ME SAY FOR THE TIME
TOGETHER I HAVE GIVE YOU THE
OBJECTIVES AND HOW WE ARE MOVING
FORWARD WITH THAT.

SO FOR TODAY, WE HAVE AN
OVERVIEW OF THE TRAUMA AND
HEALING AND COPING STRATEGIES
AND TIME FOR TABLE DISCUSSIONS.

THE GOALS ARE TO BE ABLE TO
DESCRIBE TRAUMA, IDENTIFY AND
DESCRIBE THE VARIOUS FORMS OF
TRAUMA, DILIGENT BETWEEN THE
TRAUMA, AND POTENTIAL IMPACTS ON
THE INDIVIDUALS, AND IDENTIFYING
AND DESCRIBE SELF-CARE AND
HEALING PRACTICES.

SO WHAT IS TRAUMA?

WE THINK ABOUT TRAUMA IN
DIFFERENT WAYS.

WE THINK ABOUT IT IN TERMS OF
EXPERIENCES, MAYBE IN TERMS OF
THE WAYS IN WHICH WE UNDERSTAND
SOME VIOLENCE THAT WE HAVE
EXPERIENCED.

BUT THERE'S MULTIPLE DEFINITIONS
OF TRAUMA.

SO THE SUBSTANCE ABUSE AND
MENTAL HEALTH SERVICES
ADMINISTRATION IDENTIFY TRAUMA
AS INDIVIDUAL RESULTS FROM AN
EVENT OR SERIES OF EVENTS OR SET

OF CIRCUMSTANCES THAT IS EXPERIENCED BY AN INDIVIDUAL AS PHYSICALLY OR EMOTIONALLY HARMFUL OR THREATENING AND THAT HAS LASTING AFFECTS.

ANOTHER ORGANIZATION DESCRIBES TRAUMA AS EMOTION RESPONSE TO A TERRIBLE EVENT LIKE AN ACCIDENT, RAPE OR NATIONAL DISASTER.

WHAT THE DEFINITIONS DO NOT INCLUDE AND WE ARE GOING TO TALK IN TERMS OF HISTORICAL TRAUMA AND THE IMPACT THAT HAS OVER THE GENERATIONS.

THINKING OF IT FROM INTERGENERATIONAL.

HOLOCAUST, TRAIL OF TEARS.

THOSE ARE MISSED IN THE DEFINITIONS THAT WE USE TO TALK ABOUT TRAUMA.

SO AGAIN, TRAUMA CAN BE INTERSECTIONAL, INTERGENERATIONAL, HISTORICAL, IMPACTS THE COMMUNITIES FUNCTIONING AND THE INDIVIDUAL FUNCTIONING.

WE THINK ABOUT TRAUMA THAT EXPERIENCE FROM THE POLICIES IMPOSED TO DICTATE THE WAYS IN WHICH THINGS SHOULD BE CARRIED. IN THE WAY THAT COMMUNITIES EXPERIENCE TRAUMA WITH THE POLITICAL BRUTALITY.

THINK ABOUT IT INDIVIDUALLY, WE CAN THINK ABOUT TRAUMA FROM A PERSPECTIVE OF THE WAYS IN WHICH WE HAVE EXPERIENCED DIFFERENT FORMS OF VIOLENCE.

THINK ABOUT THAT WITH THE WORK THAT YOU HAVE DONE.

WHAT DOES THAT MEAN IN TERMS OF SYMPTOMS.

PEOPLE EXPERIENCE ANGER.

IT COULD BE IN TERMS OF BREAKING OR YELLING.

FEELING SADNESS, DESPAIR.

NIGHTMARES AND FLASHBACKS.

UNPREDICTABLE EMOTIONS.

ONE MOMENT YOU ARE HAPPY AND THEN SHUTDOWN AND BE SILENT.

THERE ARE PHYSICAL SYMPTOMS, HEADACHES OR NAUSEA.

INTENSE FEELINGS OF GUILT.

THERE CAN BE A SENSE OF SHAME AND ISOLATION AND HOPELESSNESS AND DESPAIR.

IN TERMS OF THINKING ABOUT THE WAYS IN WHICH PEOPLE ARE SILENCED FOR SO LONG AND NOT

KNOWING THAT A CHANGE CAN
HAPPEN.
THERE CAN BE SYMPTOMS OF
NUMBNESS.
THINKING ABOUT THE WAYS IN WHICH
TO MANAGE IT.
SYMPTOMS CAN BE CENTERED AROUND
ALCOHOL OR DRUG USE OR OVER
EATING AS A WAY TO MANAGE THE
OVERCOMING FEELINGS THAT ONE MAY
HAVE.
DIMINISHED INTEREST IN EVERY DAY
ACTIVITIES.
RACING HEART BEAT, SELF-BLAME,
RIGHT, HEART PALPITATIONS.
SWEATING.
IT CAN BE OVER LAYERED OR EXIST
IN SOME WAYS WITH OTHER MEN
HEALTH ISSUES LIKE DEPRESSION OR
ANXIETY.
THAT CAN BE TRIGGERED AS WELL.
THINKING ABOUT THE WAYS THAT
TRAUMA SHOWS UP AND THE
RESPONSES TO IT CAN REALLY BE
TAXING ON THE WAYS IN WHICH WE
UNDERSTAND TRAUMA.
WHAT ARE THE TYPES OF TRAUMA?
SEXUAL ASSAULT, MALTREATMENT,
DOMESTIC VIOLENCE, RAPE,
PANDEMICS, INCREASED ISOLATION,
INCREASED THE WAYS OF GOING
ABOUT OUR DAY-TO-DAY LIVES.
SOME FOLKS MAY BE LIVING IN
HOUSES WITH THEIR ABUSERS, THAT
IS ADDITIONAL TRAUMA.
THINKING ABOUT THE WAYS AND
TYPES OF TRAUMA.
WHAT WE HAVE HERE ARE JUST
EXAMPLES.
FOR YOU TO THINK ABOUT THE WAYS
IN WHICH TRAUMA CAN SHOW UP.
THE TYPES OF TRAUMA.
THE WAYS IN WHICH TRAUMA CAN BE
A PART OF YOUR LIFE.
SO THIS IS JUST A WAY FOR US TO
THINK ABOUT WHAT IT IS.
LIKE I SAID, WE ARE ONLY
SCRATCHING THE SURFACE TODAY
WITH THE CONVERSATION AROUND
TRAUMA.
BUT WANTING TO GIVE YOU CONTEXT
IN WHICH WE ARE DRAWING FROM.
LISA.
>> THAT'S RIGHT.
THANK YOU.
SO IT IS IMPORTANT THAT WE GIVE
YOU SOME INFORMATION ABOUT WHAT
IS HAPPENING WHEN A TRAUMA IS
OCCURRING WHEN AN INCIDENT IS

OCCURRING THAT LEADS TO TRAUMA.
BECAUSE SOMETHING THAT IS VERY
REAL ABOUT TRAUMA IS THAT
DIFFERENT PEOPLE EXPERIENCE THE
SAME INCIDENT IN DIFFERENT WAYS.
AND SO YOU CAN HAVE FIVE PEOPLE
IN A ROOM SAME SITUATION
HAPPENS, SOME PEOPLE MAY HAVE A
TRAUMA RESPONSE DEVELOP IN BEING
IN THAT INCIDENT AND OTHER
PEOPLE MAY NOT.

SO THAT IS A REALLY IMPORTANT
DISTINCTION TO NOTE.

AND SO WHAT WE WANT TO DO WITH
THAT QUENETTE, GOING TO THE NEXT
SLIDE, PLEASE.

WITH THINKING ABOUT TRAUMA IN
THE BRAIN, SOMETHING THAT WE
KNOW IS THAT IT IS DIFFICULT TO
TREAT ONCE WE SEE THAT SOMEONE
HAS BEEN IMPACTED AND EXHIBITING
SIGNS AND SYMPTOMS OF TRAUMA.

IT IS DIFFICULT TO TREAT.

IT IS SOMETHING THAT HAS
PHYSICAL CHEMICAL ORIGINS IN THE
BRAIN, IT CAN'T, IT IS NOT
SOMETHING PINPOINTED AND TREATED
WITH A TARGETED PHYSICAL
APPROACH TO TREATMENT.

PART OF WHAT HAPPENS WHEN THAT
TRAUMA IS STORED THROUGHOUT THE
BRAIN IN THE WAY THAT THE BRAIN
ACTIVITY WORKS AND PROCESSES IT
AND POTENTIALLY ATTACHES
MEANINGS TO THE INCIDENTS THAT
OCCURRED THAT THE TRAUMA
RESULTED FROM, IS THAT IT IS
STORED THROUGHOUT DIFFERENT
PARTS OF THE BRAIN.

THE BRAIN GETS INFORMATION THAT
IT RECOGNIZES A THREAT TO SAFETY
FROM, AND THEN ALSO, THE BRAIN
GIVES BACK INFORMATION TO THE
BODY.

AND SO THERE'S THIS 2 WAY STREET
THAT OCCURS.

THAT IS PART OF WHAT IS
DIFFICULT IN TREATING TRAUMA AND
SUPPORTING THE PEOPLE DEALING
WITH TRAUMA.

THE OTHER THING THAT MAKES IT
DIFFICULT, WHEN SOMEONE
EXPERIENCES AN INCIDENT THAT
BECOMES, HAS A TRAUMATIC
RESPONSE RELATED TO IT, THE
EXPERIENCE IS A LONG-LIVED
DEEPLY EMBEDDED MEMORY.

IT IS NOT SOMETHING THAT KIND OF
GOES AWAY QUICKLY.

SO YOU CAN SEE WHY THERE ARE ANYBODY DOING DIAGNOSIS YOU WILL SEE THAT IT IS ABOUT TO LENGTH OF TIME OF THINGS NOT A SHORT TIME BUT A LONGER TIME.

NEXT SLIDE, PLEASE.

HERE WHAT WE ARE LOOKING AT, IF YOU HAVE SEEN THIS BEFORE, THIS IS A LATERAL SIDEWAYS VIEW OF THE BRAIN.

IF I WERE TO TURN MY HEAD LIKE THIS AND THIS IS WHAT YOU WOULD SEE LOOKING AT THE SIDE VIEW ON THE INSIDE.

AND WHAT WE HAVE HERE AND WE ARE NOT GETTING WAY DEEP INTO THE BIO CHEMICAL SCIENCE OF THE BRAIN, BUT SOME REALLY IMPORTANT THINGS TO NOTE IS THAT THERE ARE SOME VERY IMPORTANT DIFFERENT PARTS OF THE BRAIN AND THE BRAIN STEM THAT HAVE AN IMPACT WHEN SOMEONE IS EXPERIENCING AN INCIDENT OR A SITUATION THAT IS FEELING THREATENING AND THE LEVEL OF THE THREATENING AND THE BRAIN SENDING THE MESSAGES OF HOW THREATENING IT IS, IT IS IMPORTANT TO KNOW.

THE BLUE AREA, YOU SEE ABOUT SPEECH AND THE PREFRONTAL CORTEX AND THE THOUGHT, THAT HIGHER PEOPLE CALL THE RATIONAL FUNCTIONAL PART OF THE BRAIN, WHEN SOMETHING OVERWHELMING AND LIKELY TO LEAD TO A TRAUMA RESPONSE, MORE CONNECTIONS THAT LEAD TO THE HIGHER FUNCTIONING THAT PLACE THAT ALLOWS US TO ANSWER THE QUESTIONS ABOUT WHY, THOSE CONNECTIONS SLOW DOWN OR SHUTDOWN.

SO AT THAT POINT, THAT IS WHY THE BRAINS GO INTO SURVIVAL MODE AND THEY ARE IMPORTANT THINGS TO KEEP IN MIND IN THE WAY THAT WE INTERACT WITH FOLKS AROUND THE TRAUMA EXPERIENCES SO WE DON'T INTERACT WITH THEM IN WAYS TO MAKE THEM FEEL STUPID OR CRAZY. SO THERE IS SOME REAL IMPORTANT INFO RELATED TO HELPING OUR PEOPLE THAT WE WORK WITH AND PEOPLE IN OUR LIVES WHO HAVE EXPERIENCED TRAUMA AND FINDING WAYS TO APPROACH THAT ARE HELPFUL IS IMPORTANT. WE ARE GOING TO SHARE A VIDEO RIGHT NOW.

QUENETTE, IF YOU CAN STOP SHARING THE SCREEN, I WILL SHARE MINE.

I HAVE THE VIDEO CUED UP HERE.

[VIDEO]

>> OKAY.

SO I THINK WHERE I WANT TO END THIS BEFORE SWITCHING TO THE NEXT SECTION OF THIS PRESENTATION IS TO MAKE IT CLEAR THAT IS A REALLY GOOD VIDEO THAT WE FOUND TO USE.

IT IS SOMETHING THAT CLEARLY WAS ORIGINALLY DEVELOPED FOR THE USE OF LAW ENFORCEMENT AND TALKS ABOUT THE MILITARY HAVING DONE THIS RESEARCH ON BEST WAYS TO TALK WITH, THEY USED THE PHRASE INTERVIEW FOLKS IN RELATION TO TRAUMA EXPERIENCES.

BUT I WANT TO PUT OUT THERE THAT OFTEN TIMES THOSE OF US IN THIS TYPE OF WORK UNDER THE GRANT, WE HAVE TO ALSO FIGURE OUT HOW IT IS TO TALK TO SURVIVORS.

WE ARE NOT DOING IT BECAUSE OF DOING A FORENSIC INTERVIEW AND GET QUOTE UNQUOTE EVIDENCE GATHERING, THERE ARE PLENTY OF TIMES WHERE WE ARE EXPERIENCING SURVIVORS TELLING US AND SHARING THEIR STORIES AND SO I GUESS WHAT I WANT TO ENCOURAGE YOU TO DO IS BE CLIENT CENTERED IN YOUR PRACTICE AROUND THIS AND NOT EXPECT THEM TO DO A START TO FINISH STORY, JUST LET THEM ABOUT WHAT THEY KNOW ABOUT THE EXPERIENCE AND WHAT IT MEANS TO THEM.

I DO LIKE IN THERE THE STEP FOUR THAT INCLUDED REMEMBERING THAT TRAUMA, THESE ARE NORMAL RESPONSES TO ABNORMAL EVENTS. IT IS NOT THE PERSON THAT IS HAVING AN ABNORMAL I VENT. IT IS THE EVENT THAT THEY HAVE EXPERIENCED THE ABNORMAL. THAT IS A VERY IMPORTANT THING THEY HAVE SHARED.

I LIKE IN THE LAST INTERVIEW THEY SHOWED THE ONE OFFICER GAVE AND TRIED TO HELP THE SURVIVOR BY NORMALIZING AND SAYING THAT FREEZING THAT IN THE MOMENT YOU DIDN'T UNDERSTAND, AND MAYBE EVEN RIGHT NOW AFTER WARDS I DON'T UNDERSTAND THAT, THAT IS NORMAL.

AND NORMALIZING THE EXPERIENCE FOR THE SURVIVOR, THOSE ARE IMPORTANT TAKE AWAYS ABOUT HOW CAN WE TALK ABOUT WITH THE FOLKS AROUND TRAUMATIC MEMORIES. QUENETTE?

>> THANK YOU, LISA.

BUILDING ON WHAT WE HAVE TALKED ABOUT, THINKING ABOUT THE BRAIN AND THE WAYS IN WHICH WE EXPERIENCE TRAUMA.

THINKING ABOUT DEFINING TRAUMA. THE DIFFERENT INSTANCES OF TRAUMA.

RIGHT.

THE VARIOUS FORMS OF IT.

LET'S ADD CONTEXT TO IT FROM THE HISTORICAL PERSPECTIVE TRAUMA.

WE TALK ABOUT THE IMPACTS ON THE COMMUNITY, THE EMOTIONAL AND PSYCHOLOGICAL WOUNDING THAT RESULTED AS GROUP TRAUMA.

WHEN WE THINK ABOUT PARTICULARLY FOR AFRICAN-AMERICANS AND MY HISTORY, EVERYONE'S HISTORY AND EXPERIENCE IS DIFFERENT, WE IDENTIFY ACROSS GENERATIONS THAT IS TRAUMATIC AND TRANSFERRED FROM ONE GENERATION TO THE NEXT AND IT IS CONTINUING TO BE UNRESOLVED.

GRIEF AND ANGER CONTRIBUTE TO THE TRAUMA.

SO WHEN WE TALK ABOUT DISPARITIES THAT

AFRICAN-AMERICANS EXPERIENCE OR LATIN X, IT IS NOT BECAUSE THEY ARE LESS EQUIPPED OR THEIR BODIES ARE MORE RESPONSIVE TO ILLNESSES AND THEY DON'T WANT TO GET BETTER, IT IS BECAUSE OF SYSTEMIC CHALLENGES THAT HAVE BEEN OPERATING FOR YEARS.

WHAT HAS BEEN PASSED DOWN FROM GENERATION TO GENERATION.

FROM THAT POINT, THE HEALTH DISPARITIES THAT HAVE GONE OR THE HEALTH ISSUES, ASTHMA, HEART DISEASE, DIABETES, ALL THOSE DISPARITIES THAT EXIST HAS BEEN PASSED DOWN FROM GENERATION TO GENERATION AND WHAT THE RESEARCH IS SHOWING THAT HISTORICAL TRAUMA EXPERIENCES AS SLAVERY IS EMBEDDED IN BLACK PEOPLE'S D.N.A. AND THAT BECAUSE THAT TRANSMISSION EVOLVED IN A DIFFERENT WAY.

SO WHEN WE SEE FOLKS TALK ABOUT

WE HAVE BEEN DEALING WITH THIS FOR GENERATIONS IT IS BECAUSE OF WHAT THEY HAVE BEEN TOLD, FROM THE PERSONAL EXPERIENCES, THEIR REALLY'S EXPERIENCES, THEIR OWN EXPERIENCES AND WHAT THEY HAVE WITNESSED AND SEEN IN THE COMMUNITIES IN WHICH THEY LIVE. SO THIS TYPE OF TRAUMA IS OFTEN ASSOCIATED WITH ETHNIC AND RACIAL POPULATIONS WITHIN THE U.S. WHO HAVE SUFFERED MAJOR INTERGENERATIONAL LOSSES AND ASSAULTS ON THE CULTURE AND WELL BOING.

IF YOU THINK ABOUT WHEN AFRICAN-AMERICANS TRIED TO IDENTIFY IN PARTICULAR CUSTOMS AND PRACTICES, THEY HAVE A HARD TIME RECALLING WHAT THEY ARE TO STAY CONNECTED.

HOW DO THEY RESPOND AND THE TRANSMISSIONS LOOK LIKE. THE RESPONSES HEART DISEASE, ELEVATED MORTALITY RATES, AFRICAN-AMERICANS ARE MORE LIKELY TO DIE FROM THE ILLNESSES THAT OTHER ETHIC GROUPS, EVEN WHEN WE LOOK AT COVID-19 AND THE IMPACT AND THE DISPARITIES AROUND IT, IT IS BECAUSE THEY ARE ACCESS TO RESOURCES THAT MAKE IT HARD FOR THEM TO BE ABLE TO GET TREATMENT.

SO RESPONSES ARE PHYSICAL ILLNESS, EMOTIONAL AND PSYCHOLOGICAL ILLNESS, INCREASE IN DEPRESSION AND ANXIETY. THIS IS TRANSMITTED IN FOUR PRIMARY WAYS.

SEGREGATION AND SYSTEMIC PHYSICAL AND PSYCHOLOGICAL VIOLENCE.

SO WHEN WE THINK ABOUT IT, AND HOW TO THINK ABOUT HISTORICAL TRAUMA IS CRITICAL AND TRAUMATIC EVENT THAT HAS IMPACTED ONE'S MEMBERSHIP, RIGHT AND IDENTIFYING A GROUP.

IT IS ENGRAINED IN THE COLLECTIVE MEMORY.

THE STORIES FROM GENERATIONS ARE TOLD OVER AND OVER AGAIN AND THE RESPONSE THEY FEEL FROM THAT IMPACTS THAT.

THE COMMUNAL MEMORY OF THAT CARRIED OVER WITH THE ON GOING OPPRESSION.

THEY BECOME CORE AND UNIFYING

FACTORS THAT IN FACT INFLUENCE THE GROUP IDENTITY AND IN TURN IMPACT THEIR RESPONSES TO TRANSMISSION OF TRAUMA.

SO SAYING IT IN A DIFFERENT WAY. WHAT HAPPENED IN ONE GENERATION IMPACTS ANOTHER GENERATION AND THE HOW THE FOLKS ARE RESPONDING HAS FOUND TO BE, TAKE WHAT WE ARE EXPERIENCING NOW IN TERMS OF THE PANDEMIC, HOW FOLKS ARE RESPONDING MAYBE NOT SEEKING HEALTHCARE UNTIL ON THEIR DEATH BED WITH THE ILLNESS HAS BEEN IMPACTED BECAUSE THE ENGRAINED IN THE SYSTEMS IS THE EXPERIENCES WITH HEALTHCARE.

THINKING ABOUT MY GRANDMOTHER'S LIFE EXPERIENCES OVER TIME AND UNDERSTANDING THAT AND THE PRIVILEGE TO EARN A PH.D. AND GET THE EDUCATION, SHE WAS EDUCATED IN HER OWN RIGHT, THE VALUE ON THE IMPORTANCE OF EDUCATION AND WHAT WE DELIVER TO THE CHILDREN ABOUT WHAT IT MEANS TO BE EDUCATED IN A COUNTRY THAT DOESN'T VALUE BLACK LIVES IS A WAY IN WHICH WE USE THE EDUCATION AS A WEAPON, A PRIVILEGE AND CAN BE OPPRESSIVE, WORKING IN AN ACADEMIC SETTING. SO REALLY TRYING TO UNDERSTAND MESSAGES THAT HAVE BEEN DELIVERED FROM ONE RELATIVE PASSED ON TO THE OTHER, THE TRANSMISSION AND WHAT THAT MEANS AND THE IMPACT ON US PHYSICALLY AND EMOTIONALLY.

>> BEFORE GOING TO THE VIDEO, I WANT TO LIFT UP THERE IS A QUESTION IN THE CHAT BOX.

WONDERING DOES REPEATED TRAUMA INCLUDING COLLECTIVE CAUSE PEOPLE OR GROUPS OF PEOPLE TO LIVE IN A PERPETUAL STATE OF TRAUMA.

DO YOU WANT TO BRING THAT FORWARD NOW OR AFTER THE VIDEO?

>> I WILL ANSWER THAT.

THANK YOU FOR THAT.

YES, IT DOES.

RIGHT.

IF WE THINK ABOUT SOMETHING CONSTANTLY HAPPENING AND IN ELEVATED STATE, RESPONDING TO DIFFERENT SLIGHTS TO YOUR BODY, TO YOUR MIND, TO YOUR SPIRIT, OF COURSE, A HEIGHTENED SENSE, AND

THAT CONTINUES TO BEAT YOU DOWN
IN SOME WAYS.

SO THERE'S A RESEARCHER AT THE
UNIVERSITY OF MICHIGAN TALKING
ABOUT THE WEATHERING.

THE SLIGHTS CAN TAKE ONE PIECE,
ONE PIECE AND ONE PIECE FROM YOU
AND YOUR BODY BECOMES TIRED.

IT IS THE ABILITY TO FIGHT OFF
OTHER ILLNESSES OR THE STRESSORS
ARE HARDER TO DO OVER TIME.

SO ABSOLUTELY THE SLIGHTS ARE
PROFOUND OVER TIME.

>> I THINK SOMETHING TO ADD IS
THAT THERE'S ALSO HISTORICAL
TRAUMA FOR THE FOLKS WHO ARE
HAVE IDENTITIES THAT ARE PART OF
THE GROUP MEMBERSHIP.

THINKING OF HOW IS IT THAT QUEER
COMMUNITIES HAVE THESE
COLLECTIVE EXPERIENCES EVEN IF
NOT DIRECT ONES THERE IS A
HISTORY OF POLICE VIOLENCE AND
HATE VIOLENCE AND WHAT THAT
MEANS.

YOU KNOW, TO THE QUESTION ABOUT
DOES IT MEAN PEOPLE LIVE IN A
PERPETUAL STATE OF TRAUMA.

I THINK ABOUT WHEN PEOPLE HAVE
TALKED ABOUT PARTICULARLY WOMEN,
CISGENDER WOMEN AND GIRLS RAISED
IN THE CONTEXT AWARE THEY CAN BE
ASSAULTED AT ANY TIME.

THERE IS A PREOCCUPATION IN THE
MIND OF BEING ASSAULTED.

FOR ME, AS A THERAPIST, A WAY
THAT TRAUMA, YES, THANK YOU, A
BIG WAY THAT TRAUMA HAS SHOWN UP
OVER TIME WITH FOLKS THAT I HAVE
WORKED WITH IN THIS WAY THAT
PEOPLE DEALING WITH THE SYMPTOMS
AND SIGNS OF TRAUMA, A WAY TO
HANDLE THAT IS MAKING YOUR WORLD
SMALLER.

BEING PREOCCUPIED WITH SAFETY
ALL THE TIME AND MAKING CHOICES
NOT TO DO THINGS THAT TRIGGER.
THAT HAS A HUGE IMPACT ON THE
DAY-TO-DAY LIVES AND
PARTICULARLY, PARTICULARLY
ADDING IN FOR FOLKS LIKE
AFRICAN-AMERICANS WHO HAVE THE
HISTORIES OF SLAVERY IN THEIR
FAMILY, NATIVE AMERICAN FOLKS
AND JEWISH FOLKS WITH HISTORY OF
FOLKS IN THE HOLOCAUST, LIKE THE
D.N.A., THEIR BODIES ARE HOLDING
IT.

>> EVEN IN HEALTH OUTCOMES TO

MAKE IT A LITTLE MORE HOME E
EDUCATED BLACK WOMEN.
BLACK WOMEN WITH PH.D. ARE MORE
LIKELY TO HAVE LOW BIRTH WEIGHT
BABIES OR BABIES DIE AT BIRTH
THAN HIGH SCHOOL EDUCATED WHITE
WOMEN.

THAT'S NOT BECAUSE THEY ARE NOT
PREPARED TO CARE FOR OR NOT
SOUGHT PREGNANCY CARE OR CARE
WHILE CARRYING THEIR CHILD.
IT IS ISSUED RELATED TO THE
SYSTEMIC CHALLENGES IN WHICH
THEY LIVE.

THE STRESS OF WORRIED ABOUT
SAFETY, NOT ONLY AS A PREGNANT
OF WOMAN, BUT IN TERMS OF RACISM
AND PARENTING A CHILD WHO IS NOT
ABLE TO BE SEEN AS A CHILD, AS
AN ADULT, CARRYING THE STRESSORS
IMPACT AND TRANSFER TO THE FETUS
AND AT DELIVERY CAN HAVE A LOT
MORE NEGATIVE IMPACT ON THEIR
CHILD.

SO THOSE HEALTH DISPARITIES ARE
IMPORTANT IN THIS CONVERSATION
IN HOW WE SEE THE EXPERIENCES
WITH HISTORICAL TRAUMA PLAYED
OUT.

THE VIDEO WILL GIVE YOU MORE
TEXTURE ON WHAT WE ARE TALKING
ABOUT AND THE EXAMPLES OF WHAT
WE ARE SHARING IN TERMS OF
HISTORICAL TRAUMA.

>> I HAVE THE VIDEO UP FOR US.
I WILL SHARE MY SCREEN.
THANK YOU.

>> YOU ARE WELCOME.

(VIDEO)

WE ALL PLAYED COWBOYS AND
INDIANS AND WE FOUGHT OVER WHO
HAD TO BE THE INDIAN.

THE INTRODUCTION OF A
DESTRUCTION OF CULTURE AND LOSS
OF WHAT IS GOOD.

WHY DIDN'T FILIBUSTER WANT TO BE
THE INDIAN.

EVERYONE KNOWS THAT THE INDIAN
DIES.

THAT ALREADY IN HIS GENERATION
HE RECEIVED A MESSAGE AS A YOUNG
CHILD I RECEIVED THE MESSAGE, IT
IS NOT GOOD TO BE INDIAN.

>> HISTORICAL TRAUMA IS
COLLECTIVE EMOTIONAL WOUNDING
ACROSS AND OVER GENERATIONS.
THESE ARE EVENTS THAT DON'T JUST
TARGET AN INDIVIDUAL, BUT THEY
TARGET A WHOLE COLLECTIVE

COMMUNITY.

THINGS LIKE FORCED RELOCATION FROM THE HOMELANDS, BUT THE PROCESS THAT OUR COUNTRIES TALK IS THAT THE TRAUMA IS HELD PERSONALLY AND CAN BE TRANSMITTED ACROSS THE GENERATIONS.

IF THE FAMILY MEMBERS WITHOUT THE DIRECT EXPERIENCE OF THE TRAUMA FEEL THE EFFECTS OF THAT EVENT GENERATIONS LATER.

>> WHAT HELPS ME TO HELP PEOPLE UNDERSTAND THE NOTION OF HISTORICAL TRAUMA, IT IS ACTUALLY A PHENOMENON LOTS OF COMMUNITIES, PEOPLE ALL OVER THE WORLD STRUGGLED WITH. IT IS NOT SOMETHING SPECIFICALLY ONLY OWNED BY TRIBAL PEOPLE. IT IS ARTICULATED ALL OVER THE WORLD.

>> OBSERVATION HAS SHOWED STARTED WITH WORK ON THE HOLOCAUST SURVIVORS.

AND THERE IS A LOT OF WORK OF TRANSMISSION OF TRAUMA.

IT IS MOVED INTO THE LOOKING AT JAPANESE SURVIVORS, HOLOCAUST AND SO FORTH.

YOU CAN IMAGINE TRYING TO TRACK TRAUMA OVER GENERATIONS AND TRYING TO TEASE OUT WHAT IS THE IMPACT OVER THE GENERATIONS ON THIS CHILD COMBINED WITH THE TRAUMATIC EVENTS.

>> I SAY TO YOU ACKNOWLEDGMENT IS DUE TO MY GRANDFATHER.

HE NEVER TOLD US THE STORIES OF WHY HE DID CERTAIN THINGS.

HE NEVER SHARED WHY HE NEVER CRIED FOR EXAMPLE.

HE NEVER SHARED WHY HE WALKED OUT THE DOOR WHEN MY GRANDMOTHER CRIED.

WHY HE TURNED HIS BACK WHEN SHE CRIED.

OF COURSE WE THOUGHT HE DIDN'T CARE.

HE TURNED HIS BACK AS I LOOK BACK NOW BECAUSE THE PAIN HAS NO WORDS.

I STILL HAVE THE IMAGES, THE IMAGES OF HIM DEALING WITH THE LIMITATIONS THAT HE WAS UP AGAINST.

I CAN ONLY IMAGINE THE PAIN.

BUT WHAT I DO KNOW IT DIDN'T GO AWAY.

IT CAME INSIDE, INTO THOSE OF US WHO FOLLOWED HIM.
>> I SAW A WATER FOUNTAIN THAT SAID WHITE AND COLOR.
COLORED WATER, THAT WAS IN MY COGNITIVE SKI MA.
WE DRANK A LOT OF COOL AIDE.
THERE IS A LITTLE WHITE GIRL THAT SAW THE COLORED WHITE FOUNTAIN AND HER MOTHER GRABBED HER BY THE ARM.
YOU CAN'T DRINK FROM THE COLORED WATER FOUNTAIN.
SHE SCREAMED I WANT TO COLOR WATER.
I WANT THAT COLORED WATER.
SO I KNEW IT MUST BE GOOD.
[LAUGHTER]
>> SO I RUN TO THE COLORED WATER FOUNTAIN AND LOOKING FOR MY MOM.
I TURNED THE WATER FOUNTAIN. AND IT WAS CLEAR.
JUST LIKE AT HOME.
THAT DAY, THAT TRAUMA, I REMEMBER IT TO THIS MOMENT.
>> IT TIES US TO AN AWFUL TERROR 400 YEARS OF TRAUMA, AND FOR US, WE TALK ABOUT IT UTTER CULTURAL ERASURE.
>> THERE IS A QUESTION THAT WAS ASKED WHETHER OR NOT THERE'S EXPERIENCES WITH RELIGIOUS TRAUMA.
I CAN ONLY IMAGINE.
THERE'S NOT A LOT OF RESEARCH AROUND IT.
BUT HOW IT IS WOVEN INTO THE EXPERIENCES OF THOSE WHO ARE ARMENIAN, JEWISH, NATIVE AMERICAN, IT IS RISING TO THE TOP IN WAYS IN WHICH THEY PROTECT THEMSELVES.
RELIGIOUS IS A RESPONSE TO TRAUMA.
WHAT I THINK THAT IS STARTING TO COME UP EVEN MORE I'M WITH THE UNIVERSITY OF HOUSTON IN TEXAS, AND WE ARE STARTING TO LOOK AT MORE IS THIS INTERGENERATIONAL RESPONSE IN TERMS OF HEALING. RIGHT.
BECAUSE WE TALK ABOUT ALL THE PAINFUL PIECES, AND PEOPLE HAVE TO EXPRESS THERE IS PAIN AND PASSED DOWN, AND THERE ARE GIFTS THAT HAVE COME ALONG WITH THAT AND THE INTERGENERATIONAL PIECES OF HEALING NEED TO BE EXPLORED.
ON THE FLIP SIDE OF THE TRAUMA,

THERE IS JOY.
THINK ABOUT THE WAYS IN WHICH
PEOPLE EXPRESS THE PAIN, HURT,
DISAPPOINTMENT, FRUSTRATION,
THERE IS A LIST OF RESPONSES
THAT THEY ARE HAVING, BUT THE
EMOTIONAL RESPONSES THEY ARE
HAVING DURING THE PANDEMIC
COUPLED WITH THE EPIDEMIC OF
POLICE BRUTALITY OR POLICE
VIOLENCE, THERE IS TRAUMA ON THE
OTHER SIDE, NOT THE TRAUMA BUT
THE HEALING THAT HAS TO HAPPEN.
WE HAVE TO EXPLORE WHAT IT MEANS
TO SIT IN THAT PAIN AND HOW LONG
THEY HAVE SIT IN THE PAIN.
SO WE ARE KEEPING THE
CONVERSATION GOING.
I RECOGNIZE WE HAVE JUST 30
MINUTES LEFT TO GET THROUGH THE
REST OF THE SLIDES.
KEEP THE QUESTIONS COMING ON HOW
WE CAN EXPLORE HISTORICAL TRAUMA
AND THE IMPACT ON PEOPLE'S LIVES
OVER TIME.

LISA.

>> ABSOLUTELY.

THANK YOU.

AT THIS POINT, WHAT WE WANT TO
DO IS TALK ABOUT VICARIOUS
TRAUMA.

QUENETTE AND I AS PRACTITIONERS
AND PROVIDING TECHNICAL
ASSISTANCE TO OTHERS WE FIND IT
NECESSARY TO MAKE SURE TO TALK
HOW OTHER PEOPLE'S STORIES,
OTHER PEOPLE'S TRAUMA STILL
IMPACT US.

WE ARE IMPACTED AS WITNESSES TO
THAT TRAUMA BECAUSE IN THE
WITNESSING OF IT, WE ARE ALSO
RECOGNIZING IN SOME WAY OUR
BODIES ARE RECOGNIZING, OUR
SYSTEMS ARE RECOGNIZING THAT
SOMETHING ABNORMAL HAS HAPPENED.
BECAUSE WE ARE IN A CONNECTION
WITH PEOPLE BY US, WE ABSORB
THROUGH THE CONNECTIONS THAT WE
HAVE SOMETHING REALLY IMPORTANT
ABOUT OTHER PEOPLE AND WHEN
PEOPLE ARE SHARING TRAUMA AND
PAIN WITH US, WE ALSO EXPERIENCE
SOME IMPACTS OF THAT TRAUMA AND
PAIN.

I WOULD JUST ENCOURAGE YOU TO
LOOK IF YOU ARE INTERESTED THE
SCIENCE AROUND THIS STUFF.
THERE IS A WONDERFUL VIDEO ON
MIRROR NEURONS THAT PROVIDE

INFORMATION ABOUT THE FUNCTIONS
THAT WE CAN HAVE THESE SYSTEMS
IN OUR BODY THAT KEEP US
CONNECTED TO OTHERS.

NEXT SLIDE, PLEASE, QUENETTE.

SO WHAT IS THE DEFINITION OF
VICARIOUS TRAUMA?

IT IS A STATE OF TENSION,
PREOCCUPATION, AND IT IS THAT
TENSION AND PREOCCUPATION WITH
THE STORIES OF THE TRAUMA
EXPERIENCED BY THE CLIENTS OR
DESCRIBED BY THE CLIENTS.

IT CAN BE SOMETHING THAT WE HAVE
EXPERIENCED FROM PEOPLE THAT ARE
CONSIDERED FRIENDS AND PEOPLE
THAT WE HAVE GONE TO SCHOOL WITH
AND ALL OF THAT.

SOMETIMES I KNOW I REMEMBER
SUPPORTING YOUNG FOLKS THEY WERE
HAVING THEIR OWN EXPERIENCES
THAT WERE RELATING TRAUMA AND
ABSORBING FROM THEIR FRIENDS IN
SHARING THE EXPERIENCES.

I DON'T KNOW IF WE CAN BY A SHOW
OF HANDS, IF YOU GO CLICK ON
PARTICIPANTS, OH NO, IN THE
REACTIONS DOWN ON THE TASK BAR,
IF YOU CAN SHOW THE THUMB'S UP
IF YOU HAVE EVER EXPERIENCED OR
SEEN SOMEONE EXPERIENCE A STATE
OF TENSION OR SOMEBODY SHOWING A
PREOCCUPATION TRAUMA EXPERIENCED
BY SOME OF THE CLIENTS THAT YOU
ARE WORKING WITH?

DOWN IN THE REACTION'S TAB ON
THE TASK BAR.

GIVE UP A THUMB'S UP IF YOU HAVE
SEEN OR FELT THAT YOURSELF.

ANY FORM OF TRAUMA, FOR REAL.

ANY WAY THAT YOU KNOW YOU ARE
CARRYING AND BEING IMPACT BY
SOMEONE ELSE'S TRAUMA BECAUSE OF
HEARING THEIR STORY.

YEAH.

GREAT.

NEXT SLIDE, PLEASE, QUENETTE.

THERE IS A WORD CLOUD MADE FROM
DOING ONE OF THESE TYPES OF
PRESENTATIONS BEFORE ABOUT WHAT
IS THE ASSOCIATED LANGUAGE THAT
COMES UP WITH VICARIOUS TRAUMA.

YOU ARE SEEING HERE HOW PEOPLE
DESCRIBED THEIR EXPERIENCING
WITH VICARIOUS TRAUMA AND WHAT
THEY HAVE RECOGNIZED WITH IT.

FATIGUE.

STRESS.

COMPASSION.

PEOPLE RECOGNIZE AND I KNOW FOR MYSELF I RECOGNIZED THE ABILITY TO BE COMPASSIONATE HAS DECREASED.

IT COMES TO THE POINT WHERE IT IS FEELING LIKE A SELF-PROTECTION.

ASHLEY, I SEE THAT.

HOPELESSNESS.

RIGHT.

AND BURNOUT I SEE THERE IS SERIOUSLY REAL.

HYPERSENSITIVITY.

I DON'T KNOW IF YOU HAVE HAD THE EXPERIENCE OF AFTER DOING THIS WORK FOR A WHILE BECOMING FRIENDS WHEN YOU GET TOGETHER WITH FRIENDS THEY STOP ASKING YOU HOW THE WORK IS GOING.

I KNOW, LISA HAS A COMMENT THAT IS CRITICAL OF SYSTEMS OR CRITICAL OF WHATEVER AND A HORRIBLE STORY.

THAT IS OUR REAL EXPERIENCES.

SO WE HAVE TO FIGURE OUT NOT HOW TO NOT TO BE CONNECTED TO PEOPLE AND HOW NOT TO BE IMPACTED.

IF WE ARE NOT IMPACTED BY THE PEOPLE'S STORIES AND EXPERIENCES WHEN WE ARE IN RELATIONSHIP WITH THEM, THAT IS A SIGN OF SOMETHING BEING ABNORMAL RESPONSE.

RIGHT.

SO EXCUSE IT IS A NORMAL RESPONSE BUT NOT NORMAL AS A WAY OF BEING.

WE HAVE TO LOOK AT WHAT TO DO ABOUT IT.

CAN YOU LOOK AT THE NEXT SLIDE, PLEASE.

SO WITH VICARIOUS TRAUMA, THIS CAN AFFECT OUR INDIVIDUAL WAYS THAT WE BEHAVE AND ENGAGE IN THE WORLD.

IT CAN AFFECT OUR INTERNAL PERSONAL RELATIONSHIPS.

I TALKED WITH PLENTY OF FOLKS WHERE THEIR RELATIONSHIPS WITH THEIR PEOPLE AT HOME, PARTNERS, SPOUSES, CHILDREN, ARE IMPACTED NEGATIVELY BECAUSE THEY DON'T HAVE THE EMOTIONAL ENERGY WHEN THE VICARIOUS TRAUMA IS TAKING UP SO MUCH SPACE IN THEIR LIFE.

MY PERSONAL FEELINGS ABOUT MYSELF AND THE BELIEFS AND JOB PERFORMANCE CAN SUFFER.

THAT IS A VERY IMPORTANT THING

TO CONSIDER ABOUT HOW TO SUPPORT
OUR COLLEAGUES, WHAT KIND OF
POLICIES OR PROCEDURES OR
ACTIONS DO OUR ORGANIZATIONS
NEED TO BE MINDFUL ABOUT HOW IT
IS THAT WE INTERNALLY CARE FOR
ONE ANOTHER WHEN IT IS THAT WE
ARE INTENTION ALLY SIGNING UP TO
THIS TYPE OF WORK.

WE EXIST ON PURPOSE TO DO THIS
KIND OF WORK.

THEREFORE WHAT ARE THE
RESPONSIBILITIES, WHAT ARE THE
ACCOUNTABILITIES FOR EVERYONE
AROUND US TO BE PROVIDING MUTUAL
SUPPORT.

ALSO, I KNOW I HAD TO REALLY
BUILD UP MY ABILITY TO ACCEPT
SUPPORT FROM OTHER PEOPLE.

THAT WAS NOT A PART OF MY
HISTORY.

SO I HAD TO LEARN HOW TO ACCEPT
SUPPORT AND SUPPORT FROM AREAS
AS WELL.

NEXT SLIDE, PLEASE.

SO THERE MIGHT BE A NUMBER OF
THESE THAT YOU HAVE SEEN IN
OTHER PEOPLE AND OR EXPERIENCED
YOURSELF.

THESE ARE NOT SEPARATE FROM WHAT
IT IS THAT THE SURVIVORS AND
CLIENTS THAT WE WORK EXPERIENCE.
THEY ARE SPECIFIC TO VICARIOUS
TRAUMA.

DIFFICULTY TALKING ABOUT
FEELINGS.

FREE FLOATING ANGRY.

SOMETHING WHERE I LASH OUT AT
SOMEONE THAT HAS JUST BECAUSE I
HAVE A LEVEL OF ANGRY,
IRRITATION THAT IS WITH ME.

SO IT IS A LITTLE DISPLACED.

BECOMING JUMPY OR STARTLED.

RIGHT.

OVER EATING AND UNDER EATING.

ARE WE USING SOMETHING RELATED
TO FOOD BECAUSE IT HAS REAL
IMPACTS IN DIFFERENT AREAS OF
THE BRAINS IN TERMS OF
EXPERIENCING PLEASURE.

DIFFICULTY FALLING OR LOSING
SLEEP.

FEELINGS OF GUILT THAT YOU ARE
NOT DOING ENOUGH.

DREAMING ABOUT CLIENT
EXPERIENCES.

MANY TIMES THERE IS SOMETHING
THAT YOU USED TO LOVE AND YOU
ARE NOT LOVING IT ANY MORE.

DIMINISHED JOY.
IF YOU FEEL TRAPPED IN YOUR
WORK.
INTRUSIVE THOUGHTS.
AND FEELINGS OF HOPELESSNESS.
AND BLAMING.
RIGHT.
I KNOW WHEN I HAVE FELT
HOPELESS, IT IS EASY TO BLAME,
WELL THE SUPERVISORS DON'T KNOW
WHAT THEY ARE DOING, THEY ARE
EXPECTING US TO DO THE WORK
HERE.
THIS ORGANIZATION IS NOT TRAUMA
INFORMED.
IT IS IMPORTANT TO RECOGNIZE
THESE THINGS.
GO AHEAD, QUENETTE.
>> SO WHEN WE LOOK AT YOUTH
TRAUMA, RIGHT.
I CAN ONLY IMAGINE HOW MANY
DIFFERENT WAYS WHAT YOU ALREADY
KNOW AND CAN NAME THESE THINGS
OFF IN YOUR SLEEP.
NOT NECESSARILY KNOWING IF YOU
TALK ABOUT THEM IN THIS WAY.
BUT IT IS IMPORTANT TO BE ABLE
TO NAME THINGS AND BE ABLE TO
SEE WHERE THEY ARE LYING WITHIN
A TRAUMA RESPONSE OR A
PERSPECTIVE OF EXPERIENCE WITH
TRAUMA.
AND WHAT THAT MEANS TO HOW YOU
SUPPORT OR CONNECT WITH THE
YOUNG PEOPLE THAT YOU ARE
WORKING WITH.
SO FOR YOUTH TRAUMA, THAT IS
TALKED ABOUT IN TERMS OF SOME
KIND OF PHYSICAL INJURY OR HARM
OR A NEGATIVE EVENT.
SO PARTICULARLY THINKING ABOUT
SOME OF THE YOUTH THAT WE ARE
SERVING AND WHAT COMMUNITIES
THAT THEY ARE LIVING IN.
HOW PEOPLE, THERE ARE YOUNG
PEOPLE THAT GROW UP IN SOME
COMMUNITIES THAT DON'T EVER HAVE
A YOUNG PERSON THEY GO TO SCHOOL
WITH DIE OR BECOME SEVERELY
INJURED BY VIOLENCE AND OTHERS
ARE EXPERIENCING IT FROM A YOUNG
AGE.
SEEING VIOLENCE AROUND THEM.
SEEING A LOT OF DEATH AROUND
THEM.
THERE IS INDICATOR OF MENTAL
FUNCTIONING FOR YOUNG PEOPLE AS
WELL.
THERE IS GOOD VIDEOS ON THAT AS

WELL, MAYBE QUENETTE WE CAN SHARE ONE AFTER WARDS TALKING THE YOUNG PEOPLE AND LEARNING POSSIBILITIES WHEN THERE IS SO MUCH TRAUMA AND HOW MUCH SPACE IT IS TAKING UP TO THE BRAIN TO COPE.

SOMETHING THAT IS COMMON WHEN WORKING WITH YOUNG PEOPLE, THERE IS NO KNOWLEDGE OF THE CONCEPT OF TRAUMA AND BEING ABLE TO IDENTIFY ON THEIR OWN WHAT THIS MIGHT BE.

AND SO THAT'S WHERE THOSE OF US THAT ARE SUPPORTING YOUNG PEOPLE CAN COME AND AGAIN, JUST LIKE WITH ANYONE ELSE, ADULT, COLLEAGUES, WE WANT TO HELP THEM UNDERSTAND WHAT THE REACTIONS ARE THAT THEIR BODY MIGHT BE PUTTING FORWARD FOR THEM. IT IS A GREAT TIME OF FEELING OUT OF CONTROL.

OR ABSENT FROM BEING IN CHARGE OF YOURSELF.

SOME OF THESE THINGS IT IS HARD WHEN WE LOOK AT TRAUMA.

SPECIFICALLY WITH YOUNG PEOPLE. BECAUSE THERE IS ALREADY A LOT OF WAYS THAT BROADER ADULT AND AGEIST CULTURE DISMISSES THE FEELINGS AND HOW IT IS THAT YOUNG PEOPLE SHOW UP IN THE WORLD AND SO I CAN SEE ALL THESE THINGS LIKE YOUNG PEOPLE ARE OVER THE TOP, THEY ARE SO DRAMATIC.

THEY ARE SLEEPING UNTIL NOON.

THERE'S DIFFERENT THINGS TO NOTICE ABOUT WHAT MIGHT BE NORMAL YOUTH OR ADOLESCENT DEVELOPMENT MILESTONES AND THE WAYS THEIR BODY SHOWS UP WITH THE HORMONES AND CHEMICALS AND SLEEPING PATTERNS.

ALSO THERE IS A NEED TO SEE WHEN THE YOUNG PERSON IS SHOWING SIGNS AND SYMPTOMS OF WHAT TO EXPECT FROM THE NORMAL DEVELOPMENTAL MILESTONES.

OF COURSE, TO THE POINT EARLIER ABOUT HISTORICAL TRAUMA, IT IS HARDER WHEN WE TALK ABOUT COMMUNITIES OF YOUNG PEOPLE WHO ARE ALREADY CARRYING ALL OF THIS WITH THEM IN THEIR BODIES AND WITH THEIR FAMILIES IN TERMS OF BEING ABLE TO IDENTIFY WHAT IS QUOTE UNQUOTE NORMAL

DEVELOPMENTAL MILE TONES OR
NORMAL WAYS OF BEING.
RETURNING TO YOUNGER WAYS OF
BEING.

IF YOU SEE SOMEBODY REALLY
REGRESSING INTO IMMATURITY THAT
IS A SIGN OF THINGS.
MAYBE YOU SEE IT WITHIN A
PARTICULAR CIRCUMSTANCES.
AND THAT MIGHT BE SOMETHING THAT
TO LOOK FOR.

I KNOW IN THE PAST, WITH SOME
PEOPLE THAT I WORKED WITH
ATTENDING A YOUTH PROGRAM THERE
WERE CERTAIN SETTINGS WHERE A
COUPLE OF YOUNG PEOPLE COULD
BECOME LESS MATURE IN THOSE
PARTICULAR SETTINGS THAN THEY
HAD BEEN AND TRYING TO FIGURE
OUT WHAT IS GOING ON WITH THAT
AND LEARNING THAT THERE WERE
OTHER PEOPLE PARTICIPATING IN
THE GROUPS AND HAD INTERACTION
WITH AND REGRESSION HAPPENED
RELATED TO THAT.

NEXT SLIDE.

>> HOW DO THEY MANAGE THAT?
WHAT DOES IT MEAN TO SUFFER FROM
A TRAUMA, TO WITNESS A TRAUMA,
TO HOLD SPACE WITH SOMEONE THAT
HAS GONE THROUGH A TRAUMA AND
HOW TO MANAGE THAT.

SO ADOLESCENT AND YOUTH HAVE
WAYS OF COPING.

WHAT THEY DO FOR COPING AND
DEALING WITH THE DIFFICULTIES IN
THE SHORT TERM IS TO FORGET,
ISOLATION.

THAT IS MORE PROFOUND AND
NEGATIVE IN TERMS OF THEIR
RESPONSES NOW TO PANDEMIC.
INCREASE SUBSTANCE USE.

CHALLENGING OR TRYING TO FIGURE
OUT HOW TO SOLVE THE PROBLEM.
THEY BECOME MORE ACTIVE IN
SOCIAL POLITICAL TYPE OF EVENTS.
SEEKING SUPPORT AND CONTROL.
MAYBE NOT SEEKING THE SUPPORT
AND CONTROL FROM PARENTS BUT
THEIR PEERS.

TO THINK ABOUT HOW TO MANAGE OR
MAKE SENSE OF THE TRAUMATIC
EXPERIENCE.

INCREASE OR DECREASE THE
PHYSICAL ACTIVITY.

WHEN THEY THINK ABOUT THE
SELF-CARE AND THINGS THEY ARE
PUTTING IN PLACE TO NAVIGATE THE
TRAUMA, TO MAINTAIN, IT IS

PHYSICAL.
SO THEY MAY EXERCISE.
SOME SEEK THERAPY OR SUPPORT
FROM FRIENDS TO MAKE SENSE OF IT
OR TRUSTED ADULT.
IT IS EMOTIONAL.
TRYING TO LABEL THEIR FEELINGS
OR HAVE SOMEONE LISTEN TO THEM
AND LABEL THE EMOTIONS.
OFTEN TIMES YOUTH AND
ADOLESCENTS DON'T HAVE THE
LANGUAGE FOR THE INTENSE PAIN OR
FEELINGS THAT THEY HAVE.
SOME REVERT TO MEDITATION,
PRAYER, SPIRITUAL ACTIVITIES,
SEEKING SUPPORT FROM A SPIRITUAL
LEADER.
REALLY TRYING TO THINK ABOUT THE
WAYS IN WHICH THEY RESPOND.
HOW DO THEY DO IT IS UP TO THEM.
THEIR SELF-CARE CAN BE PERSONAL.
THEY MAY DIVE INTO A HOBBY OR A
HABIT.
IF SOME WORK THEY MAY DIVE INTO
WORKING MORE HOURS.
TRYING TO MAKE SENSE OF THAT.
THEIR COPING STRATEGIES ARE
COGNITIVE AND OTHER BEHAVIOR
FORMS.
WHAT DOES IT MEAN TO HAVE A
TRAUMA INFORMED PRACTICE?
PART OF THIS IS HAVING WELCOMING
ENVIRONMENT AND OFFER TRAUMA
INFORMED SERVICES.
DOES THAT MEAN THE HOURS ARE
AVAILABLE LATE OR EARLY IN A WAY
TO HELP THE PEOPLE COME IN AND
SEEK THE SERVICES.
UNDERSTANDING SYMPTOMS AND
ADAPTATIONS.
WHAT IT MEANS FOR THE SYMPTOMS
NOT TO BE LIKE THE TRADITIONAL
WAY OF RESPONDING OR DISPLAYING
TRAUMA RESPONSE, WHAT IS COMMON
FOR THEM.
IS YOUR PHYSICAL SPACE SET UP TO
BE ABLE TO ADDRESS THEIR
TRAUMATIC EXPERIENCES.
MAYBE IT IS DIMMING LIGHTS OR
MAYBE IT IS CANDLES.
SOFT MUSIC PLAYING.
HOW ARE YOU SET UP FOR THEM TO
COME IN FULLY AS THEMSELVES.
AND HOW DO WE INCREASE
STRATEGIES TO INCREASE THE
SURVIVORSHIP.
WHAT DO WE ASK OURSELVES TO BE
HELD ACCOUNTABLE AND HELP THEM
SIT THROUGH THIS.

WE MAY ASK OURSELVES HOW MIGHT
THIS MAKE SOMEONE WHO
EXPERIENCED THIS FORM OF TRAUMA
RESPOND.

WHAT ARE WAYS TO SUPPORT
SURVIVORS TO MANAGE THE
FEELINGS.

IS IT THROUGH JOURNALLING.

IS IT SITTING IN SILENCE.

HOLDING A SPACE.

ASKING THEM FOR PERMISSION TO
GIVE THEM A HUG.

MAYBE YOUR WALKING WITH THEM
OUTSIDE FOR THE FRESH AIR.

IS THE INFORMATION BEING
PROVIDED IN A WAY THAT A PERSON
CAN EASILY UNDERSTAND FROM THE
VIDEO EARLIER AROUND TRAUMA WITH
THE BRAIN, WHAT ARE THEY
DIGESTING AND HOW OFTEN ARE YOU
GIVING THE INFORMATION TO
PROCESS WHAT YOU ARE OFFERING
AND DO THEY HAVE CHOICES.
PEOPLE HAVE CHOICES IN THEIR
LIFE.

ARE WE TAKING THAT AWAY FROM
THEM OR PROVIDING THEM WITH
CHOICES TO BE INTENTIONAL WITH
THE SERVICES.

HOW ARE YOU EXPERIENCING THEM.
AS LISA TALKED ABOUT.

HOW ARE YOU IN RELATIONSHIP WITH
THE YOUTH AND THE ADOLESCENTS TO
HELP THEM HEAL.

ARE THEY BEING TRIGGERED IN THE
SPACE OR THE WORDS OR
INTERACTING WITH THEM THAT
OFFERS A SENSE OF UNDERSTANDING,
A SENSE OF NOT KNOWING, RIGHT,
SAYING I DON'T KNOW THAT.

LET ME GET BACK TO YOU WITH THAT
AND WE'LL COME TOGETHER TO BE
ABLE TO SOLVE THAT.

AN US VERSUS I SOUNDS VERY
DIFFERENT IN THE HEALING PROCESS
THAN A YOU, YOU DO THIS, YOU DO
THAT.

WHAT CAN WE DO TOGETHER AND GO
HAND IN HAND IN RESOLVING THIS.
DO YOU WANT TO ADD ANYTHING TO
THIS, LISA.

>> I WAS GOING TO CLAP.

>> THANK YOU, LISA.

>> YEAH, I MEAN.

JUST THAT, THE QUICK REMINDER
THAT OFTEN TIMES ACCEPT FOR
NATURAL DISASTERS AND PANDEMIC,
TRAUMA IS USUALLY INTERPERSONAL.
TRAUMA IS RELATIONAL.

AND THEN WHAT WE HAVE BEEN
LEARNING OVER TIME IS THE BEST
WAY TO HEAL AND SUPPORT OVER
TRAUMA IS ALSO RELATIONAL.
SO THAT'S A REALLY IMPORTANT
THING TO NOTE.

SOMETIMES NEVER EVER TALKING
WITH THE YOUNG PERSON ABOUT
EXPLICITLY THE TRAUMA, BUT SHOW
UP FOR THEM, YOU ARE A PERSON IN
THEIR LIFE THAT ALLOWS THEM THE
SPACE AND WHEN THEY SCREW UP,
YOU ARE NOT KICKED OUT OF THE
PROGRAM BUT WORKING WITH THEM.
EVEN IF YOU NEVER TALK ABOUT THE
TRAUMA, IT IS THE RELATIONSHIP
THAT IS SO HEALING FOR SOMEBODY.

>> YOU ARE TEACHING THEM TO DO
SOMETHING DIFFERENT.

WHAT DOES DIFFERENT LOOK LIKE
FOR THEM.

YOU ARE MODELLING FOR THEM.
AND HOLDING THEM ACCOUNTABLE FOR
THEIR OWN HEALING AND GIVING
THEM THE OPPORTUNITIES TO
EXPLORE AND PRACTICE THAT WITH
THEM.

>> THE STAFF, IT IS VITALLY
IMPORTANT TO THINK ABOUT THE
SPACE THAT WE CREATE FOR THE
STAFF AND DOING THE WORK
EFFECTIVELY AND INTENTIONALLY.
ARE WE MAKING SURE THAT PEOPLE
EAT LUNCH AND TAKE THE BREAKS.
ARE WE MAKING SURE THEY ARE
TAKING THE VACATIONS AND COME
BACK AND RESTORE TO DO THE WORK
MORE FULLY AND MORE
INTENTIONALLY.

WHAT ARE YOU DOING TO TAKE CARE
OF YOURSELF.

THIS WORK IS TAXING AND
OVERWHELMING AND IT IS
BEAUTIFUL.

YOU CAN SEE SOMEONE THROUGH
THEIR HEALING AND STORMS TO GET
BETTER.

HOW DO WE TALK ABOUT HEALING
WITH THE CLIENTS WHEN THEY ARE
EXPERIENCING THE TRAUMA.

IT IS A DANCE YOU DO.

SOME DAYS THEY ARE COMING IN
WELL AND OTHER DAYS FEELING ILL
IN THE SENSE OF WHAT THE TRAUMA
HAS DONE TO THEM.

EVERYTHING THAT WE CAN THINK
ABOUT AND SOME OF THE THINGS
THAT WE HAVE TOUCHED ON, WHAT
ARE WE DOING TO HELP THEM GET

THROUGH THE STORM AND WHAT ARE WE LEAVING THEM WITH.

THERE IS A QUOTE.

HOW DO YOU HELP THEM CARE FOR THEMSELVES.

AND SHE SAID, CARING FOR MYSELF IS NOT SELF-INDULGENCE, IT IS SELF-PRESERVATION.

WHAT ARE YOU DOING IN THE AGENCIES, INDIVIDUAL AND A SERVICE PROVIDER TO HELP THEM GET THROUGH THE WAR THAT THEY ARE STRUGGLING WITH.

ACKNOWLEDGE, CONNECTION, MUSIC, ART, AVOIDING STIMULANTS.

THIS IS NOT AN EXHAUSTIVE LIST. THESE ARE WAYS TO INSTITUTE PERSONALLY AND WITHIN YOUR AGENCY TO DO SOMETHING DIFFERENT.

WHAT WE ARE EXPERIENCING IN THE CONTEXT OF THIS PANDEMIC IS THE EPIDEMIC, WE HAVE TO BE RESPONSIBLE AND INTENTIONAL IN HEALING OURSELVES AND THE ACTS AND CHOOSING TO RESPOND AND HELPING THE PARTICIPANTS AND THE CLIENTS GETTING THROUGH THE TRAUMA THEY HAVE EXPERIENCED AND WHAT THEY ARE DEALING WITH.

I THINK ANOTHER PIECE, RIGHT, WHEN WE TALK ABOUT HEALING, IS THE WRITING THAT IS VITALLY IMPORTANT, THE HISTORY THAT WE ARE WITNESSING AND THAT WE ARE EXPERIENCING CAN HELP SET THE STAGE AND CREATE CHANGE FOR POLICIES AND PRACTICES THAT WE INSTITUTE.

WE ARE NOT GETTING OUT OF THIS UNSCATHED.

SO WHAT ARE WE DOING DIFFERENTLY TO CREATE THE CHANGE WITHIN THE AGENCIES.

WE CAN GO IN WITH DIFFERENT COPING STRATEGIES AND TAKE CARE OF OURSELVES IN A WAY THAT IS MEANINGFUL.

>> YES.

ANYTHING THAT YOU WANT TO ADD BEFORE WE TAKE THE QUESTIONS THAT WE POSED.

WE RECOGNIZE IT IS 2:16 CENTRAL TIME.

WE WANT TO BE MINDFUL.

ANYTHING TO ADD, LISA, BEFORE OPENING IT NOT NECESSARILY FOR THE TABLE DISCUSSIONS BUT TO ANSWER YOUR QUESTIONS SO WE ARE

IN A RELATIONSHIP AND DISCUSSION WITH YOU ABOUT WHAT WE HAVE SHARED.

>> I DON'T THINK SO.

FOR ME, I WOULD RATHER HEAR PEOPLE'S QUESTIONS AND COMMENTS OR GET TO THE DISCUSSIONS AND MAKE SURE THAT THE PEOPLE KNOW WE ARE THE FOLKS AVAILABLE FOR ON GOING STUFF AND THEY'LL SEE US AGAIN ON JUNE 19TH.

>> ABSOLUTELY.

THESE ARE QUESTIONS THAT IF WE HAD TIME WE WOULD SPEND IN SMALL GROUPS TO TALK ABOUT.

ANYTHING RISING TO THE SURFACE? ANYTHING TO SHARE?

ANYTHING THAT IS RESONATING WITH YOU, YES, I NEED TO TALK ABOUT THAT?

>> I SEE A QUESTION IN THE BOX HERE.

HOW CAN WE ASSIST PARENTS IN LEARNING ABOUT TRAUMA INFORMED PARENTING?

>> PART OF THAT WHAT WE SHARED, THERE IS THIS BRILLIANT SCHOLAR OUT OF COLUMBIA UNIVERSITY IN NEW YORK, SHE DOES A LOT OF WORK AROUND TRAUMA AND HEALING WITH ADOLESCENTS.

HOW DO WE LISTEN.

HOW DO WE SHOW UP FOR THEM IN THEIR PAIN.

HOW DO WE HELP THEM LABEL WHAT THAT IS.

HOW DO WE GIVE THEM THE RESOURCES THAT WE TRUST AND RESPECT AND THEY CAN ENGAGE IN. WE KNOW WILL NOT RE TRAUMATIZE OUR CHILD.

SO THAT IS PART OF IT.

HER OTHER WORK IN TERMS OF HEALING, HOW DO WE GIVE THEM THE RESOURCES AND POWER INTRINSIC TO START A HEALING PROCESS.

THAT IS PART OF IT.

NOT EVERYONE IS INSTILLED WITH THAT.

NOT EVERYONE IS EXCEPTIONAL WITH WORKING WITH ADOLESCENTS.

I RECOGNIZE THAT.

IT TAKES A WHILE FOR THEM TO TRUST, CONNECT WITH AND OPEN UP AND SHARE THEIR EXPERIENCES WITH.

THAT IS AN EXCELLENT QUESTION.

EXCELLENT QUESTION.

LISA, ANYTHING TO ADD?

>> JUST TO SAY WHETHER THE FOLKS THAT ARE PARENTING REAL LITTLE ONES OR TEENS OR ALSO AND OR INCLUDING TEENS AND ADOLESCENTS, THERE'S TRYING TO FIGURE OUT DIFFERENT APPROACHES MIGHT WORK BASED ON IS THIS A RECENT TRAUMA THAT SOMEONE IS STILL IN THE MIDDLE OF SURVIVING, LIKE DOMESTIC VIOLENCE OR VIE LEAPT NEIGHBORHOOD, ARE THEY IN THE MIDDLE OF THAT NOW OR DO THEY HAVE SPACE AND TIME DISTANCE FROM IT.

FOR ME, SOMETHING THAT IS ALWAYS IMPORTANT AND DON'T BE AGEIST WHEN WORKING WITH THE YOUNG PEOPLE OR OLDER PEOPLE.

WORKING WITH PARENTS, MAKING SURE TO BE ABLE TO TALK WITH FOLKS ABOUT WHAT THEIR OPTIONS ARE FOR HOW TO PARENT.

AND DOING IT IN SUCH A WAY THAT SHOWS JUST LIKE HEY, THERE ARE ALL THESE DIFFERENT OPTIONS, DIFFERENT WAYS OF RESPONDING AND DIFFERENT WAYS OF BEING A PARENT OR DIFFERENT TYPES OF INTERVENTIONS TO TRY TO USE WITH YOUR KID, RIGHT.

AND IF I WAS TALKING TO A YOUNG PARENT RIGHT NOW, UNTIL I KNOW WHERE THEY ARE AT, I WOULDN'T SAY INTERVENTIONS.

INTERACTIONS.

GIVING THE OPPORTUNITY TO MODEL THINGS AND THEN GIVING THE PEOPLE THE OPPORTUNITY TO I KNOW MY PARENTS WERE YOUNG WHEN THEY HAD MY BROTHER AND THEN ME.

THE EXPOSURE TO THEM WAS HOW THEY WERE PARENTED.

SO HAVING THE OPPORTUNITY TO BE EXPOSED TO OPTIONS AND GIVING THEM; NOT TREATING THEM LIKE SOMETIMES PEOPLE FEEL SHAMED AND ALSO TREATED LIKE JERKS OR WE THINK YOU ARE A HORRIBLE PERSON, BUT I WOULD REALLY ENCOURAGE GOOD PRACTICES OF NOT PUTTING THE JUDGMENT OUT THERE, NOT PUTTING THE SHAME OUT THERE, HAVING IT BE JUST TALKING ABOUT YEAH, I NEEDED TO LEARN NEW WAYS AND OPTIONS AND THE ABILITY TO TALK ABOUT THE OPTIONS THAT PEOPLE CHOOSE MOVING FORWARD IS MORE CONSTRUCTIVE.

>> REMEMBER, RIGHT, AN AFRICAN

PROVERB, IT TAKES A VILLAGE TO
RAISE A CHILD.
YOU HAVE A COMMUNITY TO HELP YOU
THROUGH THE CHALLENGING TIMES.
>> MAYBE YOU CAN HELP MAKE A
COMMUNITY SOMEHOW.

>> ABSOLUTELY.
ABSOLUTELY.

I THINK IT WAS SAID, THINKING
ABOUT THE WAYS IN WHICH PEOPLE
ARE FEELING COMFORTABLE OPENING
UP.

LOOKING AT THEM WHILE THEY ARE
SHARING THE INFORMATION.

WHAT MAKES THEM FEEL SAFE.

PROVIDE THAT FOR THEM.

WHAT ARE POSITIVE BOUNDARIES TO
SET AS CLIENTS REEXPERIENCING
TRAUMA?

>> SO FOR ME, I THINK SOMETHING
THAT IS REALLY IMPORTANT HAS
BEEN A COUPLE OF DIFFERENT
PRACTICES THAT I HAVE LEARNED
ABOUT.

ONE THAT IS HELPFUL TO ME.

I MOVE REPROCESSING AS A TRAUMA
TREATMENT AND WHY I BRING THAT
UP THAT IS A PREMISE IN THE
TRAINING THAT I RECEIVED YEARS
AGO, AT THE BEGINNING OF THAT,
YOU DON'T GO STRAIGHT AT THE
TRAUMA.

START WITH THE COPING MECHANISMS
THAT YOU HAVE, THE STRATEGIES
THAT YOU HAVE, ARE THERE WORKING
FOR YOU.

TRYING TO PROVIDE AS MANY
OPTIONS AS POSSIBLE.

AS WELL AS ASSISTANCE WITH
REMEMBERING THAT THEY HAVE THOSE
OPTIONS AVAILABLE TO THEM DURING
A TIME OF CRISIS OR DURING A
TIME WHEN ESCALATING OR
DISASSOCIATED.

IT CAN BE HARD.

SO LIKE IF SAY THIS IS A WAVE
LENGTH SITUATION.

IF SOMEONE'S BASELINE IS HERE OF
WHERE THEIR ANXIETY IS AT, WHEN
GOING THROUGH A CRISIS, IF THE
ANXIETY IS LIFTED AND LIFTED AND
THE ABILITY TO THINK ABOUT THE
OPTIONS FOR COPING AND SOME LESS
LIKE POTENTIALLY HARM REDUCTION
MODEL, LESS DANGEROUS TO THEM
ARE IMPORTANT.

IT HAS TO DO ABOUT TALKING WHAT
FEELS SAFE.

SO IN TERMS OF POSITIVE

BOUNDARIES, I'M NOT SURE IF YOU ARE MEANING SETTING BOUNDARIES WITH ME AND THE CLIENT, OR HELPING THE CLIENT SET SOME BOUNDARIES OR STRATEGIES FOR THEMSELVES?

>> SHE SAID I'M TALKING ABOUT THE CLIENT NOT BE OVER COME WITH THE ANXIETY AND FEAR.

>> IT IS TRYING TO PROVIDE THE SKILL BUILDING ON WAYS TO SELF-SOOTHE AND SELF-CALM SO A PERSON CAN LEARN HOW TO DO THOSE THINGS FOR THEMSELVES IN THE MOMENT BECAUSE EVERYBODY IS NOT ALWAYS WITH THEIR COUNSELLOR OR CASEWORKER OR THE YOUTH WORKER OR THE ADVOCATE IS NOT ALWAYS WITH THEM.

WHAT I FIND HELPFUL IS PROVIDING EXAMPLES AND TIME TO PRACTICE WHEN YOU ARE WITH YOUNG PEOPLE. AND THEN, WHEN THEY ARE ON THEIR OWN, HELPING THEM FIGURE OUT WAYS THEY CAN LIKE SELF-TURN IT ON FOR THEMSELVES AND INITIATE THE PRACTICES FOR THEMSELVES.

>> WE HAVE A QUESTION. IS IT COMMON FOR CHILDREN AGES 9-11 TO REVERT BACK TO YOUNGER BEHAVIOR WITHOUT BEING TRAUMATIZED?

ABSOLUTELY.

>> OR EVEN LIKE I'M CURIOUS ABOUT THAT THE IDEA OF EVEN WITH THEM NOT BEING TRAUMATIZED. HOW DO WE KNOW WHAT IS OR ISN'T THAT LED THEM TO REVERTING THAT WAY.

WE HAVE TIME FOR ONE MORE QUESTION BEFORE WE CLOSE.

IS THERE ANYTHING PRESSING FOR ANYONE THAT THEY WOULD LIKE TO SHARE OR COMMENTS OR CONCERNS?

>> WE HAVE A QUESTION HERE IT IS A COOL WAY TO CLOSE UP.

ANNA WROTE, I'M VERY INTERESTED IN THE INTERGENERATIONAL HEALING AND WELL BEING.

I'M LOOKING FOR THE LATINO COMMUNITY.

>> YEAH, I EMAILED HER.

>> ALL RIGHT.

>> I WILL EXTEND THE INFORMATION ALSO TO OTHER FOLKS.

BUT A LOT OF THE WORK THAT I SEE IN TERMS OF INTERGENERATIONAL HEALING, WE ARE WORKING ON IT NOW FROM A BOOK THAT WE HAVE

READ AND PUTTING FORTH A
FRAMEWORK IN TERMS OF RESPONSE
AND TRANSMISSION.
THAT IS ONE PIECE THAT IS COMING
OUT.

KARINA WALTERS WHO IS A SOCIAL
WORKER AT THE UNIVERSITY OF
WASHINGTON IN SEATTLE HAS BEEN
DOING WORK WITH NATIVE AMERICANS
AND WHAT HEALING LOOKS LIKE AND
WHAT SHE'S DONE WITH THEM TRYING
TO DECREASE THE HEALTH
DISPARITIES, SHE'S TAKEN THEM ON
A TRAIL OF TEARS, A WAY TO BE
ABLE TO RECONNECT WITH
ANCESTORS, THINK ABOUT THE WAYS
IN WHICH THEY CONNECT WITH THE
LAND.

SHE'S BEEN FINDING IN RELATION
TO THE HEALING AND GETTING
BETTER HAS BEEN CENTERED AND THE
RECONNECTION TO WHO THEY REALLY
ARE.

THERE ARE A COUPLE OF BOOKS THAT
TALKS ABOUT THE IN WHICH
AFRICAN-AMERICANS HAVE ADDRESSED
HEALING AND WELL BEING.

I DON'T ABOUT THE LATINX IN
PARTICULAR.

THE RESOURCES THAT WE SHARE, CAN
BE A GOOD STARTING POINT TO
ADDRESS THAT.

I WILL DO DIGGING IN PARTICULAR
FOR THAT PARTICULAR POPULATION,
IF YOU ARE INTERESTED.

WE CAN TALK MORE OFF LINE AROUND
THAT.

I WILL SHARE THE RESOURCES I
NAMED WITH THE CY TEAM TO BE OUT
TO EVERYONE ELSE WHEN THE NOTES
AND RECORDING GO OUT.

>> BEING ABLE TO SECTION THAT
DOWN, MEXICAN HERITAGE
COMMUNITIES OR PUERTO RICANS OR
SOUTH AMERICA.

THERE ARE A NUMBER OF
TRADITIONS.

I FEEL LIKE WE HAVE THIS TIME
LIMIT HERE.

SO SOMETHING THAT I WANT TO DO
IS ERIC PUT A LAST QUESTION IN
HERE ABOUT BEING PROACTIVE AND
PLANNING TO HOLD SPACE IN TERMS
OF TIMES OF SOCIAL DISTANCING.
WHEN THAT ENDS.

I FEEL THAT IS SOMETHING TO PASS
ALONG TO THE CYEM SPECIFIC TA
PROVIDERS ABOUT HOW TO KEEP THAT
CONVERSATION GOING MOVING

FORWARD.

>> ABSOLUTELY.

AS WE END, CARL BELL PASSED THIS YEAR AND HE WAS A PIONEER IN WORKING WITH YOUTH, PARTICULARLY AFRICAN-AMERICAN YOUTH AND SOMETHING THAT WE WANT YOU TO HOLD CLOSE TO YOU AND WHEN YOU ABOUT THE WORK THAT YOU ARE DOING WITH WORK, BE REMINDED TO LISTEN ATTENTIVELY TO THE YOUNG PEOPLE.

THEY HAVE THINGS TO SAY, QUESTION, THEY CAN PUSH US TO DO OUR WORK BETTER, THEY CAN PEOPLE TO SHAPE THE WORLD.

SO WHEN THEY TALK LISTEN.

TALK TO THEM ABOUT THEIR THOUGHTS, THEIR EXPERIENCES, AND FEELINGS AND ASK WHAT THEY THINK ABOUT EVERYTHING.

IF WE ALLOW OURSELVES TO PAUSE AND BE IN RELATIONSHIP TO THE PEOPLE THAT WE SERVE, WE CAN HELP THEM ALONG THE JOURNEY FOR HEALING AND RESTORING WHO THEY ARE AND WHO THEY WANT TO BE IN AND SUPPORT THEM.

REALLY THINK AS WE ARE MOVING FORWARD, WHAT DO YOU WANT TO DO, HOW DO YOU WANT TO DO IT, WHAT DO YOU WANT DIFFERENT.

WHAT ARE YOU WRESTLING WITH.

AND HOW CAN WE BE SUPPORTIVE OF EACH OTHER IN OUR REALITIES THAT ARE DIFFERENT AND GET TO THE OTHER SIDE OF HEALING.

BE IN COMMUNITY WITH ONE ANOTHER AND INTERGENERATIONAL.

THANK YOU IN TERMS OF THE WORK, AND BEING WITH US IN HOUR AND A HALF.

WE HOPE THAT THIS IS JUST THE BEGINNING OF A CONVERSATION THAT YOU HAVE WITH EACH OTHER AND IF WE CAN HELP EXTEND THAT, PLEASE DO NOT HESITATE TO REACH OUT.

LISA, ANYTHING TO ADD?

>> I NEVER HAVE ANYTHING BETTER SAY THAN WHAT YOU HAVE TO SAY, QUENETTE.

>> THANK YOU, LISA.

>> YEAH.

>> THANK YOU EVERYONE FOR THE TIME AND SHARING THIS SPACE WITH US.

>> YES.

THANK YOU.

>> ON THAT NOTE OF CONTINUING

THE CONVERSATION, THANK YOU LISA
AND QUENETTE FOR PRESENTING.
WE ARE GOING TO CONTINUE THE
CONVERSATION.

WE HAVE PART TWO JUNE 16TH.
REGISTER FOR THAT EVENT.

AGAIN, WE ARE SENDING OUT FOLLOW
EMAIL WITH THE SLIDES FROM TODAY
AS WELL AS THE MANY AMAZING
RESOURCES.

AND THEY HAVE INDICATED THEY
EVER AVAILABLE OFF LINE.

SO THANK YOU AGAIN.

WE HOPE YOU ENGAGE IN SELF-CARE
PRACTICES TODAY TO DEBRIEF AFTER
THIS CONVERSATION THAT BRINGS UP
THINGS IN PEOPLE.

BE WELL.

BE SAFE.

SEE YOU NEXT TIME.

>> TAKE CARE EVERYONE.