

PROJECT E3 ZOOM WEBINAR
TRAUMA-INFORMED CARE MINI-SERIES, WEBCAST III:
CREATING A TRAUMA-INFORMED SERVICE ENVIRONMENT
JUNE 18, 2020

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>> MODERATOR: Good morning, everybody. Thanks so much for joining us. We have a great program for you. Today we'll be playing Creating a Trauma-Informed Service Environment with Shawn Smith and Marianne Huebner. They've presented two other webinars for us on trauma-informed care, and they're both spectacular. If you'd like to see any of our other webinars, including the first two on this trauma series, you can go to our website under webcasts. We have all of them archived.

This is the third and final in the series. The other ones have been well-received. It's fantastic information. We're so lucky to have Shawn and Marianne. Just a few things for housekeeping for folks who are looking at both our Q&A and our chat. We differentiate. We have the Q&A for questions about content and questions that you have for Shawn and Marianne at the end. The chat is more for sharing resources you might have that would be pertinent or might help your colleagues, or if you have any technical problems, go ahead and put those in the chat and we'll go ahead and do our best to try and fix anything.

Let's see here. CRCs are available for this webinar. You'll be receiving an email tomorrow that will detail how you can go about getting the CRCs. And it will also have information, like I said, about the archives and places where you can get some of our other previous webinars. I think that's all I have for housekeeping and CRCs. So, we have a fantastic program. It runs just a little bit over an hour. So without further ado, I'm going to go ahead and start that up.

>> MARIANNE HUEBNER: Hi, welcome back to the trauma-informed care mini series. Today we're going to be doing part three, Creating a Trauma-Informed Service Environment. My name is Marianne.

>> SHAWN SMITH: And I'm Shawn, pleased to be with you. The first thought we thought we'd lay on you is the concept of what I refer to as a three-tiered layer cake. And the first is to be trauma sensitive. And that means that everybody in the agency that's serving or interacting with any human, including colleagues, has been through a day where they explore and connect with the impacts on trauma on humans. It's often very helpful to have different role types in the same room, because what you're doing is you're giving everyone the same frame, same point of reference. There's a lot to learn about how trauma

impacts humans. That's one of the first things that we recommend. And then the next is to make sure that you have practices in place for those direct service providers to be trauma-informed. And that's the next layer of the cake, as you can see here. And our take on that is what I shared with you on the last webcast, which is to hold space.

>> BETH GAERTNER: Hi, everyone. This is Beth. We're experiencing some technical difficulties right now. Just give us one moment to get things back up and running.

>> SHAWN SMITH: What I refer to as a three-tiered layer cake. And the first is to be trauma-sensitive. And what that means is that everybody in the agency that's serving or interacting with any human, including colleagues, has been through a day where they explore and connect with the impacts of trauma on humans. It's often very helpful to have different role types in the same room, because what you're doing is you're giving everyone the same frame, the same point of reference. There's a lot to learn about how trauma impacts humans.

And so that's one of the first things that we recommend. And then the next is to make sure that you have practices in place for those direct service providers to be trauma-informed. And that's the next layer of the cake, as you can see here. And our take on that is what I shared with you in the last webcast, which is to hold space for those that are serving, and to also have a way to hold space for each other, which we'll get into later on today.

And then the last is to know what interventions are available in your area that really help the person heal up this wound of trauma. And Marianne gave a sense of that in her overview of how our therapy can help with that, as well as a lot of other evidence-based practices that have been identified to heal up trauma. We've just got to give a shoutout to Demitri in Milwaukee who came up with this concept. I don't think he calls it a three-layer cake. How are we going to create the service environment? We're going to do that by having each role know what they need to do in order to be trauma-informed.

>> MARIANNE HUEBNER: One of the things that we're going to be talking about next is what are the ways that people cause each other pain. And specifically, we are looking at what I refer to as intentional trauma versus unintentional trauma. So, for me, unintentional trauma would be like a car accident or cancer, which are traumatizing events. But what we're looking at specifically are the intentional ways. And we're going to ask you, write a few things down. What comes off the top of your head?

How do people cause each other pain? And, you know, be specific. Try to see how many different ways that you can come

up with. Hopefully you came up with a few ideas of how people hurt one another. And what we're going to show you next is the house of power and control. Some of you may have heard about the wheel of power and control. And we put it into a different form, because people grow up in this environment, right. So, some of the ways that people hurt each other -- physical violence, verbal or emotional violence, psychological, like mind games, humiliation, shaming, intimidation, a lot of threatening going on, when someone has used physical violence, an intimidation gesture does a lot to cause pain.

Isolation, sexual power and control, and sometimes it's not only looking at forced sex, but it can be looked at refusal of sex, or someone who maybe cheats on their significant other in a relationship is all considered sexual abuse. Financial, withholding money. Identity, putting the kids in the middle, neglecting the kids, the absence of -- not knowing your child, like leaving, one parent or spouse leaving and not coming back.

So these are different ways that people hurt each other. And a lot of times that is clouded over by drugs and alcohol. And in this image we have this cracked foundation, because truly that feels like a cracked foundation of what these relationships can be. So, imagine a child growing up in a household like this. What are some of the adaptive behaviors that anyone living in this household might have developed because of the trauma that was being inflicted on them?

Adaptive behaviors are a set of behaviors that a person develops when there's adversity in their environment, whether it's home or whatever. Just kind of take a little bit of time and think about what are some things -- maybe you've seen it, maybe you've experienced it yourself or you know someone who's experienced any one of these abuses. And what are some of the things that come out from that environment? What does -- a human does what they do to survive. That's what the adaptive behaviors are. We learn how to trust no one, how to hide emotion or control or manipulate others, etc.

And one of the things I noticed when I worked with kids in a domestic shelter was that they learn how to hide better. They learn -- if they were to get in trouble, they learn how to lie very well. So -- it wasn't that they were bad kids. But they knew the repercussions would be severe, so the kids would learn how to hide what they did so much better. I worked with an adult client recently, and we did some work around her childhood trauma and abuse.

She grew up in a house that looked like this. And she ended up, you know, having a very successful career as an ER nurse. And as we looked back on, you know, what were some of the things that she might have learned growing up, she was in a much

different place of learning more positive things about these negative experiences. And she attributed her critical thinking to the abuse that she experienced when she was growing up.

And the reason she contributed it to this is, when her parent, the violent and abusive parent would escalate, she says she can just picture herself sitting on the stairwell taking in all the details of how do I survive this. How do I hide, what needs to be done, what's the distraction method. And that this actually played very well into her being an ER nurse, because she was forced into critical thinking by the nature of her job.

And this is one of those ways -- I call it paradoxical learning. She learned something positive out of adverse events. I've worked with a lot of women who learned that their own bodies -- because of sexual abuse -- were just objects. They disregarded their own bodies. I've worked with women who have become prostitutes or sexual workers because of that, there was no regard, that this was something sacred. And it just seemed natural, like who cares what I do with my body, it's just a thing.

>> SHAWN SMITH: So when it comes to those adaptive behaviors, oftentimes they show up as -- or it can be termed unhealthy out in the world. And I really learned this concept from a Vietnam veteran who I had a chance to hang out with when I was in grad school. And he would share stories of his experiences in Vietnam as an 18-year-old. And as we were talking over coffee, you know, a nice little, quiet coffee shop, it became very clear, as he was talking, that he had never left Vietnam, that he was still behaving in the ways that he had to while he was there.

He wasn't able to let go of that armor, that plaster we explored in the last module. When those adaptive behaviors show up as unhealthy, then our job or our recommendation is to hold space for the person so that they can return to themselves and start to behave in a way that they have always intended to do, and that they can learn how to let go of those adaptive behaviors, or as Marianne pointed out, adjust them a little bit so that they become more of a healthy behavior that helps them get by in the world. And we reviewed all that in the last module.

>> MARIANNE HUEBNER: As you were talking about how this might show up in the people that we serve, the first one on this list, the trust no one, really lends itself to why there's so much importance put on holding space. If you grow up in an environment like this, it is really hard to trust other people. You don't know what their reactions are going to be, what their actions are going to be, what their intention is. You question all of this stuff.

If a client is sitting before you for whatever reason, whether you're in job service, or social work, a therapist, etc., that first survival adaptation is to -- I'm not going to trust

you. And I don't feel safe. Immediately I don't feel safe. And these are the behaviors that are coming out. People need to feel safe in order to just take that next step forward.

>> SHAWN SMITH: Yeah, to get to that place of healthy vulnerability where they can share what's going on with them, absolutely. And -- but we want to check in about sanctuary trauma, which is actually a thing. And you can see it's defined up here. So, there is a story of a person that I knew that when he was, you know, 11-12 years old, had to go to the hospital a variety of times for various reasons -- nothing significant.

But he felt very safe there and taken care of. And then on his last visit, a nurse came in and said it's time for your bath. He said, I'm good, I already had a bath. And then she sexually assaulted him. There's more to that story, but that gets at what we're getting to here, and that is that when a person comes to us, they expect to be treated in a safe way, just like for the purposes of what Marianne just said.

And when that doesn't happen, then obviously we are traumatizing them. And it doesn't have to be as explicit as the example I gave. It can be implicit. It can be showing up as judgment, as blame and shame. As we explored in one of the modules -- I believe the first module, this concept that people already have voices of shame and blame in their head. If we add to the mix or part of the team does, then that's unhelpful.

So, I want to put you in the mindset of a 17-year-old young woman who recently found out she's pregnant, smoked pot over the weekend, and is going to the doctor Monday morning, because she wants to do a good job and build a healthy baby and take care of herself. And then she sees this on the door. Urine drug screens will be performed on all new OB patients. If it is positive, random screens will be done throughout the pregnancy and on hospital admission.

At the time of delivery, if there have been any positive screens, social services will be notified. Who's showing up for their appointment? Yeah. So, we want to pay attention to what's on the walls, what's on the front door, what does the notice look like. Does it look like someone put some effort into making this notice, or like someone scribbled it out? All of these are details. And someone I happen to know says a lot of times love is in the details.

If we want to show our clients that we care for them, then we need to pay attention to the details. When I was running pretrial -- this is kind of like probation -- there was a case manager who was an awesome case manager. And she had this poster on her wall. So she would sit here, the client would sit there, the poster was behind her, so the client could see the poster.

The poster was of a mom in a disheveled kitchen with a baby in a highchair in a diaper. There was a bunch of food spread out.

And the mom was smoking a crack pipe. This was an alcohol and drug unit. We sat down and had a chat about it. And she came to identify that that was a shaming image, and that we want to put up images of growth, of moving forward, of moving to new and exciting and different places. So it's important that we pay attention to what's on the walls.

Now, here we have a physical setting. Now, let's say that we don't have half a million dollars to rebuild this. So the walls have got to stay, the glass has got to stay. So what can we do to make this more appealing, more healing-focused, more trauma-informed? Oh, yeah. We can put a plant in the corner. We can put little sticky decals on the window. And if you peer in there, you might see a smiling face behind the window.

And that's the least that we can do. So, just looking at the physical setting, going, okay, how is this trauma-informed, how is it not trauma-informed, and what can we do about it. Pretty simple. So, our invitation to you as homework is to go back to your physical setting and peek around. And like you're a brand new client, never been there before, scared out of your mind, anxious, very alert.

And what do you see, what do you notice, what might be a trigger for you? Have fun with that. So, we also wanted to share with you how we experience trauma-informed care. So when I first started learning about trauma-informed care, and sharing with others, it was all about the impact of trauma on humans. And then as I started to learn about trauma-informed care and what it meant, I'm like there's really many parts to this. And the three essential parts are having an awareness of how trauma impacts humans, trauma awareness, and then also how are we delivering our services in that three-layered cake that I was mentioned earlier.

What's most often is this third little bubble. That's why we pull it out. How are we taking care of ourselves? The reason for that, as you would guess, are these things. So if we were in a room with you, I would ask you, what do you know about these things? And what most rooms say is, we've experienced that. We've experienced burnout, compassion fatigue, vicarious traumatization. They can happen on their own or integrated.

Burnout, I'm getting a little fried, I'll take a day off, I'll go for a hike. Compassion fatigue, I'm giving it out but not putting it in. And so what helps us fill up our compassion bucket? What activities fill that? Vicarious traumatization -- so, over the course of time during our time together, I probably mentioned Jasper Mountain Center for Kids 4-12, severe experiences of trauma. I still remember going down

to the main office to read up on the file of an 11-year-old girl that was this thick.

And now, it does not impact me in an unhealthy way, but if it did, then that would be vicarious traumatization. I experience the story of someone else, either them telling it to me or reading about it, and I start to become impacted by it.

>> MARIANNE HUEBNER: Well, and vicarious traumatization will show up -- and we're going to talk about triggers in a little bit. But it shows up almost as a trigger, like you're having an emotional response to something someone else does or is experiencing. When you look at that, it's an unresolved trauma from your own past. So, for instance, if I grew up in a household that had any of those aspects of the power and control, right, psychological, physical, etc., and now I'm working with clients who that's what they're working through are their childhood traumas, I may find myself being emotionally impacted by that.

I may find myself, you know, crying. I may find myself feeling hesitant. I may find myself throwing my own story into the mix. And that's where we recognize vicarious traumatization, is that as they're telling me something, I'm picking up on the emotions of it not in an empathetic way but taking them on for myself.

A story that I can share about vicarious traumatization is I spent a couple of years working in children's hospital. And I had a child of my own. I still do. (Chuckling) And she is now an adult. But at the time, she was 16 years old and she had just gotten her driver's license. And I went into -- I was working in the trauma unit on any particular day. A young girl who was 16 and who had just gotten her driver's license had pulled out of her driveway, did the looking both ways, and didn't see a truck coming over the hill and had been T-boned.

It was a really traumatic accident. And all I kept thinking about was, this could be my child. And when I came home, it stuck with me. And then I had a difficult time -- anytime my daughter wanted to drive anywhere, then I was all of a sudden like, I'm going to be in the passenger seat and I'm going to be your little nag. Did you look both ways, did you see that, where are signs of danger. And what I recognized and still recognize now is that that was vicarious traumatization. That experience of the child in the hospital hit too close to home to where my own child was.

>> SHAWN SMITH: Yeah. And, you know, one of the things that you're getting at is something that you brought up in the first module, and that is the concept of scripts. And so the other way that I think you indicated that we can become vicariously traumatized is if we've experienced something similar. And if we haven't gone through the process of healing the wound up.

So I don't have to have experience to something similar such as with your daughter and the car accident at that point in time. But I can still become traumatized by it. But if I have experienced something similar, this can be a trigger of that invisible wound, unless I've gone through a process of healing it up.

>> MARIANNE HUEBNER: When we're in the work environment and you're working with other people who may or may not have been traumatized, but we're assuming they have. Everyone has little traumas or sometimes big traumas. How do these show up for you in the work environment? This is real important to pay attention to, because when we're at work, the work that we're doing is powerful, and meaningful and should have some purpose to it. And when we dread going to work, if I'm just not looking forward to going to work, I'm trying to think of all the things I could do to call in for the day.

Or if I leave work and I'm exhausted, but it also shows up like gossip at the water cooler, or bad-mouthing your boss. It shows up in high turnover rates. When people are dissatisfied with their job because of burnout, they're not being recognized for the work that they're doing, when they have compassion fatigue, they're not receiving enough positive feedback in or taking that self-care. And so they feel that the environment has done this.

And so it creates what we would call an adverse working environment. I don't want to go in. I'm resisting that. Eventually, people may start looking for different jobs. It can relate to physical illness. When we carry stress, our muscles tense up. Maybe back problems and migraines show up. It can lead to mental illness, a sense of feeling overwhelmingly sad or anxious. I'm getting anxious going into work. I don't want to do it. I know what the day's going to be like.

Sometimes it can lead to coping in unhealthy ways. In my own work environment, we talk about Friday. We're exhausting. I hear things like I'm going to stay home and pop a bottle of wine. Having a glass of wine is fine. But when you're talking about I'm going to have the whole bottle of wine as a means to cope with being tired, that's an issue. Whenever we use alcohol or food as a means to cope, that's when we have to recognize that there's an issue.

Like if we have a glass of wine because we enjoy the taste of wine or are having a bag of Cheetos because we like orange fingers, that's okay. But if we're saying I can't cope right now, I just need to drown this out, that's a maladaptive coping strategy and one that will not benefit you. It's actually a sign of being burnt out. Another way that this shows up is that we find ourselves being triggered. All of a sudden the boundary

between the care provider and the client or the person we serve seems to have disappeared. And I may not realize that I'm carrying this weight with me. I may not realize that I'm being triggered.

>> SHAWN SMITH: So that's why it's really important that we take care of ourselves and each other, which we'll be getting to here in just a moment. And so Marianne just brought up the concept of triggers. I'm going to read out this list and see if it sounds like a trigger to you. Disrespected, rejected, vulnerable, judged, insecure, used, unworthy, stupid, misunderstood.

And so the question becomes, you know, how do we avoid our clients experiencing this from us, and also when have you ever felt one of these things because of how a client was working with you, or a colleague, or a boss? And -- I know I have. I've experienced triggers as weeds. It was nice a couple days before we set this forth. And I went out and I pulled the weeds out of my garden. And the following week I went back and here's that weed again, it keeps popping back up.

And so unless I can get at the root of the weed. And the root of the weed is very windy. There's a story that goes along with this. So, when I was growing up, my dad had an airplane. This was the Volkswagen of wings, it was a small plane. I'd be up 15,000 feet in the air with no problem. I walked up very tall mountains. I have been in very tall buildings no problem. Years later and years ago, we're taking the kids on our first family vacation to Toronto, in which that's the CN Tower, 1500 feet up the ground, glass elevator and floor, go up and see Toronto.

So, walking up to the elevator, get in, the doors close. About 15 feet off the ground I'm like, why am I starting to have a mild panic attack? Never had one in my life. Only knew of them because of what I do, but there it was. Breath shallow, heart racing, I'm stuck in the elevator going up. We get to the top. The doors open. The kids spill out, whee. And I'm pressed up against the wall going, good times.

So, I got through it. Got down. Started to wonder about what was going on there. I've never had this happen before. And as soon as I thought hmm, could it be this moment that happened seven years previously that has nothing to do with CN Towers, glass floors or glass elevators, could it be that moment? As soon as I named it, the symptoms dissipated almost to zero immediately. I take that experience and I apply it when I get triggered.

I'm like, I'm getting triggered right now. What is the root of this trigger? When I'm able to identify the root of the trigger, it's less likely I'm going to show up as blaming and shaming to my clients.

>> MARIANNE HUEBNER: Very good. Once we can identify the root of the trigger, oftentimes it's like a practice in being present. You realize the situation you're in is not the situation that had happened previously. And you can come back to the present moment.

>> SHAWN SMITH: And the other thing you're bringing up for me is that if we have all been onboarded in this team of mine, and we recognize that it is human of us to be triggerable, and we recognize that maybe we're on shift and someone is getting triggered about something, having this language to share with them out feeling that they're being judged so that they become defensive about it, but just saying hey, I'm noticing this. Good today, something going on? That sort of thing can be super helpful.

Because it does take all of us to help us move through some challenging days. So, we've got a bit of optional homework for you. You've received this handout. And on page 2 of the handout you'll see a trigger assessment. So, it's pretty simple. You go through this list of terms. And you identify whether it's not an issue, a so-and-so issue, or a very serious issue. You pick out one of the higher-end issues, a five or four.

And on the next page, on page 3, you select one. You consider what is the root. And you kind of go through this self-reflection process using these prompts. And identify what you want to do about it. How can you go about healing up that wound, whether it's a significant one or a teeny one, or somewhere in between, so that you're not as triggerable. I don't know about you, but I know it's not fun when I get triggered. I don't like to have these buttons on me. That's how that works.

>> MARIANNE HUEBNER: One of the things that can happen in the role of being triggered, or even in the role of being a service provider, is that we can take on some unhelpful roles in the dynamic of the relationship. And this is really important to address. This is called Karpman's Drama Triangle. It takes all three parts to work. When we have a past that came from a house of power and control, there tends to be a lot of drama. There's a villain, a victim, someone who needs to rescue.

Sometimes the people we serve can pull us into those roles, accidentally through their adaptive behaviors, right. And it's a tough place to be, because for a large -- to a large degree, many of us who enter into service roles of helping other people, guiding other people, you know, it's very easy to fall into the rescuer role. I am going to rescue everybody. And I can speak of that from -- of my own work, when I first entered into this world. It was like I am going to save you all, you know.

It's superhero therapist. I had a list of superpowers, right. And what that did is created victims out of all my clients,

what a horrible thing. Why are they the victim? If they weren't the victim, they were the villain. It was an unfair hierarchy that was created by my idea of rescue. And once I learned that oh, this is not at all what we do, we're guides and not rescuers, it shifted that and broke down the triangle.

So, this triangle needs all three pieces to work. It needs a victim. It needs a villain. And it needs a rescuer. And once we recognize what role we have taken on, or what role we're being pulled into, or what role we're witnessing, we can start to break down that triangle and it disappears. All of a sudden that role is no longer and there's less drama. Like, there's less triggering. There's less work that needs to be done, because we've started entering into being a guide.

So, when we're looking at unhelpful roles and our relationship that we have with clients, Shawn and I have some optional homework for you, because who doesn't love more homework? So, it's a handout that you've received. And what you're going to do is just kind of go through and fill this out as best you can. So, maybe there's someone that you've been triggered by, like a person that you serve, or maybe it's someone that you know. And feel free to use a pseudonym.

But you're really having an adverse reaction to them. And try to figure out, like, what are they doing or not doing that's triggering you? Try to remember what that person's story is, if you don't know feel free to inquire. Tell me a little bit more about what's going on. Because they're having a reaction that is an adaptive behavior based on their story. And something is triggering that. And what do you need to do to be released from this, from whatever role that you're in, if you're the villain, victim, or rescuer.

If you're feeling the adverse reaction, chances are you're the villain. What can you do or need to do to release yourself from that role? All right. So we talked about this a little bit earlier. And we're going to go into it more here. But measuring caregiver fatigue. How do you know when you're experiencing caregiver -- when you give and give, and you're not feeling like you get anything back?

And the two questions for me that often come up are how do I feel at the end of the day. Am I exhausted, do I want to be left alone, am I looking to pop that bottle of wine or eat that bag of Cheetos. And more importantly, how do I feel at the beginning of the day. Have I had enough time to de-compress in between the end and the beginning, have I had enough positive things happening in my life. But really, how do I feel at the beginning of the day.

Am I dreading going to work, am I tired, fatigued, already overwhelmed before I enter the door. And at the end day am I

just so exhausted. And I'm just going to throw this in. I had a really great supervisor when I was a very beginning therapist. And I took on that role. This was back in the days of, you know, superheros therapist with the rescue role, right. And I had a hard time saying no. I had a hard time saying no to clients.

If they would say can I see you next Tuesday, I couldn't say no, I'm booked for the day. Or if I did, can I see you next Wednesday, no, I'm booked. I would say sure. I'll fit you in at lunchtime. I was fitting people into wherever I could, wherever I had a free space, because I wanted to help as much as I could. And I think that's a common response, especially to newer caregivers, providers, service providers, is that, you know, we are helping beings.

We naturally want to help others. This is part of what makes us human. And when we first start out and we don't have those good boundaries we have a hard time saying no to the time restraints of the work day. So my really great supervisor would come in and she would say, Marianne, I need to look at your schedule, because I noticed you're grumpy when you come in in the morning and you seem exhausted at the end of the day.

I was staying late to get my paperwork done on time. The time I was taking for paperwork was occupied with clients I couldn't say no to. That would keep me there longer. She said let me look at your schedule. She literally went through and would X out clients. No, no, no, no. And she'd say you're not allowed to work during your lunch break. Lunch break is for casual conversation and de-compressing.

And then she'd say, see these half-hour slots? These are for paperwork. You're not supposed to fit clients in there. She said, I know you're having a hard time saying no, so I'm going to have our office assistant call these clients and reschedule them for you. Which was so helpful, because that was the last thing I wanted to do, like oh, no, I have to call them and say I made a mistake.

But this was her great way of making sure that I wasn't going to experience caregiver fatigue, that I wasn't over-extending myself, that I wasn't dreading coming into work because I had overloaded my work schedule, and that I wasn't exhausted at the end of the day because I had not taken the proper breaks for myself.

>> SHAWN SMITH: Thank you for that. And I love how simply you put it, because, you know, there's some very helpful, you know, tools out there that measure caregiver fatigue, but if it's just me and I don't have time for the tool, here's a great way to do it. How do you feel at the end at the day, at the beginning, and move on, address it from there. And the other

thing I really appreciate, too, is the simplicity. Going outside, standing up from my desk.

We were doing a Zoom training the other day. There were about 25 of us on the screen. All of a sudden this woman stands up behind her chair and starts stepping. I'm like, that's brilliant. Thank you for doing that. Thank you for modeling to all of us that we need to get out of this chair once in a while and move around a bit.

>> MARIANNE HUEBNER: I'm going to add something right to that. I think it's coming up in the next slide.

>> SHAWN SMITH: What is it?

>> MARIANNE HUEBNER: (Laughing) I shouldn't tell you. I'm just going to leave it as a teaser. We can model good behaviors for our coworkers. You know, if you see a coworker who's working at their desk, say, we're going to eat outside. I have a coworker that usually on Tuesday mornings we have a half hour free and she'll say, did you bring your tennis shoes? Let's go for a walk. We walk outside, we circle the building. That's all the time we have. We come back in.

We can turn to our peers and coworkers to help us to not get caregiver fatigue. We can lean on them as we spend so much time with them, and they can lean on us so we can model those behaviors. They can model it for us, we can model it for them on how to have a healthier work environment.

>> SHAWN SMITH: Absolutely. It's really about supporting each other to give ourselves permission to do what we need to do in order to be able to show up for our clients, and especially our grumpy clients so that they can experience the safe harbor we've been describing. Toward that end, what we're going to share with you is this concept. So, as Marianne was just sharing, you know, you are holding space for the people that you serve.

And sometimes somebody needs to hold space for you. And sometimes that is your team. And sometimes it's a supervisor. And so what we're going to explore now is this concept of reflective supervision, how we share it, but in the context of colleague to colleague. You don't have to be someone's boss to do this. Okay. So I'm going to do the old TV thing where I am going to tell you what I'm going to show you, show you, and tell you what I showed you.

So, as I said, this doesn't have to be about just the supervisor-to-team relationship. It can be about any provider-to-provider relationship. But reflective supervision is actually a thing that you may be aware of. And we don't have a sufficient amount of time to go into it, but what I will tell you, in regards to leaders, there's these different types of supervision. There's administrative, are you filling out your timecard, putting in your mileage sheet, these kinds of things.

There's clinical or staffing cases, making sure we're providing the best care for those we serve. And then there's reflective supervision. We carve out eight-ten minutes, 15 if you can imagine it, for the folks that we supervise, that we lead. And just allow them to share out whatever they want to. I shared this in whole with a county behavioral health division.

And they had me come back for a refresher. And the topic of the refresher was, how do we manage conversations where people are bringing in things from their personal life? And this is actually a very positive outcome, because what it means is that the culture is becoming so infused with this concept of healing-focused care, this approach, that people are showing up and able to express their vulnerability at work.

Because guess what? If your team is not sharing that there are things going on in their lives, especially nowadays, it's still happening. And so if we give them a chance to unload it in a safe space, that can be very helpful to not only maintaining the team, but also in regard to the delivery of services. Now, in regards to retention, which has come up throughout our time together, there's a piece of data I wanted to share with you that was very impactful to me.

If I'm a kid in the foster care system and I have one case manager, I have a 76% chance of permanent placement. If I have two case managers, I have a 15.3% chance of permanent placement. If I have three case managers, I've got a 5.7% chance of permanent placement. And so retention of the team not only helps out with the energy of the team and the culture, and moving forward, but also impacts people's lives.

So that's one of the reasons why I believe this is important. So, what we're doing when we're applying this concept of holding space for each other -- again, colleague-to-colleague or supervisor to team -- is that we are behavioralizing the spirit and holding space for them. And so when I'm a supervisor of a team and I'm applying the concepts I'm sharing with you right now to the team, I'm modeling for them on how they want to be.

And one of the beautiful quotes from Paul in regards to reflective supervision is do unto others as you would have them do unto others. And that's how this design came about. So you're being compassionate, accepting, partnering, and at times, evoking, as we explored in the last module. This, again, aligns with a trauma-informed implementation at the values level, this MI approach, holding space, trauma-informed care going together like this.

So, you know, our job, again, is just to actively listen, learn, and demonstrate deep understanding. Sometimes that's all we're doing. We don't necessarily need to do a lot of guiding. Usually the person has their own ideas they can come up with.

We'll get an example of that in a second. We're using the same verbal behaviors to express that spirit and hold space as we explored in the last module. And we're going to share information and partnership as we did in the last module.

And you'll get an example of that in the demo I'm going to share. We can use grounding techniques with each other. I'm going to share out a structure with you of this conversation that you'll also have in your handouts. And one of them is announce one word that describes you right now. This gives a sense of how discombobulated our colleague or team member is. And then we can apply a grounding technique as needed.

With that little intro, I'm going to share a demo of that with you, and then I'll share out what you just saw. Do you have something you wanted to check in about?

>> I was trying to think of a group that didn't go as planned.

>> SHAWN SMITH: Sure.

>> And I think the most recent thing that happened was that we were doing meditation. I have this person who will not participate in meditation. Not only will not participate, but will keep eating, keep drinking. It's not like a helpful thing. He's not just being quiet and sitting there.

>> SHAWN SMITH: You feel like he's pushing back.

>> I do. In kind of a passive aggressive way. So meditation ended. I asked him about it. I said, it doesn't matter to me that you aren't doing meditation, but it does matter that you're disturbing other people from doing meditating. And we went into a back and forth about why he doesn't want to meditate. He thinks it's wrong because it's an eastern philosophy and we're not from the east. It was this back and forth, which I was unprepared for, because I thought meditation is meditation.

And for the most part, when people do it they'll be upset about it for a little while, but then they'll get in the groove of doing it. It's a new thing they have to get used to. He really pushed back on it as a thing where it was like this is so foreign to me that I don't appreciate it because it doesn't come from my culture. And so this debate just kind of got away from us. It wasn't productive.

>> SHAWN SMITH: Sure. At the same time, you have this learning moment. You said you were unprepared for it. And so as this conversation was going on you're like, there's a whole other kind of viewpoint that I hadn't considered yet.

>> Yeah.

>> SHAWN SMITH: So what do you make of that?

>> Well, I guess what I made of it was that I need to have a little bit more of a prepared response for that kind of pushback.

>> SHAWN SMITH: Yeah.

>> And have a way of asking questions that leads him to understand that this isn't inappropriate to borrow from other people's cultures when it's helpful to ourselves.

>> SHAWN SMITH: Sure. Because my guess is that you share secular mindfulness in your class. So helping him make that distinction would be something -- and others down the line, because that's not an uncommon. Rare, but not uncommon, yeah?

>> Yeah.

>> SHAWN SMITH: I'm just kind of curious about a little something. When you're opening people up to this concept of mindfulness, how do you present it?

>> When I present it I talk about how we've developed a certain way because of our life experiences and our brain has developed a certain way because of our life experiences. And sometimes that can get us wound up in anger. But with meditation, it helps the brain kind of rewire itself. Our brains are plastic. We don't always have to react the same way we always reacted. We can train ourselves not to do that. It's like practicing. This is a good place to practice that.

>> SHAWN SMITH: You really tie it into the through-line of your groups, which is about rewiring our brains to be more peaceful and loving in our families.

>> And how this is just a place to practice.

>> SHAWN SMITH: Yeah.

>> You don't have to do this outside of here, but practice it here.

>> SHAWN SMITH: Just give it a shot here. Yeah. And to what degree do you go in between the difference between it being secular and also a religious philosophy?

>> I don't hit on the religious philosophy of it. My other facilitators tend to do that every once in a while when they're trying to teach more about it. But I just stay on a secular way so it seems inclusive to everybody.

>> SHAWN SMITH: Okay.

>> I've never presented it as a religion or a part of someone's religion.

>> SHAWN SMITH: You present it as a secular thing that anybody might do no matter what their beliefs are. So, given this little moment you had with this person and recognizing there's some things I might want to tweak a little bit so people can understand this difference, and also so that if they don't want to participate they have something else quiet they can do

other than eating snacks, opening bags of chips, what comes up for you, what ideas do you have to move that idea forward?

>> I guess I was trying to figure out -- because what happened during the discussion was, I would bring it up in a way where I'm like, it's more of a secular thing. He would be like yeah, but it came from this Eastern philosophy. He kept pushing me back here. And I was trying to say no, this is what's happening. This is how we're presenting it. But he wouldn't unlatch from the idea that it was a religious philosophy. So I'm trying to figure out how I can talk about where a modern mindfulness came in, and maybe be more knowledgeable about the origins of mindfulness in the United States, if that makes them feel more comfortable with practicing it. That was the only thought I had about it.

>> SHAWN SMITH: I have one. Is it okay if I throw it out?

>> Yes.

>> SHAWN SMITH: It's my guess that there may be folks from time to time who are not yet ready to engage this concept, this practice that you're sharing with them. And it might be helpful for them to have an option. When you lay it out and say, if this isn't something you want to do, if I were your group member, what options would I have?

>> I'm trying to think of options that people would have without them being distracting options.

>> SHAWN SMITH: Mhmm.

>> Because the first thing that came to mind was, you could board, when I'm not feeling like I'm part of something I like to draw. But then I think everybody in the group is going to be like, why meditate when I can draw. Or just take in the idea of doing different types of meditations with the whole group.

>> SHAWN SMITH: That's a good one.

>> Whether that's like a stretching meditation, a drawing meditation, I don't know what other kind.

>> SHAWN SMITH: Guided brief body stands, anchor, all sorts of different ideas and options in regards to that. Even having prerecorded ones from some of the thought leaders in meditation, that sort of thing, something brief. So, one of the ideas you're kind of coming up with is the idea of, like, okay, if I was to give some people some options, what would they be. And I'm just kind of wondering what it would be like -- thinking back to this gentleman, what would it have been like to say, okay, that's cool. You don't feel it. And we're certainly not going to force you to do it. I assume that's your vibe.

>> Right.

>> SHAWN SMITH: What other quiet things could you do? Get the ideas from him. What do you think of doing something like that?

>> I like that idea. Because I think my first reaction was I need to convince you to do this activity that no one else seems to have a problem with. But I like the idea of putting it back to him and making it more of a group decision.

>> SHAWN SMITH: Yeah. Sourcing his interests, like if it's reading a book, or coloring, or whatever it is that's going to be quiet. Okay. Good. Anything else that you want to check in about about the situation before I wrap her up?

>> No. I thought that was really helpful.

>> SHAWN SMITH: Cool. I just want to make sure that I'm understanding what the plan is. So there's a couple points. One is you're going to kind of continue to sit with how you're exposing the concept to them to make sure that it's really clear that this is a practice that Google does and all sorts of different people do in a lot of different contexts, and continue to keep in all that beautiful science and the thread of how this is helpful in regards to, kind of, settling the amygdala down and all that.

When folks are not disposed to it yet, you're going to work with them and find out what quiet options they might come up with and allow hem to do that. If it starts to get out of hand where everybody is drawing, we'll figure that out then. Are we good?

>> Yes.

>> SHAWN SMITH: Beautiful. Thanks, Kate. It was great hanging out with. So, hopefully that was -- provided some further detail in regards to what I shared before. And these team conversation prompts that you see on the screen now evolved since that time. Some of them weren't applied in that demo. Plus, I'm terrible at following my own structure. But, this is the idea. You want to have the person check in, you want to have them describe what happened, which hopefully you heard in the demo you just saw, the facts of the situation.

And what this does is gives the listener sort of a grounding in regards to what it is that's going on, whether it's personal or professional. And then if the feelings don't come out you invite them out and ask them what were you thinking and feeling when this was going on. And then just kind of guide them through thinking about what do they get out of it. Kind of like Marianne's concept of paradoxical learning. So you have this little schism happening in group, what did you learn from it?

Failing isn't failure. Failing is often learning. And we feel like we fail sometimes. And it's helpful to have a listener

with an accepting, AKA nonjudgmental vibe that allows us to explore this in a safe space. And then you help them put together a plan as needed, as you heard in the demo. And one prompt here that has evolved since that demo was made is asking the person what do you need from me.

And when I'm in space with people and we do a demo of this in a room, and it's a real, live demo where the person is coming in with a real situation that they want to discuss, explore, and I ask what do you need from me, oftentimes the answer is nothing. I just needed someone to talk it out with. And so hopefully this is helpful to you in regards to how we might apply the concept of holding space, not only with the people we serve, but also with our team members so that we all can be well and do the work.

Speaking of wellness, it is time for us to explore a wellness plan. And we have come to the determination that you already know what you need to do to maintain your own wellness. And so we've given you a couple of things to support that, to support you giving yourself permission to take care of yourself. One comes from Marianne. It is a permission slip. And if you were to go to Marianne's abode and look on her refrigerator, you would see one of these completed. Shawn, tell them what else they've won.

>> SHAWN SMITH: We have additional homework to guide them through the process of identifying something that works for them. So on page 4 and 5 is a self-care assessment. And you take your findings from your self-care assessment on page 6 and pick out one that you want to start to practice to make a little bit of a plan about it. And the purpose of doing these wellness plans is so that you've identified a thing versus thinking about what should I do. I've decided to do this. I'm going to try to do it, if I find out I don't like it I'll do a different thing, or if I do like it I'll add another thing.

The purpose of these handouts is to give you an opportunity to give yourself permission, like Marianne was pointing out, to identify what specifically are you going to do to take care of yourself. One of the things that helps us to help ourselves and help others is to ensure that we have a common awareness of how we're doing the work. What's true is that if I'm a part of a team and the person next to me thinks this way, and I think that way in regard to doing the work, that creates a little bit of a collision.

And when there is a difference of opinion, we need the same framework to discuss how we're going to apply our services in service to a given individual or group of people. So one of the things like Marianne made it simple earlier in regards to assessing our own wellnesses, how do I feel at the beginning

of the day and how do I feel at the end of the day, our whole journey has been about how to simplify things.

When I was coming up, it was all -- seemed very technical. It seemed very impossible a lot of times. And then I came across this piece of data I shared with you in the last module. It matters more how we're doing what we're doing. And so that how is describing here, as far as I'm concerned. I need to have a common awareness amongst my team in regards to how trauma shows up with people.

I need to have identified approaches that help the people I'm servicing get better and heal up. I need to be respectful of a person's identity, that's where the cultural humility piece comes in. I need to know how to communicate and listen effectively to the people I'm serving because of time constraints and because I want to have a positive, healthy impact on this person. That's where motivational interviewing, holding space comes in.

I want to make sure that my team has a way to maintain their own wellness, whether that's on-site at the place of business -- so, for example, I used to work for a rather large organization of 300 employees. And we brought in mindfulness and we had mindfulness groups. We had yoga groups at the end of the day. We did all sorts of little things to help the caregivers take care of themselves. And if that is only giving them permission -- not giving them permission, supporting them to give themselves permission to do so, then that's a really good thing.

And then if I am a leader of teams, a program manager, an administrative director, the CEO, the accounting manager, director of development, whomever, whatever my role is and I'm a leader, then I want to be able to create opportunities to hold space for my team, much as we explored. So that's our two cents on how to create this healing-focused environment. And I was talking about how and what, but there's also --

>> MARIANNE HUEBNER: The why. And Shawn knows this is one of my favorite things to talk about, is the why. We can tell people what we do, that's easy. And we can often tell people how we do it. But we can't often tell people why. And the why is so important because it touches on our finding purpose within ourselves, and meaning in what we do. And again, this brings me back to a story that I heard about an exterminator who loved his job.

He could tell you what he did, and how he did it. He showed up and trapped rats. And when asked if he enjoyed his job, if he found it meaningful, he said yes. Now, this is someone who had had numerous jobs throughout his life. And they had always been for a paycheck. A paycheck is not the why. A paycheck is

the end result. The paycheck is kind of the bonus at the end of the day.

And he had a lot of jobs, experienced dissatisfaction. He was always looking for that next job, what else can I do, because this job is unsatisfactory in one way or another. Then he came across this extermination role and took it. As the story goes, he got trained and did it. When it came to the interview and they said what do you love about your job, how long have you been doing it? He says X amount of years, I find a lot of meaning in it.

He felt he was helping people. Like, his why is that he really loved helping people. He would come into a room and see people standing on their desks or their chairs or their bed because they saw a rat or a mouse or something. And he could come in and sort of put them at ease and say, it's okay. I'm here. And then he would do what he does and leave. And while he was doing it he would have these conversations.

He would get to know these people. He loved people and he loved helping. And so the why of his work was finally satisfied in this position that I think for me personally, I couldn't be an exterminator because I'm squeamish around bugs and rodents. I would call this guy because I can't do this job myself, right. And I would find that job like, whoa, no. But he loves it because he found meaning in it.

And he enjoys helping people. And this gave him a great sense of purpose. And it was something that he could do, that he knows a lot of people do not want to do. So when we look at the what we do, that's easy to answer. We look at how we do it, that's easy to answer, too. In the last video, I'm an art therapist. I talked about how I do it. But I didn't share why I do it. So this concept comes up from Simon, the concept of the golden circle, the what, how, and why.

And he talks about the importance of your why. And it's a 20-minute YouTube that you can watch. We can include the link for that. When we look at the why, like the exterminator, he loves helping people and this is one way he found great meaning in helping others in something that he could do.

>> SHAWN SMITH: Healing-focused care, being aware of how trauma shows up, taking care of ourselves, applying motivational interviewing, those are all journeys, culture of humility, reflective supervision, journeys. I need to continually focus on establishing what I'm doing well at and what I can get better at. Both of those are important. And when I know why, the purpose of what I'm doing and how I'm doing it, then it supports me to go on those journeys.

>> MARIANNE HUEBNER: Very nice.

>> SHAWN SMITH: And so now we've made a little movie.

>> MARIANNE HUEBNER: I believe that everyone has a story to tell. I believe that everyone has been through something that has made them stronger than they even know. I believe that through compassion, guidance, and the lessons of my own experiences, that meaning can be found in loss, that healing can be discovered after trauma, that purpose will be the seed that springs forth from the soil of what has been, and provide others with the fruits of love to share.

I believe that one seed provides many apples. I am an artist, a writer, a storyteller, an art therapist. And in all of these ways, a gardener tending to the fodder, compost, lives of not only myself but others so the seeds of healing can be planted one by one, fostering growth so that each person can experience the bloom of their own spirit, the bounty of their individual purpose, and collective impact for a kinder, gentler, more loving world.

>> SHAWN SMITH: I believe trauma is at the core of all ills. I believe holding space provides guidance of how to be with trauma survivors healing their wounds, listen, raise consciousness, and put the person in charge of their healing. This is important to me because I believe it is my purpose and my role in support of the healing and sustainability of our planet.

>> MODERATOR: Well, thank you so much, everybody. Shawn and Marianne, that was a great program. I feel like just, you know, as the moderator listening in, it gave me a lot of great insights just for myself, and of course our viewers as vocational rehabilitation professionals and counselors. I think these things are really great for folks to keep in mind and understand. So, thank you so much for sharing your knowledge. I know people have a lot of questions.

So I am going to run away and hand it over to Beth so that she can take your questions. We'll take as many as we can in the time remaining. If we don't get to your question, we are keeping track of all the questions that people have and we will be answering them later on our community of practice. So that's also where our webinar archives are. So, if you're curious about some of the questions that are being asked and we don't get to them, there will be answers for you when the video comes out and that page is finished. So, Beth, I'm handing it over to you.

>> BETH GAERTNER: Thanks, Heidi. We don't have too many questions today. We do have a question from Christine that she popped into the chat earlier. So we'll start with that one. Christine asks, what is the difference between vicarious traumatization and a PTSD trigger if it is regarding a past trauma? Marianne, you're on mute right now. (Laughing)

>> MARIANNE HUEBNER: There we go. I saw that and I'm like -- yeah. I was just asking Shawn if it's all right if I jump in and grab this one. So, the vicarious trauma can stem from unresolved trauma in your own life. Oftentimes that is bringing up that trigger. As we talked about in here, the identification of triggers. What is it that you are responding to? And again, I'll use a personal example, is I had a client at the beginning of my current career who had a very tough day, and ended up standing over me as the therapist in the group room and yelling at me about, you know, everything she could possibly think of, about everything that was wrong, and placing that blame on me.

And the interesting thing is I sat there and I was so triggered by her. And when I went in for my reflective supervision with my supervisor, it turned out that this person -- her reaction triggered something in me that hadn't been resolved. And she reminded me of a time I got yelled at by a family member in that same way. As Shawn and I had mentioned, it's really important for all of us to identify our own traumas, and our own triggers so that we have a better understanding of why we're emotionally reacting to something.

The work we do for ourselves in this way will benefit how we present with the people that we serve. And it's not to say that you won't still be triggered, but you'll be able to identify that trigger and kind of stay out of the re-bringing that up. So, I can't stress enough about doing your own -- really going in and doing your own work, and trying to get those traumas resolved, seeing a therapist. Shawn and I often recommend the -- is it helpthetrauma.org?

>> SHAWN SMITH: Sure. I can't remember.

>> MARIANNE HUEBNER: It's a great program. And there's many programs out there. But this is one I'm familiar with, on trauma resolution. And I often say, you know, as an art therapist I make my own art. And I would not go to a preacher who doesn't pray. An art therapist needs to make their own art, a preacher needs to pray. If we're working with people who may be traumatized we need to practice that, too. It's important for us to explore our own selves and figure out where those triggers are. And if we have PTSD, to reconcile those on our own so that we can be more present to the clients we serve.

>> BETH GAERTNER: Can you repeat that website again quickly for people?

>> MARIANNE HUEBNER: Yes. It's helpfortrauma.org.

>> SHAWN SMITH: I put it into the chat box.

>> BETH GAERTNER: Perfect. Thanks, Shawn. We also had someone in the chat asking for a link or a handout for that why

model that you mentioned. Would you be able to pop that in chat or send it to us so that we can include it with the recording?

>> SHAWN SMITH: Yep.

>> MARIANNE HUEBNER: Looks like Shawn is working on it right now. If anyone wants and they're listening, you can just Google Simon Sinek, he did a TED talk, a 20-minute TED talk called The Golden Circle. He's a very engaging speaker.

>> BETH GAERTNER: Perfect. Thank you. Our next question comes from Danielle asking what are your thoughts towards the benefits on clinical trauma groups versus one-on-one sessions?

>> MARIANNE HUEBNER: Well, that is exactly what I do. You know, I think that both -- side by side are very important. When people experience a trauma they feel isolated and that nobody is going to understand, nobody understands how I feel, I'm all alone in this, etc. And where I work, we do individual sessions, which you get once a week. And then you are in the group for the rest of the time, like whether you're coming to a group for a couple of hours or all day.

And the beautiful thing about the group dynamic is that even though everybody has their own unique situations that bring them to the group -- you know, everyone's traumas are your own, period. But the thoughts and the feelings that we experience because of these traumas are pretty much the same. So everyone goes through feeling isolated and alone. Everyone goes through these feelings of why me, you know. So there's commonalty.

And what I find in the group dynamic and working through trauma is that people start to build those relationships and have this understanding that, again, they're not alone. And then they have support. And then they feel safe to talk about it. And it's beneficial. Now, sometimes you can't go into great detail in a group, because the group is, you know, so large and you have limited time. So that's where the individual can help as well. So for me when I'm looking at helping people resolve their trauma, both the individual and the group together are beneficial.

>> BETH GAERTNER: Thanks, Marianne. Our next question comes from Deirdre asking is there a good way you can recommend that a counseling professional can find their own therapeutic group to join? I'm in Milwaukee. I have attempted to connect and have had two counselors since moving to the area, however, the matches weren't that great for me.

>> MARIANNE HUEBNER: Yeah, that's a tough one. You know, when I was in Milwaukee -- I'm now in Charlotte, North Carolina -- I went through my company's EAP. And it's really important to find that good match, you know, because when you don't get that good match you're like, ugh, not good. There's

other words that come to mind when you don't get that good match. So sometimes you can -- I don't know, Shawn, if you have a link.

>> SHAWN SMITH: I have a couple ideas. One is that with the advent of Zoom-ness in our current situation, there's a lot more online available therapists and other healing professionals. They're becoming more adept at this. In fact, I was going through a little something over the winter, and the fellow I found was awesome. But you're right, finding a therapist or a group is like dating. You've got to find the right one and sometimes that takes a little while.

My encouragement is to keep at it. And also to maybe consider broadening your scope to an online setting.

>> MARIANNE HUEBNER: You can usually type in, if you have traumas that you're trying to work to resolve, you can type in trauma therapy for a counselor. And I add that in because people who are in the service field like counselors and therapists, as Brene Brown puts it, our BS factor is a little high. We need someone who can challenge us in a way that we can't use our words to navigate around, right.

So it's important to find someone who can challenge you and sustain you in that way. So be specific in your internet search and see what comes up. And then try it on, as Shawn said. It's like dating. You've got to go through a little bit to find the right one.

>> BETH GAERTNER: Thank you both. Next question comes from Karen asking about anger, saying a lot of her clients are experiencing trauma and re-traumatization from Mr. Floyd's death. They're experiencing a lot of anger, as is she.

>> SHAWN SMITH: I'm sorry. I missed the question. That's certainly something we're experiencing. What was the --

>> BETH GAERTNER: It's not really phrased as a question. Karen, if you want to hop into the Q&A box and clarify a little bit.

>> SHAWN SMITH: I want to talk about this for a second because this is super important.

>> BETH GAERTNER: Yeah. I completely agree. So, go ahead, and Karen, if you want to clarify, or add in a little bit more to your question, feel free to pop that in the Q&A box.

>> SHAWN SMITH: So, the murders of George Floyd and others recently is affecting everyone in a different way, and in a deep way, from my experience. A lot of service providers are experiencing it. A lot of folks are struggling with how to be helpfully responsive to it. There's a lot of things going on in that regard. But the main thing that's happening is it's triggering historical trauma for a lot of folks, especially if they share George Floyd's identity.

And it is really bringing to light that this is our common unhealed wound. And what needs to happen -- we've had opportunities to do this recently where we just hold space for each other to share out, to allow people to share out their voice of what's going on. There's no fixing or therapy going on. It's just folks getting together and sharing out their experience. And just sometimes it's that little bit alleviates some of the tension, because all of that is under the surface -- has been under the surface for some time.

And because of the murders, it has been spiked, triggered, and opened. So it is super reasonable for not only the people that we're serving, but also service providers to be experiencing anger, as a person put it. And at the same time, we can figure out a way to hold space for each other to work through it, to heal through it, and to find a way to move forward together.

>> BETH GAERTNER: Thanks, Shawn. Karen did pop into the Q&A and said how do we process the immediacy of this anger.

>> SHAWN SMITH: And I think in my response, I would just refer you back to what I just said. A healing circle, a check-in circle where folks can come together. You want to have agreements in regards to -- these are very simple. I can send out a sample of agreements that's helpful. You teach each other about the agreements in regard to how you're going to operate in the healing circle. As you probably gathered throughout our time together, I'm primarily a trainer of motivational interviewing.

And we have an on-going peer learning group. And instead of doing skills this week, and in fact today, what we're going to be doing is we're going to be having a healing circle around this very topic. And so it's not business as usual. And there's a lot of good information on the web in regards to how people are experiencing this, responsive to their own identity. And I would encourage you to take a gander at that to tune into it in different ways and find ways to hold space for each other and yourself.

>> MARIANNE HUEBNER: Beautifully put, Shawn. And one of the things that resonates with me with what you said was this is not business as usual. And I think that's key to remember. Yes, people are going to be experiencing a lot of anger. They're also experiencing a lot of sadness. And having someone to listen, having that space. So I just want to say ditto to everything that Shawn said, to provide that space where people can be heard and just allow them to be angry, to be sad, to voice what they need to voice.

And then take those next steps after that. But it isn't to fix or mend. I think part of the anger is that it's been built

up, the historical trauma, it's been built up over so many years, and so many murders, and so many injustices. And so it's just that pressure of all of these years of experiences that have come to a head. And we do, as a collective whole, need to do something. But I think for the most part, where we can start is actually listening. Why is that person angry.

>> SHAWN SMITH: Another thing I would throw out there is culture of humility is a framework for ensuring that I am on a path to becoming culturally reverent. Once the healing structure is done this provides a structure for folks to continue the journey to ensure that we don't end up here again. I went to my first protest because of my son a few weeks ago. He's very active. And the sign that -- one of the signs that stuck out at me is that I can't believe that I'm 68 and I'm still protesting this explicative. And so this is a moment in time that we need to -- yep, get all that energy out and then focus it.

And the framework of culture of humility provides a way to focus that.

>> BETH GAERTNER: All right. Moving on to our next question, this one comes from Angie. Can you please talk about addictive behaviors, like food, as a negative outcome for women who disregard their bodies?

>> MARIANNE HUEBNER: Yeah. I can talk a little bit about that. I am not an addiction specialist. My specialty has been more trauma. But oftentimes that is a reparative behavior. That is when someone is looking to sort of fill the void. So anytime we use drugs, alcohol, food, even overexercising or underexercising, anything that we're doing in excess or so much of a lack is a reparative thing. We're trying to find either a sense of stasis, like homeostasis, or we're trying to suppress something.

And that's when it's a maladaptive tool. How to reconcile that, again really goes back to addressing the trauma that has occurred. A lot of times bullying, body shaming, sexual abuse, prolonged sexual abuse, sexual attack, all of those things. And start to resolve the trauma. And one of the things that I believe, and I believe I can include Shawn in this as well is, resolve the trauma and see what's next. See what's left.

So when we work to resolve that trauma, you may see there won't be a need for those behaviors anymore. I just had a client the other day say he uses drugs to try to escape the emotions he doesn't want to deal with. He hasn't dealt with his trauma. I was like maybe we should try that. So, that's the -- kind of the start for me. I know that's hard to get to. But there are a lot of specialty programs out there for people with eating disorders.

I say people because men do have them as well, although they're more commonly seen in women. But I know that Memorial has a nationally recognized disordered eating program.

>> BETH GAERTNER: The next one is asking, do you do any trainings such as breathing relaxation or yoga? That would be something most of us would like to have especially right now in our current situation with the pandemic and everything that's going on.

>> SHAWN SMITH: My turn or your turn? As far as mindfulness meditation goes, if you're in the Milwaukee area, and they may even have things online, Growing Minds is an organization in Milwaukee that has been training mindfulness through schools and professionals for a long time. They're very skillful at it. They've got a great structure for it. In regards to yoga, I believe that there are quite a lot of the yoga studios that are going online. I believe Hot Yoga in Milwaukee. You can't quite replicate the hotness of the yoga in your space, but you can still do the moves.

I've been doing a fair amount of yoga recently. It's super helpful. One of the reasons is because when we are stressed out, we carry that tension in our body. When we've had experiences of trauma, that become traumatizing, we hold that in our body. Yoga allows us to release that physically. And also allows us to be in touch with our bodies so when we're getting triggered and our shoulders bunch up, we notice we're getting triggered and can do something about it. If I'm not in touch with my body, it'll still have the reaction, but I won't be in tune with it. Those are the two ideas I have for you.

>> MARIANNE HUEBNER: Shawn, I was thinking of the wellness day that we often do as a part of the --

>> SHAWN SMITH: Yeah.

>> MARIANNE HUEBNER: Share training offers a wellness day. I don't know if you want to talk more about that.

>> SHAWN SMITH: I would say if you go to our website, which is is everywhere in the handouts, you'll see not only the wellness day, but also how we share cultural humility to cultural reverence, which I saw a question in here. We're happy to help out or refer you on to wherever might be helpful.

>> MARIANNE HUEBNER: Same. Here's where technology can be your friend. I do a lot of meditation. I teach meditation for the clients that I serve currently and we also offer yoga as well, because we know that those things are very beneficial. But given A. I'm not in Wisconsin where I think many of you are, although this is reaching a national audience. I saw someone contacting in from Arizona, I believe.

But our phones can be really beneficial. I have numerous apps for meditation. You find one that works for you, or online yoga, etc. So there's a lot of tools available to do that. And to Shawn's point, it's really important to be in touch with your body and how it's responding to the stress so that you can de-compress from it.

>> BETH GAERTNER: Perfect. Thank you both. And I just want to point out that there are people in the chat who have spotlighted some other yoga, and other types of resources that you can check out as well. So, thanks to people who are throwing in those other resources for folks. And feel free to check those out. We are going to close out now since we've hit 12:30. There are a couple questions we didn't get to. We'll send those along to Marianne and Shawn and post those with the archived webinar.

Just real quick housekeeping before we let you all go, reminder that there are CRCs available for this webinar. You visit our website and the archived webcast series page. Then click on the title of the webcast you've watched and under webcast and additional resources, click on evaluation survey and you complete that survey to receive one CRC credit. You'll receive the credit within a couple minutes after you complete the survey. Please make sure to check your spam or junk mailboxes.

Unfortunately, those kind of mass mailings can end up there sometimes. Also, just so you know, we do not provide certificates of completion, but the CRC works as a verification of attendance, if any of you need that. I know with a lot of people working from home, you might need those. If you have questions about CRCs, direct those to projecte3tc@gmail.com. Our next webinar comes to us next week. So that will be June 25th.

That will be April Lynch discussing employability and soft skills. And the following week we'll have a break for the Independence Day holiday. If you want to check out any of our previous or future content, register for upcoming webinars, feel free to visit our website at projecte3.com. That's all I have. If you want to type in questions in the Q&A box, feel free. Thanks Shawn and Marianne for being with us today. And it was great to have you all here.

>> MARIANNE HUEBNER: Thank you.

>> MODERATOR: Thanks, everybody.

>> SHAWN SMITH: Bye.
