Welcome, everyone, to the National Criminal Justice Training Center webinar, Introduction to the Neurobiology of Trauma. Presenting today's webinar is Dr. Anjali Nandi. My name is Greg Brown, and I will be moderating this webinar for you today.

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Let's try our first poll question. This is a simple question to find out who is joining us today. The question is, which of the following best describes your role? Your choices are victim services/victim advocate, probation/community corrections, law enforcement, child advocacy center/social worker/mental health worker, or other. Just so Anjali has the information, we have about 21% of the audience which is victim services or victim advocates, 29% of the audience today probation/community corrections, 6% law enforcement, 28% social workers and mental health workers, and 16% other.

I'm pleased to introduce you to our presenter today, Dr. Anjali Nandi. Dr. Nandi is an associate with the National Criminal Justice Training Center of Fox Valley Technical College. She is also the Chief Probation Officer for the 20th Judicial District of the state of Colorado. Additionally, Dr. Nandi is a published author, having co-authored nine books. With that, Anjali, I'm going to turn the time over to you.

Thank you so much, Greg. It's a pleasure to be a part of this webinar and to be presenting on this really important topic. So before we launch into information around trauma and our brain, and how our brain is impacted by trauma, I want to just provide some information about why it's even important for us to be having this conversation.

And part of the reason is because understanding trauma provides us the ability to have a different lens through which we see the world, and through which we see the people we work with, whether they are clients, or victims, or no matter what they've done-- it allows us to look through a particular lens to explain behavior in a slightly different way. It provides a little bit of information so that we don't always jump to certain conclusions.

And throughout this webinar, I'll use some examples of where sometimes, trauma might be an

explanation for why people are doing a particular thing, or why they're saying something that seems so confounding or difficult to understand. So it's a lens. It's a really helpful lens for us to be able to look through.

And of course, trauma is not always visible. It's not like our clients or the people we work with walk in with a little sign that says, hey, my brain is struggling with trauma. Please be gentle. Right? They don't walk in with that sign. In fact, sometimes they are not keen on even sharing with us that they have experienced trauma.

And so, because it's not always visible, it's just helpful for us to have this in the back of our brains, and to have an understanding of what signs and symptoms might be present that will alert us to something bigger going on.

The other piece about trauma is that it's multi-generational, meaning that the person in front of me does not have had to experience trauma. It could be historical trauma, or intergenerational trauma.

So there's a really interesting study that was done on this in a variety of different ways-- of course, with humans in particular-- but this interesting study that I would love to share with you was with mice. And it tells a really sad and poignant story.

So what they did was they took mice-- female mice-- the female mice were not pregnant. They did a particular experiment where they-- every time they would slam a door-- so the sound would be the slamming of the door-- they would shock the mice. So female mice, not pregnant, slam door, shock mice.

After a little while, all you had to do was slam the door. And they noticed that cortisol, which is a stress hormone, would rise in these mice. So they weren't shocking the mice anymore, but even without the shock, just the slamming of the door would increase cortisol.

Now we know that already. Right? We know that we can have a reaction even when there's not a negative stimulus, if whatever the stimulus is is associated pretty strongly with the negative stimulus. So we know that. There's nothing new in the research so far.

But then what they did was mice were then pregnant, and had babies. So remember, the mice were not pregnant during this experiment. But then they became pregnant and had babies.

And they checked the level of cortisol in the babies to see what would happen when they slammed the door. And they found that when they would slam a door, these babies-- their levels of cortisol

would go up. The babies had not been in this experiment. The babies were never shocked. And yet, whenever the door was slammed, the babies would have a reaction.

So this was noticed in that first generation. And then when those baby mice had babies, they noticed it in the second generation as well. So what we're talking about here is multi-generational changes in the genetics of the mice.

And we've seen this in human beings, too. And this is a whole study, a whole subject, called epigenetics. And we're noticing that trauma goes beyond just the individual person, but goes into the genetics, into the-- it changes our DNA. And we then pass this down.

Now, for better or for worse, we can pass good things and we can pass not-so-good things. So I don't want people on the webinar to be thinking that this is only a sad story. But it's just helpful to have this perspective, this kind of historical trauma, multi-generational perspective.

The other reason why we're having this conversation is because when we have this lens, we can avoid re-traumatizing people, inadvertently causing more harm. We can also notice some negative coping mechanisms in the people that we're working with, and help reduce some of those negative coping. It helps with our burnout as well. And we know that when people are hurt, it's much easier to hurt other people. And so we're trying to reduce the cycle.

So that's the why behind talking about trauma. So let's launch into it, then. What is trauma? We can talk about trauma in many different ways, but fundamentally, it's the experience of being victimized in some way, whether it's violence or a threat or something. There's an experience of being a victim, where I feel like I cannot manage. The amount of stress is greater than my belief about how-- whether I can cope with it or not.

There's also a threat. My life is threatened, or some part of me is threatened. And I feel out of control. I also feel like I cannot stop this. So the components of trauma are a threat-- a pretty severe threat where I cannot control it, I cannot stop it, and I feel overwhelmed.

Now when we think of trauma, we often think of capital T, major Trauma events. Right? Sexual abuse, or something really big happening, like extreme violence, or maybe being in a horrific car accident, or the loss of a loved one. These are capital T Trauma events.

And capital T Trauma events create brain changes, meaning that there are changes that happen within a person's brain when they experience trauma. Now, if we all are experiencing exactly the

same event, some of us will experience brain changes and some of us won't, meaning even though the same thing is happening to all of us, some of us may experience it as a traumatic event, and some of us may experience it as mildly stressful, but then walk away from it. No big deal.

And I want you to hold onto that question. Why is that? Why is it that some folks walk away with their brains being impacted, and others don't?

So this is important. We used to think that this was because maybe somebody is weaker, or they're not strong enough for some reason, or maybe they have a character flaw. Something like that.

But what we're finding-- it's actually about our brains, and whether our brains were caught in a compromised space, whether our brains are resilient in the moment or not, whether there's a lot of other things going on. So for example, if there's a lot of other stressors in the person's life, it increases the likelihood that they will experience an event as traumatic, and have resulting neurological changes.

So if we take a functional MRI-- an MRI to look at where blood flow is-- there's a difference in the brain of somebody who is experiencing trauma, and somebody who has not. So it's not just people sort of saying, oh, yeah, I've experienced a traumatic event. There are actual neurological changes. We'll talk more about what these neurological changes are.

But first, let's talk about these capital T Trauma events, and are those the only events that create these brain changes? So what we're finding is it's not just major, capital T, big Trauma events, but a conglomeration of multiple little t trauma events that happen over a period of time can also create similar brain changes. So let's say, being in an abusive relationship, or experiencing emotional abuse, or being in a relationship where you don't know if you're coming or going, or being under stress for a long period of time, or having my freedom threatened over and over again.

Poverty is an example. I don't know where food is coming. There's a lot of research on the toxic stress of poverty. And what they're looking at is these brain changes that happen as a result of not knowing about food, not knowing about safety, those kinds of things. So unfortunately, it's not just these capital T Trauma events that create these brain changes. It's also multiple lowercase t trauma events.

And then, to make matters worse, we don't have to have experienced the trauma event. If we, over time, over and over again, listen to other people's trauma stories, or we read their trauma stories, we are also susceptible to brain changes, where there will be no difference between our brains and the brain of somebody who's actually experienced the trauma.

So I want to just let that settle into you for a moment. Because that's quite a sad story, right? The fact that we don't actually have to have to have experienced trauma. If we're reading trauma stories, listening to them, whether it's clients, or victims, or we're in the court listening to people, over time, that impacts our brain in the very same way that it would be impacted if I had experienced trauma.

And then, of course, that's not it. There's also stress. I mentioned chronic stress. So we talk about stress in terms of a continuum. And the continuum goes from good stress, which is called eustress. The good stress, many of you have probably experienced. When I get a little bit stressed, I kind of enjoy it a little bit. I know that sounds terrible, but it gives me a little bit of an adrenaline rush. Sometimes, I will wait a little bit longer on a project. I know that's also called procrastination, but in my mind, I'm just waiting for the right chemicals to kick in.

So, eustress. Good stress. You've also experienced good stress when you're competing at an event, or you're doing a race, or something like that. So right before that, you'll get a little bit of an adrenaline rush. That's the good stuff.

But then we also have the not-so-good stuff. And the not-so-good stress is when our belief about stress impacts us, meaning that if my belief is that this thing that's happening is overwhelming to me, it's too much stress, then it has a negative impact on us. And we call that distress.

We can experience it in the short term, but then we also experience it in the long term, when it becomes chronic. And when it's chronic, it has the same impact as trauma does on our brain. And we end up with very similar responses that people with trauma have, and we call those trauma responses.

So let's talk a little bit about what is it that's happening in the brain. So our brain is made up fundamentally of two components. The central part, which on the screen you can see is in purple, that central part, the emotional brain, also called the limbic system. Sometimes we call it the lizard brain.

It is focused on emotion, but it also is the house for reaction. So fight, flight, freeze-- those kinds of reactions. It's not the logical part of our brain, meaning it's the part of our brain that doesn't do the forward-looking thinking. It's really focused on looking backwards. It relies on the past for decision-making, and it makes decisions very, very quickly, and can be pretty large and reactive. So high emotion, all of that comes from this lizard part of the brain, or the emotional brain.

And then we have the logical brain, the frontal cortex, the forward-looking part of our brain, the

creative part. The part of our brain that sometimes will be able to come up with solutions that we didn't even think of, or that can think about possibilities, that can think through the consequences. That part is the frontal cortex, also called the wizard brain. So we have the lizard and the wizard.

We process everything from the outside world through the lizard first. And then information goes to the wizard. So, emotion brain first, and then to our logical brain.

And in trauma, there are a few things that happen to this pathway. One is that the emotional brain kind of gets hijacked, meaning the emotional brain takes over. It has a very big reaction, or it just completely shuts down.

So you've probably had an experience where you're sitting with somebody who's sharing with you a trauma story, and they're either hypervigilant, or have really big emotion, or maybe they're completely numb. So that's that limbic system being overactive. That's one piece.

The second piece that happens in trauma is the relay, the pathway, the highway that goes from the limbic system to the frontal cortex gets damaged, meaning we can get stuck in the limbic system and the information is not flowing freely into the frontal cortex, or what we call the wizard. So there's damage to that highway.

And then the third impact of trauma on the brain is that we lose mass in the frontal cortex, meaning the frontal cortex is not as strong and reliable as it used to be before the trauma event. Now, all of these are changeable. We can heal from all of these things, but it's just important to understand these different parts of the brain.

And so when we're stuck in our lizard brain, or the lizard lounge, or the limbic lounge, whatever you want to call it, it changes the way our brain works, and it changes the way our body works. Because when we're stuck in this kind of emotional system, we have certain chemicals flowing pretty strongly through our bodies-- adrenaline, epinephrine, norepinephrine, cortisol. These are reaction-- fight flight kind of chemicals. Right? So it changes how we work.

It impairs our judgment because we're not able to engage our frontal cortex. And then over time, unfortunately, we start to rely on these chemicals in order to function, meaning we need adrenaline and we need cortisol in order to function.

So I'm going to invite Greg into this conversation. And Greg, when you've been working with clients, what are some things that you notice that tell you, oh, this person is in their lizard brain. They're kind

of stuck in that limbic lounge, or lizard lounge. What is it that they do?

I think that's a great question, and I think we see it with people who are under supervision all the time. One of the things that pops up for me is people coming directly from court, and they're pretty reactive and very difficult to work with, because they've just come from a very adversarial system. A lot of things have happened to them. They've been told what to do. And if they've had bad experiences with that in the past, it's pretty challenging.

But I also think that we see it when people seem to respond in a way that we don't anticipate, from what may appear to be kind of a general question, or a benign question, or we triggered something that we weren't aware of, or didn't know that we were going to trigger. So I see that happening a lot, and then trying to figure out what's happened in that interaction.

That's fantastic. I love that you bring up how sometimes we can just step into it. We ask a benign question, and suddenly have this really big reaction. So you're absolutely right.

It's such a good point that we know something else is going on when the reaction from the other person is larger than we expect. Right? It's larger than the norm, so to speak. And that gives us a clue that something else is going on. They're stuck in their limbic system, for some reason.

So let me give you all a whole bunch of examples of how we get stuck in our limbic system. My hope is that you'll find some of these examples not just humorous but relatable.

So for me, where I live, in the summer we have rattlesnakes. And I am absolutely terrified of snakes. I have some dogs, and I frequently take them on walks. And in the summer, I am just petrified, because here's what happens in my brain.

There's a very strong activation in my limbic system that I know that if there's going to be a snake, it's definitely going to be a rattlesnake, because there are no other kinds of snakes, right? I mean, it couldn't be anything else but a rattlesnake. The rattlesnake is for sure going to bite me, or it's going to bite my dogs, because nothing else could happen. And if it bites one of my dogs, my dog is going to die, and it's going to be my fault.

So do you see this pattern of thinking? This particular pattern of thinking we sometimes call catastrophizing is very deeply set in the limbic system. So whenever I take my dogs out for a walk or for a run, I'm already agitated, right? I'm already in my limbic system. I'm on fire in my limbic system.

And then if I see a rustling in the bushes, I'm immediately convinced that that's a snake out to get

me, that all of the snakes have communicated with each other, they know I'm there, and they're coming for me. So when I hear a rustling in the bushes, it's not-- I don't get curious, which is a frontal cortex thing. I don't go and investigate to see what's happening.

I freeze. And sometimes I let out a little yelp, much to my own embarrassment, but sometimes I'll scream a little bit, or yelp. But I definitely end up freezing. And again, that's a limbic system reaction. From our limbic system, we tend to either freeze or we fight. I wish I were a fighter. Unfortunately, it doesn't come first for me.

Or we pass out. We faint, sometimes. And even if we don't faint, maybe we go numb. Maybe you've seen it in some of the clients, where if you push them too hard, they just kind of dissociate or they shut down. So that might be a way that they're responding.

And then, for me, it takes quite a few seconds for my frontal cortex to get back online and to tell me the rustling in the bushes was just a squirrel. Calm down. It's totally fine. Right?

So those few seconds were a limbic hijack. My limbic system hijacked my thinking process, and I got completely stuck in that. All I could believe was that I was going to die. Right? I was going to be attacked by venomous snakes.

So let's think about this in terms of our clients. When our folks-- whether they're clients or victims or whoever come into the system-- their past beliefs about the system are that the system is never supportive of them. They are not going to be supported. They're not going to get what they need. And it's going to be a terrible experience. Right? People are going to take advantage of them, or nobody's really going to understand what they're going through.

So their limbic system is already primed. They're already in pain. And when we come in, we can inadvertently, just like Greg said, say something pretty benign, which is kind of like a rustling in the bushes. And immediately they're convinced you are out to get them, just like I'm convinced that any rustling in the bushes is a snake. Right?

So really helpful to understand how real it is for people to get stuck in--

Anjali? Anjali, can I ask--

And this is not just the people we work with. This is all of us. Yes, Greg, go for it.

Anjali, can I ask a question? One of the things I alluded to in my example was my experience has

been that even though people have done things wrong and committed crimes, there's a lot of trauma about being arrested and put into the system. I think you were talking about that. And maybe we can come back to this in the question and answer period. But could you comment on that just briefly now, and we'll-- we can talk about a little bit later as well?

Yeah, for sure. So coming into the system, even though I may have done something wrong, coming into this system brings its own set of challenges, right? My freedom is threatened. I don't have control. And I'm not sure when it's going to end. That's the very definition of a traumatic experience.

So coming into the system itself-- being arrested, going through the judicial process-- no matter how much care we may take during the whole process, folks experience it as a traumatic event. And so just being in the system itself causes much trauma and much damage to that brain.

And then we have clients who come into the system over and over and over again. So they develop some of these brain changes-- some of these brain changes as a result of trauma, just by the fact that they continually get arrested, or they continually come through the system. So it's a really good point that you bring up that even though they may have-- or they have done something horrific, even, sometimes, the process of going through the system is still traumatizing. And so we just need to think about that.

And then we need to think about the flip side, too. I mean, I'm hoping that you would all answer the question that's coming up, which is, we experience this as well. Maybe some of us have experienced trauma. Maybe some of us have experienced vicarious trauma, perhaps, or are experiencing ongoing chronic stress.

So, Greg, the next slide is a poll that I would love for you to help with. And I'm wondering from folks, where they find themselves? Have they experienced vicarious trauma? Or maybe they're on their way to vicarious trauma, but are experiencing fatigue. We sometimes call this compassion fatigue, where we're just tired of caring. Our-- a sort of crass way of saying it is it's our "give a crap" got up and left. Right? And sometimes, we experience compassion fatigue about certain situations and not others. Maybe with certain clients and not others.

So is that where people are at? Or maybe people are experiencing chronic stress, and they're experiencing the symptoms of that. Or maybe it's just short-term stress. Or maybe some of the folks on the webinar are thinking, "Trauma continuum? I'm nowhere on this continuum. What continuum?" So, Greg, could you help launch this poll, please?

I'd love to. So the question is, where do you find yourself on the trauma continuum? In vicarious trauma, some compassion fatigue, maybe some chronic stress, short-term stress, or "What continuum?"

So the responses to the second poll are as follows. 10% of the respondents said vicarious trauma. 35%, which is the largest percentage, indicated compassion fatigue. 23% indicated chronic stress. 28% said short-term stress. And 4% said, "What continuum?"

Thank you so much for reading that out. That's great. So I so appreciate your honesty, and your willingness to participate in this poll. And it's not easy, right? It's not easy for us to share some of our struggles that we're going through. I mean, oftentimes we're looked at as the folks who are supposed to help others. And yet in the helping profession, whether we are law enforcement or probation or treatment or victims' advocates, no matter what, we are exposed to some pretty heavy-duty stuff.

And in the serving profession, there's a term that we often use called emotional labor, meaning part of the work that we do is to process, to listen to heavy-duty emotion. And it takes a lot of work from us to be able to sit with somebody, or even listen to somebody's story. Please know that you're not alone. And I hope these numbers show you that you're definitely not alone.

So our biggest category was compassion fatigue. So let's talk a little bit more about that. We end up with compassion fatigue when we are running out of empathy, when we have tried so hard to either understand or be there for people. But we've gotten a little bit messy with our boundaries, meaning somewhere along the way, we have either put ourselves in somebody else's shoes so much that we lost our own shoes, or we allowed people to take advantage of us somehow, or we weren't clear about our boundaries somewhere.

But somehow, we are giving out more than we are putting in. And that is part of the compassion fatigue cycle. So hold on to that, and maybe ask some questions in the Q&A if you want to dissect that apart a little bit more.

But let's do a little recap of trauma, and talk a little bit about what is the impact, overall, of trauma? So again, trauma is either a capital T major Trauma event that has some brain changes, or that results in brain changes. Or it could be a lowercase t trauma event, or chronic stress, or vicarious trauma. All of these have very, very similar impact on our brains.

And unfortunately, what happens as a result of all of these things is we get stuck in our limbic system. We're not able to regulate. Maybe we feel numb. Maybe we lose mass in the frontal cortex. But we

essentially get stuck in this reactive place.

So I'll give you a very sorry example of my daughter and I. I get quite-- very quickly, actually-- annoyed-- and maybe annoyed is an understatement-- when I walk into my daughter's room and notice just how messy it is.

So my daughter's a teenager. I open the door of her room, and I promise you, I cannot see the color of the carpet. I cannot see the carpet at all. She has stuff everywhere.

Now, if I'm being fully honest, I would say that most of the stuff that she has on the floor, she's creating. So she's extremely creative and she's making stuff all the time. And so there's stuff everywhere.

But in my head, if I'm stressed, and I open the door to her room and I see a messy room, I get stuck in my limbic system and essentially lose connection with my frontal cortex. We call this flipping our lid, right? So if you imagine the frontal cortex as the lid that sits on top of our limbic system, I lose connection with the frontal cortex, and I flip my lid. And I get stuck in my limbic system.

So from my limbic system, when I see a messy room, I immediately think a messy room means a messy mind. A messy mind means she's going to fail out of school. And 90%, maybe even 95% of all the teenagers that I come in contact with in my work, in the universe of teenagers that I see in my work, are either drug-addicted or gang-involved or involved in the criminal justice system, right?

So when I open the door to her room, an example of getting stuck in the limbic system is I don't see my beautiful daughter in her room. I see a drug-addicted, gang-involved teenager. Right? And nothing nice comes out of my mouth, because I'm stuck in my limbic system.

And so I have to work quite hard to make sure that my frontal cortex re-engages, even before I open the door to her room. And that's the training for all of us as practitioners, but it's also the training that we're helping our clients go through, so that they start to learn, how do they self-regulate before they flip their lids?

So it's a two-way process. It's us getting control of ourselves. And then it's helping the other person get a hold of themselves as well.

So we're talking about this all in the context of being trauma-informed. And that essentially means that we're trying not to re-traumatize people. We're trying not to inadvertently, or on purpose sometimes, reactivate them.

This will happen, though. You will end up re-traumatizing folks. I've done it inadvertently multiple times. The most recent example is when I had a client walk into my office, and I shut the door behind him, and I shut it a bit too hard. And, oh my gosh, he jumped out of his skin. And I knew immediately what had happened. Right?

So just be careful about some of these things. Being trauma-informed also means recognizing when somebody is having a trauma response. Sort of like Greg was saying, when you ask a benign question and there's a major reaction, or sometimes they seem numb. Or they're only referencing the past, and they're not able to think about the future, meaning you ask them to problem solve, and they keep talking about the past. That's a really common way of knowing that somebody is sort of stuck in their limbic system.

We've talked about a different lens, but being trauma-informed also means that we're flexible about our consequences. We're trying to figure out, what is the most appropriate consequence for this particular person, depending on their behavior? And we're also sensitive to their fears, even though they may not seem logical to us, because our limbic system is not logical. I mean, if you heard the example that I just used with my daughter, you were probably thinking, oh my gosh, she's crazy, right?

So there's no logic to our limbic system. And it allows us to be a little patient with the folks that we work with. And it helps us not take some of their behavior personally.

It also reminds us that establishing safety is of prime importance. And by that, I mean helping the other person feel safe in the relationship, meaning interpersonally safe. And we do that by being consistent and empathic. But we also do that by knowing our limits, and knowing when we really cannot-- we're at the end of our abilities, our expertise, and we might have to refer someone.

So when you're working with somebody who is experiencing trauma, or has experienced trauma, here are some practical tips for you. The most important is to build a strong, empathic relationship. We also provide a calm environment to the best of our ability. Now, I know that some of you probably meet with clients in their environment. And so it's hard to control that. But what we do have control over is ourselves.

So here's another interesting, neurological way of looking at this. In our brains, we not only have the limbic system and the frontal cortex. We also have something called mirror neurons. And mirror neurons are these neurons that pick up on the emotion of the person in front of you.

You've probably noticed that sometimes you'll be sitting with somebody, and you can feel what they're feeling. You pick up on something. Right? Those are your mirror neurons being active.

And it works both ways, which means if somebody's escalated, you will start to feel like you're escalating. But if you get yourself calm, you'll be surprised at how the other person will calm down as a result of you calming down, because their mirror neurons are picking up on you as well.

So you can be the soothing environment, or the calm environment. When you provide unhurried attention, it calms people down. When they feel like they're actually being heard, and you're talking about their concerns, that really helps the frontal cortex come back online, so that they're not stuck in their limbic system.

And then when you provide choice and control to the best of your ability. So there are times where you don't have choice, right? The client has to go to treatment, for example. But maybe they have choice about which location they attend. Or if they don't have the choice about location, maybe they have a choice about the day that they start on. So the best of your ability, provide choice and control, because making decisions engages the frontal cortex and develops it further.

So, Greg, when you're working with folks, what are some other ways that you have found really helps to bring somebody's frontal cortex back online? To get them out of that flipped lid situation and get their frontal cortex back online and calm their limbic system. What are other things that have worked for you?

Well, I think one of the things which I know you've worked really hard with probation staff, that I've seen you do, is trying to figure out things that will re-engage their frontal cortex, like asking them what's going on with them right now, and getting them to try to re-engage that frontal cortex.

You know, I think about stressful situations that come up around particularly probation and parole, about people who are going to be arrested. And so even though that's a security concern and a situation that we need to take a lot of caution and care with, being able to let them have a little bit of control about being able to make a phone call, or making sure that some valuable that they have isn't going to go to the jail with them, but trying to re-engage them in problem solving around where they're at.

And not letting them realize that this is the end of the world. How they handle this difficult situation helps them grow. And this also helps us figure out what to do next.

Yeah. Thank you. Very true. So one of the things that you mentioned was engaging them back in the here and now. Right? You even used that term, here and now. That's so important. Because when somebody is stuck in their limbic system, they're not in the here and now. They're in the there and then. They're kind of stuck in the past a little bit.

And so bringing them back to the here and now could be as simple as, what do you notice right now? Or, what are you noticing in the room? Or, I notice that I lost you a little bit. What's going to be helpful for you to come back right now?

Or you could use a grounding technique-- for example, to help people feel their feet on the floor, or their butt in the chair. Or maybe it's doing an activity, like, name five things you see in the room. Name four things you hear right now. Engaging all the senses is really helpful to get the frontal cortex back down as well. So all of those grounding techniques are very, very helpful.

But trauma doesn't just reside in people. We've noticed that sometimes it can reside in an organization. And we call this organizational trauma, or workplace trauma. And you'll notice the symptoms in the workplace itself.

So here are some organizational symptoms, some things that you might see, whether it's with your teams or your organization as a whole. These are just some of the pieces that we often notice when there's a lot of trauma in the organization. Again, this doesn't mean that it's not fixable, or we can't do anything about it. We absolutely can. But the first step is to recognize that something's wrong.

So maybe people are missing work a lot. Or they used to be able to work together, and now suddenly they can't work together anymore. Or suddenly, people are breaking the rules, and they didn't do that in the past. Or they're not willing to be flexible with each other.

Or there's just this negativity, general negativity, or maybe it's a negativity towards upper management, for example. Maybe people don't want to change, or don't even believe that change is possible. Things will never get better. And there's no vision for a better future.

So those are some examples. And I'm hoping that as you're listening to this webinar, you can think about those and see what is true in your organization, and maybe what needs to be done, what could be helpful to your organization.

So those are some organizational symptoms. And then here are some warning signs for us. Because it's one thing for us to talk about being trauma-informed, but we also have to be informed about ourselves. So if we're struggling, if we're experiencing these symptoms, it's important for us to be

able to recognize those.

And so here are some warning signs for us, whether we get stressed easily, or we have a hard time asserting ourselves. Or we sometimes don't even know what we're feeling. Somebody asks us, what are you feeling? And we say, I don't know.

I see this with clients a lot. When I ask them how they're feeling, they'll say either they're fine, or they're pissed off. Right? Those are their two emotions. And there's nothing else. And that's not true, because they are such amazing, complex human beings, but they're struggling with the emotional vocabulary, even naming what their emotions are.

Maybe we start making assumptions, and when we're called out on our assumptions, we defend them. Or we hold grudges. Or we don't even know what triggers us, so we get angry easily. So these are many of the warning signs that often come up.

And so where I want to take this conversation next is to talk about, what are ways that we take care of ourselves? So not just attending to the client, which we've talked about, or the victim that we're talking with. But how do we take care of ourselves?

And the first piece is to have really good boundaries every time we're expressing empathy. So let's define empathy, and then let's talk a little bit about what boundaries mean.

So empathy we can talk about in so many different ways, but one of them is being quiet enough to hear the other person's point of view. Right? So I quiet my stuff, my judgment, the chatter in my head, my beliefs about this other person, my assumptions about them.

So in my daughter's case, all the assumptions of, "messy room, messy mind," all of those-- quieting all of those down just to listen and understand her point of view. Empathy is about quieting ourselves and suspending our own judgment, while listening to what the other person is saying.

But just because I might understand what they're saying, it doesn't make that behavior OK, meaning just because I understand that my daughter is really incredibly creative, she can make something out of absolutely nothing, It doesn't make it OK for her to have a messy room. I can still have boundaries around that.

So empathy needs to come with boundaries. I'll give you a client example. I've used this example before. I had a client who walked up to my desk, and slammed some paperwork on my desk, and said, "You need to fill this out for court."

Now, I knew that he was extremely stressed, and this upcoming court date was very, very important to him. And yet, even though I understood that, it didn't make his behavior OK. And so I picked up the papers, and I stood up, because I was sitting down when he walked in. And I stood up, and very gently, I said, "I absolutely hear that you are really frustrated and you want this. Ask me again in a way that I will say yes."

So again, I'm holding a boundary. Don't treat me like that. Don't talk to me like that. But I'm doing it in a way that's supportive, that's developing a skill for him.

Because that's part of our jobs, right? If the client had done that to his boss, for example, he would have been fired. Or to the judge, right? No good thing comes when you treat other people badly. And so it's part of our job to help clients do things differently, and yet we do it in a way that develops skills, as opposed to shaming them.

So empathy with really clear boundaries. Just because I understand the behavior doesn't make it OK. And I can still say what's OK and what's not OK, or what my expectations are.

Another thing to really keep in mind is when we're listening to trauma stories, it's important to get a little separation from the story. So ways to disconnect from the story might be to change how you're sitting, or sit up straighter, Or look away, break eye contact, and then look back. Or maybe you shift in your seat, or cross and uncross your legs.

These are really simple strategies that have a profound effect on helping your brain be resilient. Maybe you exhale, or maybe you take a sip of water, taking a deep breath-- any of those. So while you are having the conversation with the client, just making sure to take care of yourself. Feel your feet on the ground. Be grounded as you're listening to whatever the story is.

And then, when the client leaves, and you have a lot of energy around the story, be careful of doing something that we call playing trauma tag. So trauma tag is barging into somebody else's office and saying, oh my gosh, you would not believe what I just heard. Or, you would not believe what happened to my client. Right?

Essentially, what you've done is just tagged somebody else with the trauma. Instead of doing that, maybe ask permission. So you walk into somebody else's office and you say, hey, I just heard something pretty horrific. Do you have a second for for me to share it with you? Because it impacted me a lot.

And just by asking permission, you've actually helped the other person's neurology. You've allowed their nervous system to be prepared to hear the information, so that it doesn't impact them as much. So just be careful of trauma tag. Greg, in your experience, are there other things we do in the office that might be helpful or unhelpful, before I go into things we can do afterwards?

Well, I think that some of the things that I've seen implemented in some of the places that I've worked with and worked is creating a place for those kinds of discussions to happen. That people can process those traumatic events, and allowing the brain to process them, helps with that compassion fatigue. And sharing of your experience-- I think that you see departments that are really looking at secondary trauma and compassion fatigue, and looking at ways to not let staff solely interact with the people that they work with that are in pretty unhealthy places.

But to make sure there's a balance around time, and then to encourage that, going as far as to be careful about when you schedule people. Don't schedule your most difficult, angry, traumatized client for 4 o'clock on a Friday afternoon. But to plan that out, and to look at your own ability to manage that and integrate that and work within your department. But I think creating those environments where people can talk and can share and are encouraged to share.

I think the other thing that we see in community corrections is that we experience the secondary trauma, compassion fatigue when we don't feel support from our administration-- that we fear that something bad is going to happen if I don't take the most conservative response to these violations that I'm seeing, or what this person's saying. And creating a culture that has a lot more support for people that are doing this difficult work-- you're either working with clients or working with victims.

Yeah. You touched on so many different things. You touched on the individual piece. But then you also touched on the responsibility of the organization that we work with. And interestingly enough, it's systemic issues-- it's a feeling of hopelessness when we work within a system that really contributes to some of this vicarious trauma, meaning that there are systemic barriers that we don't know how to get rid of that creates additional vicarious trauma for us. So it's really important that you mention that.

And then there are other things that we can do while at work, or for those of you who are doing virtual appointments, that you can do at home. Some examples are after you've had a conversation with somebody-- with a client, for example-- walk away. Walk away from the screen. Or if you're doing in-person conversations, you walk the client out of the office, and then take a walk around your building, or getting outside, or any of those things that allow your body to move a little bit so that the

trauma isn't getting stuck within you.

Some people have found washing their hands after an appointment is really helpful. There's something very grounding and helpful about running water. And if you don't have the kind of time to do any of this, even just standing up, shaking it out, and sitting back down is really helpful.

Our dogs do it. For those of you who have dogs on this webinar, you've probably seen that when a dog encounters something, or they get a little stressed out, they release it by just shaking. Now it might not be totally socially acceptable for us to just stand in the middle of the office and shake.

But there are other socially acceptable ways that we could shake, like laughing. Right? So laughing is very socially acceptable, and it actually allows our body to discharge some of the stress and get rid of some of the neurochemicals that are pumping through our bodies that are creating the stress response.

Another way of discharging some of this negativity and cortisol and adrenaline is also crying. And I know, again, not so socially acceptable to just bawl in the middle of the office. For me, I tend to-- I multitask my crying, which I know sounds terrible. But I often will cry in the car, because then at least I'm getting someplace while I'm crying.

And then I get wherever I'm going, neaten up my face, and it was a good drive. Not recommending that for you all, but just sharing that sometimes, getting it out like that is really helpful for us. It's part of as human beings, how we discharge some of the emotion. But it's also really important to take care of ourselves.

I was, actually-- there was a question around, are there elements to our socialization that impact trauma? And I think that you were touching on that with crying and it not being socially acceptable, or shaking in public. And maybe the difference is all species experience trauma. Some of it handle-- many species handle it much better than we do-- I think is kind of where the question was going.

Yeah, that's a brilliant question. There's an incredible book-- it's old now, but it's still so valuable-- by a gentleman named Peter Levine and it's called *Waking the Tiger,* and he talks about exactly this, about how other species experience crazy amounts of trauma on a daily basis. Like the idea of being chased by a tiger, or a lion, right? I mean, total threat to my health and safety. Or I see my friend getting eaten by a lion or a tiger.

So absolutely, these multiple traumatic experiences, and then how quickly they get over it, as opposed to us human beings, right? So a very insightful question that there are, socially, things that

we are told to do and not do that interrupt our ability to handle trauma.

And for better or for worse, sometimes we're told, suck it up. Be stronger. Et cetera. And all of those things miss the fact that it's not about being strong, or sucking it up. It's about attending to our brain. That whether we like it or not, if our brain is impacted, there are certain things that we can do to support our brains further.

And one of them is self-care. So self-care means different things for different people. And it's so important to define this for yourself, but I'll go over some important things. So self-care means eating well. It means sleeping well, which is defined as, on an average, seven to eight hours of sleep a night. And exercising on a regular basis, which is defined as a minimum of five times a week, a minimum of 30 minutes of activity, physical activity where you have an elevated heart rate.

So we have definitions for several of these things, but self-care is more than that. Self-care is also feeling like you have some kind of a social support system around you that you can reach out for support. So it could be friends away from work, or it could be people at work. One of the things that Greg said was organizations providing a space to process some of these difficult things. So receiving that social support.

There's so much that we get from having social support, and one of it is a reduction in cortisol and an increase in a particular hormone called oxytocin, which you may have all heard of, oxytocin. Sometimes it's also called the cuddle hormone, because it was found when moms are cuddling their babies.

But we also release oxytocin when we laugh with each other, when we're having a good time with friends. We also release oxytocin when we feel cared for, when we feel like somebody is listening to us and actually cares about us. And we release oxytocin when we play with our animals, when we pet our dogs and be really silly with them. I mean, the kinds of things that fall out of my mouth, or the pitch of my voice changes when I'm talking with my dogs. And so there's a lot of ways to get oxytocin that are really helpful and a part of self-care.

Another piece to self-care is, on a regular basis, expressing gratitude or appreciation. And sometimes people do this in terms of maybe a journal, like a gratitude journal. Some people will do-- will write an email a day to somebody they're grateful for. Or maybe they will journal three things I'm grateful for, either in the morning or in the evening.

But having a gratitude journal seems to change the way our brain works, and re-engages the frontal

cortex. Gratitude increases mass in the frontal cortex, connects the frontal cortex to the limbic system a little better. And so gratitude seems to be really helpful.

And then another piece to self-care that helps our brains recover from either trauma or chronic stress is mindfulness. And oftentimes, when I talk about mindfulness, people think meditation. And that's one type of mindfulness, but it could be a whole bunch of other things. It's whatever you do where you can allow your brain to just do one thing at a time. That's mindfulness.

So maybe it's the coloring, you know, the Zen coloring book. Maybe it's gardening. Maybe it's fishing, for some folks. Maybe it's running. Maybe it's knitting. Or whatever it is for you-- cooking, for example-- but whatever it is for you that really allows your brain to pay attention to one thing at a time. So mindful activities are really, really helpful.

But it's also helpful to find your happy place in the moment. So whenever you're starting to feel like you're escalating, or you're starting to feel like you're having a hard time reconnecting with your frontal cortex, in the moment, find your happy place. It takes two seconds.

And interestingly enough, a lot of us-- our happy place is around our animals, maybe. Maybe it's about nature. Maybe it's about family. Depends, right? But it's very, very personal. So find your happy place.

And don't forget that in the moment, every moment, there's something good that's happening, even if we can't quite see it. So make it a practice to keep taking in the good, because when we don't take in the good, and we don't play, and we don't have fun, the opposite of play is not work. The opposite of play, unfortunately, is depression. So it's really important that we take good care of ourselves so we can better serve the people who we work with.

I'm curious, from the folks we have on the webinar, what is your go-to when you are struggling to find balance? What helps you the most? Is it mindfulness? Is it gratitude? Is it social support? Is it those wellness-type activities that I talked about? You know, sleeping, exercise, eating?

Or are you feeling like, oh my gosh, I have no balance right now, and these things that you're talking about sounds great, but oh goodness, very, very hard to implement? So where are you? What is your go-to? And Greg, if you could help me launch the poll, please.

We're going to launch the poll question now. The question is, what is your go-to for finding balance? Mindfulness, gratitude, social support, wellness, exercise et cetera, or you have no balance at this

point in time.

OK. So what we have with this poll question, Anjali, is 17%, their go-to place is mindfulness. 13% is gratitude. 24% is social support. 37% wellness. And 9% have no balance right now in their lives. So they're in a pretty difficult place with work.

Oh, and the one thing I would add, Anjali, that maybe you could talk a little bit about is the social support piece. And I know a lot of the criminal justice professionals that I run into worry about the social support, and using their family for that for a variety of reasons. They're often not in the system, so it takes a long time to explain the situation. And also, they don't want to bring that yuck to their household. So could you talk about that with respect to social support, when you get through talking about these results?

Absolutely. Thank you for that question, and for sharing the results. So for the folks who said "I have no balance," thank you for your honesty. I would frequently endorse that across my career, so I appreciate your honesty. And we all start somewhere. And the first place is just recognizing, gosh, things are a bit out of hand. So I so appreciate that you've said that, and I'm hoping some of these-- some of what we've talked about today would be helpful.

The biggest category that you all selected was wellness. So whether it's exercise, or sleeping well, or eating well-- extremely important. There's so many studies on exercise as one of the ways to not only rebalance our chemicals in our brain, but interestingly enough, exercise re-engages our frontal cortex and teaches our brain about consequential thinking, which is so interesting.

Because what exercise is doing is helping us understand what happens in our bodies when we exert, or when we pull back. And it's sort of this ongoing learning about consequential thinking. So really helpful.

And sleeping well. There's a study that was done with military personnel where they were sleep deprived for three days. So sleep deprivation is less than six hours of sleep a night for three nights in a row. They were sleep deprived before the experiment, they did a little study where they were to complete a simulator experiment where they had to shoot people who were, you know, in quotes, "the enemy," and then not shoot people who were not the enemy.

So things would pop up in the simulator exercise. You know, a guy with a gun, and you shoot the guy with a gun. A mom with a baby-- don't shoot the mom with a baby, unless the mom with the baby has a gun, and then I don't know what you do.

But they did this experiment, and they tested them before. And then they sleep deprived them and tested them after, and found that after sleep deprivation, what the military personnel tended to do was shoot everyone. Whether it was the enemy or friend, it didn't matter. They shot everyone.

And thinking about us, are there times you can recognize that in yourself? I mean, I know that when I'm sleep deprived, everybody better watch out. No matter how good and kind you are to me, I'm going to snap back at you. So there's definitely something to be said about sleep as restorative.

And then the second biggest category was social support. And Greg, you asked a really good question, that sometimes when we're in the system and we deal with so much yuck, we don't want to bring that into our household or people are not involved in the system, and then it takes so long to explain it to them.

So here's the interesting thing about social support. Social support does not mean talking about the trauma stuff, or talking about the yuck. Social support is A, talking about the impact of the yuck, which anyone can understand. So I could have listened to a horrific story, but the impact is that I am worried that I cannot keep my teenager safe. And anybody, no matter what their career is, would understand that, right?

So when we're talking and sharing information, share the impact as opposed to the story. All right? The impact on you. So that's one piece.

The other piece to social support is we actually don't have to talk about the trauma at all. Social support works when there's humor, and when we believe that if I'm in trouble, I have people to turn to. So those are the two pieces. So it's less about talking about the stuff and needing our social support to know what we're talking about, and more about just experiencing having a good time together. Greg, does that help answer that question?

Yes. I think that is a really important distinction. And thanks for pointing that out, because it comes up a lot with people that I work with and interact with. So thank you.

For sure. Thank you for asking it. And before we invite more questions, I just want to provide a little bit of a challenge-- that after you're done with this webinar, if you have a little bit of time, do something. Either be social, or go for a walk. Or grab a piece of paper and a pen, and talk about what you're grateful for. Journal a little bit.

Or maybe appreciate someone. Maybe if you're in your house, you go up to somebody else who's in

your house, and tell them what you appreciate about them. Or if you're at work, you could do the same. Or maybe just sit quietly and do a mindful activity.

So that's my challenge to you. When you're done with this webinar, or at some point during today, even for five minutes, try any one of these things. So I would love to invite questions. And Greg, I know that you're helping keep track of these.

I am. So we're in the question and answer period. One of the questions that's come up in this training, as well as in others, is when you're talking about historical trauma, is this a unique experience for Native Americans? And how do we need-- what lens do we need to put on when we are interacting with populations of people who have experienced this historical trauma?

Yeah. A great question. It's not a unique experience, but we notice it across many different cultures. It depends on what kind of systemic oppression that folks have faced, right? So yes, this is so true about the Native American population.

But it's also true about our Black population, and it's also true about Jews who experienced the Holocaust. And we're noticing the impact, still, in their children, and their children's children. So it's about generations who've experienced oppression or trauma that then get passed to the next generation.

So it's really important to have that lens, and to understand that if I'm working with somebody who maybe is a young person, and I think in my mind, why are they acting this way to me? Why are they not trusting the system? I've been nothing but supportive to them. Why are they treating me this way?

And having a lens of historical trauma helps me understand this a little better. It helps explain that the person themselves doesn't have to have had an experience where they don't trust the system. It's in their bones-- the mistrust, the fear. It comes with their DNA.

Now, I don't want to only paint a negative picture. A lot of incredible stuff gets passed in our DNA as well. And it's something to just know, and be aware of, so that we don't take it personally as practitioners.

Thank you. The next question is, can you talk a little about the role of substance abuse in the people that we work with, and them trying to manage their trauma?

What a great question. So, unfortunately, substance use and addiction have very, very similar impacts on the brain as trauma does. And they work sort of hand-in-hand to make things worse. By

that, I mean that if I'm using substances at an early age, my brain is more susceptible to being impacted-- neurologically impacted-- by a trauma event, meaning if I'm using substances and Greg is not, and we both experience the same trauma event, I would be more likely to be traumatized than he would. So it makes me more susceptible.

But the reverse is also true. So the reverse is, that let's say I'm experiencing-- I'm in a household that there's a lot of chaos. Maybe I'm a kid, and I'm experiencing all kinds of adverse childhood experiences. It increases the likelihood that I will use substances, and that my brain is more susceptible to getting addicted to those substances than somebody who's not experiencing trauma and trying substances. So they work in this really unhelpful, kind of synergistic way.

Now, oftentimes-- and I think this is part of what the question is alluding to-- oftentimes, in order to manage some of our symptoms, that people will tend to use substances. There is a high correlation with several substances and PTSD, right? So not just cigarettes, but THC, alcohol, there's a high correlation in there.

And so it's really helpful that when we have clients in our program, to not just say sorry, in this program, you've got to stay sober. Figure it out. That we have to recognize that if we are asking people to stay sober, we are taking away their coping mechanism for working with their own symptoms. And so we have to be able to provide something that's going to help them cope with those symptoms.

So a lot of it is about skill training, about learning, how do I deal with some of these symptoms? How do I develop some of these skills? We've done a webinar that focuses on cognitive behavioral training. Really, really helpful with both addiction and with trauma. We've done a webinar on motivational interviewing. Really helpful to develop safe spaces, for people to be able to share or just talk about trauma and feel cared for. So lots of different ways to manage both of those, but really important to know that they feed into each other in kind of these unhelpful ways.

Thanks, Anjali. And I would just-- anyone who's interested in those other webinars, If you just go to NCJTC.org and go to our On Demand library, they are recorded and available.

So some more questions. If a person is afraid of heights, is that a trauma response?

So being afraid of particular things like that, those are phobias, and that's different. So a phobia-- being afraid of spiders or closed spaces, or those kinds of things-- height-- those are all phobias.

Now, it would be a trauma response if something happened that connects to being on a high-- maybe

somebody was on a really tall ladder and had a terrible fall, for example. And now they're afraid to go back on a ladder, or to be in high spaces. Then there's a link.

But we have a lot of people who have phobias that are not associated with a trauma event. So two slightly different things.

Thank you. We have a question that I think is getting to-- you were talking about not pathologizing trauma. How do we avoid doing that as professionals?

Yeah. So one of the pieces is for a long time, when we heard that somebody was traumatized, we would assume that they didn't have the strength to manage whatever the situation was, right? And that's pathologizing it. It's also pathologizing it when we blame folks for trying to manage their symptoms.

So just be careful about how we talk about the behaviors that they're engaging in. Because whether we like them or not, people engage in behaviors because they're working for them somehow, even though they come with a whole bunch of negative consequences. And so one of the ways to stop pathologizing is to say, OK, what are you getting out of this behavior? And then how can we provide other skills or support so that you don't have to engage in that particular negative behavior?

Thank you. We have a question. How are memories stored as a traumatic event? I think the person wants you to expand a little bit on that part of the presentation.

Yeah. Great. And I'm sorry I didn't mention this. It's really important.

So in our limbic system, we have these little kidney-shaped organs at the end-- in our limbic system, at the end of the thalamus. They're called the amygdala. And we have two of them on either side.

And emotional memory is stored in the amygdala. So we tend to store-- we prioritize negative emotional events-- the storage of negative emotional events-- over the storage of positive emotional events, unfortunately. So negative emotional events tend to be stored faster, and for longer periods, than positive emotional events. And they're stored in our limbic system, in the amygdala.

There's a technique called EMDR that some of you may have heard of-- Eye Movement Desensitization and Reprocessing. And what that does is it helps release some of these memories-- release the charge from these memories out of the amygdala, so that I still have the memories but they're not as bothersome to me as they used to be. So that's one of the ways of treating trauma.

And kind of a related question. Is a lack of sleep, if a client or a victim is complaining of lack of sleep, could that be connected to trauma?

Yes. It could be connected to a variety of different things. But yes, it could also be connected to trauma, for sure. So it's a helpful thing, right?

I love how you're thinking, huh, what is lack of sleep about? Is it about maybe an anxiety issue? Is it about substance use? Is it about a whole bunch of stress in the household? Is it a lack of safety?

And then, is this adding up to a trauma response? So, yeah. Great to be curious about it.

OK. We have a question focused on victims. What are your practical suggestions for mitigating or reducing re-traumatization when a crime victim needs to testify in court?

Excellent. Really important to be sensitive to the victim, right? And when a victim is testifying in court, they essentially have to relive the experience, which in and of itself is quite traumatizing. They not only have to relive the experience. They potentially are exposed to the person who victimized them.

So a lot of ways to kind of mitigate this is to really prepare the victim, to the best of your ability. The more the victim knows what's about to happen, the less that trauma response will be. So if they can expect certain things to happen, even if they are bad things, the trauma response is lower.

There's a study, a silly study that this relates to, where people's cortisol level was checked when they received an electric shock. Half the group received an electric shock every 30 seconds. The other half of the group were going to-- were told they would receive an electric shock. They just didn't know when they were going to receive it.

And as you can imagine, the cortisol levels of the people who could not predict when they were going to get shocked were way higher than the people who knew they were going to get shocked, and it was every 30 seconds. So the more we know, the more information we have about what's going to happen, the better prepared we are, and the lower the trauma response.

The other piece is to have a whole lot of social support present during whatever the event is that's happening for the victim. So whether they're testifying, or they have to show up for a particular deposition, or whatever it is, it's really important that they have some social support with them, and then that they have a chance to debrief after. So they have a safe space to go and talk about what happened, with either a therapist or any trusted person. So those are some of the ways to mitigate the impact.

Thanks, Anjali. Something that has come up in several of the trainings that I've done, and when we do case planning around helping clients, is you've got these things are happening at the same time. Clearly really serious trauma-- we know about it, it's documented, we can see it playing out-- and also a serious substance abuse issue.

And so you're trying to figure out what's going to be most effective, or maybe the substance abuse treatment isn't being effective. What do you do about that, and how do you prioritize two major things that are related to this person causing harm to other people, as well as their pathway to figuring it out and not causing harm in the future?

Yeah. It's quite tricky, right, when there's comorbidity in that way, meaning we have multiple things to deal with. And the simple answer-- let me try that again. The quickest answer, not simple, but the quickest answer I can provide is to the best of our ability, we deal with all of it. Because they all are interrelated.

But that's quite tough and can be overwhelming. So another thing to think about is, what is causing the most amount of harm? Whether it's to the client, or from the client to others, and we start there. What's causing the most amount of disruption for the-- in the client's life?

We also use some ways to make decisions. Does the client need additional containment? Do they need some structure? Is that the most immediate need? Or do they need skills? So skill building, or capacity building, sometimes we call it. Or do they need social support? Or do they need support in the community?

So those are three places-- you can call them the three S's or the three C's, whichever you prefer-- the three C's are Containment, Capacity building, and Community. The three S's, which are essentially the same thing, are Structure, Skill building, and Support. That will help us decide what to do next. What is the most important, most helpful thing to do with a client.

OK. And I think-- thank you very much. I think the last question is, how can agencies become more trauma-informed?

Oh. That's such a great question, and so important. It starts with education. It starts with acknowledging that this is important. And it starts with understanding that it's not just being trauma-informed about our clients, but it's really understanding a trauma lens about staff.

So leaders need to be trauma-informed. Supervisors need to be trauma-informed when they're

working with staff, that staff might have workplace trauma, or vicarious trauma. And that's so incredibly important. So it starts with that level of awareness.

And then it's building in some of the more supportive pieces that we've talked about, like space for processing, or having somebody-- having some spaces where we can debrief really traumatic events, and things like that.

Thank you, Anjali. And that's going to conclude our question and answer portion of the webinar. Thank you again, Dr. Nandi, for this excellent presentation today, and sharing your insight and knowledge with us. If you're interested in additional training, please visit us at www.NCJTC.org for a listing of upcoming training opportunities, or to access our virtual training library.

Thank you for joining us today, and have a great day.