

>> Hello. Thank you for joining us for "A Trauma-Sensitive Approach; Strategies for Working with Families." My name is Diana Nadeau, and I am CADRE's Dispute Resolution and Equity Specialist. Just a little bit about my background, I come from a long history of working with families and children who experience mental health challenges. I've taught in K-through-eight classes in private and homeschool communicates. I'm certified as a Family Support Specialist, having worked as the Southern Oregon Regional Manager for Oregon Family Support Network, and I am a professional mediator, working in family, community, workplace, teen and elder conflict resolution. And I also have foundations in Tibetan meditation and philosophy, collaborative problem solving, diversity, equity and inclusion, nonviolent communicate and trauma-informed care. And I've been with CADRE since May of 2021. I'm really happy to be here, and I'm here with my good friend and colleague, Jessie Carpenter, so welcome, Jessie, and happy to have you introduce yourself.

>> Thanks, Diana. I'm happy to be here. Like Diana said, my name is Jessie Carpenter, and I am the Workforce Development Manager for the Oregon Association of Relief Nurseries. So my role is to train professionals who provide family home visits, parent education and work and therapeutic early childhood classrooms, and I'm also trained as a trainer through through Trauma-Informed Oregon.

>> Great, so today, we are going to be taking a look at trauma, and we're going to be discussing facts and research regarding the truth about and the prevalence of trauma. And then we're also going to dive into some important approaches and actionable strategies for a more trauma-sensitive work with families and youth. Okay, so we really love engaging with our audiences, and we do have a large audience today, so we welcome you to participate in ways that we can support such a big audience. In particular, we're going to be engaging two polls, so hopefully you will be able to interact with us there, and we will find some times where we're going to prompt you for entering some comments into the chat box, and you might want to have a notebook handy and a pen. Write down some questions or any learning takeaways. And if you want to enter questions into the chat box, we are going to track the chat box and really do our best to keep up with the questions as time will allow. And, as always, if you are not able to get your question answered today, please do feel free to contact us. Our e-mails are listed on the slide here, and I think we have someone who can help us put them into the chat box, as well. So, welcome, welcome again. We are curious who is with us today. We are understanding that there are a number of people across all sorts of different participations and special education, and we are seeing that people are filling out our slide ... I'm sorry, our poll. And let's see. Give it a couple more minutes. Looks like we've got some school administrators, parent centers, school and staff, and I am not sure why our full list isn't being shown, and I apologize for that, but we did want to also welcome teachers and providers and peer support and parents and guardians and folks who are in dispute resolution as well as technical assistance centers. Somehow we have a little bit of a glitch, and those were supposed to be listed here, so please, if you were left out due to this sort of challenge with technology, please feel free to enter into the chat your role. We would love to hear from everyone. And so we are just going to share at least the results. Great, looks like, yeah, we do have some folks who are other than school administrators and parent centers and school staff. Deaf access center, great, I'm seeing a lot of folks enter that there, and thank you. All right. We've got some attorneys, special education advocates and people here who are helping with the ... All right. We've got professors, researchers, hearing officers. This is great. Thank you. Welcome to you all. Okay, next slide. So as you keep letting us know who you are, we're happy to check in with the chat and see who's here. We'll get started, and as you're probably all familiar, there's been a growing awareness of trauma within the field of education over the last 10-plus years. There's been legislation at the federal and state level such as Every Student Succeeds Act of 2015, and there's been an embracing of trauma-sensitive practices in many school programs. Even still, there seems to be a lack of clear and consistent messaging of what it means to be trauma-informed. So just to touch briefly on that, being trauma-informed, that's an attainment at one end of a really long continuum of change. And implementing that level of change takes place through four steps. We have step one, which is growing in awareness, and step two, which is building knowledge, and step three, which is fostering skills, and step four, taking action. So today, we are at step one. We're bringing this presentation to you, hopefully to grow your awareness, right? We have, as you can see with everyone in the chat box, the wide array of professionals and people here attending. It's going to be also a wide array of awareness, so we are just going to jump in and just work with the awareness level today. We're obviously not able to take up the time for that full spectrum to bring you all the way to the place of being trauma-informed, which is why we're really hoping to just aim that goal for trauma sensitivity today. So with that, I am going to hand over the mic to Jessie. She's going to take us into some background and research on trauma.

>> Thanks, Diana. So like Diana was saying, understanding the effects of trauma can help us in a really practical way when we're working with families and with children. So we're going to start out today by looking at some facts about trauma. And I suspect that some of this will be review for some of you. But you might also hear something that you didn't know before. So for the purposes of today, we're defining trauma as the physical and psychological response that humans have when they experience something that's deeply distressing or disturbing. So this response overwhelms the nervous system and activates what we might think of as our survival mode. And trauma is not necessarily defined by what the experience is. It's more about the personal internal response to what happened. And what this means is that two people can go through the same experience and one may have a trauma response and the other does not. And trauma can be the result of a single instance, like a car accident or an assault, or it can be the response to a pattern of experiences, like abuse or domestic violence. And it's not just a response to what did happen, it can also include our internal response to things that should have happened but didn't, especially for young children. So for example, infants have a basic need for positive reciprocal interactions with their caregiver. And so a child who's left alone or in front of a screen for long stretches of time and whose parent is maybe struggle with addiction or mental health challenges may have a trauma response due to that lack of engagement. And that's why neglect can have such a profound affect on children's development. So like I said, two people can go through the same experience and be affected differently, and this really depends on a number of factors, including age, genetic predisposition, excuse me, temperament, cognitive development, whether the person has a history of other types of trauma, the intensity and duration of the experience, and what kinds of supports the person received during and after the experience. So one example of this is a family that I worked with as a home visitor. The family had two children, a 2-year-old girl and a 16-year-old girl. And while I was working with them, one of the parents had a relapse in her addiction to heroine. And there was a big argument with the other parent, and then she left the home and didn't see the children for about 6 months. So the teenager, her response to this, she was definitely distressed, but she had a supportive group of friends and she was already working with a counselor. So she had a way to process what was going on. And the 2-year-old responded really differently. She became very fearful of separating from her other parent, so drop off at preschool was very difficult. She started having tantrums and she really struggled with going to sleep at night. So the age and developmental stage of these two children affected how they processed that frightening experience. So even though we do all respond to situations differently, there are some circumstances that are very likely to cause trauma. When our brains perceive profound danger, that's when we're most likely to be impacted by trauma. So this can include physical, sexual, or psychological abuse or neglect, community disasters like school violence or natural disasters, war, or even a pandemic, witnessing or experiencing domestic violence, sexual assault or exploitation, a series accident or life-threatening illness, the death of a loved one, especially if it's unexpected or violent, having a parent or caregiver who experiences addiction or mental illness, homelessness or refugee status, and I'd especially like to highlight this last one, trauma due to racism and discrimination, which can include experiences of isolation, threats to safety, and a lack of access to supports that arise out of systemic inequities. So we don't always have the benefit of knowing the full family history or whether someone that we're working with has been affected by trauma. But trauma is so common, that the best practice is to assume that everyone you interact with may have a trauma history. Two third of children have had at least one traumatic event

by age 16, and for adults, the estimate is somewhere between 70 percent and 80 percent. So a great majority of parents and children that you interact with will have experienced at least one trauma. So the point here is that you don't actually need to know if there's been a trauma to use a trauma-sensitive approach, which really means that you're aware that anyone you interact with may be affected by trauma. So when we feel some kind of judgement or frustration coming up about a parent or a child, you'll ask yourself that question. Could it be the result of trauma? So when we go through a traumatic incident or experience long-term traumatic stress, our brain's warning system can become sensitized, and this means that the brain learns that in order to stay safe, it has to be on full alert, scanning for danger. Now, you can imagine what that does to the brain's ability to learn. If I'm high alert and my brain is only taking in information related to my sense of danger, I miss a lot of other input, and that includes social cues and also academic information. I might be sensitized to a particular type of input, like loud voices or physical touch, or even the scent of someone's deodorant. And this sensory input tells my brain that there's danger because it reminds me of a trauma experience and it might be accurate, but in many cases, I might actually be safe. The loud voice might be someone across the room shouting hello, but my brain is still going to sense danger. So the image that you see here on the screen is from Bruce Perry. If you're interested in learning more about trauma and how it affects the brain, I highly recommend his books. He has one called "The Boy Who Was Raised as a Dog," which has a lot of case histories of children that he's worked with. And he talks a lot about trauma healing, too, so it's not just the trauma, but also the healing. And then he just released another book called "What Happened To You?" Which is co-authored by Oprah Winfrey, and is another conversation about trauma. So I'm going to touch very lightly on this, it's a big topic. But the key takeaway is that all sensory input goes first through our brain stem, which regulates our automatic responses, like our heart rate and our fight, flight, or freeze response. And when the brain stem is activated because something has reminded us of a trauma, our energy and focus will just be on one question, am I safe or not safe? And in those moments, we're not able to access our neocortex, or what we might call the thinking brain. So without access to that part of our brain, we don't have much capacity for rational thought, problem solving, learning, planning, and communicating in that moment. So if my system is sensitized, I might flip into fight, flight, or freeze many times a day, depending on what sensory input my brain is taking in and what it associates with danger. And it may not be at all obvious to other people what's going on for me. So the behaviors that are associated with fight, flight, or freeze are often interpreted as misbehavior. Tuning out, reactivity, or disrespect, when in reality, it's coping behavior. It's our system attempting to regain a sense of safety. So think for a moment about behaviors in adults or in children that might fall into one of these three categories and go ahead and type your thoughts into the chat. So let's see if we can get a few going here, fight, flight, or freeze. Okay, tantrum-ing, thanks, Melinda. Aggression, great. Escaping. Eloping, arguing, withdrawing, crying, substance abuse, walking away, hiding, self harm. Great. Thank you so much for those of you who answered. So that Bruce Perry book that I mentioned, "What Happened To You?" talks a little bit about self harm and it's really fascinating that it is actually a coping strategy and it has to do with dissociation. So if you'd like to learn more about that, I'd recommend checking out that book. So for those of you who work directly with children, I do want to mention that the freeze response is sometimes harder to detect because children with this response aren't necessarily acting out. They may not be disruptive or drawing attention to themselves at all. They are shutting down and from the outside, that can look like

disengagement or it can just look like compliance. And sometimes kids seem to be doing fine. So these are the kids you might say, "I almost forget she's in the classroom. She's so quiet, it's almost like she's not even there." And that's because in a sense, she isn't. Her body is there, but her brain is dissociating, and that's just as concerning as explosive behaviors. It's just harder to pick up on. So I'd like to talk now about some clues that we can learn to pick up on that might indicate someone is affected by trauma. And some of these signs you might see in a child, and many of them are also things you would see in an adult. So my background is mostly with young children. I started my career as a teacher in a therapeutic early childhood classroom. So I had children in my classroom who had significant stressors in their lives. Sometimes domestic violence or a parent struggling with addiction or homelessness. And one thing that I saw a lot was that some of those children has a profound fear of separating from their caregiver. So I worked with one little girl, she was 18 months old when I met her, and she would go into full panic when her mom would walk across the living room away from her. And this really made so much sense, considering that the first six months of her life was really scary. They lived with a violent person. And so this kind of separation anxiety was because of her trauma experience. And you might see this show up even in elementary-age children or older children. And I think sometimes it's misinterpreted. Adults tend to think the child should be comfortable with separating from their parent based on their age, but this behavior may completely make sense based on the experiences that the child has had. Another sign that someone might have trauma is crying or often tantrums. This goes back to the idea of a sensitized system that easily gets overwhelmed. Some people with trauma are hyperactive or hypo-active. They might have a poor appetite or they might overeat. Children sometimes regress, acting younger than their age and taking up behaviors that they had outgrown, like thumb sucking. They may also start wetting the bed. Children and adults can have difficulty concentrating, and you might also see explosive behavior, conflict, or difficulty managing friendships. Anxiety, feelings of guilt or shame, difficulty sleeping or nightmares, and memory problems are all really common. You might notice someone withdrawing or isolating, and in teens and adults, you might see things like eating disorders, self-harming behaviors, substance abuse, or risky sexual behavior. And so when we think of these trauma behaviors, especially in children, one of the pitfalls we can fall into without the lens of trauma awareness is that we might think the child is choosing to be disruptive or disengaged or forgetful, or whatever label we put on their behavior, and the child might be punished for behaviors that are actually signs that their nervous system is overloaded. And punishing a child who's already in fight or flight mode doesn't actually teach them anything because they're processing everything in that moment through their survival brain and not the part of their brain that can learn a lesson. And as the adult's responses to them become more and more negative, the child begins to take on beliefs about their worth. They can feel like they're a bad kid, that no one understands them, that everything is their fault, and that something is wrong with them. In my work with adult trauma survivors, I've heard again and again how people internalize these messages as children, and then carry them with them into adulthood. And that shapes the choices that we make for ourselves in life and what we think is possible. So I'm going to end my section today with this video about how childhood trauma affects brain development. And if there's something that really stands out to you about this video, go ahead and enter that into the chat. All right, here we go.

>> Brain development is much more than a story about biology. From the earliest years, relationships with others play a key role in shaping how our brain grows and develops. Early relationships where there is abuse and neglect have a long-term impact on children. A brain who's adapted to survive in a threatening or unpredictable world may not work so well in an ordinary environment. This can create what is called latent vulnerability, where early abusive or neglectful experiences with carers put children at greater risk of experiencing mental health problems in the future. For these children, compared to their peers, common experiences like moving to a new school can feel more daunting and stressful. New faces can appear threatening, while positive social cues can be missed. It can be harder to negotiate new social situations and learn to trust new people. Even fun experiences like joining a new sports team can be challenging. Too much focus on potential threat cues can mean missing out on positive social cues, such as a playful nudge. Or it can cause an overreaction, which leads to an increased risk of conflict and sometimes violence. These reactions can increase the likelihood of generating new stressful events. It's harder to deal with everyday challenges when you feel unconfident and anxious inside, and harder to build and maintain relationships. Over time, this can mean a child loses friends and the support of adults, and so misses out on opportunities to grow and develop. This social thinning can increase the risk of mental health problems in the future. Neuroscience research is beginning to shed new light on how vulnerability unfolds over a child's life. All children need care and stimulation from adults who value them and who show them attention and love. These experiences shape a child's brain development. When children face traumatic experiences like abuse and neglect, their brain adapts to help them cope. We know of changes in three different brain systems, the reward, memory, and threat systems. Experiences of domestic violence or physical abuse can lead to hypervigilance, where the brain reacts more to threats. This might help a child stay safe in an early adverse environment, but it can cause problems in more ordinary environments. Hypervigilance can best be understood as a pattern of adaptation, rather than a sign of damage. Abuse and neglect can also mean a world where a child's basic needs for care and attention are not met. This can shape the brain's reward system, the part of the brain that helps us learn about positive aspects of our environment, and motivates our behavior. Over time, the brain's reward system can learn to respond differently to things like positive social cues. Neuroscience studies have also pointed to changes in the autobiographical memory system, our memory of everyday past experiences. Following trauma, negative memories appear to become more salient, which means they become more prominent than positive ones. And everyday memories can also become less detailed. This is a problem because we need to draw on past experiences to help us deal with new social situations. Neuroscience research is showing how childhood trauma can create latent vulnerability, increasing the risk of latent mental health problems like anxiety and depression. This vulnerability is not just located in the child, but arises through their relationships. Helping children who have experienced trauma still requires ordinary boundaries and consequences. But it also requires us to step back and reflect, and see behavior that we find challenging in a different light. A child may simply be doing their best to survive now with brain adaptations from the past. We know a child's brain has the capacity to continue to adapt. For this to happen, they need our help to build and maintain trusted relationships, manage everyday stressors, and prevent new ones from happening. We need to encourage them to try again and believe things can be different. This is far from an easy task, and takes time. Science is helping reframe our understanding of childhood trauma, seeing children's behavior in a new light can mean we respond differently. But there is much

still to learn. Working together, we can develop more affective approaches and promote resilience and recovery. We can help children build trusting relationships and create opportunities for their brains to adapt in new ways.

>> All right, well thank you for watching that. Hopefully you enjoyed it as much as I did. I'm seeing there's some comments here in the chat. Let me take a look here. Yeah, so can I repeat the name of the book? So the author is Bruce Perry, and it's P-E-R-R-Y. And the two books that I've read by him, one is called "The Boy Who Was Raised as a Dog," and then the other one is called "What Happened to You?" And "What Happened to You?" is popular right now, it's just released and like I said, it's co-authored with Oprah Winfrey. And it's basically a conversation between them two, the two of them. So Bruce Perry brings all of his brain science and trauma research, and then Oprah Winfrey brings personal experience and stories into the conversation, and it's really back and forth. I would recommend listening to in on audible if you get a chance. So let's see, Diana, is there anything else here you want me to follow up on?

>> You possibly could just follow up in the chat. I think there were a couple of comments.

>> Sure.

>> Yeah, great.

>> Okay, I'm going to turn it over to Diana for the next slide here.

>> Great, yeah, thanks so much, Jessie. So we're going to start taking some of the information that we've just learned and kind of massage it a little bit and work it into our personal day, our personal work. What are we doing and how can we have that more trauma-sensitive approach? So where do we start? Okay, so within our interactions with parents and youth, when they're in an escalated state and it seems like nothing is working, like Jessie said, it's really good to take into consideration the likelihood of the presence of a trauma history. And trauma, as we know, is the physical and psychological to either an event that is deeply distressing and disturbing or a chronic disruption of connectedness. When shocking events or repeated moments of disconnection occur, trauma response overwhelms our nervous system, and we're activated into what we all know is called survival mode. And survival mode compounds our emotions by inducing overwhelming levels of fear and powerlessness and worthlessness. And all of this has a really deep affect on how we show up in the world. Now, because trauma is what happens inside of us when challenging events happen or needs are chronically left unmet, one person may experience trauma in a given situation, while another person might not. And so remembering this key factor is really important as we grow to being more trauma sensitive. So you can be of benefit to families and youth you work with when you recognize that their experience is particular to them, and how it affects their behavior is particular to them, as well. So factors that will determine different responses can depend upon what kind of external and internal supports a person has such as, are they well-fed? Do they have easy access to systems and programs? Or, are they experiencing racism or discrimination and so on? Okay, so what can you do if you suspect a family you're working with has a trauma history? As Jess mentioned earlier, in order to support families who may be exhibiting signs of trauma, you don't actually need to know what happened, right? We don't need to know what didn't happen. We don't need their story, per se. We only need to hold the space for the possibility and foster some skills, so let's go ahead and take a look at some strategies here. One really starts with this awareness piece. It's really understanding trauma response, and Jess has gone through a lot of different sort of pointers and factors to trauma, and so being informed of these potential behaviors can be really helpful to us. We can really rely on those indicators, and we can take pause and approach situations from a different angle, one with more trauma sensitivity. So when we are in the trauma response, the brain is affected, and pathways to immediate reactions, such as fight, flight or freeze take over ability for executive thinking, so this is really helpful to understand as we're working with families in special education or in early intervention. So executive thinking entails seeing other perspectives, understanding the larger picture, generating creative solutions, et cetera. So as we are looking at the potential disagreements or challenges that come up around special education and early intervention, we can really understand that some of these trauma responses are going to make it more difficult or provide more hurdles for families to being creative with their resolutions. So when our executive thinking is bypassed, and we're in a state of reaction, we'll definitely have a harder time regulating our emotions, seeing possible outcomes and following directions. And again, this has a direct effect on how we work collaboratively. So it is a fact that when we experience traumatic events, our brain blocks out the positive events, just like it said in the video, and Jess mentioned that, as well, and this actually happens for a reason, as we learned from the video. It's so that we can stay hypervigilant to the possibility of threat. So understanding that we all have these primal-level emotions and that we're hardwired for survival and safety, it makes sense that folks who have a trauma history are going to be paying attention to the possible threats and just ignoring the positive cues, right?



They're going to miss out on what's working. They're going to miss out on encouragement, so they're going to miss out on their own strengths, and this makes sense, given the nature of that sort of primal-level mind. So recalling positive events in our lives is known to have a really great benefit. It reminds us that we have a purpose and that we are cared for, that we are innately good and that we matter. Excuse me. And when our brain blocks out those positive points, we lose the touchpoints of support, and then we become more susceptible to being dysregulated, overwhelmed, suspicious and angry. We have a hard time concentrating, too, which is going to affect our ability to stay organized and make good decisions. So really having an understanding of these types of behaviors and where they're coming from, the root of them, is really helpful. Okay, so next slide. Let's see, so creating emotional safety is an extremely powerful way to connect with folks who are dealing with trauma. It lets you know that you see them, that they matter and that they can trust you, and so building trust is a really key, important factor to being trauma sensitive, and there are any number of ways you can do it. I've got a few suggestions here, but feel free to add any other ideas in the chat, as well. It's really helpful in community to share these ideas. So the first one is meeting people where they're at. It sounds pretty basic, but it can be difficult, given the nature of implicit bias. So what this means really is honoring a person's experience no matter how we might personally view their circumstances, right? So we are trusting their words when they are explaining what their experience is. One story, I was a neutral a party in a meeting, and we had a family there, and we had a district there, and the district was ... We were having a conversation about the language spoken by the family and some of the supports we could provide. And the district ... There was no conflict in this conversation until a particular word was used completely without any sort of nefarious intent. The district used the word dialect to indicate this person's language, and the family member just spoke up and said, "Just to let you know, that actually feels very marginalizing. I'm not a dialect of this larger, grand language. I actually have a language that comes from my country, and I speak my language." And, sadly, that district representative wasn't able to meet that person where they were at. They weren't able to trust their experience of marginalization, and they actually went so far as to post in our Zoom meeting a definition from the Internet of the word dialect and started going into sort of a little bit of a tit-for-tat on, what does the word dialect mean? And my assumption was that maybe there was some defensiveness. It was a very well-intentioned person. It was a very well-informed person and probably was trying to really make it known that they had no malintent. But it continued to hurt this family member, and so there was just a little bit of one-on-one that I could do with that family member afterwards. But this is exactly what it means to meet people where they're at, really honor their experience. Another strategy to creating feelings of security is being curious and ask helpful questions. We could ask, how are you feeling today? We could check in and see if there are any needs, and we are ... When we are curious, this allows the family to step forward and just take their own power and speak for themselves. Another strategy is being a good listener, and there's a lot of talk about what it means to be a listener, and just a few things that I think are really good pointers to remind are that taking time to repeat back what you understood someone to say and then asking if you understood them correctly and allowing space for them to redirect if you misunderstood. That's a really great way to show that I'm trying, I'm listening, and I'm really hoping to be helpful here. We can also validate their experience with phrases like that makes sense or I see your point. I personally try and stay away from saying, "I understand." That can seem really offensive to some because truly, there's no way for me to actually understand what another person is

experiencing, and that can feel very invalidating. And then another pointer for creating some emotional security is talking to families about trauma, and helping them to start growing their awareness. And then they can have more of an ability for self reflection. Maybe they can understand why they're feeling reactive in certain situations and maybe they can be more of help to their own youth, who may also be experiencing trauma. Okay, so we're moving to the next slide. And when we are actually in physical meetings, we can start to help and be trauma sensitive to physical safety. I'm sure that we can all agree that having a ... There's a strong connection between our physical environment and our sense of safety. So for those who do have a trauma history, it's very often that physical safety is a constant concern. It's having that safety is not a luxury that's afforded to everyone. So paying attention to the environment, there are some things that we can really do. We can first check in with them and see where they'd like to meet. Or if that's ... There's no option of where to meet, we can check and see if the space is comfortable to them and ask how we might be able to make them feel more comfortable. Sometimes we notice that a room with soft lighting or natural lighting helps to put people at ease. Maybe you could bring a floor lamp or table lamp if you really just have the overhead fluorescence, et cetera. You could try adding special touches to the room, like a plant or some fidgets or doodle pads with colorful pens. We could bring healthy snacks or other refreshments. We could also bring stuffed animals, not necessarily just for kids, have to say I like my teddy bears. And soft pillows can sometimes make the seating arrangement a little bit more comfortable. Paying attention to strong scents, so as Jessie mentioned, there can be activation on trauma on all of our sense levels. And so if there are strong scents like a room deodorizer or fragrant candles or perfumes or colognes, I know for myself, sometimes that can actual be a little disorienting. So as we mentioned earlier, trauma can induce feelings of powerlessness. And if think about it, the layout of tables and a seating arrangement can definitely give subtle messages to who has power in the room and who doesn't. So you may want to just consider, well, who's going to sit at the head of the table? And who will sit to their right, who will sit to their left, et cetera? Making sure that those who need ... If it's youth that we're talking about or people who are different sized bodies, making sure that their chair puts them at the same level as everyone else. May want to be sensitive to those who have wheelchairs and walking braces or oxygen tanks, and making sure that we leave adequate room and space for them. And also, a very important factor is making sure those who have language support needs, whether they've got an interpreter, whether they've got ASL, or whether there's going to be some captioning on a slide show that you're presenting. Making sure that they have access to those language accommodations, as well as access to the meeting, so they're not feeling on the side with their language support, but they're actually in the meeting and they're able to access their supports. And the last pointer around physical safety is maintaining consistency. So we can aim for consistency. Sometimes people might have requests for different seating arrangements, which is fine. But really trying to avoid rearranging furniture, making sure those same stuffed animals end up in the room, et cetera. This is a really great way to provide some predictability and can really support having a safe space. So, whoops, we are on actually ... Yeah, there we go. So as I mentioned earlier, one of the more profound ways to beneficially affect those with a trauma history is to employ curiosity. So when we are expressing curiosity, we're actually communicating that we're willing to put our judgments aside and naturally others are going to feel accepted, respected, seen, and validated. And Jessie was talking about the book by Bruce Perry called, "What Happened To You?" This is the one in conversation with Oprah Winfrey. And this is actually

something that we're doing now. This is part of being more trauma-informed. We are shifting our perspective and we are employing that curiosity. Instead of just saying, "Jeez, what's wrong with you? You've got these behaviors, what the heck is wrong with you?" We are shifting to saying, "What has happened to you?" Right, so we are not coming from a place of judgment, there's something wrong with you, right? We're coming from a place of well, you've got these behaviors, so that means something must have happened to cause you to fall to these behaviors. Now we're not literally asking a family or a youth what happened to you. We're not necessarily saying, "Hey, do you have trauma? Tell us your history." And, we're not making assumptions about what kind of history they may have. But when we're holding that question in our own minds, when there are behaviors, gosh, what happened to you, we'll come up with the appropriate responses in the moment. And, as we know that folks can feel shame and blame when hard things happen in their lives or when they do have trauma. And allowing for that space of them to answer, well what happened to you, what is at the root of some of these behaviors, that actually helps them to feel, again, the ability to self-empower. So let's see, another strategy, next slide, Jess, is looking beyond behaviors. Jess had mentioned this tactic, as well. So when we're in a trauma response and we're experiencing high levels of anxiety, this creates physiological responses and that blocks our ability to remember details maybe such as action steps in a plan or appointment times or provider's instructions or other important information. And, trauma response heightens our usual emotions, and this can cause difficulties with sleep patterns, which can compound feelings of anxiety, which further throws off our ability to engage or focus. And humans naturally feel responsible when things happen to them, and that's where that level of shame and guilt come from. And shame and guilt really lie at the root of defensiveness. So when we're noticing someone is defensive, they then are going to take a strong stance and they're going to appear stubborn. So if we're looking at these behaviors and they're sort of ... Okay, I come from the East Coast, and I have a lobsterman family history. If you're seeing just the buoy, right, the buoy that says where the lobster trap is, this is the behaviors. Well, if you pull up that rope, then you've got the actual lobster trap. You can see what's inside, and you can see what's going on. So this is looking behind the behaviors really as, let's not just stop at behaviors. So next slide. This is one of my favorite pieces of being trauma sensitive. So we are social beings, right? We are wired for connection and our state of mind greatly affects others just when we are in their presence, okay? So in times of high stress, people can actually become regulated by interacting with another person who's exuding a grounded sense of calm. Our inner systems seek out the safety in others, and so when someone is in a reactive state and they're agitated and upset, they will begin to sense safety when they're spending time with someone who they can sense feels calm. And so when we're maintaining our own grounding, we're creating that sense of shared safety. There's a caveat, however. In order to do this, we really need to be in tune with ourselves, our own state of mind, when we're interacting with others. So a couple of things that we can do to really be that great source of co-regulation, maybe check in with yourself before your meetings. Just take that moment to pause, see where you're at. Maybe you need to use the restroom, drink some water, have a snack, or make that one last important call before you jump into your meeting. And meet those immediate needs for yourself so that they're not causing a sense of distraction. Likewise, if you're facing high stress in your own life, what ways can you tend to that emotional state so that you can feel strong enough to be that source of presence for others? And really, take time to do what you need to care for yourself so that you can be that grounded source. And no matter how much we aspire to beneficially affect others, it's really

important to honor where we are at ourselves. Because just as we are after to offer co-regulation for another person, we can actually also become adversely affect by their upset, and our system can step into a state of matching their dysregulation. So paying close attention to our own feelings of activation, taking breaks when we need to. All of this is going to really help us to maintain our own levels of inner balance. And it also models good strategies for dealing with upset. When we feel responsible to help make change when families we're working with are distressed, the most important thing we can do in our work really is to maintain our own level of inner peace, and know that that makes us a really great source of co-regulation, is just an innate sort of entrainment, human to human. So next slide. So we talked about those four phases of making change, that big, grand continuum to being trauma-informed. And so just to repeat, we have the first phase, growing in awareness, which we're doing here today, expanding knowledge, fostering skills, and taking action. And so now that we've had this presentation and we've done some growing and awareness, you can take some of these key points with you, and you can start on your own to expand your own knowledge base. So this is actually a key tactic for you in becoming more trauma sensitive. So we have a list here of resources that you can turn to. And just to be explicit, I put asterisks next the ones that have a really good focus on racial trauma. That's a really important piece for us to keep in mind when we are dealing with trauma histories, and it's really important to know that there are agencies and organizations out there that are having that be an inclusive piece to trauma. So, taking your level of awareness to the next step, to expanding upon your knowledge will help you to be better attuned to trauma survivors' needs. And as I mentioned earlier, you don't have to know a family's trauma history in order to be trauma sensitive. But if do hear of disturbing events that have taken place in the family's life, you can expand your knowledge of trauma by doing some specific research around how best to support those who have experienced those certain events. And while we should never assume to know how traumatic affects ... Trauma affects others, we can seek to be informed about the possible affects of these specific events in order to tailor our approach. For example, if a family you are working with has expressed the presence of racial trauma, you might look into expanding your knowledge of implicit bias, microaggressions, the history of marginalization in our society, et cetera. Or, if you know that a family has experienced the sudden and unexpected death of a loved one, you can be sensitive to the unique process of grieving by researching places, such as Courageous Kids or other bereavement sorts of organizations that really help us to understand that process, which is unique to to every person. So many this effort to expand your knowledge base, so taking what you walk away with today and really making an effort to dive deeper in, this is going to help you to foster those new skills, and those new skills are the stepping stone to taking action, to really making change and being trauma-informed. So, here we are. We are at the end of our presentation today, and we have about 8 minutes before we are going to chime off here. Please feel free to enter any questions or comments in the chat box now. And Jess, if you want to un-mic, we can maybe have a little bit of a conversation. So let's see, just want to have a little opportunity for Q&A if that is something folks are interested in. I'll give you a couple of minutes. Sometimes it takes folks a few minutes to actually type. Great feedback. Thank you, Carolyn, much appreciated. And if folks don't have any questions now, again, as we said, feel free to e-mail Jessie or myself, and we're happy to help in any way we can. Jordan has just posted the feedback survey in the chat box, so if you wouldn't mind kindly clicking on that link and filling out that survey, that would be really helpful for us, especially since it's our first online symposium. So it looks like ...

>> I see Leslie commented, have you heard about positive childhood experiences? We include this information on our presentations about trauma. Thanks, Leslie, for mentioning that, and I haven't heard that particular phrase, so we'll look into that.

>> And ...

>> Cheryl, I see that your hand is raised. I don't know if you have the option to unmute. If you do, you can say something. Otherwise, go ahead and type into the chat.

>> No, I could unmute. Thank you so much.

>> There you go.

>> The technology is working. Isn't that awesome? Thank you so much. This is was really great. I appreciate it, and I work for one of our parent centers here in Northern California. We have 30 counties that we serve, and there's a couple points I just wanted to add. One is that educators, too, have trauma that can really play into the dynamics in these situations, and I've seen that go terribly wrong. Secondly, it's really important. I do a lot of work with our Native American families on the reservations especially, and the whole history of the boarding schools and educational trauma means that engaging in educational conversations just in and of itself because it's education and because of the intergenerational trauma is so activating, and there's a lot of front-loading I do, and I do a training for school districts called "What Families Want You to Know," that I include, and so a lot of the resources you provided are going to be so helpful. Thank you. And then the final thing I wanted to say is that one of the ways in which I see families who have dealt with a lot of trauma and who are engaging around in a special education process get activated is by being silenced through lack of adequate time, and it's such a challenge, right, because our staff are so busy. Time is a precious commodity, but just the act of saying, "We only have an hour scheduled for today, but if we don't finish, it's really important to us that we don't just cut you off. We want to make sure that we have a collaborative meeting. Here's ... We will reschedule, and we'll do it within the next 10 days," or something. It's so important in terms of diffusing the situation because the minute someone says, "Well, time's up," or, "No, I don't have time for that," it feels super traumatic for families who have felt traditionally invisible, unheard, et cetera. So I just wanted to throw those things out there, and thanks again.

>> Yeah, those are such great comments, Cheryl. Thank you so much for bringing that up. Definitely we as professionals are not exempt from those high statistics around trauma, and so it's definitely not just the family in the room that may have a trauma history and may be getting activated and may have some of those behaviors that come out of our trauma reactions.

>> Hi, this is Kelly Rauscher. I'm with CADRE. I just wanted to let folks know that we have about 4 minutes left of this session, and we will be ending probably in a couple minutes.

>> So, Jess, I'm not sure if you ... I see that Nieto has put a question in there for recommendations for working with traumatized school folks. So not sure if we've got some ... the capability to go over some of those resources here, other than the ones that we listed on the slide, but if you'd like, please do feel free to e-mail us, and I am putting my e-mail address here in the chat box in case that was missed earlier, and thank you for asking. And just wanting to take these last few minutes and check through, make sure we got all of the questions and comments. Deborah Depew, thanks for the new look on this information, and Cheryl asked a question. Erica is seeking resources for schools and families whose children show signs of trauma related to restraint in school, excellent idea. Again, if you would like to e-mail us, we are happy to help with some further resources. Joanne, thank you for your feedback, much appreciated, and looks like Leslie has put in that link on childhood, adolescent ... positive childhood experiences, which would be really great resource. Thank you so much, Leslie. I actually have that now in my browser. And I responded to Nieto, and [Indistinct] is also something that we have information on and give out regularly. Amanda, thank you, and looks like there's some questions about which document to download. We apologize. We did have some last-minute edits to our slideshow, so you are welcome to download the one has been made accessible, and it will be a little bit different, maybe a little bit different information, and also the one that we're presenting today is available, as well. And, Melissa, thank you for your feedback, and Cheryl ... Joanne is saying that ... a comment to Cheryl. Joanne was in a meeting where both parents and educators in the room had previous trauma, and that was brought into the meeting. Yes, very important piece, absolutely, and that's that coregulation, self-care piece that we were touching upon in the end of the presentation today. And thank you, Tracy, for the feedback, and, Moira, really great feedback on, I think, the comments that our participant was stating about the limits, the time limits. And Jessie has also put her e-mail in there. And the survey ... looks like Jordan put the survey link back in there again and we have half a minute left. I just want to say thank you so much, really appreciate your participation today, and we hope that you enjoy the rest of the symposium. And again, feel free to contact us via e-mail if you have any questions or are looking for some further resources.