

WEBVTT

3

00:02:36.810 --> 00:02:47.610

Murlean Tucker: Welcome to meet the partner special series saving live with trauma informed practice, my name is Marlene Tucker and i'm here with my colleague Kathy piazza.

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00:03:43.410 --> 00:03:52.740

Murlean Tucker: select our panelists from the drop down menu type your question and don't forget to hit the send button, so that your question gets sent to the right place.

10

00:03:53.460 --> 00:04:04.920

Murlean Tucker: And now it's my pleasure to introduce today's guest brooke brigands brooke comes from a multi sector background in health direct impact programming for children.

11

00:04:05.310 --> 00:04:13.590

Murlean Tucker: Youth and families and public education nonprofit work she is the program director for the Cypress resilience project.

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00:04:14.010 --> 00:04:27.660

Murlean Tucker: and deputy director of faces for the future coalition both projects of the Public Health Institute she's a certified trainer and trauma informed systems and practice welcome brooke, the floor is yours.

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00:04:29.580 --> 00:04:38.850

Brooke Briggance (she/her): Thank you, thank you so much Murlean I really appreciate that introduction i'm wondering if everyone can do me a favor in the in the Q amp a or in the chat and.

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00:04:39.420 --> 00:04:47.820

Brooke Briggance (she/her): Just sort of let me know where where you are like what location you're in and maybe something that you're interested in about trauma informed practice and.

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00:04:48.030 --> 00:04:56.670

Brooke Briggance (she/her): i'll keep an eye on that as we go forward and it just helps me make sure that i'm addressing all of the

questions and the interesting areas in the room.

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00:04:57.420 --> 00:05:20.250

Brooke Briggance (she/her): Plus I just like to know where is everybody coming from oh awesome oh suit Richmond very cool baltimore awesome so just in that Q amp a San Francisco substance use disorder okay oh we've got we have faces students at San Francisco general Laurel so that's awesome very cool.

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00:05:21.600 --> 00:05:27.510

Brooke Briggance (she/her): Vegas great public health and indianapolis oh very cool.

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00:05:28.050 --> 00:05:41.610

Brooke Briggance (she/her): I really appreciate everybody taking a minute to do this, it just helps me sort of orient myself this little zoom world where in seems a little strange sometimes so I appreciate everybody taking a minute to to indulge my interest areas.

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00:05:42.030 --> 00:05:55.170

Brooke Briggance (she/her): And I you know I have been as as merlin said, I have been working in trauma informed practice for some time i'm also a certified instructor in mental health first aid in all of its forms.

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00:05:55.440 --> 00:06:02.580

Brooke Briggance (she/her): And a grief recovery specialist and so i've been actively training throughout the pandemic and on zoom and.

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00:06:03.060 --> 00:06:15.180

Brooke Briggance (she/her): I hope to make this interactive so I it's not going to throw me off my game if you've got a question or anything like that, so please just go ahead and let me know as questions or interest areas pop up for you.

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00:06:15.480 --> 00:06:31.650

Brooke Briggance (she/her): And that always makes sure that we're addressing your your concerns are the questions that you have but also if you've got that question, probably somebody else does too so it's always just helpful to create that group and learning Community that's what we're here for.

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00:06:32.700 --> 00:06:37.860

Brooke Briggance (she/her): And oh okay all right, Melissa, thank you for that I really appreciate that.

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00:06:39.000 --> 00:06:50.760

Brooke Briggance (she/her): You know, absolutely Jackie will talk about systems today, so a lot of our conversation is going to be focused on systems, this is going to be a part of a three part series and so.

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00:06:51.210 --> 00:06:58.590

Brooke Briggance (she/her): we're going to do a deeper dive in some of these areas when we get part two, part two and three, and at the end of our session today.

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00:06:58.800 --> 00:07:02.970

Brooke Briggance (she/her): will give you those dates, so you can register for those sessions if you're interested.

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00:07:03.240 --> 00:07:12.210

Brooke Briggance (she/her): And we'll talk more about, for instance, the neurobiology of toxic stress management and and do a deeper dive on some of the things we were sort of brushing on today.

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00:07:12.570 --> 00:07:19.230

Brooke Briggance (she/her): Today, I wanted to start out though with a little bit of an overview and really a conversation about systems.

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00:07:19.830 --> 00:07:26.610

Brooke Briggance (she/her): We all are part of some kind of system right, and you know, we know that as we reopen.

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00:07:27.390 --> 00:07:35.790

Brooke Briggance (she/her): Our systems are going to be interacting with the public, who you know, have been going through so much during the course of this year.

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00:07:36.060 --> 00:07:42.990

Brooke Briggance (she/her): And so what are some things that we need to keep in mind in terms of our systems practice, so our organizations.

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00:07:43.350 --> 00:07:48.720

Brooke Briggance (she/her): Our groups, the cultures of those organizations, how can we make them trauma informed.

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00:07:49.110 --> 00:07:58.020

Brooke Briggance (she/her): Even even better, frankly, moving from trauma informed to healing and transformative so trauma informed is step one.

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00:07:58.290 --> 00:08:11.880

Brooke Briggance (she/her): That means we just have common language, we know what we're looking for we're making effort, but really, ultimately, our goal is to have organizations that are accepting of all people who are inclusive.

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00:08:12.150 --> 00:08:24.210

Brooke Briggance (she/her): Who are celebrating diversity and who are trauma informed in practice, to the point that they can actually be healing for people so, for example, if i'm managing.

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00:08:24.840 --> 00:08:33.450

Brooke Briggance (she/her): Toxic stress at home in my environment or maybe i'm a young one and i'm dealing with a lot of childhood adversity, what is my school look like.

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00:08:33.720 --> 00:08:41.430

Brooke Briggance (she/her): Right what is my clinic look like, where I go to access care and so really want to be thinking about systems, and we know.

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00:08:42.180 --> 00:08:54.660

Brooke Briggance (she/her): That many of what we're calling those secondary impacts to coven are really quite serious, so we know we're seeing pretty significant into optics and things like anxiety depression.

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00:08:55.290 --> 00:09:09.930

Brooke Briggance (she/her): Absolutely concerns around suicidal thoughts of suicide absolutely overdose, which is how we're here today, and so, what are the ways in which systems and organizations play a role in helping to prevent that's really our goal today.

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00:09:10.470 --> 00:09:16.710

Brooke Briggance (she/her): So i'm going to share my screen and we're going to start with just sort of a little bit of a background.

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00:09:17.040 --> 00:09:24.330

Brooke Briggance (she/her): And where we can sort of think about you know what are some things that we should all have just this common language.

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00:09:24.720 --> 00:09:33.480

Brooke Briggance (she/her): The very first thing that I want to do is to let you know where this curriculum is coming from, so I was trained in trauma informed systems work.

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00:09:33.960 --> 00:09:43.950

Brooke Briggance (she/her): That really came out of San Francisco it was a partnership with San Francisco unified school district ucsf and the San Francisco department of public health.

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00:09:44.280 --> 00:10:00.420

Brooke Briggance (she/her): I live in the east bay and so in the east Bay of the San Francisco Bay area I was trained as a trainer and a trauma informed system specialist with alameda county so just so you know the origin of the things that we're talking about here today.

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00:10:01.650 --> 00:10:10.650

Brooke Briggance (she/her): Our overarching goal for the day is it sounds simple but it's really quite complex and we'll see that relatively quickly.

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00:10:11.220 --> 00:10:19.950

Brooke Briggance (she/her): But really what we're looking for our organizations that foster our wellness and resilience for everyone in the communities that we serve.

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00:10:20.310 --> 00:10:27.360

Brooke Briggance (she/her): And you know I named my organization Cyprus resilience project and a lot of times you know people get this.

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00:10:27.870 --> 00:10:38.910

Brooke Briggance (she/her): misguided sort of assumption that

resilience is the goal, everyone has inherent resilience right we get in we get knocked down we get back up we get knocked down we get back up.

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00:10:39.210 --> 00:10:51.750

Brooke Briggance (she/her): families have inherent resilience communities have inherent resilience the concept is how do we leverage that internal resilience to get to post traumatic growth and healing.

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00:10:52.140 --> 00:11:06.990

Brooke Briggance (she/her): And you know the great news about post traumatic growth is that it's 65 to 68% of people who go through trauma also experienced post traumatic growth, which means, this was very difficult it was really hard.

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00:11:07.650 --> 00:11:20.730

Brooke Briggance (she/her): It came with a lot of pain it, you know it was definitely a life event and they come out the other side, more aligned with core values feeling stronger being able to.

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00:11:21.510 --> 00:11:41.610

Brooke Briggance (she/her): You know, draw boundaries being able to relearn trust really building off of the inherent neuro plasticity we have in our brains to relearn some of those things, and so really what we're looking for is wellness and healing for everyone, and we think that systems can play a role in that.

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00:11:43.080 --> 00:11:51.240

Brooke Briggance (she/her): So what do we want to do today, knowing that this is kind of a three part series well we we've got to look at some understanding of basic language.

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00:11:51.750 --> 00:11:58.980

Brooke Briggance (she/her): One of the things we want to make sure to do is that we're using common terminology, we have a shared mental model of what.

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00:11:59.310 --> 00:12:04.320

Brooke Briggance (she/her): trauma is what it isn't and we've got some you know some commonality there.

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00:12:04.680 --> 00:12:13.290

Brooke Briggance (she/her): Of course we want to think about neurobiology right how our brains actually acting in spaces and in relationship with one another.

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00:12:13.560 --> 00:12:25.770

Brooke Briggance (she/her): And there's some you know there's obviously a lot of impact that we have on each other biologically I I spent 10 years of my life in a department of neurology as a patient advocate and.

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00:12:26.310 --> 00:12:34.500

Brooke Briggance (she/her): I i'm still a little bit of a neuro nerd I love to learn more about the brain and we learn more every day so that's very exciting.

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00:12:35.010 --> 00:12:44.490

Brooke Briggance (she/her): We can use what we learn to create policies and procedures and systems that help support the healing of the brain that helps support.

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00:12:44.700 --> 00:12:56.250

Brooke Briggance (she/her): The neuro plasticity of the brain and so that's very, very exciting, the more we learn about the brain, the more we can make sure that we are addressing that in systems and policies.

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00:12:56.700 --> 00:13:02.700

Brooke Briggance (she/her): And of course we have to think about Community trauma, we have to acknowledge and bring into the space.

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00:13:02.940 --> 00:13:12.510

Brooke Briggance (she/her): How the toxic stress response works for some people differently than others, and so we're going to talk about historical trauma intergenerational trauma.

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00:13:12.780 --> 00:13:23.850

Brooke Briggance (she/her): And the reality of what are now called adverse Community environments or adverse Community experiences and so that has to be brought into the room, because many of our systems.

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00:13:24.090 --> 00:13:33.660

Brooke Briggance (she/her): If they are still rooted in equity are

going to activate that stress response for some people differently than others and that's not fair.

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00:13:35.460 --> 00:13:44.760

Brooke Briggance (she/her): So what what are some things that we want to sort of start out with as almost like our touchstones right I think of these as kind of the touchstones of the work the things that.

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00:13:45.000 --> 00:13:55.680

Brooke Briggance (she/her): I always want to keep in the Center of whatever we're talking about well, one of the things is we've really got to normalize we've got a D stigmatize and you know.

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00:13:56.160 --> 00:14:04.950

Brooke Briggance (she/her): coven is helping us do that isn't it and you know where maybe trauma before was a vm thing and it not an us thing.

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00:14:05.460 --> 00:14:17.910

Brooke Briggance (she/her): I hate to tell it everybody here but we've all been going through a really significant collective trauma and, more importantly, a series of collective traumas so we have.

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00:14:18.390 --> 00:14:26.550

Brooke Briggance (she/her): As a nation as a community of a nation, have been through many things over the course of the last 12 months.

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00:14:27.270 --> 00:14:37.830

Brooke Briggance (she/her): That have exacerbated our own stresses, and so, even if we have been safe, even if we have not been directly impacted by coven.

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00:14:38.070 --> 00:14:47.400

Brooke Briggance (she/her): We are still managing more toxic stress than we were before so one of the things we want to do is normalized talking about this and D stigmatize.

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00:14:48.090 --> 00:14:52.860

Brooke Briggance (she/her): The experience of trauma it's not a them problem this isn't us problem.

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00:14:53.730 --> 00:14:57.990

Brooke Briggance (she/her): The other thing we're always wanting to do is to reframe and empower people.

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00:14:58.320 --> 00:15:12.000

Brooke Briggance (she/her): And you know, I have a trauma background, I make no, you know I don't hide that it's part of the reason why i'm so passionate about the work, and you know learning about how the brain works understanding.

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00:15:12.870 --> 00:15:22.560

Brooke Briggance (she/her): You know the repercussions of the impact of trauma on neurobiology decision making relationships is the most freeing thing in the world.

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00:15:22.800 --> 00:15:27.930

Brooke Briggance (she/her): Because many people who experienced trauma don't know where behaviors are coming from.

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00:15:28.200 --> 00:15:38.820

Brooke Briggance (she/her): Their body is reacting, they may not understand that and it can be incredibly disorienting so one of the things we want to do is empower people and empower communities.

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00:15:39.060 --> 00:15:45.450

Brooke Briggance (she/her): With these conversations, even though we know they are sensitive, even though we know they can be difficult.

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00:15:45.690 --> 00:15:59.340

Brooke Briggance (she/her): We want to empower people to understand how brains work so that they can make different decisions moving forward, including things like managing their own toxic stress and and knowing how to do that really well.

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00:16:01.170 --> 00:16:04.770

Brooke Briggance (she/her): let's see uh one of the things that we want to know.

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00:16:05.730 --> 00:16:17.520

Brooke Briggance (she/her): Is you know how what what is the impact of trauma, so we know that absolutely trauma has a negative impact on our overall health.

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00:16:17.850 --> 00:16:25.710

Brooke Briggance (she/her): trauma is directly related to the sixth leading causes of death things like hypertension diabetes right.

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00:16:25.980 --> 00:16:41.130

Brooke Briggance (she/her): auto immune disease, these are very, very deeply rooted in trauma, we also know that trauma is very directly related to mental health challenges and substance use, and so, for our purposes here.

84

00:16:41.850 --> 00:16:52.710

Brooke Briggance (she/her): it's sort of to me is like it's the bell that once it wrong I couldn't hear it it's the thing once I saw it, I can't see it because it's so deeply rooted.

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00:16:53.070 --> 00:17:03.030

Brooke Briggance (she/her): In health outcomes and in equities, and the social determinants of health trauma is one of them, and so one of the things that we have to think about is.

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00:17:03.390 --> 00:17:10.650

Brooke Briggance (she/her): What is, what are the long term implications of trauma, what are the long term implications on health outcomes for folks.

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00:17:11.430 --> 00:17:30.870

Brooke Briggance (she/her): Both on the individual level and in communities, and so a systems approach to taking trauma as a public health concern is incredibly important, because we know that it has such strong statistical ties to other health outcomes that we're watching.

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00:17:32.250 --> 00:17:39.360

Brooke Briggance (she/her): I want to be very clear in case there are some providers in the room, and we are not talking about trauma treatment right now.

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00:17:39.630 --> 00:17:50.520

Brooke Briggance (she/her): And we know that there are certain treatments that an individual a family, etc, can access that are very, very specific you see some here.

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00:17:50.820 --> 00:17:56.280

Brooke Briggance (she/her): What we're talking about is trauma informed practice and it's important to distinguish between the two.

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00:17:56.520 --> 00:18:10.260

Brooke Briggance (she/her): Because we don't want to supplant trauma treatment for trauma practice if someone needs treatment, one of the things that trauma informed practice can do is to D stigmatize the accessing of that treatment.

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00:18:10.890 --> 00:18:25.080

Brooke Briggance (she/her): But we know that trauma informed practice has more to do with interpersonal communication skills, it has to do with the types of policies and procedures, we may have put in place it even may have to do with what the waiting room looks like.

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00:18:25.620 --> 00:18:41.310

Brooke Briggance (she/her): Do do I walk into this waiting room and feel welcomed are there images of me in the waiting room do I feel as though I can be myself in this space I, I think, very much of trauma informed spaces and trauma informed.

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00:18:41.970 --> 00:18:51.450

Brooke Briggance (she/her): sort of environments as being welcoming, what are the things I have to do as someone in a system to ensure that every time someone walks in my door.

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00:18:51.720 --> 00:18:57.810

Brooke Briggance (she/her): They feel as though this is a safe space we'll talk a little bit more about safety, in particular, and a little bit.

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00:18:58.410 --> 00:19:08.850

Brooke Briggance (she/her): But we know that safety is key in in capitalizing on that neuro plasticity or the brain's ability to hear, because we know there's a direct relationship.

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00:19:09.060 --> 00:19:21.180

Brooke Briggance (she/her): Between safe relationships and safe environments and healing from trauma, but I want to be very clear that trauma informed practice does not supplant trauma informed treatment.

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00:19:22.890 --> 00:19:31.710

Brooke Briggance (she/her): So you know we absolutely know that what we do matters in, and I know that sounds maybe like a kind of a silly thing to say.

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00:19:32.430 --> 00:19:37.560

Brooke Briggance (she/her): But we know that what we do matters, and that means that our decisions from workforce.

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00:19:38.460 --> 00:19:53.070

Brooke Briggance (she/her): It public health in education, etc, absolutely matter, and that also includes our interpersonal communication right and so that's really important to think about when we talk about.

101

00:19:53.550 --> 00:20:00.240

Brooke Briggance (she/her): You know any of these things, I am sure, some of you are going to actually be thinking about your personal life.

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00:20:00.840 --> 00:20:12.510

Brooke Briggance (she/her): I know that that comes up for lots of folks we kind of come here with a professional hat on and we end up thinking about our friend or community or maybe even a family member and so.

103

00:20:12.750 --> 00:20:19.440

Brooke Briggance (she/her): One of the things that we always talk about even when I train and mental health first aid or if I treat you know training grief.

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00:20:19.740 --> 00:20:29.460

Brooke Briggance (she/her): One of the things that we talked about is is we have impact, and we know that we have impact through our neurology and so we'll talk about mirror neurons in a little bit.

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00:20:29.820 --> 00:20:41.640

Brooke Briggance (she/her): And systems have a role in allowing for the time and space for interpersonal communication and healing so one of the things we do is we've got to really think about.

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00:20:42.600 --> 00:20:58.440

Brooke Briggance (she/her): Reopening right and we've got to think about this collective trauma that we've been going through what are what are some very serious considerations and changes, we might need in order to make sure that our systems are welcoming and healing.

107

00:21:00.480 --> 00:21:11.850

Brooke Briggance (she/her): Oh Jacqueline yes, a virtual learning yeah we'll talk a little bit about that maybe when we get to neurobiology but you might also want to think about.

108

00:21:12.240 --> 00:21:26.670

Brooke Briggance (she/her): Joining workshop number two where we're going to do that conversation about toxic stress management, because that's much more on the individual level and that may definitely be helpful when we're thinking of how to support children.

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00:21:27.360 --> 00:21:37.860

Brooke Briggance (she/her): I have, I have three sons, one of whom is a senior in high school right now, and so I I can relate like there's been a lot going on right where.

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00:21:38.550 --> 00:21:56.160

Brooke Briggance (she/her): we're watching the young people in our homes, be very deeply impacted by this experience in some ways positively, perhaps in other ways, challenging and so how, how do we as parents interrelate that may be a helpful workshop for you, at some point.

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00:21:57.810 --> 00:22:03.270

Brooke Briggance (she/her): So so angie it no it's not really rooted in child development per se.

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00:22:03.960 --> 00:22:13.620

Brooke Briggance (she/her): When we teach about when I teach about mental health first aid for young people, which is for adults supporting youth, we talk a lot more about childhood development.

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00:22:13.950 --> 00:22:23.730

Brooke Briggance (she/her): And what I can say is that there are slightly different responses, of course, based in developmental stage right, so if you've got a background in childhood development.

114

00:22:23.910 --> 00:22:34.200

Brooke Briggance (she/her): you're probably going to be thinking about that or if you work with young people trauma informed practice might look slightly different for someone who's like 10 or 11 years old versus someone who's 40.

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00:22:34.830 --> 00:22:41.640

Brooke Briggance (she/her): So, because they may, for instance, define safety differently or what inclusion and empowerment look like so.

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00:22:42.000 --> 00:22:49.260

Brooke Briggance (she/her): This isn't specifically rooted in child development, but you could merge those two concepts together and definitely.

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00:22:49.710 --> 00:22:59.250

Brooke Briggance (she/her): We can sort of think about like How would this apply to kids if you if you see something on the slides that are coming where you're like How would that apply to a kid let me know okay.

118

00:23:01.080 --> 00:23:11.370

Brooke Briggance (she/her): So this is a common definition of trauma it's the one that we use in T is training and you know i'm just kind of curious in the Q amp a.

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00:23:12.270 --> 00:23:24.690

Brooke Briggance (she/her): What are some words that corn kind of stand out to you about this definition anything kind of jump out and say like wow I think that's kind of important or maybe something I hadn't considered before.

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00:23:30.390 --> 00:23:43.320

Brooke Briggance (she/her): Lasting yeah Jackie absolutely, so this is one of those situations where we know that people are experiencing the lasting adverse effects over time.

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00:23:43.710 --> 00:23:57.060

Brooke Briggance (she/her): And again that's part of the reason why we're concerned about this with health outcomes things like

hypertension and heart disease right like that's a lasting adverse effect correct absolutely.

122

00:23:58.170 --> 00:24:04.920

Brooke Briggance (she/her): yeah so marissa that it's experienced by the individual everyone's experience of trauma is unique.

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00:24:05.760 --> 00:24:15.630

Brooke Briggance (she/her): So some brains are going to be, you know traumatized in certain situations and other brains walk away from that and and it didn't have as much impact.

124

00:24:16.290 --> 00:24:28.830

Brooke Briggance (she/her): We know for certain that childhood adversity and trauma in childhood is definitely very impactful because that brain is still developing so that's something that we really want to consider.

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00:24:29.490 --> 00:24:36.000

Brooke Briggance (she/her): yeah Michelle physically emotionally, sometimes we forget that trauma is a holistic experience we sometimes think.

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00:24:36.240 --> 00:24:54.630

Brooke Briggance (she/her): it's physical right like it Oh, that was a physical trauma, but this is mental it's emotional, I would even add in spiritual for many people right so it's really important that we consider that and and have respect for the variety of impact that an individual could feel uniquely.

127

00:24:56.550 --> 00:25:06.660

Brooke Briggance (she/her): yeah and political trauma Valerie absolutely and you know you're going to hear a little bit more about that, when we get to historical trauma.

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00:25:07.560 --> 00:25:18.150

Brooke Briggance (she/her): That yeah I mean political trauma intergenerational trauma historical trauma, one of the things I like about this definition is sometimes don't we just think of trauma is like an event.

129

00:25:18.600 --> 00:25:22.530

Brooke Briggance (she/her): Like one thing that happened, and then, like everybody kind of moved on.

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00:25:23.460 --> 00:25:32.610

Brooke Briggance (she/her): You know that's not the experience for many people sometimes what they're experiencing is a set of circumstances that are traumatic.

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00:25:32.910 --> 00:25:40.530

Brooke Briggance (she/her): And so, for example, again that's why things like white supremacy and institutional racism are so damaging.

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00:25:41.190 --> 00:25:49.050

Brooke Briggance (she/her): that's why, if i'm maybe non binary identifying or trans identifying or identify LGBT Q plus and I.

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00:25:49.260 --> 00:26:01.950

Brooke Briggance (she/her): walk into a clinic and I feel unwelcome and like maybe i'm not going to get the health care, I need that's causing a very different stress response than someone like me who's white from Michigan.

134

00:26:02.220 --> 00:26:15.810

Brooke Briggance (she/her): Female SIS gender I walk into a clinic thinking someone's going to help me right, so that stress response is really important for us to to think about and it's a set of circumstances it's systemic.

135

00:26:16.200 --> 00:26:32.070

Brooke Briggance (she/her): And so that if I also happen to have an individual experience of trauma that set of circumstances exacerbates my brain stress response, it makes it harder makes it harder for me to find safe space and safe relationship to heal.

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00:26:33.870 --> 00:26:40.200

Brooke Briggance (she/her): And thank you Jennifer like I agree the brain is completely overwhelmed.

137

00:26:40.620 --> 00:26:54.150

Brooke Briggance (she/her): Right like it's completely overwhelmed in the literally overwhelmed with its response its chemical response and so it's really important for us to understand that the other thing is



that oftentimes don't we stigmatize the reaction.

138

00:26:54.540 --> 00:27:04.410

Brooke Briggance (she/her): Right so someone gets overwhelmed with these stress chemicals they're having this experience of being completely you know sort of knocked offline.

139

00:27:05.250 --> 00:27:12.510

Brooke Briggance (she/her): And, and you know, then we stigmatize the behavior that comes afterwards on top of that right, so we know.

140

00:27:13.320 --> 00:27:22.950

Brooke Briggance (she/her): that the experience of trauma is twofold one is the experience itself, and then the second piece is connected to that sense of vulnerability.

141

00:27:23.580 --> 00:27:30.360

Brooke Briggance (she/her): Did I have autonomy in the situation or not, could I do something about it or was I overwhelmed by the situation.

142

00:27:30.600 --> 00:27:43.650

Brooke Briggance (she/her): And so we know that a sense of helplessness and the experience of trauma actually deepens the neural pathway in the brain of that event So you see my little picture there that's another reason why childhood adversity is so.

143

00:27:44.100 --> 00:27:47.400

Brooke Briggance (she/her): difficult for the brain to manage because, on top of.

144

00:27:48.240 --> 00:27:57.450

Brooke Briggance (she/her): Having an experience of trauma the also little ones, what can they do about it right like it's automatically connected to that sense of overwhelm.

145

00:27:57.660 --> 00:28:09.780

Brooke Briggance (she/her): That sense of helplessness because they're tiny they're little they can't change what's going on in the home, and so we know that that has a much deeper groove and the neural pathways The other thing is that.

146

00:28:10.830 --> 00:28:15.150

Brooke Briggance (she/her): You know the other sort of secret piece of this particularly again in childhood.

147

00:28:15.450 --> 00:28:25.770

Brooke Briggance (she/her): Is that very often if i'm a little one and i'm on the receiving end of a bunch of stuff that's going on in the adult world there's no one there to co regulate.

148

00:28:26.190 --> 00:28:33.450

Brooke Briggance (she/her): Right, so one of the things that happens in the brain and you know we've got lots and lots of studies, for example, that have put.

149

00:28:34.200 --> 00:28:48.840

Brooke Briggance (she/her): mothers and babies in MRI scans together and we see that they fire in the same spot and what's happening is when that baby is picked up and is experiencing stress we teach it, how to self sooth so.

150

00:28:50.280 --> 00:29:00.720

Brooke Briggance (she/her): that's okay that's okay that's teaching that little brain how to regulate itself how to get itself out of the stress response, but this little one here in the picture.

151

00:29:01.020 --> 00:29:16.770

Brooke Briggance (she/her): there's no one there to help co regulate right there's no one there to pick up and teach how to sue them so that's part of some of the maladaptive behaviors we see is that little one then trying to figure out how to do that for themselves.

152

00:29:17.340 --> 00:29:33.240

Brooke Briggance (she/her): oftentimes you know translating into some of those lasting adverse effects right impacts on relationship, maybe impact on the ability to bond impact on the ability to trust, maybe I used to hide in the closet right and so now.

153

00:29:33.750 --> 00:29:50.490

Brooke Briggance (she/her): When when there's a situation and it feels like a conflict, maybe i'm conflict averse and so there's a lot of connection here between that sense of overwhelm the lack of co regulation, while the traumas being experienced as well as that sense

of helplessness.

154

00:29:51.810 --> 00:30:00.240

Brooke Briggance (she/her): yeah and I, you know absolutely Camille like everybody's resilience is different right people's capacity.

155

00:30:00.870 --> 00:30:15.840

Brooke Briggance (she/her): To move on, as is part of a lot of different factors, we do know that having connection to people and spaces that feel safe can help heal the brain, even in childhood.

156

00:30:16.140 --> 00:30:27.030

Brooke Briggance (she/her): And so that's part of the reason we are so interested in systems because, even if there's a situation at home, maybe where there's a sense of safety.

157

00:30:27.780 --> 00:30:45.210

Brooke Briggance (she/her): We could create, for instance, a safe classroom a safe school right and so systems have this very important role to play in actually trying to intervene and help the brain heal if even if it's had an experience of trauma in the past.

158

00:30:46.950 --> 00:30:56.490

Brooke Briggance (she/her): We know that this is widespread and we knew this before coven the adverse childhood Community or adverse childhood experience scales.

159

00:30:56.970 --> 00:31:03.180

Brooke Briggance (she/her): You know those have been start you know there's been research done, and you know, for instance, where I live in California.

160

00:31:03.690 --> 00:31:14.490

Brooke Briggance (she/her): Some of the studies that were done said it was 65% or more of all adult Californians had one or more adverse childhood experience, so we know that.

161

00:31:14.910 --> 00:31:22.110

Brooke Briggance (she/her): These experiences are fairly ubiquitous and we also know that they impact certain people more than others.

162

00:31:22.560 --> 00:31:30.330

Brooke Briggance (she/her): That can come in a variety of forms that can come from individual trauma so that experience of something in the home, but it also.

163

00:31:30.540 --> 00:31:40.230

Brooke Briggance (she/her): Maybe those sets of circumstances so again, if I am part of a marginalized Community maybe i'm experiencing trauma in different places than other folks are.

164

00:31:40.590 --> 00:31:46.020

Brooke Briggance (she/her): The other thing is, we know certain occupations are going to expose us to higher and you know.

165

00:31:46.260 --> 00:31:58.350

Brooke Briggance (she/her): Rates of things like vicarious trauma and secondary trauma so that's absolutely something we need to consider as well, or like there are certain professions where we know that we are going to experience.

166

00:31:58.830 --> 00:32:10.980

Brooke Briggance (she/her): Those secondary traumas those vicarious trauma decisions and we've got to have some systems in place where how we take care of ourselves internally is also trauma informed.

167

00:32:11.310 --> 00:32:17.910

Brooke Briggance (she/her): Sometimes we think about trauma informed practices in organization and we're only thinking about our outward facing.

168

00:32:18.240 --> 00:32:24.120

Brooke Briggance (she/her): Activities right, and then we wonder why we have such high turnover and burnout in our own staff.

169

00:32:24.450 --> 00:32:35.670

Brooke Briggance (she/her): it's because a lot of times organizations are like we need trauma informed practice and they're only talking about their students or their clients or their patients and they forgot about all of us doing the work.

170

00:32:36.030 --> 00:32:45.390

Brooke Briggance (she/her): And so what we also need to do is to

really imagine what are the, what are the vicarious trauma patients that are workforce are experiencing.

171

00:32:45.600 --> 00:32:53.970

Brooke Briggance (she/her): That may inhibit their ability to be trauma informed with their patients their clients their students, whoever it is they're serving.

172

00:32:54.480 --> 00:33:06.270

Brooke Briggance (she/her): So if you are a decision maker, and you are in this webinar if you oversee people you manage people, and this is really important for you to consider because you're going to want to be thinking.

173

00:33:06.570 --> 00:33:17.850

Brooke Briggance (she/her): about some of these systems guidelines that we're going to go over, not just in your outward facing work, but also in the work that you do supporting the people in your own workforce.

174

00:33:19.230 --> 00:33:28.500

Brooke Briggance (she/her): These are some terminologies that I like to just put up there because i'm throwing stuff out there, and some of us may know this stuff like the back of our hand and others may not.

175

00:33:28.740 --> 00:33:39.360

Brooke Briggance (she/her): So I always like to make sure that we've got some common term terminology you've heard me speak of adverse childhood experiences, and you know that work is really.

176

00:33:39.810 --> 00:33:46.890

Brooke Briggance (she/her): very prevalent, for instance, again in the state of California, certainly in other states as well you know.

177

00:33:47.670 --> 00:34:01.470

Brooke Briggance (she/her): For, for instance in California our surgeon general our very first surgeon general in the state of California, Dr Nadine Burke Harris, and she has set a goal for the state of California, of reducing childhood experiences.

178

00:34:02.130 --> 00:34:18.990

Brooke Briggance (she/her): By 50% by the year 2050 and that's going

to take a holistic approach that includes things like universal screening for aces it includes trauma informed practice in schools it's going to be talking about things like parenting classes and.

179

00:34:19.440 --> 00:34:32.280

Brooke Briggance (she/her): prenatal interventions and all sorts of things, but you're seeing more and more often, where the conversation about childhood adversity is setting these goals and these metrics of reduction.

180

00:34:32.820 --> 00:34:39.300

Brooke Briggance (she/her): Because we do know that there are such strong connectors to other health outcomes and so.

181

00:34:39.750 --> 00:34:51.240

Brooke Briggance (she/her): That was really the impetus for the interest of Dr Burke Harris was thinking about why are the children in my clinic responding to some of my treatments and other kids aren't.

182

00:34:51.750 --> 00:34:55.920

Brooke Briggance (she/her): For instance, if i'm treating their asthma and so it's one of the things we've got to consider.

183

00:34:56.670 --> 00:35:04.950

Brooke Briggance (she/her): We know that I, you know I mentioned vicarious trauma and things like that toxic stress is another thing that we're talking a lot about right now.

184

00:35:05.550 --> 00:35:17.370

Brooke Briggance (she/her): Just because of of life and what's happening to all of us and you know, one of the things that we know about toxic stress is that we're getting exposed to an awful lot of cortisol.

185

00:35:17.880 --> 00:35:23.970

Brooke Briggance (she/her): cortisol is a great chemical but overexposure to it is not a great thing for our body over the long term, so.

186

00:35:24.570 --> 00:35:36.240

Brooke Briggance (she/her): We definitely want to be thinking when we talk about toxic stress management of how can I, reduce the amount of

cortisol that's in my body that's kind of the premise for when I talk about managing toxic stress.

187

00:35:37.740 --> 00:35:46.500

Brooke Briggance (she/her): I always find this little diagram kind of helpful and thinking about the multiplicity of experiences that people have we know.

188

00:35:47.070 --> 00:35:56.580

Brooke Briggance (she/her): Obviously, there was all of this activity and research going on about aces and adverse childhood experiences and there were a bunch of people raising their hands saying hey.

189

00:35:56.910 --> 00:36:06.660

Brooke Briggance (she/her): Like that's not the whole story there's a bunch of us out here, dealing with other types of toxic stress and trauma that we don't see represented in the a scores.

190

00:36:06.960 --> 00:36:13.830

Brooke Briggance (she/her): And so now you're seeing more research in adverse Community experiences adverse Community environments.

191

00:36:14.190 --> 00:36:22.650

Brooke Briggance (she/her): what's in this diagram is by no means an exhaustive list, so I don't see lots of things represented in the communities that I serve.

192

00:36:22.980 --> 00:36:32.970

Brooke Briggance (she/her): And so, one of the things we want to do is to continue the research and have more and more conversation where we can look at the neurobiological impact.

193

00:36:33.240 --> 00:36:40.740

Brooke Briggance (she/her): Of these, adverse Community environments adverse Community experiences, and so I you know things about like how.

194

00:36:41.070 --> 00:36:55.920

Brooke Briggance (she/her): We know how poor housing, for instance, can affect things like asthma right we've got lots of good data for that what we're now doing is we're calling for data to say, well, how does that same situation of poor housing actually changed my brain.

195

00:36:56.460 --> 00:37:03.060

Brooke Briggance (she/her): Particularly again if i'm young and experiencing Maybe other things going on in my environment as well.

196

00:37:04.860 --> 00:37:10.950

Brooke Briggance (she/her): Yes, Valerie absolutely there are there are so many things that I would add here.

197

00:37:11.340 --> 00:37:22.500

Brooke Briggance (she/her): there's lots of stuff that I would add here for sure i'm sure you guys throw some in chat because, like there's a lot going on in the world that I think we could we could add to.

198

00:37:23.070 --> 00:37:31.170

Brooke Briggance (she/her): Adverse Community environments and again this is this is just the an emerging conversation i'm grateful for its emergence.

199

00:37:31.920 --> 00:37:45.030

Brooke Briggance (she/her): But yeah absolutely gender discrimination right like totally a huge issue, we know, for instance, that the suicide rates for Trans and non binary identifying folks are very, very high.

200

00:37:45.600 --> 00:37:52.770

Brooke Briggance (she/her): The CDC and the census just partnered together last year in 2020 and did added some questions to the census and.

201

00:37:53.010 --> 00:38:02.490

Brooke Briggance (she/her): We got a lot of information about people's thoughts of suicide, one of the ones that stuck out to me, is it was was 75%.

202

00:38:02.790 --> 00:38:11.280

Brooke Briggance (she/her): of black trans identifying young people between 18 and 25 had seriously considered suicide in the last four weeks.

203



00:38:11.790 --> 00:38:22.890

Brooke Briggance (she/her): Right like that's an unbelievable number and it speaks to the fact that we don't have enough data about adverse Community environments for that population.

204

00:38:23.250 --> 00:38:34.140

Brooke Briggance (she/her): right we don't have enough data about how schools as a system are exacerbating that problem and so absolutely there's tons and tons of stuff here, I really appreciate you guys.

205

00:38:34.380 --> 00:38:47.520

Brooke Briggance (she/her): Like coming in here with some of these experiences because yeah I don't see a lot of things represented in the same way that we would want them to to be more inclusive it, this is a start, but we know that we've got more work to do.

206

00:38:49.170 --> 00:38:51.240

Brooke Briggance (she/her): The the way that I think about those.

207

00:38:51.750 --> 00:39:02.460

Brooke Briggance (she/her): Some of those Community or systems trauma is that they're insidious and I almost think of it like at you know the reason I have this picture on here is because I think of it as like drip drip dripping of water.

208

00:39:02.730 --> 00:39:13.440

Brooke Briggance (she/her): Right like it's just constant it's there all the time, if I can't you know go outside of my home and feel safe at the park if I can't go to my school.

209

00:39:13.680 --> 00:39:20.880

Brooke Briggance (she/her): and feel like i'm not going to get jumped if I can't go to the clinic and feel as though someone's going to really listen to me and to my concern.

210

00:39:21.090 --> 00:39:33.810

Brooke Briggance (she/her): it's just drip drip drip drip and that stress response is just firing really consistently, and we know that that has such a tremendous disproportionate effect on our health.

211

00:39:34.410 --> 00:39:44.340

Brooke Briggance (she/her): And that's what we talked about when

we're talking about historical trauma right we're talking about intergenerational trauma that's both environmental and biological.

212

00:39:44.700 --> 00:40:03.480

Brooke Briggance (she/her): We know now that we pass trauma on in our DNA So there you know for certain populations of people who have experienced both individual and or those adverse Community experiences we're passing that on we may pass on behaviors.

213

00:40:04.020 --> 00:40:13.380

Brooke Briggance (she/her): To try to stay safe in these environments and and you know that's intergenerational too, and so one of the things that we've got to start thinking about.

214

00:40:13.740 --> 00:40:22.860

Brooke Briggance (she/her): Is what can systems do to address this right, where do we have work that needs to be done to ensure remember our overarching goal.

215

00:40:23.190 --> 00:40:35.130

Brooke Briggance (she/her): right was to make sure that our systems offer wellness and resilience and safety to all people in the Community, because all people have a right to bring healing.

216

00:40:35.790 --> 00:40:43.350

Brooke Briggance (she/her): And so we've got to be able to talk about historical trauma in systems and that can be a very uncomfortable conversation.

217

00:40:43.680 --> 00:41:01.410

Brooke Briggance (she/her): And that you know again when we want to make it them and not us now, this is our system to this is our organization to how do we need to address this to make sure that every single person who walks through that door has an opportunity to be healed here, as opposed to re traumatized.

218

00:41:02.910 --> 00:41:11.910

Brooke Briggance (she/her): And we know how many people, this is not an exhaustive list by any you know stretch of the imagination there's only so much room on my slide.

219

00:41:12.150 --> 00:41:19.020

Brooke Briggance (she/her): But we get a sense of how systems, in particular, really traumatized certain folks more than others.

220

00:41:19.320 --> 00:41:33.660

Brooke Briggance (she/her): And I you know I like again i'm a white lady says gender I grew up in Michigan I even drive a subaru that's how white I am and I, you know the reality is I walk around with a lot less stress than a lot of other people.

221

00:41:34.470 --> 00:41:45.840

Brooke Briggance (she/her): And, and that comes from my privilege that comes from the assumption that I can call 911 and be safe, it calls with the assumption that I can have my sit, you know son in school.

222

00:41:46.110 --> 00:41:53.880

Brooke Briggance (she/her): And that's going to be fine and he'll be respected by the teachers, and so one of the things that we have to address is also.

223

00:41:54.330 --> 00:42:00.120

Brooke Briggance (she/her): What are the ways in which our organization may not be treating people with equity.

224

00:42:00.390 --> 00:42:08.070

Brooke Briggance (she/her): And that can be a very, very difficult conversation nobody ever said being trauma informed or having trauma informed practice was going to be easy.

225

00:42:08.340 --> 00:42:21.330

Brooke Briggance (she/her): This is going to lead to some difficult conversations within the organization and you'll see a lot of conversations right now in organizations about diversity equity and inclusion D I efforts right.

226

00:42:21.900 --> 00:42:35.820

Brooke Briggance (she/her): For me, they have to have a trauma informed approach they D efforts that aren't addressing the systemic trauma they're you know they're not fully acknowledging the impact of that.

227

00:42:36.270 --> 00:42:40.830

Brooke Briggance (she/her): You know, set of circumstances on different people within the organization.

228

00:42:41.130 --> 00:42:56.400

Brooke Briggance (she/her): And again, a lot of organizations are going to look at diversity equity inclusion practice as an outward facing you know sort of event, but what are we doing internally as well, to make sure that we've got people.

229

00:42:57.180 --> 00:43:07.530

Brooke Briggance (she/her): Who are feeling welcome and okay within the organization itself and that's absolutely so important for us to consider right.

230

00:43:09.150 --> 00:43:20.790

Brooke Briggance (she/her): And we know i've mentioned this, so I won't spend much time here, but because we know that trauma is you know absolutely connected to the six leading causes of death.

231

00:43:21.060 --> 00:43:24.990

Brooke Briggance (she/her): Does it really surprises that we have other types of health disparities.

232

00:43:25.410 --> 00:43:34.620

Brooke Briggance (she/her): Right like gee I wonder why we have high rates of hypertension, in a certain Community or high rates of diabetes now it's not the only social determinants.

233

00:43:34.860 --> 00:43:45.600

Brooke Briggance (she/her): It can be access to healthy food, it could be, you know education levels there's lots of other stuff going on, too, but trauma absolutely is contributing to those health disparities.

234

00:43:45.840 --> 00:43:54.060

Brooke Briggance (she/her): And so you know if our organization is health connected at all, we absolutely have to consider trauma as one of the things we need to address.

235

00:43:55.590 --> 00:44:03.090

Brooke Briggance (she/her): This definition of toxic stress and sort of thinking about this, I like this little this little you know visual

even though it's kind of silly.

236

00:44:03.810 --> 00:44:14.970

Brooke Briggance (she/her): The the stress chemicals that we're talking about i'm sort of demonizing them, but we need them, and you know cortisol, for instance cortisol is a good thing, not only does it help protect me from a tiger bear.

237

00:44:15.690 --> 00:44:23.730

Brooke Briggance (she/her): But it gets me up in the morning, like it's The thing that when it here's the alarm like it says hey brooke get up you know, and I say Okay, and I go get my coffee.

238

00:44:24.000 --> 00:44:29.370

Brooke Briggance (she/her): So it's a really good thing we need it and it actually helps us if we have a balance.

239

00:44:29.610 --> 00:44:41.670

Brooke Briggance (she/her): Of the amount of stress chemicals we have, through our day it helps us sort of be at really peak performance i'm answering emails I got this my hair's cute like life is good i'm doing it right.

240

00:44:42.000 --> 00:44:49.020

Brooke Briggance (she/her): Well, that like if I get too much of that stress chemical what starts to happen is I actually become dis regulated.

241

00:44:49.380 --> 00:45:01.890

Brooke Briggance (she/her): And so we see, for instance lots of interruptions and things like concentration focus right so let's bring this to a school setting why might we want to have a trauma informed practice and school.

242

00:45:02.190 --> 00:45:09.750

Brooke Briggance (she/her): Well, because if I if i'm you know exposing that young person to too much cortisol How are they going to do on their algebra test.

243

00:45:10.200 --> 00:45:17.850

Brooke Briggance (she/her): Right, and so one of the things we have to consider is some of these chemicals are good and beneficial to the

body when they're in balance.

244

00:45:18.060 --> 00:45:28.230

Brooke Briggance (she/her): We get too much of it and we start to see issues, not just behavioral but also just in terms of our overall performance and so that's one of the things we need to consider as well.

245

00:45:29.490 --> 00:45:36.570

Brooke Briggance (she/her): anybody here like a half days during code, where you feel like on top of it and other days, where it feels like you're in a fog.

246

00:45:36.990 --> 00:45:45.600

Brooke Briggance (she/her): you're right or you're just like oh my gosh I can't like I where's this or I was started that or I walked into the room and I now I don't know.

247

00:45:45.990 --> 00:45:52.230

Brooke Briggance (she/her): A lot of that is if you're managing too much cortisol your corner you're kind of in that state of dysregulation.

248

00:45:52.860 --> 00:45:56.400

Brooke Briggance (she/her): Something to consider and to show ourselves some self compassion.

249

00:45:56.670 --> 00:46:07.650

Brooke Briggance (she/her): On the days when we may be really struggling with toxic stress, we feel a little like we're out of it right and like what the heck is the matter with me and we judge ourselves and we're self critical.

250

00:46:08.100 --> 00:46:19.500

Brooke Briggance (she/her): A lot of that is because we're managing too much stress and that's just the brains reaction to that cortisol so let's be nice to ourselves when we're having those those days, where we're feeling a little out of it.

251

00:46:21.000 --> 00:46:34.230

Brooke Briggance (she/her): This is such an important slide because one of the things that we know is that there are reactions to trauma

there's reactions to this toxic stress, we often think of fight flight and freeze, I want to add funding on here.

252

00:46:35.100 --> 00:46:39.540

Brooke Briggance (she/her): You know, at which people often think of like appeasement or people pleasing.

253

00:46:40.380 --> 00:46:57.270

Brooke Briggance (she/her): You know it's really important this is just a reaction of the brain right, this is just the brain doing brain stuff and yet we still very much stigmatize these reactions so maybe someone has a fight response and we say oh they're violent.

254

00:46:57.750 --> 00:47:04.290

Brooke Briggance (she/her): You know, someone has a freeze response and we're like if you really didn't like it, you would have fought back.

255

00:47:05.040 --> 00:47:18.660

Brooke Briggance (she/her): Someone has a funding response and we're like Oh, you know that's a that's just a codependent relationship right finding is if I do this for this person do I get to be safe right now.

256

00:47:19.560 --> 00:47:33.390

Brooke Briggance (she/her): it's a form of sort of like appeasement or people pleasing it's really intended if the bear is coming toward me, maybe if I throw in my backpack with the snacks in it, I can run away and be safe right so it's sort of like hey here you go.

257

00:47:34.140 --> 00:47:48.180

Brooke Briggance (she/her): But in our personal relationships that can be really tricky right and a lot of us inherit skills of finding people pleasing so that we can be safe and that can take a real toll on our spiritual trauma.

258

00:47:48.840 --> 00:47:55.830

Brooke Briggance (she/her): Because we've inherited all these different people pleasing activities and that can be really complicated for us to disengage from.

259

00:47:56.040 --> 00:48:07.890

Brooke Briggance (she/her): So I just want to add that one in there, we tend to think mostly about fight and flight, but there are other reactions, the brain has as well and and we just need to normalize these remember.

260

00:48:08.850 --> 00:48:17.250

Brooke Briggance (she/her): We talked about how we're going to normalize some of these experiences normalizing the brains reaction is really important.

261

00:48:17.580 --> 00:48:27.690

Brooke Briggance (she/her): The other thing is like we don't have a choice your brain takes it you don't have a choice of what what's going to happen and I, you know that's a really important thing to remember.

262

00:48:28.470 --> 00:48:44.400

Brooke Briggance (she/her): brains brains aren't sitting there contemplating like I wonder what I should do and the body reacts and it's really important for us to understand how that brain is reacting, so that we can have more compassion for what the response was.

263

00:48:45.420 --> 00:48:52.260

Brooke Briggance (she/her): And angie there's a lot of things I would recommend for folks with the fun in response and I definitely.

264

00:48:52.650 --> 00:49:02.580

Brooke Briggance (she/her): I cover that a little bit more again when we get to that deeper dive on toxic stress management and it's finding is a complicated one it's it's been socialized.

265

00:49:03.090 --> 00:49:14.100

Brooke Briggance (she/her): lots of people experience it and it we sort of tend to say Oh well, that's just like being a nice person or that's what you're supposed to do and for some of us that gets complicated so.

266

00:49:14.670 --> 00:49:20.130

Brooke Briggance (she/her): We talk about those four responses much more when we're talking about toxic stress management.

267

00:49:20.430 --> 00:49:29.220



Brooke Briggance (she/her): And just so we can do a deeper dive because people really do want to understand for themselves and the people they serve or even just the people they support.

268

00:49:29.520 --> 00:49:39.780

Brooke Briggance (she/her): What are these four things and how are they interacting in an organization, so I would say again, like come back to workshop to and and I got you.

269

00:49:41.430 --> 00:49:50.490

Brooke Briggance (she/her): So this is like neuro bio one on one, and if you already know this stuff like you know I just hang in there with me a second.

270

00:49:51.270 --> 00:49:57.720

Brooke Briggance (she/her): But one of the things that we definitely want to think about is what's actually happening in the brain.

271

00:49:58.050 --> 00:50:07.830

Brooke Briggance (she/her): And so, for instance, this part of the brain is the prefrontal cortex This is where rational decision making is executive function.

272

00:50:08.460 --> 00:50:16.380

Brooke Briggance (she/her): This is where you know i'm in a history class or i'm finishing something complex i'm learning something new, this is where languages.

273

00:50:16.680 --> 00:50:27.690

Brooke Briggance (she/her): And this is a really you know, a vital part of the brain that makes us human it's how we are inter connecting it's how we have a disagreement it's how we're conceptualizing things.

274

00:50:28.530 --> 00:50:41.340

Brooke Briggance (she/her): And this part of the brain is the limbic system and it's really driven by the amygdala and it's super important for our survival, this is all about emotion and survival.

275

00:50:41.700 --> 00:50:50.490

Brooke Briggance (she/her): And this, you know these two parts of the brain usually are imbalance and it's not that big of a deal right like we function through the day.

276

00:50:51.090 --> 00:51:03.000

Brooke Briggance (she/her): That amygdala is taking in information, all of the information around me right i'm hearing things i'm seeing things i'm smelling things and it basically is trying to assess for threat.

277

00:51:03.420 --> 00:51:09.780

Brooke Briggance (she/her): Like Am I safe, am I safe, am I safe, am I, safe and the second thing amygdala says nope unsafe.

278

00:51:10.320 --> 00:51:18.120

Brooke Briggance (she/her): It releases a bunch of stress chemicals right and it gets us ready to have one of those four responses that are intended to keep us safe.

279

00:51:18.390 --> 00:51:29.820

Brooke Briggance (she/her): So, you know that emotional survival part of the brain is critical for our survival, the issue is it's supposed to resolve itself fairly quickly.

280

00:51:30.090 --> 00:51:44.790

Brooke Briggance (she/her): And we're supposed to get in balance again pretty quickly and it gets sensitized so what happens is if i'm constantly inundated with things that feel like a threat that stress response keeps triggering.

281

00:51:45.240 --> 00:51:52.410

Brooke Briggance (she/her): right and it gets more and more sensitive, so now it needs less stimuli to react so Is anybody like seeing.

282

00:51:52.950 --> 00:52:01.410

Brooke Briggance (she/her): The news, or like YouTube or whatever and it's like people are popping off and target or walmart or whatever like people are just going off.

283

00:52:01.800 --> 00:52:13.200

Brooke Briggance (she/her): Like that's what's been happening is, as we have been dealing with higher levels of cortisol and stress people you know oftentimes say people will say Oh, they got triggered right.

284

00:52:13.680 --> 00:52:17.850

Brooke Briggance (she/her): In the field we're working really hard to kind of move away from that word.

285

00:52:18.600 --> 00:52:31.080

Brooke Briggance (she/her): Some folks who have experienced gun violence have said that word in and of itself can be really harmful and hurtful so in trauma informed practice we're not saying triggered as much what we're saying is activated.

286

00:52:32.040 --> 00:52:42.420

Brooke Briggance (she/her): But the reality is that that's how we think of it right like someone went from zero to 60 and it takes less than less, for them to get there, and so, sometimes what I think about.

287

00:52:42.990 --> 00:52:53.070

Brooke Briggance (she/her): is like maybe you know pre coven or maybe pre trauma I would have started off at zero and I, you know it would take me a while to get to 30.

288

00:52:53.310 --> 00:53:03.180

Brooke Briggance (she/her): Now a bunch of people are starting at 30, and so it doesn't take a much longer to get to 60, and so one of the things that we're seeing for sure is people.

289

00:53:03.810 --> 00:53:07.800

Brooke Briggance (she/her): Having some fragility around their stress response they're just more vulnerable to it.

290

00:53:08.160 --> 00:53:19.410

Brooke Briggance (she/her): And it is anybody a little more irritable pop it off a little bit more than before anybody experiencing that in your environment, maybe in your work environment or even with people you know.

291

00:53:19.620 --> 00:53:28.260

Brooke Briggance (she/her): there's just that stress responses firing more often and it's activating it's it's harder and harder to get back to zero back to your baseline.

292

00:53:29.880 --> 00:53:39.810

Brooke Briggance (she/her): You know, when that happens, then that's what we think about when we think about emotional dysregulation and that's what can lead to some of these behaviors I saw earlier.

293

00:53:40.380 --> 00:53:45.690

Brooke Briggance (she/her): In Q amp a like you know what about some of those you know maladaptive behaviors and some of those.

294

00:53:45.960 --> 00:53:58.020

Brooke Briggance (she/her): dis regulated behaviors that's where some of this stuff comes comes from right is that stress responses firing firing firing and we might start grabbing for stuff to either feel better.

295

00:53:58.680 --> 00:54:07.890

Brooke Briggance (she/her): To try to like you know mitigate that to hide from it and avoid the things that are activating that and we're developing some some behaviors.

296

00:54:08.370 --> 00:54:21.360

Brooke Briggance (she/her): Subsequent to that and so absolutely really critical that we have respect for what's going on in the brain that we acknowledge what's going on in the brain and that we've got a way to talk about it.

297

00:54:21.750 --> 00:54:27.990

Brooke Briggance (she/her): And so the metaphor, that we use in this curriculum is a writer and a horse right.

298

00:54:28.710 --> 00:54:36.180

Brooke Briggance (she/her): Where sometimes when we are working with someone, and you know they clearly have been activated in their stress response.

299

00:54:36.420 --> 00:54:45.810

Brooke Briggance (she/her): we're still trying to like argue with them rationally right we're sitting there saying Oh, but I told you, and no, no, no, that was misinformation, but your chart is right here.

300

00:54:46.140 --> 00:54:55.650

Brooke Briggance (she/her): This part of the brain is the writer this

part is the horse when these things are working in tandem everything's fine right everything's great.

301

00:54:56.040 --> 00:55:03.420

Brooke Briggance (she/her): Literally what happens in the stress response is the brain takes resources from this part and it sticks them here.

302

00:55:03.900 --> 00:55:14.940

Brooke Briggance (she/her): Right you're not talking to the writer anymore, the writer is way back there rider got knocked off that horse and so when we argue with somebody who's been activated when we're arguing with a student.

303

00:55:15.270 --> 00:55:23.700

Brooke Briggance (she/her): who may have felt disrespected in our classroom we're trying to rationalize we're talking to the writer, but the writer is way back there.

304

00:55:24.450 --> 00:55:36.090

Brooke Briggance (she/her): Right, nothing is going to change in this situation, we can't have the same type of dialogue, until we get that rider back on the horse and that's going to be all of our skills of de escalation.

305

00:55:36.390 --> 00:55:47.580

Brooke Briggance (she/her): Right, so what is the environment that we can create, how do we co regulate someone back right so, because otherwise all i'm talking to is a horse and the horse is only cares about survival.

306

00:55:48.300 --> 00:56:01.530

Brooke Briggance (she/her): Right like and think of the people that you've seen triggered before right like they there they go and there's no talking to them right like that's because you're talking to a horse and if you've ever seen a horse that's been spooked.

307

00:56:02.610 --> 00:56:08.130

Brooke Briggance (she/her): They don't care they're not listening to commands they're just running back where they're running to the stable.

308

00:56:08.310 --> 00:56:18.810

Brooke Briggance (she/her): And they will knock stuff down, they will knock you down they're going to be running all around like they absolutely are just about motion and emotion.

309

00:56:19.200 --> 00:56:28.800

Brooke Briggance (she/her): And so oftentimes a trick that I use is when i'm in a situation, maybe i'm supporting a young person in one of our programs, and I see this happening.

310

00:56:29.280 --> 00:56:33.420

Brooke Briggance (she/her): i'm talking to the horse and I have to talk to a horse in a whole different way.

311

00:56:33.960 --> 00:56:40.770

Brooke Briggance (she/her): right then i'm going to talk to that writer so i'm going to work really hard in my interpersonal communication.

312

00:56:41.010 --> 00:56:52.620

Brooke Briggance (she/her): To de escalate the situation so that the horse can calm down gives the rider back you know, a chance to get back on board, and then we can talk about that thing that happened back here.

313

00:56:53.370 --> 00:57:02.310

Brooke Briggance (she/her): Right, but sometimes people make the mistake Oh, if I can just talk to this person i'll talk them through it, that doesn't always help What helps is de escalating.

314

00:57:02.760 --> 00:57:17.580

Brooke Briggance (she/her): And the most important thing that we have to consider when we when we think about that is that we have neurological impact on one another, we have mirror neurons and we literally are wired biologically.

315

00:57:18.450 --> 00:57:29.880

Brooke Briggance (she/her): And you know that's so important for us to remember the the metaphor, that I use here is Has anybody had a day, where like you are.

316

00:57:30.810 --> 00:57:39.690

Brooke Briggance (she/her): Like it's the best day ever your music is on the radio your hair looks great you're like I got this like we you know all right today is my day.

317

00:57:40.080 --> 00:57:53.340

Brooke Briggance (she/her): And you get to work, and you see someone in the hallway and they're super negative and their energy is really bad and you walk away feeling differently than you got to work feeling like they're went you're good mood.

318

00:57:54.180 --> 00:58:11.160

Brooke Briggance (she/her): that's this rule right, we are, we have options about how we are going to positively or negatively impact each other's neurobiology and so when we talk about the interpersonal communication skills we need, we talk a lot about de escalation.

319

00:58:11.760 --> 00:58:20.970

Brooke Briggance (she/her): How do I control my own breathing first so that your breathing can slow down, how do I calm myself down so that you can calm down.

320

00:58:21.210 --> 00:58:29.520

Brooke Briggance (she/her): that's what co regulation is, and so one of the things that we have to do is if we're in an environment or in an organization.

321

00:58:29.820 --> 00:58:37.890

Brooke Briggance (she/her): That serves a lot of people who are getting activated, we have to think about what is the training our staff may need.

322

00:58:38.160 --> 00:58:48.180

Brooke Briggance (she/her): In these co regulation and de escalation strategies, because we know we're talking to a bunch of horses, a lot of the time, how do we make sure our staff knows how to do that effectively.

323

00:58:48.480 --> 00:58:53.130

Brooke Briggance (she/her): And so you know just be thinking about other resources and other things.

324

00:58:53.820 --> 00:59:10.830

Brooke Briggance (she/her): We teach I teach a couple different workshops just focused on co regulation and de escalation, how do we do this, so that when someone's activated we can calm the horse down get the rider back on and then address the issue that they are you know, perhaps upset about.

325

00:59:12.180 --> 00:59:15.960

Brooke Briggance (she/her): One of the things that that does is it just this is, I think.

326

00:59:16.440 --> 00:59:28.320

Brooke Briggance (she/her): Probably if I had like any kind of thing to say about it, I think this is one of the most important things about trauma informed practice is instead of saying what's the matter with this person i'm asking what happened.

327

00:59:28.860 --> 00:59:42.210

Brooke Briggance (she/her): And what what's the matter with these people, I am asking what's happened to this Community, and that that simple change in internal dialogue when you're trying to de escalate a situation.

328

00:59:42.660 --> 00:59:52.020

Brooke Briggance (she/her): It brings you to a place of compassion and it changes your perspective it changes stigmatizes the reaction that you're seeing maybe you're seeing a fight reaction.

329

00:59:52.320 --> 01:00:01.890

Brooke Briggance (she/her): And it can be stigmatized that because now i'm walking around that behavior and i'm asking a question of origin, what happened to get us here.

330

01:00:02.430 --> 01:00:11.550

Brooke Briggance (she/her): Right and that to me this question in my mind is one of the most important things that I can do if i'm in a situation where i'm having to co regulate.

331

01:00:12.180 --> 01:00:24.660

Brooke Briggance (she/her): Because I know that reorienting myself around the question what's happened to them is going to change how I interact and move forward so shifting of perspective is very critical.

332



01:00:25.290 --> 01:00:31.890

Brooke Briggance (she/her): In my team room, we have this posted everywhere everywhere, it just says what happened to them what happened to them what happened to them.

333

01:00:32.130 --> 01:00:44.760

Brooke Briggance (she/her): Because we know that if we start from there, we are going to have a more empathetic response and we're going to have a an inherently more trauma informed response by making sure that we started that question.

334

01:00:46.320 --> 01:00:59.790

Brooke Briggance (she/her): Then we think of like okay there's certain principles of safety and stability, and you know empowerment and all of that, like what do we have to think of in order to have our organization be trauma informed or when we want to say.

335

01:01:00.330 --> 01:01:09.660

Brooke Briggance (she/her): We want to have a trauma informed practice, there are certain guiding principles that need to be in place safety and stability is one of them we've already said.

336

01:01:09.930 --> 01:01:20.520

Brooke Briggance (she/her): we're going to capitalize on the brain's ability to heal and it's neural press plasticity by connecting to environments and people where we feel safe.

337

01:01:20.880 --> 01:01:32.430

Brooke Briggance (she/her): So how do we communicate that well the very first thing in our organization, we have to think of is, we have to acknowledge that safety occurs holistically so safety isn't just about physical safety.

338

01:01:32.850 --> 01:01:40.230

Brooke Briggance (she/her): A lot of organizations put great time and energy into thinking about physical safety and maybe not as much in emotional safety.

339

01:01:40.590 --> 01:01:52.560

Brooke Briggance (she/her): And so, one of the very first things we have to do is look critically at organization and ask ourselves, even maybe do focus groups or surveys are finding out from the people who engage in our organization.

340

01:01:52.920 --> 01:01:58.440

Brooke Briggance (she/her): Do you feel safe here, if you do you feel welcome do you feel like your concerns are going to be heard.

341

01:01:59.310 --> 01:02:15.900

Brooke Briggance (she/her): Do you feel that you are represented in the space right, these are all ways that we communicate different types of safety outside of simply assuming physical safety is the only thing we need to be concerned about so absolutely.

342

01:02:16.500 --> 01:02:24.720

Brooke Briggance (she/her): One of the guiding principles and things that you may want to consider is really doing assessment of holistic safety in your organization.

343

01:02:25.020 --> 01:02:38.970

Brooke Briggance (she/her): Right how well are we doing the other types of safety stability is hard and again like i'm not here to tell you this stuff is easy stability is darn hard, because I know that a lot of the things that we use.

344

01:02:39.660 --> 01:02:48.300

Brooke Briggance (she/her): To create these sorts of environments, they come from resource funding streams and resource streams that aren't always stable.

345

01:02:48.540 --> 01:03:01.560

Brooke Briggance (she/her): Right so maybe we started an amazing restorative justice practice at our school and now the grant dried up and we can't find more funding for it and there, it goes, and so one of the things I think is one of the most important.

346

01:03:02.340 --> 01:03:08.730

Brooke Briggance (she/her): Contributions a leader can make in creating safe and stable environments is sustainability.

347

01:03:09.360 --> 01:03:17.430

Brooke Briggance (she/her): Right like do we have diversified funding streams do we have like some discretionary funding what's my plan for.

348

01:03:17.670 --> 01:03:27.360

Brooke Briggance (she/her): Trying to cover funding gaps etc Do I need to advocate for more funding for this thing I want to do to create safety in my environment, this is definitely.

349

01:03:27.660 --> 01:03:42.210

Brooke Briggance (she/her): If you're a thought leader, a decision maker you're the money person, this is where your contribution to safety and stability is so key because sustainability organizational sustainability is really critical and that's not something.

350

01:03:42.450 --> 01:03:49.350

Brooke Briggance (she/her): that a lot of us on the ground have any control over right and it's not even something that leaders have a lot of control over.

351

01:03:49.530 --> 01:03:56.670

Brooke Briggance (she/her): i'm a leader of an organization I don't always have control over it, but I know that it's always on my mind, because I know.

352

01:03:56.940 --> 01:04:13.950

Brooke Briggance (she/her): That that grant sun setting could impact negatively the sense of safety and stability that a young person might have in one of my programs, so I always am keeping that in mind that's one of my leadership contributions to a trauma informed practice within an organization.

353

01:04:15.480 --> 01:04:25.500

Brooke Briggance (she/her): One of the other ones that we want to think about as a core guiding principle is cultural humility and responsiveness, and so we really want to make sure that we have got.

354

01:04:26.370 --> 01:04:37.410

Brooke Briggance (she/her): You know, opportunities for people to feel healed and welcomed and as though their their culture is you know sort of acknowledged and celebrated.

355

01:04:38.100 --> 01:04:42.930

Brooke Briggance (she/her): Not just tolerated a lot of people walk into systems and they feel like they're getting tolerated.

356

01:04:43.230 --> 01:04:48.480

Brooke Briggance (she/her): that's not safety and stability, that means like oh I don't feel safe here because i'm being tolerated.

357

01:04:48.780 --> 01:04:57.270

Brooke Briggance (she/her): If you think of your personal experience, and someone is sort of looking at you, and like showing judgment in their face and kind of like.

358

01:04:57.660 --> 01:05:05.970

Brooke Briggance (she/her): You know okay fine whatever you know you know you don't feel safe with that person you feel judged and you feel unwelcome.

359

01:05:06.330 --> 01:05:15.330

Brooke Briggance (she/her): And so, ultimately, you know what cultural humility and inclusiveness and all of those aspects of D efforts is about feeling welcome.

360

01:05:15.780 --> 01:05:29.610

Brooke Briggance (she/her): And so what are some things that we can do to support that the very first is we've got to acknowledge that historical trauma is real and I get that we're not there yet, in a lot of organizations and systems in this country.

361

01:05:30.360 --> 01:05:41.430

Brooke Briggance (she/her): You know, we are grateful for the increase dialogue but we're still seeing you know all sorts of very real traumas related to things like racism.

362

01:05:41.940 --> 01:05:47.070

Brooke Briggance (she/her): do things like bigotry two things like we said earlier right like you know.

363

01:05:47.490 --> 01:05:55.380

Brooke Briggance (she/her): predatory capitalism, like all of these things that we see that we know are in our systems, the very first thing we've got to do is call it out.

364

01:05:55.740 --> 01:06:03.630

Brooke Briggance (she/her): And we have to start working together to to acknowledge the fact that not everyone has felt comfortable in our

system.

365

01:06:04.050 --> 01:06:14.970

Brooke Briggance (she/her): And the other thing that we can do that's so important is to begin to embed representation, so this is why workforce really matters, people who are at the table.

366

01:06:15.810 --> 01:06:26.760

Brooke Briggance (she/her): Change systems inherently by being there, so one of the things we can do is to think about D efforts in terms of our workforce, do we have real representation at this table.

367

01:06:27.300 --> 01:06:35.010

Brooke Briggance (she/her): Do we have representation with decision makers, you know a lot of people will talk about snowcapped organizations right all the leadership.

368

01:06:35.280 --> 01:06:46.350

Brooke Briggance (she/her): Are Caucasian and come from different socio economic backgrounds and then it's all the entry level staff are diverse and come from you know black and brown folks are indigenous people, etc.

369

01:06:46.620 --> 01:07:00.300

Brooke Briggance (she/her): Do we have a snow top organization, what can we do to change that so one of the things that we've got to do is really put time and effort into understanding representation within our organization, because every new voice.

370

01:07:00.630 --> 01:07:10.680

Brooke Briggance (she/her): That is, you know in that decision making room changes the culture of that organization, so I you know absolutely critical that we be thinking about.

371

01:07:11.550 --> 01:07:28.890

Brooke Briggance (she/her): You know how do we make sure that we are not really traumatizing people and that's unfortunately what can happen in organizations is that people are being re traumatized right, and so one of the things we've got to consider is how representation can change that.

372

01:07:30.000 --> 01:07:43.860

Brooke Briggance (she/her): Yes, yes Valerie exactly that's the point i'm just trying to make I you know I realized that sometimes they use that comfortable and I appreciate you pointing that out like we're literally talking about people being really traumatized or traumatized.

373

01:07:44.670 --> 01:07:51.660

Brooke Briggance (she/her): And you know absolutely exploitation, a ratio etc absolutely, thank you for bringing that point up.

374

01:07:54.120 --> 01:08:02.340

Brooke Briggance (she/her): In one of the other things that we have to think about is, you know as a core guiding principle and systems is that compassion and dependability.

375

01:08:03.120 --> 01:08:11.730

Brooke Briggance (she/her): I often think of this, as you know, obviously compassion like thinking about like, how do we have empathy like all of those sorts of things.

376

01:08:12.030 --> 01:08:24.960

Brooke Briggance (she/her): But the other thing I often think of is dependability is setting expectations right dependability is, I know what I can expect from this environment remember when we talked about.

377

01:08:25.380 --> 01:08:28.890

Brooke Briggance (she/her): That stress response part of it is coming from uncertainty.

378

01:08:29.250 --> 01:08:38.280

Brooke Briggance (she/her): what's going to happen what's going to happen that amygdala is assessing the environment, all the time, am I safe, am I safe, am I safe so things like structure.

379

01:08:38.610 --> 01:08:49.230

Brooke Briggance (she/her): Things like very clear expectations things like very clear policies and procedures and accountability for those so that people know.

380

01:08:49.980 --> 01:08:55.650

Brooke Briggance (she/her): This is going to be equitably applied right so that's a big thing for young people.

381

01:08:55.980 --> 01:09:08.970

Brooke Briggance (she/her): If they see rules that are applied to some people, and not other people that's going to inherently be traumatizing for them, and so one of the things that we've got to think about in our organizations is, are we.

382

01:09:09.270 --> 01:09:17.880

Brooke Briggance (she/her): The equitably setting expectations and applying them and and being very clear communication strategies are huge here.

383

01:09:18.540 --> 01:09:27.150

Brooke Briggance (she/her): How do we communicate with our workforce, how do we communicate with the people we serve do they know that they can come to expect that.

384

01:09:27.690 --> 01:09:36.150

Brooke Briggance (she/her): Maybe even something simple like an e newsletter that comes at the same time, it comes at the same place it's that's very reassuring for the brain.

385

01:09:36.960 --> 01:09:46.560

Brooke Briggance (she/her): When we talk about managing toxic stress one of the things I talked about is micro routines literally building routines into your day as a practice of self care.

386

01:09:46.800 --> 01:09:59.790

Brooke Briggance (she/her): The reason why is because, if you're dealing with a lot of uncertainty, the brain likes those routines it actually calms down at likes those and so it's really, really important that we build those into.

387

01:10:00.300 --> 01:10:14.070

Brooke Briggance (she/her): Both our outward facing practices, as well as our inward facing practices so everyone knows what to expect, and that can actually help you know at least mitigate stress responses, based in uncertainty.

388

01:10:16.440 --> 01:10:20.160

Brooke Briggance (she/her): Yes, absolutely absolutely the chain of command yes.

389

01:10:20.790 --> 01:10:33.840

Brooke Briggance (she/her): You know the trauma informed systems work the way it's really supposed to work is we do training on the ground right and sort of this grassroots sort of level and then leadership are engaged in their own version of that.

390

01:10:34.560 --> 01:10:41.550

Brooke Briggance (she/her): Because there's acknowledgement there that that higher goals you know hierarchical system is inherently.

391

01:10:41.790 --> 01:10:50.250

Brooke Briggance (she/her): distribution of power and a lot of what i'm talking about today is based in power right like we're we're actually having a conversation about power and so.

392

01:10:50.670 --> 01:11:00.000

Brooke Briggance (she/her): You know how do we do that in a system, what a hierarchy needs to stay doesn't need to stay, what are you know those policies and procedures, what.

393

01:11:00.360 --> 01:11:05.400

Brooke Briggance (she/her): What strengthens the power at the top versus taking away power from the bottom.

394

01:11:05.670 --> 01:11:15.870

Brooke Briggance (she/her): These are all inherently trauma informed discussion so when organizations say we want to have trauma informed practice, one of the things you're going to end up talking about is power.

395

01:11:16.560 --> 01:11:27.480

Brooke Briggance (she/her): Who has it who doesn't get it who needs to be at the table and again, these are not easy conversations to have, but they will they are trauma informed discussions.

396

01:11:29.790 --> 01:11:43.140

Brooke Briggance (she/her): You know, we also think of collaboration and empowerment and I sort of think of this as voice and choice and we're sort of talking about it in a way we're talking about that ability to be represented the ability to be heard.



397

01:11:43.980 --> 01:11:54.510

Brooke Briggance (she/her): This is incredibly important in any kind of trauma informed practice when you're sitting there and remembering that people have the experience of having felt helpless.

398

01:11:54.930 --> 01:12:10.620

Brooke Briggance (she/her): Right, so you know if I have a trauma either an event and acute trauma or I live with chronic trauma or toxic stress related to a set of circumstances in this environment that exacerbate my trauma response.

399

01:12:10.980 --> 01:12:18.390

Brooke Briggance (she/her): And you know we've said part of that that happens in the brain is a sense of overwhelm and a connection to a sense of helplessness.

400

01:12:18.630 --> 01:12:30.360

Brooke Briggance (she/her): And so, one of the things we want to think about is how can we empower people here what are decisions that we can allow and I know that this can be difficult.

401

01:12:31.110 --> 01:12:38.010

Brooke Briggance (she/her): You know if you're running an organization stuff still has to get done right, we need people to do what we need them to do.

402

01:12:38.370 --> 01:12:49.230

Brooke Briggance (she/her): And they're oftentimes even in small things is an opportunity to collaborate and empower An example is I worked with a health system recently.

403

01:12:49.920 --> 01:13:01.170

Brooke Briggance (she/her): And it was a psychiatric health system, and one of the trauma informed practices they'd been working on for some time was they wanted to change how often they were using restraints.

404

01:13:01.680 --> 01:13:13.770

Brooke Briggance (she/her): So people come in at a very high level of acuity and they wanted to not use restraints as often and they had made amazing progress with that they had come, you know, to have all sorts of different.

405

01:13:14.280 --> 01:13:20.130

Brooke Briggance (she/her): You know, tackling techniques and strategies and all of these sorts of things and when coven hit.

406

01:13:21.000 --> 01:13:31.770

Brooke Briggance (she/her): Their use of restraints went up 400% in in six weeks because people who were coming in at the higher levels of crisis and with everything going on.

407

01:13:32.340 --> 01:13:45.360

Brooke Briggance (she/her): Then they had pee pee to consider right like that was something that before wasn't as big of an issue, but now it was a really big issue I can't have someone pulling out my you know mask or pulling at you know the.

408

01:13:45.660 --> 01:13:55.710

Brooke Briggance (she/her): The gown i've got on to protect myself, and so we walked it, you know into how are we going to get to a position where we can think about.

409

01:13:56.310 --> 01:14:06.480

Brooke Briggance (she/her): trauma informed practice and giving empowerment here and collaborating with the folks coming in to both protect the employees, as well as give some choice and so.

410

01:14:07.110 --> 01:14:15.960

Brooke Briggance (she/her): We worked for a month on that was not an easy conversation we had to really think outside the box, how can we still make sure that everyone is safe.

411

01:14:16.320 --> 01:14:26.100

Brooke Briggance (she/her): and meet this trauma informed goal of not using restraints as often and so sometimes a trauma informed practice gets down to that level of granularity.

412

01:14:26.460 --> 01:14:39.150

Brooke Briggance (she/her): Right, maybe you're looking at a particular policy or particular procedure and one of the ways that I often talk about this, as well as to make sure that people have that place at the table so.

413

01:14:39.720 --> 01:14:44.970

Brooke Briggance (she/her): You know, we don't serve people without hearing from them about how we're doing.

414

01:14:45.750 --> 01:14:58.680

Brooke Briggance (she/her): Now, at schools that may be listening to student feedback and focus groups listening to parents and families about this, where is working for us that's not working for us having open open public dialogue, perhaps.

415

01:14:59.460 --> 01:15:07.770

Brooke Briggance (she/her): You know, opening up our board meetings and recording webinars and recording some of the things we're doing so people have access to that.

416

01:15:08.070 --> 01:15:19.350

Brooke Briggance (she/her): And it's it's about bringing people in the people that we serve in and making sure that they have an opportunity to be a part of our solution driven practice.

417

01:15:19.680 --> 01:15:31.260

Brooke Briggance (she/her): And so it's really, really important that we think about that because remember every time we offer that sense of empowerment that sense of autonomy and decision making.

418

01:15:31.500 --> 01:15:50.880

Brooke Briggance (she/her): A sense of collaboration with an organization what we're really doing is we are we're combating that sense of helplessness that came from the trauma and so that's an incredibly powerful neurological intervention is to give people that sense of voice and choice in organizations.

419

01:15:52.590 --> 01:15:58.770

Brooke Briggance (she/her): The you know the truth of the matter is that many, many people have.

420

01:15:59.640 --> 01:16:08.910

Brooke Briggance (she/her): You know their trauma comes at the hands of other people, and so, when we think about healing from trauma, we really are talking about relationships.

421

01:16:09.630 --> 01:16:18.450

Brooke Briggance (she/her): We are talking about designing organizations that that foster deep connection and deep relationship with the people we serve.

422

01:16:18.900 --> 01:16:26.880

Brooke Briggance (she/her): And that can be easier said than done, one of the things I think is a huge hindrance in many of our organizations is time.

423

01:16:27.510 --> 01:16:38.670

Brooke Briggance (she/her): We we just go go go go go, we often don't have the time in our work environments to do this work to really connect to give space for someone.

424

01:16:39.330 --> 01:16:47.970

Brooke Briggance (she/her): It can be very, very difficult, I used to run a neurological practice and I, you know the the neurologists that I work with.

425

01:16:48.450 --> 01:16:53.760

Brooke Briggance (she/her): They had 15 minutes for a follow up appointment 20 minutes for a new console.

426

01:16:54.240 --> 01:17:01.380

Brooke Briggance (she/her): Like how do I get to know a person understand their neurology understand their you know their symptoms.

427

01:17:01.620 --> 01:17:14.340

Brooke Briggance (she/her): You know, talk to them, maybe do some education connect with them on a human level right up the chart like do all this stuff in a 20 minute new new console appointment like that's it's difficult to even imagine that right so.

428

01:17:14.670 --> 01:17:23.610

Brooke Briggance (she/her): One of the things that we can do is to ask ourselves are there some changes that we can make that allow us time the luxury of time.

429

01:17:24.270 --> 01:17:28.230

Brooke Briggance (she/her): Because relationships are what are going to be healing for people.

430

01:17:29.100 --> 01:17:42.630

Brooke Briggance (she/her): That we can really learn how to trust we can re learn how to feel safe, we can relearn appropriate boundaries, we do that, in connection with other people we don't do that in a vacuum.

431

01:17:42.990 --> 01:17:58.860

Brooke Briggance (she/her): And so, one of the things that we have to consider is is our organization making space for that human connection do we have the time the space, the resources to allow our people to connect with the people we serve.

432

01:17:59.790 --> 01:18:12.810

Brooke Briggance (she/her): Is there is there a way that we can add in some of that time and how am I doing that for myself in whatever my role is in the organization and how is the system.

433

01:18:13.950 --> 01:18:18.030

Brooke Briggance (she/her): allowing me to do that or not one of the things that I think of too is that.

434

01:18:18.660 --> 01:18:33.780

Brooke Briggance (she/her): People operating within systems are operating within the confines of that system right and so really important that we if we are decision makers if we're leaders we're looking at how, how is the time spent here.

435

01:18:34.620 --> 01:18:49.680

Brooke Briggance (she/her): Could we release some here could we reevaluate their could I put some F T over here, because one of the things that we want to consider is that that is going to also have impact on the vicarious trauma of our workforce.

436

01:18:50.370 --> 01:19:01.620

Brooke Briggance (she/her): Incredibly traumatic to be seen one person after another, after another, after another, particularly now with everything that folks are walking in with.

437

01:19:02.370 --> 01:19:13.530

Brooke Briggance (she/her): It you know, seeing those people, one after another, after another, without even space to process that so

one of the things we think of to when we work with organizations on really embedding.

438

01:19:13.920 --> 01:19:30.510

Brooke Briggance (she/her): trauma informed policies and procedures internally is how's my staff doing do they have enough time to connect Are they really you know able to connect with themselves are they still feeling passionate about the work and time is a huge factor in that.

439

01:19:31.650 --> 01:19:51.420

Brooke Briggance (she/her): You know, we know that we need people, and you know, even if we're introverted i'm an introvert and I need less people than other people do, but I still need people, and you know, right now, especially We need people more than ever, because we haven't been able to be around them, and so.

440

01:19:52.500 --> 01:20:00.120

Brooke Briggance (she/her): This is one of the things that we really need to think about is, as we open up what are ways that we can.

441

01:20:00.510 --> 01:20:11.790

Brooke Briggance (she/her): interconnect again what are some of the ways that we need to be thinking about how we're going to make time and space to heal together as an organization we've we've all been through this thing.

442

01:20:12.690 --> 01:20:22.410

Brooke Briggance (she/her): we're seeing up tix, for instance in social anxiety, people who are coming out right with a lot of anxiety, a lot of trepidation.

443

01:20:22.710 --> 01:20:36.480

Brooke Briggance (she/her): And we've all been stuck inside for for a lot of our time right, and so our little social spheres gotten pretty small we see each other, this way right and little squares, I mean, my goodness, how many people do we see every day like that.

444

01:20:37.290 --> 01:20:45.720

Brooke Briggance (she/her): But you know we aren't really interconnecting and there are different parts of the brain that fire when we're in person versus on camera.

445

01:20:46.050 --> 01:20:54.300

Brooke Briggance (she/her): And that's a really important thing, in fact, one of the most important senses, that we have when we're connecting to other people is smell.

446

01:20:54.690 --> 01:21:00.270

Brooke Briggance (she/her): Right so smell is very deeply rooted in the brain and memory, you know that's how.

447

01:21:00.930 --> 01:21:09.360

Brooke Briggance (she/her): We recognize babies and it's how we recognize intimate partners it's a very primal thing it's a very primal sense of smell.

448

01:21:09.690 --> 01:21:19.620

Brooke Briggance (she/her): And so we're not smelling a lot of people right now, and that has impact, even if we're on zoom and connecting it's good but it's not as good as in person and so.

449

01:21:19.890 --> 01:21:31.710

Brooke Briggance (she/her): We know that as we start to open up people have increased levels of social anxiety there's going to be a lot of stuff going on with them when they come in, we don't always necessarily know what has happened.

450

01:21:32.010 --> 01:21:43.020

Brooke Briggance (she/her): We can't always assume that people have been sheltered in safe environments, and so one of the things we're going to have to really consider as we reopen is how do we we allow.

451

01:21:43.650 --> 01:22:00.480

Brooke Briggance (she/her): For a lot of time and space to process and to heal so that we can recommit ourselves to collective norms moving forward absolutely critical that we do that, because we know that folks are going to be coming in in all different kinds of ways.

452

01:22:02.430 --> 01:22:10.560

Brooke Briggance (she/her): I always like to end on this little video if any of you know Bernie Brown, you know that she's a sociology researcher.

453

01:22:11.040 --> 01:22:17.610

Brooke Briggance (she/her): Out of Texas, and I just find her work really interesting she does a lot of stuff on.

454

01:22:18.300 --> 01:22:27.330

Brooke Briggance (she/her): Complex concepts things like vulnerability she's got a great Ted talk on vulnerability and if you if you are interested in her.

455

01:22:28.200 --> 01:22:44.610

Brooke Briggance (she/her): And you know absolutely you know check her out on Ted she's got some podcasts that she's been doing recently that are really interesting but I like to make sure that I end on this because oh thanks oh yeah I really like her to.

456

01:22:45.690 --> 01:23:03.240

Brooke Briggance (she/her): You know I love this short little video, because I think it she doesn't frame this as a trauma informed practice but it very much is at the heart and in the soul of everything that we're talking about today so let's just go ahead and watch this and let's see what you think.

457

01:23:15.120 --> 01:23:25.020

Brooke Briggance (she/her): So what is empathy and why is it very different than sympathy empathy fuels connection sympathy drives disconnection.

458

01:23:25.830 --> 01:23:38.340

Brooke Briggance (she/her): empathy it's very interesting Teresa wiseman is a nursing scholar who studied professions very diverse professions where empathy is relevant and came up with four qualities of empathy perspective, taking.

459

01:23:39.180 --> 01:23:47.640

Brooke Briggance (she/her): The ability to take the perspective of another person or recognize their perspective is there truth staying out of judgment not easy when you enjoy it as much as most of us do.

460

01:23:49.740 --> 01:23:56.280

Brooke Briggance (she/her): Recognizing emotion and other people and then communicating that empathy is feeling with people.

461



01:23:57.360 --> 01:24:01.200

Brooke Briggance (she/her): And to me, I always think of empathy is this kind of sacred space.

462

01:24:01.830 --> 01:24:19.920

Brooke Briggance (she/her): When someone's kind of in a deep hole and they shout out from the bottom and they say i'm stuck it's dark i'm overwhelmed and then we look, and we say hey come on down I know it was like down here and you're not alone sympathy is oh.

463

01:24:21.420 --> 01:24:22.380

Brooke Briggance (she/her): it's bad uh huh.

464

01:24:24.840 --> 01:24:27.240

Brooke Briggance (she/her): No, you won't see much.

465

01:24:29.790 --> 01:24:44.490

Brooke Briggance (she/her): If it, he is a choice and it's a vulnerable choice because, in order to connect with you, I have to connect with something in myself that knows that feeling rarely, if ever has an empathic response begin with at least.

466

01:24:46.440 --> 01:24:53.730

Brooke Briggance (she/her): I had it yeah and we do it all the time, because you know what someone just shared something with us it's incredibly painful.

467

01:24:54.270 --> 01:25:10.050

Brooke Briggance (she/her): And we're trying to silver lining it and I think that's a verb but i'm using it as one we're trying to put this a little whiny to run it, so I had a miscarriage at least you know you can get pregnant I think my marriage is falling apart, at least, you have a marriage.

468

01:25:14.220 --> 01:25:30.840

Brooke Briggance (she/her): john's getting kicked out of school at least Sarah isn't a student, but one of the things we do sometimes in the face of very difficult conversations is we try to make things better if I share something with you that's very difficult i'd rather you say.

469

01:25:32.160 --> 01:25:34.650

Brooke Briggance (she/her): I don't even know what to say right now i'm just so glad you told me.

470

01:25:36.270 --> 01:25:43.050

Brooke Briggance (she/her): Because the truth is really kind of response make something better, what makes something better, is connection.

471

01:25:47.970 --> 01:26:01.260

Brooke Briggance (she/her): So I just love to to finish on that because I think it's so important for us to you know trauma informed practice is not intended to take away the trauma.

472

01:26:02.430 --> 01:26:06.360

Brooke Briggance (she/her): The trauma happened is a trauma may still be happening.

473

01:26:07.440 --> 01:26:24.810

Brooke Briggance (she/her): However, the brain can relearn to connect if it has those safe relationships those safe spaces, and so one of the things that is so important is a lot of us who are in caring professions, we try to fix it.

474

01:26:25.380 --> 01:26:31.050

Brooke Briggance (she/her): We try to make it better we try to as she said as Bernie Brown said, put the silver lining on it.

475

01:26:31.590 --> 01:26:39.960

Brooke Briggance (she/her): yeah maybe your childhood was hard, but you can pull yourself up and if you just get to college or yeah I know that thing happened, but we just you know we're going to be.

476

01:26:40.320 --> 01:26:52.050

Brooke Briggance (she/her): Or maybe we say we just ignore it We grieve alone we stigmatize that thing so we're you know people are grieving alone, or we are in situations where we just don't have the conversation so.

477

01:26:52.320 --> 01:26:57.300

Brooke Briggance (she/her): The reality is that the things that folks have gone through they've gone through.

478

01:26:58.020 --> 01:27:11.610

Brooke Briggance (she/her): We can't take that away with our approach we can't take that away with a systems change what can change, however, is the context in which they get to heal and does everyone get access to that healing equitably.

479

01:27:12.420 --> 01:27:20.640

Brooke Briggance (she/her): Right does everyone get access to that safety and security equitably that's the driving question behind trauma informed practice.

480

01:27:20.880 --> 01:27:36.090

Brooke Briggance (she/her): Is you know, can we give people the space, the time the relationships necessary to capitalize on their inherent resilience the inherent ability of the brain to heal and create spaces, where they could be transformed.

481

01:27:36.810 --> 01:27:49.860

Brooke Briggance (she/her): Right so trauma informed practice is a way to start that dialogue it's a way to get that ball moving down the field and to help us create those spaces, but ultimately, the goal.

482

01:27:50.250 --> 01:27:57.180

Brooke Briggance (she/her): is to have human connection within those spaces within those organizations, because that's what's really going to heal.

483

01:27:57.750 --> 01:28:06.450

Brooke Briggance (she/her): Right, so this idea that the system can fix it that's not true, this idea that I personally can fix it even if i'm a really amazing person.

484

01:28:06.750 --> 01:28:17.280

Brooke Briggance (she/her): that's not true, but what can fix it to to you know bernie's point is human connection, and so do our organizations allow for that or not.

485

01:28:18.210 --> 01:28:33.570

Brooke Briggance (she/her): Are we are we re traumatizing or are we offering transformation and so, in my personal opinion that video does a great job of sort of synthesizing the ultimate goal of trauma informed practice which is human connection.

486

01:28:34.980 --> 01:28:41.850

Brooke Briggance (she/her): So I would like to you know offer you the last couple of minutes if there's any questions or anything like that that you've got.

487

01:28:42.120 --> 01:28:52.380

Brooke Briggance (she/her): And I know that there is an awful lot to cover i'm sure I can't answer everything, but if you've got a question pop it into the Q amp a i'll do my best to answer it.

488

01:28:53.160 --> 01:29:04.680

Brooke Briggance (she/her): And I see that you're asking about training for supervisors, and so I do do a training that's really specific to supervisors and that really is.

489

01:29:05.040 --> 01:29:13.980

Brooke Briggance (she/her): Important because there are different things, we may want to consider, in fact, when I do trauma informed training, I do supervisors and staff separately.

490

01:29:14.250 --> 01:29:21.960

Brooke Briggance (she/her): Because that gives staff, an opportunity to sort of like really say what they want to say without somebody on the zoom who's like looking at them.

491

01:29:22.710 --> 01:29:32.850

Brooke Briggance (she/her): and supervisors may have some concerns or some interest areas or even some pressures that staff don't really understand, so we do definitely use.

492

01:29:33.330 --> 01:29:42.210

Brooke Briggance (she/her): You know that opportunity to work with supervisors in particular yeah absolutely and trauma informed practice for supervisors is very, very important.

493

01:29:44.790 --> 01:29:51.450

Brooke Briggance (she/her): Oh, I love that you guys are putting in some other opportunities to you know, make sure that you've got.

494

01:29:52.290 --> 01:30:01.560

Brooke Briggance (she/her): You know, different resources and things like that I love that and so Danielle we're going to put up those next sessions for you in just a second.

495

01:30:02.070 --> 01:30:10.290

Brooke Briggance (she/her): someone's going to pop on and do that for you so we're going to get going to get you that information and and then Jackie what are some of the best ways.

496

01:30:10.860 --> 01:30:19.440

Brooke Briggance (she/her): To do that empowerment I just think of voice and choice right like where in everything that I do when can I give opportunities.

497

01:30:20.280 --> 01:30:33.690

Brooke Briggance (she/her): For you know for voice and choice, where Can I make sure that folks have the capacity and to to express themselves right when do when do we make sure that we are.

498

01:30:34.260 --> 01:30:52.950

Brooke Briggance (she/her): You know, really making sure that people have that do I do I have things like advisory councils, do I have things like focus groups is my work informed by the people I serve Those are some of the things that I kind of think about when i'm really looking at empowerment in an organization.

499

01:30:54.300 --> 01:31:03.900

Brooke Briggance (she/her): And so I see a question about other than empathy dealing with clients or staff who overdosed or struggled with substance use to address grief.

500

01:31:04.890 --> 01:31:20.490

Brooke Briggance (she/her): yeah so that's a big one grief is I think grief is actually what started my journey in this field, because I think that grief is sort of the the hidden issue in a lot of people, and so we have some.

501

01:31:21.240 --> 01:31:24.930

Brooke Briggance (she/her): Some trainings and things like that that are just grief driven.

502

01:31:25.170 --> 01:31:35.040

Brooke Briggance (she/her): Talking about grief what are some things that are helpful and unhelpful and when I say grief, I just want to be really clear with everyone that I mean that outside of bereavement alone.

503

01:31:35.340 --> 01:31:46.530

Brooke Briggance (she/her): bereavement is obviously someone died, but there are lots and lots of things that we grieve that aren't coming from death and and those needs to be addressed in our systems as well, so.

504

01:31:47.160 --> 01:31:55.950

Brooke Briggance (she/her): What I can do is I can go ahead and talk to some of the leadership of open and see maybe we could offer a grief workshop in the future if anyone's interested.

505

01:31:56.520 --> 01:32:04.140

Brooke Briggance (she/her): put that in your evaluation of today's session and and I can see if there's some way that we can get that on the books as well.

506

01:32:05.940 --> 01:32:12.480

Brooke Briggance (she/her): So I can see that we've got the other opportunities, so our next workshop is going to be the 12th.

507

01:32:12.960 --> 01:32:30.990

Brooke Briggance (she/her): And so I hope to see many of you there and I always you know i'm open, so please you know, make sure that you let nope and know if you need to get Ahold of me or, if you have other questions or things like that they can make my contact information available to you.