

# Webinar Transcript - Healing In Action

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Welcome to the National Criminal Justice Training Center webinar, Healing in Action, presented by the Child Welfare Academy. My name is Kevin Brennenstuhl and I will be moderating today's event for you.

This project was supported by a grant awarded by the Office for Victims of Crime, 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 National Criminal Justice Training Center, Fox Valley Technical College, or the Department of Justice.

I'm so pleased to welcome our presenters today, Elsie Boudreau and Gretchen Schmelzer from the Child Welfare Academy. Elsie Boudreau is a trainer for the Child Welfare Academy and has her master's degree in social work. Throughout her career, Elsie has provided advocacy services for Alaska Native and American Indian Child victims of sexual abuse and their families.

Gretchen Schmelzer is a consultant with the Child Welfare Academy. She is a licensed psychologist and trauma survivor who has worked for 25 years with the complex issues of trauma, integration, and behavioral change. I want to thank you for joining us today, and Elsie, I'm going to turn the time over to you.

Thank you so much, Kevin. Qu yana so much. Welcome, everybody. We're so happy that you're here with us today. I know it takes a lot of intention when we think about healing, and we're putting it into action, I think, is so important when we think of not only ourselves, but we think of our ancestors and we think of our children, our future children, seven generations, how they, too, put things in action, our ancestors did.

And so I'm really, really honored to be here. My name is Elsie Boudreaux. My Yup'ik name is Abucan. I'm named after my maternal grandmother. I'm originally from the Village of St Mary's. And our traditional way of opening, I have to say that I'm the youngest of seven. My parents are the late Edgar and Teresa Francis of Saint Mary's. I'm the granddaughter of the late Alfred and Nastasia Francis of Pilot Station and the granddaughter of the late George and Apugen Petersen of Old Andreafski.

And we always want to start in a good way, but before I do that, I want Gretchen to introduce herself as well. I've known Gretchen for, gosh, 11 years or so. And when we first met 11 years ago, it was like we knew each other before. And it was during a time when I was going through my own healing, and I always like to say, at this point, I feel like I'm healed enough to be in this space.

But Gretchen played a really important role in my life being a trauma expert. So I am honored to co-present with Gretchen today. Gretchen?

Thanks so much, Elsie. Yeah, 11 years. It's been a wonderful, wonderful journey together. And we've worked with a lot of groups together. So my name is Gretchen Schmelzer. I'm a psychologist by training. I spent the first 15 years of my career working with kids and families outside the city of Boston in pretty much every capacity one could work with a child.

I had wanted to be a child-- the chief psychologist on a child psych unit. And then a colleague got a contract with the United Nations working with countries to help the countries strengthen their response to HIV and AIDS. And so I helped that colleague think about how to teach emotional intelligence to people who have experienced trauma.

And I ended up leaving my psychology-- my strict psychology track to start working with countries and organizations to help them strengthen their emotional intelligence and work at the intersection of trauma and leadership. And so I'm excited to bring anything I have to offer to you guys today, and we'll have fun together.

Really good. Quynh so much, Gretchen. I'm so happy you're here. So we always want to start in a good way. And so just like take some time to think about the work you're doing and just honor who you are and what you bring to this work. And remember, as we go through today, that you're not alone in this.

So we have a poem. It's called the "Eagle Poem" by Joy Harjo. And this is the poem. "To pray, you open your whole self to sky, to earth, to sun, to moon, to one whole voice that is you. And know there is more that you can't see, you can't hear, can't know except in moments steadily growing, and in languages that aren't always sound but other circles of motion.

Like eagle that Sunday morning over Salt River. Circled in blue sky in wind, swept our hearts clean with sacred wings. We see you, see ourselves, and know that we must take the utmost care and kindness of all things. Breathe in, knowing we are made of all this, and breathe, knowing we are truly blessed because we were born, and die soon within a true circle of motion, like eagle rounding out the morning inside us. We pray that it will be done in beauty. In beauty."

And so what we're hoping to do today is really looking at understanding the impact of not just trauma, but repeated trauma on individuals. And Gretchen in her book talks about the five-phase cycle of healing trauma in her book *Journey Through Trauma*. So we will spend some time looking at that.

And when we talk about emotional intelligence, we want to understand how trauma impacts our emotional intelligence, how it impacts who we are as individuals and how we connect with each other. And then we'll learn models and concepts that you can apply with yourself, with the people that you work with and serve, with your team and colleagues.

Thank you, Elsie. Yeah. This slide is really just about you getting to engage with the material in this webinar in any way that is helpful to you. So be as present as you can so that you can take in the information. Do what you need to do to keep yourself feeling comfortable with the information.

And we're both, Elsie and I, are really committed not just to awareness or being informed, but to action and engagement. To taking a real healing stance in the work you do. So as we're talking, be bringing things to mind and playing with them as you're listening so that this work can interact with the information you already know.

We know we're talking to-- even though we can't see you-- very skilled and heartfelt clinicians and workers and professionals. And you're not coming to this without information. So let this information slide into places and support the knowledge you already have.

And I really see the work we do as an offering, as something that you can take what is helpful and leave what isn't helpful for your specific line of work.

So I like to start with the fact that trauma is a leadership issue. And when I talk about leadership, I'm not talking always just about the boss. I'm talking about our own ability to have agency and impact in the places we work. So if you think of small L versus capital L leadership.

And we don't tend to think of workplaces as places we talk about trauma or about our own trauma except that I think COVID blew that up a little bit. And adults spend most of their time at work. So you spend more time at work than you do at home with your loved ones, in your hobbies, in your places of worship. You spend more time at work. And so we need to make sure workplaces are places where people can grow and heal.

And you guys all work in fields where being trauma-informed is an obvious piece of knowledge, but the truth of the matter is, to be truly informed-- trauma-informed means understanding the impact that trauma has on our ability to communicate and our ability to relate to other people.

So this-- our ability to communicate and our ability to connect to people impacts almost all the work we do and how we seek help and how we believe in help. And so you can better understand your clients if you understand the impact of trauma on those things.

And as I said a little bit earlier, no one comes to trauma work a blank slate. So your histories, your experience interacts with the work that you do in a particular way. And some of it may really help you do your job and some of it may be interfering in the way you do your job. And so being able to sort through what's helping me and what's getting in my way is really important.

And upfront, given the work you do, I just wanted to put up some of the signs and symptoms of vicarious trauma, and we'll talk more specifically about that later.

But if you look at this list-- hopelessness, anger, cynicism, sleeplessness, exhaustion, guilt, intrusive thoughts, nightmares, burnout, inability to embrace complexity where you just want the simple answer-- facts, right? Just looking at this list, how many of these signs and symptoms do you notice in yourself, in your staff, in your communities? Just being aware of where this might be showing up as we go through NARRATOR:

And I've been working-- I've been writing and working with trauma for a long time now. And there's an arc of healing, which we're going to talk about today, and then there's a piece of work that I call emergence. As you get more solid and healed, that you end up in a middle place, and then you get to growth. And today we're going to be mostly focusing on the idea of healing. But I wanted to give you the framework because I think coming out of COVID, a lot of the is hitting emergence and nobody likes the middle phase of anything.

This training-- I think any work of being trauma-informed sits at the intersection of trauma and development. And part of that is that some of it is technical knowledge and some of it is developmental-- or knowledge you have to grow the capacity to actually engage with.

And just to help you understand that, technical change is change where you are given a set of information and can enact it and just absorb it. So if I wanted to share with all of you my famous Gretchen's Brittle Cake's Pancake recipe, I could list off all the ingredients, you could write them down, and probably most of you would come out with decent pancakes on Sunday morning when you make them. And that's a technical change. You didn't have the recipe, I give you the recipe, you can make it.

Adaptive change is where you actually have to grow the capacity to do something. So if you were never a supervisor and you become a supervisor of people, you have to develop bigger capacities to listen and take other people's perspective and hold multiple views of a situation and manage conflict.

And while I can give you a list of tasks, I can't give you a playbook for every one of those conversations. You have to grow as a person to do that. So that's really the difference. And so there are parts of being trauma-informed that are about the knowledge, and we'll give you some of that knowledge.

But there are some parts of being trauma-informed which are about your own growth and ability to sit with difficult conversations and have patience in the healing process and be able to manage conflicts differently. And so those pieces you'll grow over time.

And healing and growth are spiral. Which means that at some points, you are-- even though you have grown, you're lower than you were the year before as you spiral up.

And in the child development world, they call those places touchpoints where a kid, he was sleeping through the night, but before they learn to walk and then as they're learning to walk, they can't sleep through the night because part of it is that you have to let go of some of your old growth to grab the new growth. It's a little like monkey bars where you have to let go of one to grab the next one.

So I like to start with emotional intelligence because it's a grounding place to understand why we do what we do and how to actually solidly get better at what we do. And it's not all fancy-schmancy. We all use it, it's a simple model. So it starts with self-awareness. Do I know what I'm thinking and feeling as it's happening? And then in the awareness category, if I know what I'm thinking and feeling, I can look at somebody else and imagine what they might be thinking and feeling. I can walk a mile in their shoes.

And there's cognitive empathy. I can understand why you would feel that. And there's emotional empathy where you can feel it in your body or where you feel sad when somebody else is sad.

And the other part of social awareness that's important, I think, for those of you in organizations is that is organizational awareness. Is understanding the system you're in. Understanding who needs to know what and how information flows. Or what the policy is and structures of an organization are that are helping us do our work and which parts are not helping us do our work.

And then if we go back to self-awareness, if I know what I'm thinking and feeling as it's happening, then I have some choice. Self-awareness increases choice, and that's really what emotional intelligence does. So if I know-- like personally, I run anxious. So if I run anxious about travel, for example, then I'd like to get to the airport an hour early, as opposed to the person who slides in right before their flight.

So I can manage my own emotions. So self-management is emotional self-control, both not screaming at people, but also not shutting down. Like for those of you who do the shutdown silent treatment version. And it's about being adaptable and flexible.

Sometimes-- and you guys do this in your work. Working with a client who's really, really quiet, you may get quieter. Or you may get more talkative to bring them out. And working with the client who's much louder, you may get quieter to calm them down so that you're flexing your natural style to support the conversation.

Self-management also has positive outlook, and it's at this place I like to say, emotional intelligence isn't about being nice, it's about being in the state that is most helpful to get the outcome that's most helpful, to get the result that you need.

And we often don't think of positive outlook as an intentional gear that we need to shift, but in this day and age with social media and advertising and so many negative messages coming at us, I think we have to be extra intentional at bringing hope or optimism or joy, interest, awe to the world. And just moments of positive outlook can help our brains be bigger.

And the last one is achievement orientation, which is wanting to actually improve on what we did yesterday. Is thinking like, how could I make this better? When I was a Girl Scout as a kid, the motto really was, always leave a place cleaner than you found it. It's like taking achievement in action.

And sometimes we don't engage enough, so we need to do it a little more, and sometimes achievement orientation can look like perfectionism and we think we're the only ones who have the right answer and can get it done, and so we don't delegate or we don't include other people, and that means-- so we need to adjust our achievement orientation down a little bit.

And then if you put self management, social awareness, and self-awareness together, you put those three things together, you get relationship management. And those are the behaviors of teamwork and inspiration and conflict management. Influence and coaching others.

And it's just important to realize that this model is helpful because you can look at something like conflict and then wonder, which part of emotional intelligence is getting in the way of somebody's being able to manage conflict? Do they have low self-awareness so they're not-- are they a 6-foot-5 person and they don't realize that when they go to talk to somebody, they're intimidating? And that increases conflict.

Do they have difficulty with self-management? They're not managing their emotions during that conversation. Or do they have difficulty with social awareness? They can't empathize with the other person they're talking to, they can't imagine what the other person-- or why the other person wants what they're asking for. So you can back up inside emotional intelligence and work on specific skills the way you'd work in a gym to work on specific muscles.

If we're going to talk about trauma, we're heavily located in the self-management quadrant. And we're looking-- I think it's important to start understanding trauma just from understanding our own stress responses, because trauma builds on the stress response. So a standard stress response of, I ran in-- I went hiking when I was in Denali and I was really hoping I didn't run into a bear.

But-- and I didn't, gladly. But had I, my stress response would have kicked in. And you can-- our stress response is a physiological response that is designed to help us either fight the thing that we're scared of or run away from it. And it primes our body to be able to do that, that physiological task.

And so blood flows to our muscles, our heart rate increases, our blood pressure increases, our pupils widen so we can see better, our focus narrows so we can pay attention to the thing that's dangerous, and our oxygen consumption goes up. So we're really ready to do that.

And really, there's only-- once we're in that physiological state, there's only two ways that we come back to a more relaxed state. And because we'd either be in fight or flight, either way, if I was fighting a bear or running away from a bear, I would be breathing pretty hard.

And so one of the main ways that we come back online is to go into diaphragmatic deep breathing. Which sounds silly, because all of you breathe all the time, so it doesn't seem like anything that great. We often-- most of us breathe from here up. Like if you put your hand on your belly right now and just take a nice deep breath in and breathe all the way in, you realize that that's a rare moment. Like you don't do that.

But that's really where we want our-- to expand our breathing into. And diaphragmatic deep breathing is the only thing that our bodies can do that triggers our brain to release relaxation hormones. And so that is the automatic stress reliever.

But most of us aren't fighting wild animals are running away from them, we're sitting in very difficult meetings. And if we're in a very difficult meeting, it's neither-- it's not socially acceptable to punch out the person across from you or run away from them screaming. So you have to initiate this relaxation response all on your own. Your body's not going to do it for you.

And so I like to recommend practicing this breathing whenever you can think about it. So like you're standing at the shopping cart, at the grocery store or Walmart, like practice breathing. When you're waiting for somebody, rather than scroll through your phone, practice breathing and get yourself used to that way of slowing down.

The other way that we slow down is that we find a brain that's calmer than ours. So I look at Elsie on the screen, and Elsie's calmer than me because I'm busy talking. And a calmer brain helps us slow our brains down. And any mammal will do. So a cat, a dog, whatever mammal you have, pet, also slows our brain down.

But I think it's really important when you think of being trauma-informed, the reason I highlight this is that we need to be that calmer brain for people, which is why we have to take care of ourselves differently. So when we're sitting with people who have trauma history or who are getting-- whose trauma is triggered by what we're talking to them about, we have to be that brain that helps them get more settled.

And so being that-- back to emotional intelligence, being self-aware of how I am right now so I can bring my emotional intelligence and self-management so that my-- I'm in a calm state so that when I sit with somebody, they can borrow that calm state for me is part of our work. Our presence in our work is as important as our words.

So we come into acute trauma from acute stress. And I'm sure you guys all do work in this area. So this is one definition. I'm sure you all have definitions you work with, that trauma is an experience or event that overwhelms your capacity to defend or protect yourself. The hallmarks of trauma are feelings of helplessness and terror.

And I think two things are important. One is that in some ways, that makes trauma a little bit subjective. What would overwhelm me might not be what would overwhelm you. So we would have different experiences going through the same event. And that I might actually experience something differently at a different point in time when my resources are lower. That I might be traumatized at one point by something that didn't actually traumatize me earlier.

So I think it's important to remember that there's some-- that that's why stories and why we have people like, oh, that didn't sound like x or they're traumatized by that but I'm not sure I would be. That's why it almost doesn't matter. It's their experience of being overwhelmed and not being able to protect themselves and feeling very helpless.

The important thing is that the result of acute trauma is a typical mammalian extreme stress response. It's a normal response. It's what our bodies do. So there's nothing pathological about the response to trauma. When we-- so you get a big adrenaline surge, you get so much adrenaline, in fact, that your brain creates extra receptors to take up that adrenaline.

Which is why people who've experienced extreme trauma have things like a startle response. Because they are-- your brains are so attuned to any trigger that they're ready to take it up because they've built these extra receptors. And the symptoms of post-traumatic stress disorder, like flashbacks, startle response, sleeplessness, fear, avoidance of emotion, that category of things is pretty normal for anybody who experiences a severe-- acute trauma event.

But what happens when trauma gets repeated? So it's one thing for your body to gear up for a major acute trauma event, but if it's-- if you were-- so that would happen if any of us were in a car accident. But what if we were a car accident every day for 30 years or every day for a month and a half? There's no-- our bodies and brains are too smart and too efficient.

So instead of gearing up, actually, what our bodies begin to do is shut down or get numb and stop taking in that information. If any of you have ever had your smoke alarm go off in your house, it usually goes off at like 3 o'clock in the morning when the battery dies, you'll go and find it and you'll rip the battery out. You'll stop it from beeping.

And that's essentially what our bodies do with repeated trauma. They pull that battery pack out so that we stop hearing the alarm and can just use our brains to go about our day.

So repeated trauma is really three forms of trauma, and this is part of the reason that it doesn't get enough attention and healing in the work and the communities that we are in. Part of it is that the overarching American culture around trauma is really biased toward the first form of trauma, the what did happen.

We're a culture obsessed with the trauma story. And so we focus on the events that happened and we think, well, if somebody told their story, they're done, they're healed, and that's actually not true. The trauma story is very important-- it's necessary for healing, but it's not sufficient for healing. So that is part of repeated trauma, is what did happen.

The second form of repeated trauma is what you did to survive. It's the protections you put into place that help you survive the trauma. And some of that might be being more numb, isolating from other people, never asking for help. It might actually be the opposite. It might be being kind of aggressive and keeping people at bay by being more aggressive.

Whatever it is you did to survive often get seen as part of your personality. It becomes part of the fabric of who you are and you don't see the protections anymore. And then you start to see them once you're healing. Once they don't make sense, if I were going to spend my-- the first week in January in Alaska with Elsie, I'd need a very warm coat. But if I got on a plane and flew to Miami, that coat wouldn't make sense anymore. It made sense in Alaska, it doesn't make sense in Miami.

I just-- last week I was at the Desert Botanical Gardens in Phoenix, and I was looking at all these cactuses-- cacti. And their long spikes make so much sense. They have-- they keep their fluid inside them in those big bulgy bodies, and then they have to have spines both-- because they can't have leaves, they would evaporate too much. But also like the animals would come and eat them right away because they're thirsty.

So they have to have these very strong protections to keep their own fluid inside them without getting eaten. And so they make sense there, but they don't make they wouldn't make sense in a temperate garden in the middle of Ireland. So I think our protections really are part of how we survived.

And then the third form of repeated trauma is what didn't happen. And what didn't happen is the growth and the development that doesn't happen while the trauma is occurring. So while the trauma is happening to somebody in childhood, they're not making friends the same way. They're not learning to lean on adults or ask for help the same way. They're not figuring out what they want or like. They're often trying to please other people.

So if you think about countries, right now the Ukraine is not building schools, they're not building roads, they're not growing and developing. They're surviving they're protecting themselves. So it's these three things together that need to be worked on in order to fully heal from repeated trauma. I'm going to pause for a second and see if there are questions or if you want to add anything, Elsie.

Yeah. I just so appreciate this conversation and I think it's so important when you think about your protections, they helped you to survive. And I think it's really important when you get to that place where they don't make sense anymore to thank your protections for protecting you, for being there when you needed them.

And so really just understanding the three forms of trauma, when I apply it to my own life for like-- it makes sense having to focus on all three things.

And I think that's where the action comes from. It's not just about sharing what happened, but really looking at the big picture and understanding me as a human being that what my response to trauma was normal and I protected myself in ways that allowed me to survive, and then going through what did happen and putting-- like putting all of that together really helps me to thrive.

Mm-hmm. Right. Right. I think the other piece that I wanted to highlight was that what didn't happen is a really hopeful piece of the work. It means that you have a lot of say in how you heal and what you can pay attention to. And as people who support other people through trauma healing and in the work you do, a lot of the work you do, it does fall under what didn't happen for the people you're working with.

They may be telling their story to somebody for the first time. They may be relying on people for the first time. They may be learning skills of basic living or getting a bank account or doing all sorts of things that they never learned to do, and that all falls under what didn't happen and is really a big piece of healing.

I also wanted to bring in vicarious trauma as we started in the beginning, because a lot of these workshops end up being about the people you're serving and not about you. And I think there's a huge interaction effect, because I strongly believe in healers-- of the idea of self as instrument, that you are part of the healing process. And so with vicarious trauma, you're looking at the impact of hearing or witnessing the stories that your clients are bringing you.

And it's another form of repeated trauma in the sense that it rarely is a one-time event. It's usually cumulative over time, and there's a certain fatigue that goes with it. That-- it's almost like as if you were wearing a backpack and every time you hear a story, if you're not taking good care of yourself, it's like somebody puts a stone in your backpack and you just get-- it gets heavier and heavier and heavier.

So it is really important to have some strategies as you're listening to stories, whether you imagine wearing a coat of some kind that means something to you, whether it-- imagine having a table between you and your client, and as they're talking, they're putting the elements of the story on the table and not onto your physical body.

Having-- and we'll talk more about ways to manage the burnout and stress, but it's very important to pay attention to this aspect of the job. When I worked on a child inpatient unit for a decade and towards the end of my work there, I had somebody come in and hand me a chart and they just said, here's the kid, he brought a knife to school.

And I was so burned out that I flipped through the chart and I was like, he didn't hurt anybody with the knife, I heard myself say. And that's what happens. In the repeated trauma of becoming numb, you stop hearing things as urgent or as traumatic as they are. And so it's important that you get to work together on that.

The other piece around trauma is intergenerational or historical trauma, the trauma that's passed down through generations and is also a form of repeated trauma.

And it can come down both from the stories and the experiences that are witnessed. It also can come down through the fact that a lot of intergenerational trauma impacts attachment and relationships that then get played out inside relationships over in a period of time. Is there anything you wanted to add, Elsie, to the intergenerational trauma piece?

I think just thinking about intergenerational trauma, like how it's passed down in our genes, so there's been a lot of research on that, and I think that-- I know we're talking about trauma, but also just think about like resilience and the strength that were also passed down. So honoring both.

Right. Right. And the last idea around these different definitions that fall inside the bucket of trauma is I want to bring up the idea of moral injury, because there's a way in which, when we talk about trauma or the impact of trauma, it always ends up sliding into the world of psychology, which is OK, but there's also stigma associated with that.

And even though it's-- almost all of the impact of trauma is a normal response to both trauma and repeated trauma, it's hard to feel a normalization around it. But moral injury is not a psychological disorder. And it is the pain of experience-- of the experience of something being bigger than-- not-- it's bigger than you want it to happen, and you essentially violate your own conscience.

And what I mean by that is that you had an idea of how you wanted to live up to your values. Somebody comes to you for help, you want to be able to help them, but the system you're in may not make that possible.

You want to help a mom and her kids, and you don't want the kids to be removed from the home, and they're removed from the home because that's the way the laws work or the system works, and you can't interfere at this point in that story. And you have to go home with that experience. And any of us who work in the social services world has had this experience.

And it's important to know that there's a term that covers your experience, I think, that you're not alone in it. And often, because you do brave and courageous work, you don't actually have the illusion that in a hard situation, everything would turn out perfect. You know it doesn't always turn out perfect.

And I think that you are wiser for it in the sense that you have a better sense of the world and how much it takes one to hold the world, but it's a hard realization. And it's actually a mammal problem. When 9/11 happened, there were-- they brought in dogs, search dogs to search the rubble for survivors when the Twin Towers came down. But as you know, there were no survivors of the Twin Towers.

So for three or four days, they were searching the rubble with these dogs and the dogs got more and more depressed, to the point where they stopped eating, they weren't able to sleep, they were very anxious. And so-- because they couldn't do their jobs, they were actually experiencing moral injury.

And what they had to do is they hid firefighters in the rubble and let the dogs find them so that the dogs could experience being effective. And I think for our work in the social service fields, I think there are two things. One is, I think you need to have a balance somewhere in your life where you can feel the impact of your good deeds and it's not only in your work.

And whether that's helping family members or volunteering in your community or working in your garden, wherever you can feel like, oh, I can make something happen and feel good about it, you need to have a little bit of that in your life that's not entirely about the work you do.

And the other thing is that moral injury is healed in community. It is not healed at the individual level. So it means that inside your organizations, it is really crucial that you create places where you guys can talk about the sadness or the frustration and being able to do the job that you want to do in that moment. And let other people-- let the group hold the sadness of that situation, not you alone.

I like to ground understanding trauma inside the emotional intelligence model that we started with because it gives us practical behavioral understanding and a framework to work in that's not super psychological or touchy-feely or airy-fairy or scary or anything. Like it's very solid, to understand how trauma impacts a human being and what we can do to impact it for ourselves.

So self awareness gets impacted by trauma because we go numb by and large. So we're not taking in data. If you put your hand in ice water and it got numb and then you took it out and tried to put an object in it, you wouldn't be able to know what the object was, you couldn't feel it.

And that is what happens to our emotional selves. We stop being able to pay attention to our feelings, which is a problem because we feel before we think. So our brains actually need the feeling data in order to think best. And so when we go numb, we're not able to do that.

The other way is that some-- it can swing-- the pendulum can swing the other way and we can become very hypervigilant. And hypervigilance, the problem with hypervigilance is that we're paying attention to data that may or may not be actually important right now. Like I'm always looking-- the problem with trauma is we're always trying to protect ourselves from the trauma that already happened. We're living in an ever-present past, we're not living in the now.

And so I'm paying attention to very specific details about people that may not be helping me help the person in front of me, lead my team effectively. I'm paying attention to the wrong set of details. My brother had a truck that had a GPS system that was broken. And the GPS system-- like he lived in Nashville, I was driving with him in Nashville, Tennessee, but the GPS monitor was of a road in Montana.

So it was like-- it looked like we were heading toward a lake, but we weren't actually heading toward lake, we were on a highway in Tennessee. And that's very much what trauma does. We have a very old GPS in our brain and we think that we're on a specific highway when we're, in fact, in a different world.

The other thing that trauma does is it impacts our capacity for focus and attention. And attention-- I mean, just to break it down, attention is who we are. What we are paying attention to is our being. Without attention, we don't exist. And attention is how we take in information, how we learn, how we remember. And so trauma can impact our ability to problem-solve, our ability to listen to other people, and to get through a day in the way we want to.

Stress and trauma also impacts social awareness, not just self-awareness, because if I'm-- number one, if I'm not taking in good information, I'm not listening to you effectively. And if you think about all social service jobs, it is all about our capacity to listen and take in data accurately. Which is why we need to pay attention to our emotional intelligence and why we need to pay attention to our own healing.

And under stress, we actually listen to other people differently. So our empathy goes down, our judgment of them goes up, we're more critical under severe stress. Under stress we want to be with people like us. We pull to whatever our version of our clan is.

So if we are-- our jobs are stressful, we have to actually intentionally open ourselves up to being more inclusive of other people. And trauma and stress can decrease our trust in other people. Most repeated traumas are repeated relational traumas. They happen inside relationships.

Child abuse, child sexual abuse, domestic violence, racial violence, gang violence, war, all of those are people harming people. And those are more what people experience in terms of trauma than the earthquakes or fires or natural disaster traumas that we think of. And when I have been hurt by another person, I am going to stay away from trusting other people. That's where that-- how I survived. I will protect myself from that.

And stress and trauma impacts how I can manage my emotions. If I am always in fight-flight-freeze, I may be constantly triggered. It narrows the window of tolerance, which I'll talk about a little bit later. Mostly, it creates a fear of emotion. So I'm going to shut down or avoid anything that actually makes me get anxious or fearful.

Trauma impacts time. And this is a huge piece around-- in organizations where timely reporting of a traumatic situation is important. Trauma makes us feel like we don't have a future. Even in one-time traumas-- they've done research on children who've experienced car accidents or other really difficult events but were otherwise unharmed, they cease to believe that they will live a long life.

And think about the impact on asking for help about planning for the future. So both in the attention part and the time part, if I don't take in information the same way-- so when I experienced trauma, I don't take in information the same way.

Often at that moment of experiencing trauma, the brain routes the information away from the hippocampus so it's not stored in memory the same way. It routes blood away from Broca's area of the brain, which is the language center, which means it's not encoded in language. So I don't even have a good linear story to tell. This is also about how time impacts it.

So if I'm coming to you to give a report about what happened to me as a trauma survivor, I might not have a story that sounds linear, or I may have to find my way into the story, and that doesn't mean my story isn't valid or it isn't believable. It's that trauma is impacted the way I can tell it.

So understanding trauma's impact on these things helps you understand and have more compassion, more patience, and you may have different policies and procedures about how people can come and tell you what's happened to them. And if you put all these things together, often you end up with a person who's got very rigid defenses and often pulls away, like I have to do it myself. I'm going to avoid difficult situations and avoid conflict at all costs.

And if you look at your organizations, you can see the impact of that where you have to disagree about certain cases or you have to bring all the problems in one place in order to change a system. Where conflict is necessary for a good outcome, trauma can impact a good outcome.

So I'm going to pause here. Elsie.

Yeah, Gretchen, just as you were talking, I just had a thought. Like it makes me wonder how suicide plays into this as you were talking about the research where they showed a kid that had a thought that they are not going to live for another day. I know in our-- just in American Indian and Alaska Native, we have a really high suicide rate.

And I know trauma relates to that, but this-- like it adds another layer to it that I never really connected. And so it just makes me wonder--

So I was going to say, at the conference. I was at last week, pretty much the same question came up in the African-American community. And the answer-- or the antidote is that you extend time horizons slowly in small chunks. So planting a garden with a kid and saying, it takes 21 days to grow a radish where they have to put the seed in and they have to wait around for the radish helps them begin to see how time works again.

Like it's-- almost like reestablishing how time works. And so it takes the adults or it takes a healthier brains in your community to hold the time horizon again, and there are a lot of elders in your community who actually are good at this. So this is a place where they can step in and begin to expand the time horizons and name the problem and be able to say, I get that you don't see a future. Let me help you find the future of next month or next week. You start really small.

Expanding the time horizons.

Yeah.

Really, really good.

So this is a way to think about having conversations in your work and in your organization that come from a trauma-informed stance. It's more about stance. And also, I have found in 20 years of doing work, leadership work that I think people need more practice having difficult conversations and not imagining that we can just figure it out as we go all the time.

If you think about musicians or artists or dancers or-- there are people who-- athletes-- practice skills. They do drills over and over and over again to get really good at what they do. And the only way things-- there are three ways things come into memory.

There's urgency that I put my hand on a hot stove and I learn immediately that I shouldn't do that. There's association. If Elsie rattled off 10 numbers and they happen to be my phone number, I would immediately be able to repeat them back because I know that number. And then there's repetition. And 99.9% of learning is really repetition. We have to practice.

And I think that something like this communication guide gives you a chance to think about a conversation you're going to have with somebody and take it through these different elements and come up with a plan, then you get to enact the plan and see if it works. See what works, what didn't work, and see what you would change.

So the first column outcome, the biggest thing I want to harp on is that anybody who comes to you for help should leave the interaction or the experience with you believing that help is good. Even if you're not the right person. Even if it couldn't all work out. But being as respectful and truthful to what you are capable of offering and leaving that person feeling an integrity and you getting to work in integrity around help allows for that.

Then the next column is self, which is knowing this is a self-awareness column. What do you know about yourself that would impact this conversation in a trauma-informed way? Why is it important to you? What are your values? What about your history or trauma history?

Your social identities around race or culture or gender. What might get in the way of you communicating effectively? How do you need to take care of yourself or manage your emotions? And how would you need to ask for help? Or what extra help would support you in this conversation?

And then you're thinking about the person you're communicating with. And it's virtually the same thing in a mirror. What is important to that person? What about their history might impact it? Their social identities, their history of trauma, what might get in the way of them communicating effectively?

I mean, I'm sure you've dealt with this. Do they need to talk to you alone? Should there be a family member with them? In one situation the family member might facilitate them talking. In another situation it would shut them down from talking. And then what would help them support that conversation? Was it more helpful to walk and talk with them than to sit in an office? Is it easier to do it over video? Thinking about what would really help.

And then the context. Are there things that are happening in your organization right now that are impacting this conversation? Or are there things happening in the nation? Like we've lived through January 6 and different things that might impact people. Is there a history of this situation? Is this something that's happened in the village that you're working in? And their uncle did the same thing, so there's a history of this situation.

And what kind of environment? I always think about, in trauma work, the environment I'm creating, the way I think about my garden. Is the soil good? Is there enough light? Is there enough water? Am I creating a place where this person can get their roots in and feel safe and not wither? And that helps me think about the way we work.

And you put all of those things together and then you make a plan for an approach. Do I need to prepare? Does anybody else need to be informed or involved? Do I need security? Does there need-- do we need food? Where's the best place? And then why am I choosing it? And then I go ahead.

So the last piece around this is, if it's a really difficult conversation, you might role play it with a colleague. My practice and see where you get stuck still and where you need support before you go do it. Elsie, do you want to add anything?

Just trying to wrap my brain around all of this and apply it to a situation. So just thinking about the work that we do. When we think about being trauma-informed in this communication guide, it sounds like a lot of it is just-- when I hear you talk about it, it's touching on a lot of values. Like about being-- like leaving people better than when they came. Having them have some hope. Like it was OK for me to ask for help or to engage in this type of communication.

But it sounds like through it all, it's really about really looking at emotional intelligence and how you use yourself to create a space where people feel heard.

Yeah. Yeah, exactly. And this is essentially-- the other thing I love about trauma-informed work is there's no downside, actually. If you treat everybody in a trauma-informed manner, even if they don't have a trauma history, you'll have engaged with them in a thoughtful, respectful, kind, and empathetic way.

It is essentially an emotionally intelligent way of engaging with people with this extra lens of understanding how trauma might impact the other person so that your perceptions understand them in context.

So Gretchen, as you've been talking, I keep falling back to my Alaska Native values and ways of being and connecting with people in the world. And one of the things I was taught is like, when someone comes to visit you in your home, you make sure you offer them food or something to drink. They never leave your home hungry.

And so this is kind of like the same thing, like that emotionally, spiritually, like you're feeding that piece. But how ways of connecting with people-- like-- it just makes me think of our teachings as Native people and how to take care of each other and ourselves through this.

Exactly.

That we as Native people for thousands of years have been trauma-informed just in our ways of being.

Yes. Right. And so it's such an important point because I think it's really important to take all of this information and begin to borrow you-- have this different language and then make it your own. This isn't an expertise where it has to stay in a domain away from your daily life. It's part of the reason I translate it the psychology into emotional intelligence, and then as you're talking like-- and then you can take this emotional intelligence view of the world and translate it into your own cultural values.

And decide, of all the things that I do, we do, are they supporting our healing and growth? And are there any that might be cultural protections and not cultural support? And play with that a little bit.

I think we need a whole other conference just for that piece.

OK.

Make a note of that. We'll have to work on that.

Til be continued.

Yes.

So back to you guys and your experience of being trauma-informed professionals, I have been doing these last two years, especially with COVID, a lot of work with first responders, with emergency room doctors, with people like you who work in high-stress jobs.

And there's a phenomenon of a roller coaster of extreme stress where you start at the beginning of that red line, you go to work, and you're up above those center two lines. Those center two lines are your window of tolerance, that middle space. But you go above it at work and you're high adrenaline and you're getting stuff done, and you might even feel more like yourself. You might actually feel good about the line. It might-- it's not always bad.

But sometimes if you stay up there too long, you're anxious or angry or irritable. And then you go home, if you are going into work in-person or you click off your computer if you're working online, and you sit in that comfy chair in your living room and turn on Netflix and you plummet below the line.

And you end up in a space that's kind of numb or apathetic or bored or like-- I've heard people-- lots of people I've talked to, like I'm done, stick a fork in me, it's over, I can't do it anymore. Like they're just exhausted. And then the alarm goes off, the next morning and you go back up over the line. And then you come home and you go below the line.

And this roller coaster means that you're never in the middle where your body and your brain are at their best for repair and for broad thinking.

And the real impact of this is that your families, the people you live with at home, only get to see you in kind of your numb exhausted state, and it's harder to make relationships and it's harder to get energized-- for you to get energized by relationship in that state. And so often it's harder for us to get out of that kind of burnout feeling.

So if that's the case, when you're above the line, in order to come into your window of tolerance-- and your window of tolerance is a space where you can roll with things. And trauma can decrease it. It can make it a very narrow window, just like a little slit. And that's what healing does, is it kind of expands that window of tolerance.

But when you're above the line, what you need is soothing. And that's different for everybody on this call. So it might be a walk in nature, it might be music, it might be a hot tub, it might be a cold glass of lemonade, whatever brings you down. Often you think of the five senses to help soothe. And if you stick with those, you can find something that might help you soothe.

And if you already plummeted below the line, you actually need to be energized. You need to connect with your body and your feelings in order to come back into center. And that can sometimes feel a little bit uncomfortable.

So just as a repeat, in order to manage the stress and burnout that comes with working around trauma, you need to own the roller coaster. So you have to do something to intentionally shift into the center. And I often coach or encourage people to have a plan.

Like at the end of my workday, I'm going to walk in-- I'm going to call a friend on the way home. Or I'm going to get home, drop my bag, and go for a walk around the block and walk my dog. Or I'm going to put on clothes and I'm going to go out in the garden and putter in the garden for 30 minutes. I'm going to do something to intentionally shift gears, because if you don't intentionally shift, often you plummet.

So this is the model of healing from repeated trauma. It's a cycle. And it starts up in preparation. And preparation is the action of attending to your resources. What do I have both internal resources and external resources? And you guys who work with traumatized populations do a lot of work in this area.

Making sure that a person is getting to a place where they're safe, where they have the financial or self-agency to make some decisions, to have meaningful work for themselves, to have people in their lives that are supportive to them. To trust in their relationship with you or their caregivers or their therapists.

So that's the preparation stage. It's like if you were going to hike a very, very tall mountain, you'd need to get in shape. You'd need to have good equipment. You'd need to have maps. You'd need to know your team members who you're hiking with. You'd have to have some preparation. You just don't go and do it.

And once people have gone through the preparation stage, on their own things start coming apart. The unintegration phase is I start to let go of those protections. I start to trust people a little bit. But that makes me anxious, because when I didn't trust them, my anxiety was lower. But now that I'm going to lean on somebody, my anxiety is going to go up.

So unintegration is feelings coming up and out or parts of the story coming up and out around trauma. And as those pieces of emotion or story come out, you begin to name them. You start to put words to them and language to them. And part of healing from trauma is creating a coherent narrative, and part of creating a coherent narrative is finding words that match your experience.

So you might start like, oh, I'm a little worried. No, no, no, that's not it. I was scared. No, that wasn't it. I'm terrified. Terrified fits my experience. I now have a word that fits. And then as I get words and language that fit, as I bring all my experience together, I get to integrate it into a whole experience.

And as that happens, the past becomes the past. I can see that actually happened. And I can describe it. And I both can-- there's a sense of mourning like, oh, that happened to me. That's sad. I feel the loss of what I didn't get. And there's a possibility of new beginning. Like I can imagine now-- I can wonder what might happen.

And as you come through the integration phase, you end up in consolidation where you're-- this is more than what didn't happen. I'm starting to practice new behaviors and live in a world that's not entirely formed about trauma. It's also about my healing from it and the resilience I had to live through it. So that's the whole cycle.

What I think is important for people who work in social service to understand is that the work you do may be in a particular zone here, but you may really be helping people in the preparation phase, and to honor that work and not worry that you're not part of their whole cycle of healing. That you're there for this part of the journey. You're the train conductor from New York to Washington, DC, and somebody else is the train conductor from Washington, DC to Omaha.

And you got them to Washington, DC and that's awesome. So that's part of the work that I think we all have to do as people who support others in trauma, that to say it's fine. If-- some of you who do addictions work may really often be an integration as people are sorting-- they've lost their protection of the substance they were using to not feel and now everything's coming up. And they're talking about what their experience was and they're putting language to it. Maybe you spending more time in there.

But just being aware that often as care providers, we're not in the whole cycle. With clients were often just in a piece of it. And especially as you've seen in different places, sometimes crisis precedes healing. And I've been talking to a lot of people during the pandemic that a crisis means that the preparation phase starts with stabilization, and that is indeed healing work.

Like you don't-- just because people are falling apart and starting to tell their whole stories doesn't mean that you head right into healing trauma. You stop, you pause, you stabilize, you do the preparation work. I'm going to-- this is what I was saying, what the pieces were.

So most of you are in organizations, most of you endeavor to be trauma-informed organizations. And so this is just the process, the growth process of that. So-- and it's-- I matched it up to the cycle of healing from trauma because I think they actually link up pretty well.

You start with being trauma-aware as an organization, which is what this webinar can help you with. Some recognition and awareness of what trauma is. You can strengthen relationships inside your organization. So any teamwork you do, any team building you do, having lunch together, having-- celebrating people's birthdays, that doesn't sound like being trauma-informed, and yet it builds better relationships, which means you can better support each other through this work.

So don't pooh-pooh the small stuff inside organizations that help people feel solid and strong and connected with each other. All of that. You can't do trauma-informed work if you don't build relationships. It's a requirement.

So the next phase is being trauma-sensitive, which is increasing the knowledge-- talking about readiness. Like is there anything we would need to do to be better able to manage trauma in our inside our organization? And looking at infrastructure. And infrastructure might mean anything from-- like do you have chairs big enough for the heaviest people who come into your organization so they feel safe and supported literally when they sit down?

Or it might look like having pamphlets about trauma so people can take that and understand it at home and save face. So it can be the smallest thing, it can be the biggest thing. It could be having weekly meetings to talk about trauma amongst you so that you don't have to hold it by yourself. That's what I mean by infrastructure.

Trauma-responsive. So this is now you're really moving into it, you're engaging, you're saying, we're doing this. You're going to identify roadblocks inside your organization that might be getting in the way of us being trauma-informed. Maybe we're not-- we're so overly rigid in the time frames we let people talk that they're not able to tell their whole story, things like that.

And prioritizing actions. And what I mean by this is where inside each of your own worlds-- so some of you work in tribal court, some of you work with kids. If we got together inside our world and brainstormed ways we could really be trauma-informed that match the culture that we're working in and the job we're working in, what would those actions be? It would be doing it, not some outside person saying, this is what it means to be trauma-informed.

So it shifts from knowledge to creation, if you will. There's a creativity aspect to being trauma-informed that is unnamed. But it can't be-- there isn't a recipe book. There isn't a set of behaviors that any one person can give your organization that would totally fit you and your clients that would be better than the one you could create based on the knowledge you're given.

And then as you're prioritizing those actions, you're going to create ways to implement the changes in some way of supporting that over time and then assessing it. To be able to check in and saying, we put these things into place. Are they working? Are they not working? And being able to adjust as you go.

And this last slide is a way for you to have conversation with yourself-- so to journal. And then also a way to have conversations with your team about supporting healing conversations. So what is a strength I'm leaning on? As Elsie said earlier, being trauma-informed means leaning into your strengths and your resilience as much as it means understanding how you might have been hurt or where you're getting in your own way.

What are some routines that support me? I think routines are way underestimated in terms of healing. How you support yourself over the course of a day or a week where you can lean on it and your brain can lean on it and you don't have to think about it and make a decision about it can really support you.

Who is on your team or our team? And by team, I mean the Tour de France teams. Those cyclists have massage therapists and mechanics and nutritionists and coaches. They have all these people to help them be the best they can be. And I think we all need that. And not in the literal sense of, I mean, if you can afford it, have all those people.

But I also mean in the sense of, who do you know, who will encourage you when you're having a bad day? Who's the person you call because they're going to give it to you straight and give you news that you don't want but you need? Who's mentoring you? Who just loves you no matter what? Like your dog does.

So who is helping you with your health? Do you have a primary care physician? Are you somebody who needs-- I'm a psychologist. I have a therapist because I work in this field of trauma and I want to make sure that I'm grounded to help other people. So that's a-- she's a part of my team. So who's on your team?

What are some practices or activities that help you feel more grounded? I know I need to be in nature every day or I am not as solid as I can be. And that means even in places like Phoenix, since it's 105 degrees, I'm getting outside because I need to be in nature regardless.

And then how do I know? This last question is really important for individuals and it's really important for you guys to have conversations as a team. How do you know it's time to slow down and get centered and reconnect? How do you need to pause and take a timeout and regroup? And what are the signs-- like if I lose my keys repeatedly, like oh, timeout, I need to slow down. It's time to look both ways before I do anything.

So those-- these are questions you can do for yourselves, and I really encourage you in your teams to talk about these conversations and share them with each other.

I just want to add that, yeah, I love the slide where we talk about healing is brave. Healing is possible and no one heals alone. I think that's a really-- it's almost like we need to put that in our pocket and be reminded of that as we walk this Earth and do the work that we do.

Yeah. I'm going to click ahead. And those are our emails. I have a blog that has different pieces around healing from trauma. If you're looking for smaller doses of reading, it doesn't cost any money and I don't ever sell the list. It's really-- I am very respectful about healing from trauma and want a place for people to go. So it's [www.GretchenSchmelzer.com](http://www.GretchenSchmelzer.com).

And then just being mindful of ending in a good way and just being-- just maybe take a moment just to be grateful in your heart. Think of something that you're grateful for and carry that with you today.

Thank you, Elsie.

Thank you so much for spending the last hour with this talking about trauma and healing and wellness, it was awesome. It's great to hear from both of you.

For any additional information on general training and technical assistance services, links to some of our featured offerings or just even to request training and technical assistance, watch your inbox. And you can visit our website for any upcoming webinars or other virtual training and technical assistance opportunities.

So that concludes our webinar today. Again, thank you, Elsie and Gretchen, for the great webinar, the great information. I hope we can continue this discussion in the future. For our attendees, we hope that you can join us again for other future webinars, and we hope that you depart and have a good day today. Thanks.

All right. Quyana. Take care, everybody.