Ask the Expert - Trauma-Informed Care - Webinar Transcript

Welcome to the National Criminal Justice Training Center webinar, "Ask the Expert-- Trauma-Informed Care." My name is Greg Brown, and I will be moderating for you today. Before we begin this session, there are some items I need to go over. This project was supported by a grant awarded by the Office of Violence Against Women, US Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this program, are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

The learning objectives for today's webinar are as follows-- explain and define trauma informed care, identify skills to recognize and address trauma, and then we want to discuss and really share lessons learned and best practices. So we want you all to share with us today. This is a follow up to the webinar we delivered last month. And the recording of that webinar is located in our on-demand library at ncjct.org. And the title of that webinar is "Neurobiological Applications for Community Supervision Professionals and Interpersonal Violence."

So I'm pleased to introduce today's presenters. Robyn Mazur is the Director of Gender and Family Justice Initiatives at the Center for Court Innovation. Robyn provides assistance and strategic planning advice to courts and communities who are interested in enhancing their response to gender-based violence by sharing research and best practices, reviewing policies and protocols, and conducting needs assessments and providing ongoing consultation.

Rebecca Thomforde Hauser is Associate Director of Gender and Family Justice Programs at the Center for Court Innovation. Working from a perspective of social justice and grounded in collaboration, Rebecca assists jurisdictions nationally to enhance their court and community response to domestic and sexual violence.

Dr. Anjali Nandi is an associate with the National Criminal Justice Training Center of Fox Valley Technical College. She's also the chief probation officer for the 20th Judicial District for the state of Colorado. Additionally, Dr. Nandi is a published author having co-authored nine books.

My name is Greg Brown, and I will be moderating today's webinar. I'm a program manager with NCJTC, and my background includes a little over 30 years of experience in probation as an officer supervising-- a supervisor and an administrator for a probation department. So with that, it looks like our first question is, what is trauma, and why is it important when working with offenders or victims? I think I'll throw that to you, Anjali.

Thank you so much, Greg. So trauma is fundamentally an impact that results in some brain changes. Trauma, specifically, could be a variety of different events that have happened to anyone. So it's not necessarily the event that defines the trauma but our reaction to it. In this event, whatever the event might be, the person feels like their life is threatened, or they are in some kind of danger, and they have no control over stopping whatever is happening to them.

So those are usually sort of the characteristics of whatever this event is. However, it doesn't just have to be one single event. It could be a conglomeration of what we call lower case t trauma events that all add up to significant changes to the brain. So trauma is fundamentally a neurological issue.

And so I don't want people to worry and think, oh my gosh, then once we've experienced trauma, it's all over. My brain has changed. There are ways of repairing the harm that trauma has caused. And we'll talk quite a lot about that. But trauma results in some brain changes. And, in particular, these brain changes include a prioritization that happens in the brain of our limbic system. And our limbic system is this reactionary kind of fight, flight emotion center.

So our brain tends to prioritize that part of the brain and impacts the connection between that part of the brain and the frontal cortex. And the frontal cortex is our executive functioning, kind of thinking portion of the brain. And so one of the impacts of trauma is this disconnect between the limbic system and the frontal cortex and a loss of mass in the frontal cortex. It doesn't mean we're dumber. It doesn't mean that we can't recover from this. It just means that we tend to be easily triggered.

And so, we'll, any of these terms that I may have used, if the audience members need some clarification, it would be great for you all to put it into the question box because this "Ask the Expert" session is all about your questions and Robyn, Rebecca, and I answering your question. So if there's anything that I've said that has caused some confusion, put it into the question and answer-- the question box, and we'll definitely provide answers.

But just to wrap up this portion of it is that trauma is fundamentally a neurological issue. There are, primarily, two things that happen neurologically-- a loss of mass in the frontal cortex and a disconnection between the limbic system and the frontal cortex.

Thanks so much, Anjali. We have another question. So what would you tell someone who had childhood trauma but has never dealt with it? Also, if they don't have insurance and say they can't afford to see a therapist, what can you do from the different professional perspectives that are represented today, therapist, victim service providers, probation and parole, law enforcement, so just from those different perspectives? I'll throw it to you first, Anjali.

Yeah, for sure. So here's the interesting thing. We don't have to actually deal with our traumas, as the person who is asking this has put it, in order to still live a good life, in order to still live a functional life. I'm not saying that we shouldn't. I'm not saying that, ideally, it is in our best interest to work through whatever that trauma is and resolve it. But we don't actually have to.

What we do need to do is to support recovery and skill building so that we can manage our day to day lives in a way that we're not stuck in our limbic system. So let's say, as an example, that, as a child, I suffered sexual abuse. I don't have to, as an adult, go to somebody to talk about that necessarily. I could learn skills to manage whenever I get triggered.

I could learn skills to manage relationships and interactions and all of that and to sort of manage any of the impacts of trauma, so let's say flashbacks or night terrors or any of those things. I could learn skills to do that. Will I hit, at some point, a place where my growth is stunted because I haven't actually worked through whatever that is? Yes, for sure.

However, as therapists, one of the strategies for working with trauma doesn't actually involve talking about the trauma, it involves attending to the amygdala. And this method is called EMDR. Even brainspotting does some of this. So if there are therapists listening on the call, you know what I'm talking about. EMDR and brainspotting are a couple of different ways of resolving trauma without actually asking the person to talk about it.

And this is really exciting because lots of the people that we work with have been traumatized preverbally, meaning before they had the words for it, they experienced trauma. And so sometimes they don't even recollect what the trauma was. And yet, EMDR, brainspotting, things like that can really help. So that's trauma resolution from sort of a therapy perspective.

But from any other role, let's say we're in the probation officer role or the social worker role, our job is to be what we call trauma informed-- And we can define that a little bit later-- so that we're not triggering the person. But also, so that we're supporting skill development on an ongoing basis, so that we're sort of buffering against the negative impacts of ongoing trauma.

This is Rebecca. I was just going to add to that. I think there are specific things like Anjali, that Anjali was talking about from a therapeutic thing, but I would agree that it's important for us to understand trauma not to be-- I'm never going to be a trauma expert from a psychologist's perspective. But it's important for me as someone who works with judges, someone who works with people who are creating programs for people who cause harm through intimate partner violence, so that we-- I think understanding trauma changes the questions that we are asking of people and the way that we are interpreting the responses that we're getting.

So I think it's important to understand the science and the neurobiology and all of these things because I do think it requires us then to ask, as people are saying, instead of saying, what's wrong with you, you know, what happened to you, tell me your story. What happened in the past month to you? And then, even going bigger picture, like, what's happened to your community, to your people, to whatever, when you're really understanding the impact of not only personal trauma but other types of trauma like communal trauma or systemic trauma and historical trauma.

Thanks, Rebecca. And I think now might be a good time for each of you, from your professional perspective and the people that you work with, what is trauma informed care? What does that look like? And I think, Rebecca, you started touching on that with what it might look like from the bench with the judge, maybe what it might look like from a prosecutor. If someone could speak to what it might look like from law enforcement and then, of course, the corrections people and social workers. So Rebecca, let me throw that-- or let me throw that to you, Robyn, first, and then Rebecca and then Anjali.

Well, it's a lot of what Rebecca-- this is Robyn-- what Rebecca just said. I think it's reframing how we ask questions. But I want to caution everybody on the call to remember that all of those different profession groups that you just mentioned, Greg, have different roles and responsibilities in our system and are sometimes not trained to-- they are not-- their role in the system is not to be trauma experts, as Rebecca said.

They can be trauma informed on how they do their work, and their courtrooms can be trauma informed in terms of how the questions they ask, getting court officers trained so that they're-- we're still holding people accountable within courtrooms, for example, but not retraumatizing people in how we ask victims not to tell their story a million times and those kinds of things.

But remembering that it's important to have multidisciplinary opportunities for training so people understand all of these different layers of trauma and, what Anjali started out at the beginning, giving people an overview of what that means for the brain. But then, remembering within that context that that's not necessarily-- we want people to stay in their lane but making sure that they know that there are those therapeutic services in their community and how to connect people to that. So I guess I always just want to put that caution out there for the group to remember that.

And thank you for that, Robyn. And I think that when we do this training with criminal justice professionals, we talk about trauma informed interactions and talk about them from the different professional experiences and what they can and should know and how they can be helpful when dealing with people who have experienced a trauma. Obviously, a criminal act is trauma. Obviously, being arrested can be a trauma for people. So thanks for that clarification. Rebecca or Anjali.

I think I would just concur with what Robyn said. I think about it when I was a victim advocate for the prosecutor's office in Boston and how that role was different than being a confidential community-based advocate. In both places, I needed to understand trauma and be trauma informed, but my role was different. And I think it was so important for me to-- I wish I knew then what I know now and really relied more heavily on those confidential community-based advocates, on connecting survivors with different types of resources. I feel like there's multiple pathways to healing from trauma.

And part of our job, if our job is not directly to be the one processing the trauma with that survivor, then it's our job to know who those people are in our communities and make those connections. I know someone else in the box asked, in the chat box or the question box asked, when working with victims, how do we draw a line or boundary to prevent being dragged or affected by their trauma?

I think I'm probably a better person because of the impact people who-- I feel like I can't disconnect myself from other people's trauma, but it did help me to know I did not need to be a trauma expert. I just needed to understand it. I needed to allow this whole person to enter the room. And even though I was focused on x, y, and z in my role, I needed to connect them to their services, to the services that were really going to help them.

And I think that helps also in the-- when working with the abusive partner or the defendant to realize my job as a probation officer may be x, y, and z, but it's also to help this person. Part of harm-- reducing recidivism is getting this person connected to the services that can resolve underlying trauma if that's what's happening. I don't know, Anjali, how you feel about that.

Yeah, I appreciate that. I think maybe it would be helpful for us to lay a little bit more groundwork. So trauma, you can have a capital T Trauma experience-- sexual abuse, physical violence, bad car accident, et cetera. But then there are also these series of smaller trauma events-- getting arrested multiple times, emotional abuse perhaps, et cetera. So a lot of different ways of entering the trauma continuum, but it's worse than that.

It's also stress. Chronic stress has the same brain impact that capital T Trauma events do. And then, making the story even worse, vicarious trauma, meaning listening to other people's trauma stories, has an impact on our brain, and the impact is the same as if we have experienced the same trauma event. So I don't want to underplay the impact of over and over again being exposed to other people's stories.

So I think the conversation needs to be, perhaps, three-fold. One is, what is trauma, and can we understand it? How do we identify it? How do I know when somebody's sitting in front of me that maybe they've experienced trauma? That's one big conversation we can have.

Another is, what does it mean to be trauma informed? And even if I'm not actually resolving any of the trauma and, perhaps, even if in my community there are no resources, how do I still be trauma informed and have a lens that's more helpful than harmful when I'm working with people? So that's sort of the second big conversation.

And then the third big conversation is, how do I keep myself safe and sane? And how do I protect my brain when I'm exposed to these trauma stories? So I think those are the three big conversations that we're trying to have right now, which is why I think this is such a complex and such an exciting topic.

Thanks Anjali. And I think you guys have started to answer one of the questions that came in which is, when working with victims, how do we draw a line boundary to prevent or to be dragged into or affected by their-- or to be affected by their trauma? I didn't know if you guys wanted to expand on that or if you touched on that in your previous answer.

I mean, I think that-- this is Rebecca. I do think that that can be hard and, as Anjali said, hearing these stories over and over again can be hard. The work that Robyn and I have done with judges around the country who specialized in hearing domestic violence cases or sex offense cases, that can be really hard. So I think we've tried to create spaces where judges can talk to each other about what they're hearing and encouraging them to do not only self care but company wide care. It's easy to just go off and maybe do self care on your own but, really, how are we having a trauma informed workplace that is helping us better here and hold to what's happening with either the victim or whomever is in front of us?

Anjali, I didn't know if you had any follow up to that. But I think you all have-- another topic is you started touching on what works-- EMDR, brainspotting. There is another question, and how do you repair the damage to the brain? And we know about those two techniques but maybe talking about that from different professional perspectives. What can we do?

Yes, and to me, that is one of the most important questions we can answer during this webinar because that's really what we're here for, right, is to help versus harm. So let's just put EMDR and brainspotting in an entirely different bucket. They are trauma resolution techniques. So we'll put that in a different bucket. Just like Rebecca said, the expectation isn't that we resolve trauma for the most part. I mean, most of the people on the call are not therapists trained in EMDR, brainspotting, et cetera. So we'll put that in a different bucket.

The rest of the techniques are all open to us regardless of our profession. And one of the biggest pieces that helps heal a traumatized brain is an empathic compassionate relationship. So the good news is that just by being empathic and compassionate and creating space for somebody else helps heal their brain.

So think about it this way, that a traumatized brain is really functioning in that limbic system, that fight, flight, easily triggered, you say something, they're kind of jumpy or maybe even really disconnected. Our first job is to just allow them to land with you and to see them as a human being. And so that means not arguing with them, blaming them for what's happening or getting into what did you do wrong or any of that but providing them space to get to know them, providing them space for them to talk and to feel safe. Because as soon as they start to feel safe, their frontal cortex is able to connect with their limbic system.

Another way that we develop this strong connection between the frontal cortex and the limbic system is helping people name their emotions. Interestingly enough, when we name the emotion that we're feeling-- and, by the way, naming emotion, more than just, oh, I feel good, bad, fine, right? Those are not terribly descriptive terms but really helping people build their emotional vocabulary, so they can name their emotions, dramatically reduces the amount of cortisol in the body.

And cortisol is really an important chemical because it is implicated in our fight, flight, freeze mechanisms. So we're really paying attention to how much cortisol we have flying around in our bodies. And when we name emotion, cortisol drops, and the fear centers in our brain calm down so helping people name their emotion, exceptionally helpful. So that's skill number two.

Skill number three is helping people ground themselves. So grounding techniques are things like feeling my feet on the floor, my butt in the chair, naming what I see, what I hear, engaging my senses. Those are a variety of different grounding techniques, maybe even breathing, right, exhaling. Every time we exhale, we reduce cortisol in the body. So it's really about lengthening that exhale is another skill that we can use.

And then, starting to slow things down and have people slow their-- manage their thinking, managing some of their racing thoughts. So if some of you are starting to think, oh my gosh, this is not my territory. It feels a little bit like a therapist's territory. It can sound as simple as, I'm going to ask you to slow down just a second, tell me the thought that's driving what you're doing right now. Or what was the thought that you're having just now that led to this feeling of panic? Or just asking them to name some of their thoughts is incredibly helpful in giving people agency over their-- to the reactions that their body is having.

So those are some. And there are many more techniques, but those are some of the techniques to really start to repair this connection between the limbic system and the frontal cortex. And I just want to come back to, it all starts with a compassionate empathic relationship. Rebecca and Robyn, what would you add?

I think that's so true. I'm actually reading the book*My Grandmother's Hands* by Resmaa Menakem. And it's all about trauma and how to calm down and settle your body when you're in a fight, flight, or freeze mode. And it's interesting because he ends each chapter with different somatic exercises. And at first, they did seem a little bit awkward.

But it really does-- something as simple as the breathing in and out, humming, really settling your body allows the trauma to move through you as opposed to get locked inside of you when you're in a position of just hearing stories of trauma over and over again, which folks on this call most likely are if they're handling anything involving domestic violence or sex offense or human trafficking cases.

Yeah, I love what you said, Rebecca, just about not letting it get stuck in our bodies. There's a term that we use-- our issues reside in our tissues. So what you're talking about is really sequencing all of that stuff out of our body so it's not getting stuck in there. And so some of the other skills that I missed are moving, just moving around. It could be as simple as rubbing your hands together or taking a walk right after a really tough conversation or even standing up and then sitting down or crossing and uncrossing your legs, just to keep our bodies safe and our brains safe.

And I think, too, that's where if folks get anxious about, oh, it's awkward to do om or whatever, that's where what I was trying to say, but you broke it down so beautifully, is those connections. So having the connections in your office, creating a work environment in your own office where you can and setting up mechanisms, weekly check-ins, this kind of thing where you can talk about what you heard or experienced.

It was interesting for us to set up this judicial engagement network of judges who are handling domestic violence cases, in some ways for exactly this purpose, so that they could feel connected with each other and share stories and just have that empathetic ear. It makes a lot of difference. And I know, in our office, we've talked with our social work staff often talk about switching from a culture of self care to a culture of community care within our office. So that we're all-- so our office is also a place where we can have connections that are going to help us with the vicarious trauma

Thank you all. I think this is a two part question. The first part is, perhaps the context of this is, can we talk about how pronounced trauma is in the criminal justice system with the offenders and with victims? And then the question is, would the experience of being accused of a crime or of sexual misconduct be considered traumatic? Would a trauma informed response benefit individuals in that position? And what trauma informed techniques may you employ to support or respond to this? I think let's start with Anjali on that one.

Sure, so the question of taking an incident and saying, would this be traumatizing for the person, is slightly problematic because it could be or it could not be, and it's driven by the person. So it's not the event that defines trauma. It's the impact on the human being that is-- that defines trauma.

So for example, Greg and I could be in a car accident together in the same car. And he could walk away from that not experiencing any trauma, meaning his brain has not had some of these changes. Whereas, I could walk away from that very same experience completely traumatized, shaking every time I have to get into a car again, et cetera. So it's less about the event and more about the impact.

Now, you could ask the question, well, what is it about me that I got traumatized and Greg didn't? Is it that I'm weak and Greg is strong? Is it that he has a better brain than I do? Is it something genetic that makes us different? And the interesting thing is it really depends on that moment. What was happening for both of us in that moment? Was I already suffering because of, let's say, chronic stress for example? Or were there other things that were going on? Or are there things that Greg is doing to kind of buffer against experiencing trauma, meaning he has a lot of self care in his life, et cetera?

So there are lots of things that we can do to continue to buffer ourselves and create resilience. And then, unfortunately, there are things that we can do that reduce our resilience to trauma. Substance abuse is an example of something that we can do to reduce our resilience to trauma because substance use impacts our brain in a way that puts us in great danger for experiencing an event and having a negative impact on our brain.

I know this is a very long answer to your short question. I'm sorry. But it could. The example that you gave of being charged with a crime or being accused of a particular crime, that could be a trauma experience for somebody. So the next question is probably, well, how do we know? So what a helpful thing to do is to notice, how do I tell if somebody is exhibiting trauma symptoms?

So symptoms of trauma could be easily triggered so a little bit jumpy, kind of hyper vigilant. It could also be numbness. It could be a lack of coherence between-- congruence between what I'm saying and my affect or my emotion, meaning I'm telling you a really sad story, but I have a smile on my face. Or I'm telling you something happy, and I have a deadpan emotion, right? So there's a disconnect between content and my emotional expression is another way.

However, bottom line, if we're in this work, in this sort of broad criminal justice work, the likelihood that we will encounter people who have been traumatized is so incredibly high. And that's why I think having a trauma lens is really helpful. And a trauma lens just means that I don't interpret people's behavior as problematic. I interpret their behavior through a particular lens that gives them more space for understanding their behavior.

So for example, lying is such a great, or manipulating, right, lying and manipulating. When clients lie and manipulate, it's very easy for us, and me in particular, to feel like, oh my gosh, this client, they're so defensive. They're lying. They're manipulating. They're engaging in such bad behavior. A trauma lens would be, what has happened that this is the skill you're using right now? What has happened in your life? What could be going on? Is lying and manipulating your only tool?

This is what's happening in my brain. I'm not asking these questions out loud. It's a lens through which I can look and understand people's behavior not as malicious but as explained, possibly, by these events. And therefore, these behaviors that they're engaging in are the best they can do in that moment because that's how they've learned to survive. I'm not saying that that excuses their behavior at all. I'm still going to hold them accountable. I'm still going to ask them to behave differently, et cetera.

But it takes away the sting out of the behavior, right? So then, when people are lying and manipulating, I'm not saying, stop lying and manipulating. I say, hey, I'm worried that you don't feel safe yet. There's a huge difference between me saying that and me saying don't lie and manipulate. I say, I'm worried that you don't feel safe yet. I'm worried that we have not developed a relationship enough where you feel safe to tell me the truth.

So it's a different way-- it's a different lens, a different way of working with people that explains some of their behavior. And so this lens helps me regardless of whether I can verify that somebody has experienced trauma or not. So I don't get into the business of trying to figure out, is this person-- has this person experienced trauma or not? I use a trauma lens pretty consistently in my work.

Yeah, this is Rebecca. I mean, in working with folks who are running abusive partner intervention programs around the country, there-- many of them are saying they work from the assumption that people have experienced trauma and take it from there and come to it in that regard as opposed to trying to figure out if someone has had trauma in their life, especially folks who are involved in the criminal legal system. Again, it's not to take away accountability.

Someone, especially in the DV situation, sex offense cases, someone has caused significant harm or violence to another person. So we certainly want to address that harm that was caused. But I think, to your point, Anjali, it's resonating that assuming that people have experienced some kind of trauma in their life is almost a safer approach than trying to figure out if they have.

Thank you all. We have a question that asks about how effective is psychological first-aid? Or I think some jurisdictions are using mental health first-aid training. Then, in helping create a trauma informed environment in general, those who do not need to be specialists in trauma but who need-- who need the awareness? Maybe start with you, Rebecca, on some of the model programs or different professions that you see that may have some intersection with psychological first-aid or mental health first-aid, and then Robyn and then Anjali.

Well, I will have to punt this back out. I'm not familiar with the phrase mental health first-aid. So if someone, I don't know, Robyn or Anjali, if you are, I'd rather not take a guess at what that means.

Yeah, no problem.

I was just going to say, actually, they're asking about psychological first-aid, but I have seen it interchangeable with-- where some jurisdictions use mental health first-aid, just to clear it up.

Yeah, Greg, you're absolutely right. So psychological first-aid or mental health first-aid are these really incredibly helpful trainings that are offered to laypeople to understand how to work with folks who present with some kind of a mental health issue. How do you recognize it, how do you respond to it, et cetera? And PTSD is one of the topics that they do cover. So PTSD is post-traumatic stress disorder or post-traumatic stress syndrome, PTSS. And it's one of the topics that's covered in mental health first-aid so incredibly helpful for sure, just to answer that question.

Thank you. We have a question. What do you do when a person has been traumatized but refuses help or will not acknowledge that they need help?

I'll start that and then maybe I'll send it to Robyn and then Rebecca. So all of us as human beings struggle with recognizing that we need help. And I hope that's fair to say, right? Whether it's with managing trauma or mental health symptoms or substance use or eating or managing my emotion or managing my anger, I mean, all of these things, as human beings, we really struggle. And frequently, and in fact, if I had given Greg a second, he would have said, can you also talk about stages of change?

So Greg is so good at reminding us that whenever faced with change, we, all of us, start with pushing back and, essentially, not wanting to change. And that's OK. That's normal. That's human. And sometimes changing is scary, and it's hard. And if what I've been doing is working, however I define it, then why do anything different?

So when I notice that somebody really needs some additional support, and they're not ready, that's important information. They're not ready for some good reason. So let's keep having this conversation with them. Let's continue to build my relationship with them so that they feel safe enough to trust when I say, hey, what do you think about a referral to such and such place? So that's one piece.

The other piece that I'm also working on on the side is developing some kind of a discrepancy or productive discomfort, meaning there's something that's not working in their lives, and can I enhance that a little bit? Can I highlight it for them a little bit? Can I say, hey, I'm noticing that even though you're doing so well with me, you seem to consistently be struggling at work.

Like, things are coming up over and over again, let's talk a little bit about that. What's going on there? How can we support you? And so doing some of that productive discomfort so people-- we highlight what's not working so that they are-- their motivation increases to engage in some kind of help around whatever that behavior is. Robyn.

Sure, I mean, when I see that question or hear that question, I also think we get this a lot from justice system players around sort of victim blaming and why is somebody staying with their abusive partner, even though we hate that question, right? And there are lots of reasons. But it's this idea that we want to foster autonomy and resilience amongst people who have been victimized, and there may be very many reasons why somebody may not be wanting to-- in this question, I think it was framed wanting help or those kinds of things.

One could be fear, the fact that they're afraid at that particular moment. In domestic violence cases, that fear is very real for a victim. And they know best about their own situation, about the risk and lethality potential. And also very, very-- we don't talk a lot about this in this conversation, but what keeps coming up in my head is some of the basic human needs that people have which also are impacting all of this, housing-- nowhere in this country can people really get housing easily or affordably-- all of the economic pressures, child care pressures, all of the other pressures that people have.

So when I hear that question, I just always want to make sure that we're empowering. And I'm taking it from a survivor perspective here, empowering people, connecting them to help and realizing that making that change is, sort of echoing a little bit of what Anjali was just saying, can be very, very difficult.

Yeah, and I would just add that, and I think both of you have touched on this too, that it may not be safe for them to change their behavior. I think many trauma responses are protective. You're in that flight, fight, or freeze mode, and so it may be easy for me to say, oh, gosh, I wish this person would just address this issue. Like, I can see the trauma, and I can see how it's hurting them and the people around them. But many of these responses have served them well to protect them, to allow them to get where they are now. And they may not be in a safe space.

To what Robyn was saying, if you haven't-- if you don't have food, housing, the Maslow's hierarchy of needs, you're not going to be able to get to talk about this underlying trauma. And so I think, also, when we're thinking about expanding it, it's also hard to make personal changes if you are living in an environment that is also in a community that's traumatized, where-- and if there are systems that are traumatizing you. So if you are someone who has been in the criminal legal system multiple times before and feels like that system is not a safe place then to start opening up-- I'm thinking like a probation officer trying to gain some traction with a client or engage with one or in an abusive partner intervention program.

Those are the two worlds that I think about a lot. I think, is it a safe place? And how am I creating a safe relationship and engaging with this person just as a human being before getting into tell me the most-- let's explore the most painful thing that's ever happened to you or the most painful thing you've ever done to someone else. It's like so hard. But I feel like we should talk about resiliency or something uplifting before we end.

I think that's great. I want to take one more question that I think is important to at least touch on and what is-- and I'll start with Anjali. This is definitely her area. What is the relationship between substance abuse and trauma that we often see in the criminal justice system from clients that we see that have caused harm and also those who have been victimized or harmed?

Yeah, it's such a good question, and it's a complex question. So I'll try and be brief. Unfortunately, the impact of substance use on the brain is very similar to the impact that trauma has on the brain in terms of this impact on the limbic system and the frontal cortex. And so if I'm using substances, it increases the likelihood that I would experience an event as traumatic. So the example of a car accident with Greg and me in the car, if I am experiencing substance-- if I'm engaging in substance use, not just while in the car but in my history and my life, my brain is at higher risk than Greg's brain. So there's one of the pieces.

Another relationship is very frequently when people have experienced trauma, they will try and manage their symptoms themselves. And unfortunately, many people turn to substance use in order to manage or self medicate some of their symptoms, to numb out, to not experience these flashbacks, et cetera. So there's that relationship that's really important to just be paying attention to. Both can be addressed and, lucky for us, all of us on this call, the strategies to address one is very similar to the strategies to address another.

So one of the people asked a question like, beyond EMDR and brainspotting, what else is there? Cognitive behavioral treatment or cognitive behavioral techniques, which are, again, not just for a therapist but a probation officer, a case manager, a caseworker, victim's advocate, any of us can use cognitive behavioral techniques to help people gain some skills like managing my racing thoughts or regulating my emotions, naming my emotion, engaging with boundaries, clear boundaries with people, how to say no, those kinds of skills.

So there's a lot of ways that we can address both substance use and trauma. And there's such a great overlap. The positive news is that when we're addressing one, we're also addressing the other.

Thanks, Anjali. I think one more pretty-- or a couple more questions that are coming up that are important to this discussion. The next one's about implicit bias, and I would say to the person who asked that question, the other questions that are kind of related to that, we have a webinar at ncjct.org in our on-demand library on implicit bias. And we have another one coming up next week. If you go to our website and register, you'll see a notification for that. But the question is, Anjali, can you talk about setting aside implicit bias when helping someone who the system sees as damaged by who they are culturally instead of by the trauma they have experienced?

Yeah, it's a really good question. So the whole concept of implicit bias is interesting, right? The fact that it's implicit means that it's unconscious. And so step one is for us to work really hard to A, just admit that all of us have biases and that that's human. It is human to have biases. What's problematic is to act on those biases and, based on the biases, treat people differently. So if we can catch that part, if we can increase our self-awareness to either notice our biases and work on those or notice when I'm acting one way with a particular client and a different way with another client, notice that. That is going to help me not allow my biases to get in the way of my work with people.

Also, there's cultural trauma. There's a societal generational trauma. There's trauma that exists because of institutional issues, institutional racism, poverty, all those kinds of things that have influenced us either directly or generationally that need to be a part of our lens. So we work pretty hard to acknowledge that and then to find ways to support the human being in front of us, either doing what Rebecca said, which is making sure that we have referrals that we can make, so we can get people the resources that they need and also taking responsibility for the relationship compassion and empathy.

Taking care of myself, so that I'm able to be there for other people compassionately. Taking care of my little community, just like Rebecca was talking about, moving from self care to kind of community care. And making sure that I am doing the best I can to continue to work with this trauma informed lens so that I'm addressing people and building them up as opposed to trying to figure out what's wrong with them. We're shifting our frame away from that.

Thanks, Anjali, I think the next question that we'll take is, is there any advice you could give for working with people who have intellectual disabilities who have experienced trauma? So any different strategies, what do we need to do differently for that population of people that we serve?

So the skills are similar just at a slightly different level. So the basic relationship building, compassion, empathy always exists. And then, the skill building happens in a more direct and concrete way versus how we can get a little bit more abstract, right? So I'll give you a concrete example.

Noticing our racing thoughts is actually an abstract skill. And so if I'm working with somebody who cognitively is struggling to get there, I might have to use really concrete things. And there's nothing more concrete than people's actions. So talking about, when I do this, this is what happens. When I do this other thing, here's what happens. Talking about really concretely is incredibly helpful with folks who are struggling with whether it's cognitive difficulties or even traumatic brain injuries.

Helping people with some fundamental skills like staying organized, having reminders for them about where to be, what to do, having really concrete skills to manage when they get triggered or when their emotions really rise, whether that's the butterfly taps that people do to calm themselves down, whether it's rolling a coin in their fingers or any kind of tangible, tactile skills to kind of manage my emotion-- they're called emotional regulation skills-- are incredibly helpful. So we prioritize those over some of the more abstract skills.

Thanks, Anjali, and I think we have time for two more questions. The first one I'm going to throw to start with Rebecca and Robyn, can you talk a little bit about resources for educating partner agencies, the bench, prosecutors, defense, law enforcement? And then, the last question I think we'll talk about, resiliency, how do we help people that we're working with that may have experienced trauma? How do we help them build resiliency and building resiliency in ourselves? So Robyn and Rebecca, for start.

Sure, we have lots of resources at the Center for Court Innovation on training not only for judges and justice system stakeholders both on the criminal side and the family law side, and also, Rebecca mentioned a project that she runs working specifically with abusive partner intervention programs or other sometimes known as batterers intervention programs. And we have all of those plus we have many technical assistance partners in the field that we can give referrals to ranging from things like culturally responsive programming and training, particularly around language access and other areas, all the way through specialty related to professions with AEquitas, the prosecutor-- domestic violence prosecutor resource center.

So that's a giant question, a good one, and perhaps, we can send out a link to a bunch of resources.

Anjali, any comments on that first part of the question?

I think Rebecca shared quite a lot of resources. There's also a ton of resources available online. SAMHSA has information on trauma informed care. There's a lot of free information available online that's incredibly helpful. And then there are a ton of books as well. Rebecca mentioned one. Peter Levine has written a book called *Waking the Tiger* that's incredibly helpful. So lots of resources that are available for sure.

Thank you. I think the last question today, and I'll throw it to all three of you, and let's start with Rebecca, is building resiliency, either in systems or in individuals or in ourselves, the people that we work with, ourselves, and in systems, building resiliency because this is difficult work to do and difficult change and issues for people to address. So go ahead, Rebecca.

Well, I've really latched on to the science of hope. And many abusive partner programs around the country are thinking about ways to incorporate that into their programming, which is-- you know, Casey Gwinn and Chan Hellman who is a professor at the-- I think it's University of Oklahoma in Tulsa, has done a lot of research on the importance of hope and generating hope. And it seems hope is more than a pipe dream. It's really creating, helping someone achieve their goals, helping them understand, creating the pathways to those goals and the waypower.

So I think, regardless of who we are in the system, we have a role to play in identifying goals that will-- helping someone come up with life-affirming goals, understanding what the barriers are to achieving those goals and whether it's us as a system that's a barrier or there's individual barriers. How can we help someone overcome those barriers? And then, helping the person build that waypower, the capacity to follow through on those. I've been excited about the science of hope and the ways it's working with children who've experienced a lot of trauma in domestic violence and in the ways that you can measure hope over time. There's a hope scale, for instance. And so I think that that is hopeful to me.

And it's also just-- I go back to what Anjali said, it's making that connection and building empathy. And I think it seems almost too simple. And I don't want to oversimplify things. But I think it's hopeful to me that we can build resiliency by being a person in someone's life who is a safe space for them and that we can help hold allowing their full selves into the room and holding space for them to work through this is hopeful to me.

For me, hope is still really rooted in the voices of survivors. And we do a lot in a lot of our programs having survivor leader advisory boards both in our trafficking and exploitation work and our work with intimate partner violence and hearing their stories and understanding the impact of these case types on them. And then, having them meaningfully lead the way for our programs and being that voice in our communities continues to be, for me, the North Star. So I hope all of you know your advocacy community within your locations and hear those voices and seek them out because that continues to help us, I think, build resiliency across sectors.

Thanks, Robyn. And finally, Anjali.

Yeah, this is such an important question. So I think resilience needs to be something that we build within ourselves as individuals. And like Rebecca and Robyn are talking about, hope is really important. But it's also important for teams to develop resilience and for organizations to take their part of the responsibility because it's not all on the individual. We need to develop resilience organizations. And by that, I mean organizations that support innovation, that support understanding and focus on meaning in the work, that support people's autonomy, that build feedback cultures within the organization.

And that develops psychologically safe organizations and psychologically safe teams. So the team and the organization piece is really important because one of the things that most dramatically impacts our vicarious trauma is butting up against systemic issues within our own organizations that leave us feeling hopeless. And of course, that brings up what Rebecca and Robyn were talking about. And then, just for ourselves, not forgetting some of our really basic things. So in addition to hope, gratitude, exercise, mindfulness, sleep, nutrition, those, I know they sound so basic and yet are so incredibly important in building our resilience.

Thanks, Anjali, and I would remind everyone that we have, in this series, a vicarious trauma session that we will be talking more in depth about personal organizational system resilience and building that capacity for the traumatic work and the people that we have to interact with. So we'll spend an hour and a half, I believe, on that topic at the last part of this 10 part series.

So I want to thank everyone. This is going to conclude the question and answer portion of this webinar. Before we end today, I'd like to note our upcoming webinars shown here on the screen. We have several webinars and separate sessions scheduled through August of 2021. So watch your inbox for registration details and visit www.ncjtc.org to find additional information on this series.

So this concludes our webinar for today. I'd like to thank, again, all of our panelists, Robyn, Rebecca, and Anjali. And thank you all of the attendees for the excellent discussion today. We hope you can join us again in our future webinars and have a great day.