OPENING

Welcome, everyone. Thank you so much for joining The Link Center for this shared learning group. Today we are focused on the topic of supports for trauma. I'm going to go over a few housekeeping items while we get started today. We do have live captioning and ASL today. The transcript will be shared with all attendees. The PowerPoint and documents will be shared with everyone via email after the session. We welcome you to revisit the content and share it with your colleagues. The attendees cannot see names of other attendees and all attendees are muted. You can use the chat feature by clicking on "chat" at the bottom of your screen. Please be aware that your name will be visible and you can change your name by clicking on the three digital lots and selecting rename. We will have representatives from The Link Center and responding and if you would like to submit a question privately to the panelists, you can do that by clicking on the Q&A at the bottom of your screen.

Following this webinar, we will receive an email with all the material -- you will receive enamel with all the material we reviewed today, the recording and transcript as well as an evaluation that we ask that you please complete in response to today's shared learning group. At this time, I am going to hand the floor over to Doctor Stacy Nonnemacher who is going to start today's presentation. Stacy, it is all yours.

INTRODUCTION AND WHAT IS THE LINK CENTER

DR. STACY NONNEMACHER: Thank you so much, everyone. Thank you for joining our second quarterly shared learning group. Thank you for making the time. We know you are all so very busy and in advance of our time together, thought that all you do as Direct Support Professionals. Your work is very important. So, again, thanks for finding the time. We appreciate it.

For those who don't know me, I'm Stacy Nonnemacher and I'm with the NASDDDS team, the National Association of State Directors of Developmental Disabilities Services. Just by way of a quick intro, I'm a middle-aged woman with brown straight hair to about my shoulders. I'm wearing glasses. Today, I have on a white shirt with black stripes, black sweater over that and I'm in front of a white Zoom background.

So, as Stephanie said, we are going to be talking about supports for trauma today and while we don't have time to do a deep dive, that's a huge topic and we only have an hour and a half together, we will start the conversation about how to get I don't tool, information and resources related to trauma. We identify this conversation and today's content may be triggering for some, so please, please take care of yourself and please let us know in the chat if there's anything we can do to change the words that we use as we're meeting today. We even know the word "trigger" may be triggering, so we invite you to share and react in the chat, and just putting it out there that we welcome all sorts of participation today. So, some of you may be desiring to

actively engage, some may desire to listen and witness, and we welcome all of that in this community.

So, about these shared learning groups, The Link Center is a grant funded through the Administration for Community Living and we will talk about The Link Center in just a little bit. But wanted to let you know this is the first of four meetings that we'll be holding today and tomorrow. We'll be holding the meeting for Direct Support Professionals today and clinical professionals today and tomorrow, we'll be holding and facilitating meetings for people with lived experiences and another one for their families. The information in all four of these meetings is the same, so we're just tailoring some of the content and discussion points and questions for each group.

So, this presentation is a collaboration. All of the content that you see here today is really thanks to The Link Center partners, and those partners include people with lived experience, researchers and people who work on policy issues. As Stephanie said, it always bears repeating, we are recording and transcribing today's meeting and we will share that along with the other materials after the meeting.

So, now I get the honor to turn the mic over to Perri Spencer, a mentally ill autistic advocate a member of The Link Center. They are a graduate of a program focused on teaching valuable skills to people with developmental and intellectual disabilities. They are currently searching for new work opportunities that would further enhance their skill set and allow them to grow as an advocate. Perri, the floor is yours and thank you so much for joining us today.

PERRI SPENCER:

I'm a white person with light brown hair. I'm wearing a black shirt with the rainbow infinity symbol. We are going to talk about trauma. Trauma is when things happen to us or when we see bad things happening to someone else. We may feel scared, hurt or upset when bad things happen to us. This is okay. We may feel scared, hurt or upset when we're reminded of bad things happening, this is also okay. Discussions of trauma are difficult, and it is okay if you need to take a break.

I want to talk about the inherent trauma that can come from having an intellectual or developmental disability or I/DD. I/DD comes with trauma that often is not talked about. Some people don't know these experiences are traumatic. Ahead, there be talk about discrimination against people with I/DD and mental illness. Be gentle with yourself.

The first thing that is traumatic is not being able to say what you want or need. This happens most to people who are nonspeaking but can affect everyone with I/DD and mental illness. It is very difficult and leads to not getting your needs met, frustration and meltdowns. Another thing that is traumatic is a lack of choices and autonomy, which is the freedom to make choices of your own life. It is very scary to not have control over basic things like what you want to eat for dinner and major

things like where you want to live. It makes a person feel out of control and scared. Everyone should be able to make decisions about their life, including people with I/DD and mental illness.

Something else that is traumatic is not getting your support needs met. For example, Jackson lives on his own and needs help to use the stove but his support worker only comes some days. He may want to use the stove on some days when his worker isn't there but can't do that safety while his need for help in using the stove is not met all of the time. It limits the choices of people with I/DD and mental illness. Jackson may not have choices to cook dinner with the stove or microwave when his worker is not present.

It is also traumatic when people assume you can't do things without talking to you, especially when it is people who are supposed to be supporting you. People may think you can't do anything for yourself or because you can't use speech, you can't understand or say anything, this is not true and it is not okay for people to think that. People should ask what you need help instead of thinking you can't do certain things.

The last traumatic thing is ableism. Ableism is when someone discriminates against you or treat you unfairly because you are disabled. Someone may talk to your worker instead of you when you go out. People may not know unless you tell them. There are things that nondisabled people know is not okay like not giving someone a job because they are disabled. Ableism is found in all parts of life because people who make laws have bad feelings about disabled people.

Next, I want to talk about abuse and keeping people safe from abuse. It is a scary thing to think about and it is okay. If you need to step out, especially if you are an abuse survivor. However, it is important that we talk about abuse and how to keep people with I/DD and mental illness safe. If we don't talk about, we can't change it.

It is important to know that people with I/DD and mental illness are at a much higher risk of abuse than people without I/DD. There are a few reasons why I think is, people may not know what abuse looks like. For example, someone may not know someone taking their money or controlling their money without giving them choices of how to spend it is abuse. It is important to teach people with I/DD and mental illness about what abuse can look like, so they know when abuse is happening and know how to report it.

Another problem is that even if a person with I/DD and mental illness does know they are being abused, they may not have the tools to report abuse, this is true for people who are nonspeaking. Communication devices with symbols does not have the correct name for genitals. This may not seem like a big deal but it meansen? Who uses a device can't report sexual abuse. Someone with I/DD or mental illness may not know who to report the abuse to or say it in a way that others will understand. People with I/DD and mental illness are often denied sex education. This makes reporting abuse more difficult. Someone might not know that sexual abuse is happening without information about sex that the person can understand.

People with I/DD and mental illness need and deserve correct information about abuse and reporters to stay safe, some people with I/DD and mental illness may have a hard time staying safe with correct information and support because of their disability. Supporters should be looking out for changes in a person that may be signed that abuse occurred however, it is not a replacement on teaching people about abuse and how to report it.

It is important to remember that abuse is never the victim's fault. It doesn't matter what they did or didn't do, believe people when they tell you about abuse. That is most important.

The difference between crisis and trauma, when a tree stands against the storm, it is during the resistance to the storm the tree is in crisis. After the storm, soaked in rain, branches snapped and torn away, now the tree knows trauma. I compare myself to the tree. I know my strength is in my roots. Monica Wafford, survivor.

This meeting will be talking about ways theme deal with trauma and strategies people use to address trauma. Take care of yourself and allow silence to be a safe space and feel empowered to do what is necessary for your comfort and care.

We celebrate our individuality, our diverse culture, and our singularity while we celebrate the discoveries realized in collective humanity. We know people are unique with our own experiences in the world. We empathize with experienced traumas that hinder our resilience. Some people have experienced trauma that makes it hard to recovery and move forward. We listen with open minds and compassion, without judgment or blame.

DR STACY NONNEMACHER

Thanks so much, Perri and thanks for setting the stage for the topics today to support trauma. Here is today's agenda. Feel free to introduce yourself in the chat, put your name in there or any group or membership you may have in the chat. I will take a few moments to talk about what The Link Center is and then we will pivot and dive more into talking about supports for trauma. There's many resources out there, particularly in the mental health field, and certainly, there's a lot that we can learn but acknowledging that there's a lack of resources for those with developmental disability, brain injury and mental health conditions. So, we're trying to look at trauma less diagnostic specific and more as universal practices.

So, we really want to highlight some of those things today, as well as offer a group exercise in where we present, hopefully, a relevant challenge and solution to help supporting people with trauma. This is a prompt. You will see this again later. We're really acknowledging that we're not the only ones thinking about how do we better support people who have trauma, and, you know, you may have and it is part of The Link Center work to be collecting resources, websites, other information out there that you may identify as your go-to place, your go-to resources, so feel free

to share those throughout our time together. We will reminder you again at the end of our time together.

Let me take a few minutes to talk about The Link Center. again, The Link Center is a grant offered and funded through the Administration for Community Living. We're about a year and a half into the five-year grant. And, you know, this work is very ambitious and there is a lot for us to be doing and that is why it takes partners to be doing this work. Along with NASDDDS, who I am part of, we are partnering with NADD, the National Association of Dual Diagnosis, as well as NASMHPD, the National Association of State Mental Health Program Directors. Throughout this work, we're putting an eye on equity, diversity and inclusion. You will meet Max from Green Mountain Self-Advocates, people from Autistic Self-Advocacy Network, the National Association of State Head Injury Administrators, and CommunicationFIRST. We're trying to put an eye on the work that we're doing that we are meeting the needs of the community, and continuously looking at what we're developing is what we said we would develop and what we said we would do, as well as doing it with integrity. Again, really meeting the needs of folks.

So, to that end, we are also partnering with the National Center for START Services, Sonoran Center of Excellence and Ohio State University Nisonger Center. We are grateful to have a robust group of people to do the work with The Link Center. there are three key goals that we have for the center, the first is systems change. When we talk about co-conditions, that is people who have needs that span across systems and require systems to engage and work together and in my experience and probably some of your experience, you know that often systems can be the barrier to making that happen. So, we're hoping through the work of The Link Center, our engagement with federal partners like ACL, CMS, we're hoping to improve policies, service design and service coordination. We're looking to build capacity for clinical professionals. We all know when we're talking about supporting people with intellectual disabilities, brain injuries, other communication differences and mental illness or someone who has a mental health condition, it really takes a certain level of knowledge and expertise and understanding and so, we're really hoping to build that workforce through the efforts of The Link Center.

Finally, through systems change and building capacity, we're really hoping and a strong goal of ours is to increase service access or improve access for people with co-occurring conditions across all of the conditions and to meet their needs in a very person centered and culturally, linguistically appropriate way. So, we're going to do that through several activities. I already mentioned that our eye is on diversity, equity and inclusion through all of these activities. Our eye is on continuous quality improvement and Stephanie mentioned, this we have an evaluation at the end of this today, so you can let us know about your experienced with the shared learning group, things we can learn more when we talk about trauma and things we can look at in in the future. We have the feedback loop, that evaluation loop. We have a Steering Committee and Perri is part of our Steering Committee, as I

mentioned earlier who really, you know, this content really has grown because of the contribution that Perri has really has offered to this work along with the other Steering Committee members who are guiding the work through and from their lived experience. So, we're really excited to have this group of people that we can be plugging into and leaning on to help us do this work and making sure that it is impactful, it's relevant, it's timely. We have these shared learning groups and I love the word shared here. We're looking to, you know, not just offer information about The Link Center specific to topics but also be pulling from you all, again, what are your resources? What are your trainings? What are your thoughts? What are we missing? Looking for things to evaluate and looking for action to take through The Link Center.

Ongoing, we're tapping into what we call expert contributors or other people who are looking at how do we better support folks with co-occurring conditions, so they are also informing our work and informing our thinking about, you know, certain topics and again how to better support people with co-occurring conditions.

And lastly, I will just mention that we're really taking a strong effort in identifying what is out there in terms of resources, information, training. As I said before, we started digging around and identifying what is out there and what is relevant in terms of support for trauma, but also identifying the gaps. So, where could we as The Link Center, and our partners and our shared learning groups and our Steering Committee come together and inform that. Our website, it is not up yet but our website as a repository or a Resource Center or hub where we're going to put information for better supporting people for co-occurring.

So, I just want to take one second and pop a poll up. I'm going take the opportunity because we have you all here and since part of what we want to do as The Link Center is develop resources and information and training for you all. We're really interested as we develop those resources and materials and share information, how would you like that information? What is the best modality for you? So, I will just give it a minute or so.

Thanks to those of you who have already participated.

We're hovering at about, oh, almost 60% response rate, so that feels pretty good to me. Thank you so much. Just really helpful to understand what people feel is the best way for you to receive information, and we will be asking all the other folks during the other shared learning groups as well.

All right, so the goals of today really is, as I mentioned, we're going to share what we're doing at The Link Center related to supports for trauma. Why are we talking about trauma when we talk about folks with co-occurring conditions? We're going to share some of the resources that we have already identified, as well as resources that have been developed by some steering committee members and other partners. And then as I said, this is the beauty of the shared part of the shared learning group, which is we want to get your input related to supports for trauma. And so, again, open invitation, use that chat, pop in anything that you found to be useful to your work in terms of supporting someone who may have trauma or trauma experiences.

And then we're going to provide an opportunity to engage you all on, you know, thinking about solutions and ways that we can support someone who may be experiencing trauma as well.

So, I'm going to turn it over now to Dr. Brian Sims who is a partner of us through the national association of state mental health Program Directors. Thank you for being here.

PRESENTATIONS

DR. BRIAN SIMS:

Thank you for having me. To be honest with you, what you have asked me to do today, I want to give all of the credit to Perri. He gave an outstanding overview of where things are and where we need to be, so I'm going to, I will supplement some of the things he talked about so far. I'm thrilled to be a part of this because I have a real spot in my heart for direct support providers. It has been part of my career and I'm currently the senior medical advisor with the National Association of State Mental Health Program Directors, I've been with that program for 15 years. In that timeframe, I worked a lot of those years along with a team of professionals that worked through the national center for trauma informed care and we traveled all over the world implementing trauma informed components across the globe.

And I have been thrilled with where things have been going so, again I'm honored to be here for you. For those who may not be aware, my pronouns are he, him, his. I'm an older black male with glasses and gray-black hair and wearing a gray shirt and my background is white.

I want to start off with also, again, after acknowledging what Perri has already said, also reminding us about finding that safe space if you find any information that is being delivered at any point in this presentation, please do so. This is part of our overall education on how we're going to move forward in this.

We're here to talk about why there are supports for trauma. What are we even mentioning? But just of the go back, I would like to give you a quick definition. This is a definition that I might add was developed through efforts at SAMHSA. SAMHSA convened a number of years ago a coalition of individuals that involved, not only professionals but persons with lived experience, community folks, folks from the faith-based communities, and they got together and really asked the question, what is trauma? And I just wanted to give you a real quick overview. Trauma starts off, in their definition, with one word called individual. It is individual trauma that results from an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and has long lasting adverse effects on that person's functioning and mental, physical, social, emotional or spiritual wellbeing. So, you can see it encompasses a lot of things and a lot

of work went behind this but it is to acknowledge one huge piece, it matters not what walk of life you come from, trauma is extremely pervasive. Can we go to the next slide, please?

In this, we're looking initially at trauma in our general population, just what are we seeing out there? Working all these years, it is very clear that trauma is pervasive and does not have a specific age stopping point. It doesn't have a gender stopping point. It can happen to anyone, all ages, gender, race, ethnicity, sexual orientations, no one is essentially immune from the potential of trauma being woven into their lives. We want to make sure while we're talking about the general population, we're going to move things more specifically to talk about the I/DD population a little bit later. I do want to mention at this time, anything that you see as far as material or data that is presented, there is references that can be found at the end of the PowerPoint that we have. So, next slide, please.

So, if we continue down this pathway of looking at general populations, let's start with women. Women in the general population are two times more likely to develop post traumatic stress disorder than men. This is data that we need to take a look at because sometimes we have the assumptions that based on severity or otherwise, it can make a difference in terms of those numbers. What we need to go back to is the definition that how people experience the trauma determines whether or not it is actually traumatic for them. So, what one person experiences that another person may experience the same thing, they may have two different responses to it.

We also know women report higher rates of sexual assault or child sexual abuse. When you look at men, men are more likely to experience accidents, physical assaults, death or injury again across our populations. Let's go to the next slide. If we continue to look at this and we move it into our BIPOC or indigenous people of color, we begin to see this data move into specific pockets where blacks are more likely to experience PTSD in their lifetime. If you take a look at minority youth, and this just isn't black youth but looking at minority youth in general, they are more likely to experience trauma, including historical trauma. We don't do a lot of talking about historical trauma but it is extremely relevant in looking at everything we're talking about. We're looking at immigration stressors. We're looking at natural and manmade disasters and the ones we really focus on, discrimination and violence. Minority youth, we know are less likely to questions medical and mental health care. Next slide, please.

When you look at the black and Latino groups, what we see is there's an increased experience with respect to violence, poverty, to incarceration. We mentioned earlier about access to health care, marginalization, and let's continue with the low social status that is at a greater degree than many of the others in the population. We also want to take a look at the historic, as we mentioned earlier and intergenerational trauma, which is trauma passed down from older generations to younger people. We can look at our own culture and look at specific cultures and see where that would have trauma woven in. American Indians, Alaska natives have increased their risk of especially traumas today. We need to many much more adept

with understanding that their traumas with respect to their culture needs to be respected and heard. If we look at the LGBTQI+ individuals, they are nearly four times more likely to be experience violent assault and their cisgender, heterosexual counterparts. Heterosexual people are attracted to genders different from their own. Within those is the interwoven and trauma does not spell out differences. Trauma is trauma. Next slide, please.

So, let's take a look now at what happens within the disabled population because this is something that there's a lot of literature regarding but just some basic understandings that we need to take a step back and take a look at. Trauma informed care, number one, may not be aware of this but the resources, the self-regulation, the soothing mechanism, all of these things that comprise trauma informed perspectives were born out of the I/DD population. Many of the strategies that were there, that are in place right now and highly effective were actually from highly effective features. So, what is that telling us? It is telling us that everyone, everyone can heal from trauma. Everyone has the potential to recovery. This is something we have to slow down and say because it is not always embraced by everyone. Let's take a look at it.

That population of disabled individual, 85% to 90% of them who get mental health support have a history of trauma. What is that telling you as a support person?

When you walk in the door of an individual, you can pretty much be sure there is trauma in that person's history. Next slide.

So, now as we take a look and we drill down to why we are here in this particular segment, I need to go back historically and kind of review with you, if you will, a little bit of history behind where this is coming from. SAMHSA, or the substance abuse hygiene mental organization is responsible for mental health delivery across the country. And ten years ago, they convened a group of individuals to start to study the principles of trauma informed care and way before that particular time, it was born out of the understanding that there was a extreme amount of seclusion and restraint that was taking place with the population of mental health individuals. Far more than needed to be and we knew of that seclusion and restraint was never an answer as to how to get people better.

So, they convene a panel to talk, not only of implementing trauma informed perspectives but how to do it, how do we change the environment? How do we then see that? The one thing we want to talk about is embracing these concepts. Because we're going to talk about six principles but the first thing we have to do is self-reflect. As we know, folks, trauma can affect direct support providers, it can affect clinicians, it can affect anyone. We're sometimes bringing things to the table, as well as trying to deliver a level of care and how difficult that can be sometimes when we're told by our employers that you have to leave your traumas or your other issues in your locker when you go in for treatment of another individual.

So, in looking at these principles, they were geared towards with helping to provide support that does not involve having to go to school for 25 years to

learn how to do principles. This was really concrete about doing things that we already know work. It's almost the same as just greeting individuals and really caring about how they respond when you say going or you -- good morning or good evening, having time to step back and how they respond.

The most prevalent one in all of these six is a discussion in regards to safety. Next slide, please. What does safety mean as far as the direct support providers? Well, what it means is your efforts involving the people you serve really are helping them feel physically and emotionally safe, and that is critical because when they feel safe, it is much more likely you're going to find that person will connect, that person will begin to trust, that person will begin to talk to you more, be able to converse with you about things that may be bothering them or how they can start that pathway. One thing is well known is if a person does not feel safe, there can be no establishment of trust. It is very difficult to do so. How can you as the direct support person be able to work with that?

When you're supporting someone in that kind of setting, look at whether or not there is a calm place for that person to go to, someplace where they can deescalate, they can dysregulate, is your relationship with that person of a calming nature and it is hard for that person to feel safe. it is hard for that person to put trust in you if you are coming at them in a very terse way. What you see at the bottom is a lived experience video and I would have you at some point in time please take a look at these. These are colleagues that are individuals with lived experience that give a powerful connection to each of these principles. When you have an opportunity, please check that. Next slide, please.

Next loaf to trustworthiness and transparency. What does that mean? It essentially means being open and honest with people. Let's think about ourselves. If we were receiving services, would we want someone to actually be open and trusting and honest about us in terms of the level of care they are saying they are going to provide for us? It is something where it makes a lot of sense on the surface. How can we, then as support workers, support an individual, so they can trust you and know you're being honest and know that you're being open?

I will give a quick example of it. I worked in the mental health field at state hospitals for over 20 years and in that timeframe, I met a lot of people who did not have titles, who did not have a lot of mental health experience who were the most profound individuals in establishing trust and establishing transparency. One of the ways was a young lady who worked in our unit as a ward clerk and a ward clerk has the job of going into a nurse's situation, listening out for phone and making changes in the charts. This young lady, every day without fail would come into the main area of our unit, and to 31 patients, she would say good morning. She wouldn't stop there. She would go to a couple of them and say, I heard your grandmother was ill. How is she doing today? She would go to another one, you know what, how are you doing this weekend? How did the weekend go for you? No matter what their responses were, she would nod and acknowledge it and go to the nurse's station and finish her day. My

point to each of you is a simple question. What do you think would happen to this young lady if someone did something mean or bad to her? And I think we can pretty much come up to the answer there would be 31 patients ready to take you out. The bottom line is with the compassion, with the empathy, she was able to establish individuals who are willing to trust, willing to open. It is not always about the clever things we come up with, it is about being person-to-person and being person centered. Next slide, please.

Now, we go to peer support and this is a huge issue in terms of the principles because this is the use of a very important part of a person's healing process. We see this is a lot in the veteran populations that many veterans are unwilling to establish any kind of relationships with someone who is not a veteran because the feeling is they can't speak the same language. Well, sometimes, we as direct support persons may not have trauma going on in our lives or we may not have a comparison piece. So, what we want to do is support them by encouraging them to gather and talk about their experiences because they, together can come up with coping strategies. there can be individuals who are peers that can come in and say, look, I have been where you are, and here is how I have done better with. Here is how I have been able to get past this point and assist in the self-regulation. Do you encourage that mentoring? Do you want to establish a build up of helping another person to navigate those challenges? This goes back again to the same question about whether or not you are believe in the treatment of the person you're receiving. Next slide, please.

In collaboration of mutuality, we go down the same portion of sharing power and decision making. This is to make sure the individual understands they are partners in the treatment. When you support them, are you a good listener? Do you show empathy? Do you respect their boundaries? When you're doing these simple procedures, you re-establishing to that individual as a very important person in that conversation. You're giving them power, I value what it is you say, as far as how we can both move forward together, so huge issue here. Next slide, please.

When we go to empowerment, voice, and choice, we are now talking about recognizing those strengths and supporting the self-advocacy. Supporting the fact they can make choices and the choices can help them enhance in their self-regulation efforts. When you're supporting someone, do you help them build on their strengths to help them develop new skill, new coping strategies? Do you incorporate your feedback? As you connect with that individual, are you able to work with them directly about some of the ideas they may have? Some of the ways they may think might be a little bit better than what we might be saying to them, and let's go to the last slide then.

As we go now to the cultural, historical, we can probably spend another 20 minutes speaking on this issue. It is so critically important. It is something we don't always focus on is the understanding and the respect for the cultures of the people that we serve. We need to offer that gender responsive services. We need to move past those stereotypes that we quite often have involving cultures, and understand about historical issues being very relevant in addressing the trauma of

someone. So, in this, how can we best do it being culturally -- exhibiting, I'm sorry, cultural humility and being respectful of individuals of other cultures because that method lets them know they are valid. Lets them know you are attempting, even if you don't know their culture well, you are opening the door to better understand it, so the collaboration and connection with be significantly enhanced. So, with that, we will go to the next slide. At this point in time, I would like to turn things over to Max Barrows from Green Mountain Self-Advocates, a partner in The Link Center. Take it away.

MAX BARROWS:

That was a great introduction. Thank you very much for that. As mentioned, I am Max Barrows. I do work for Green Mountain Self-Advocates. Just to describe myself, I am a young black man. I have black hair. I am wearing a light blue dress shirt with a dark blue tie with, you know, red and white diagonal stripes. And I have the background, which is really nothing but white with The Link Center title on it on the top right corner.

I am going to now, like, talk about a tool that we created and this is going to be a tool for managing triggers. And so, next slide.

So, what's going to happen is I'm going to go through the tool we created, which we want to show you that way, you'll see that this tool will help, you know, manage triggers when they come up for people with disabilities.

So, here's how it is going to work. This is a new tool for managing triggers and when we use the word "triggers" we mean things that make you remember something bad that has happened to you. You know, the tool the written in plain language, so it is easy for most people to use. So, you may be, like, wondering, what, you know, is this tool? What this tool is, it is a tool -- it is a two-page handout and helps people to make a plan for what to do and say if they get upset when they remember something bad from the past. You know, triggers can be people, you know, places, smells, sounds, tastes, or things. For example, if someone who hurt you smelled like smoke or perfume, those smells might make you remember what happened.

Triggers can, you know, make you feel, you know, really scared or anxious. Our mindset and bodies -- our minds and bodies might explode with feelings. When you remember bad thing, you might feel sad, you know, mad or scared for a while. Our purpose of this tool is for a person to try to figure out the things that trigger them.

When possible, a person can try to stay away from those things but it may be, you know, possible to -- it may not be possible to avoid all of your triggers. You have found that knowing your triggers can help you understand why you get upset.

So,, so,, you know, how do you use this tool? You may be wondering. So, the tool begins by asking a person to identify their triggers. The first question, as you see, what are my triggers? And this can be updated as a person gets better at figuring out what reminds a person of the past? Next is a list of what they can do

when they get upset. These are strategy used to feel better. For example, taking a long walk, sitting alone in a quiet space, listening to music and, you know, I talk to myself. For me, it can be calming to do what I call an energy release, which is when I feel overwhelmed, and when I talk and think to myself, I'm letting my body kind of feel that. The energy that builds up in me, you know, I release. It may be seen as, you know, rocking back and forth, you know, hand flapping, jumping, and I'm only speaking for myself in this matter through how I release energy after an overwhelming day.

Helpful support, this includes what others can do to help me be okay. For example, for me, if I want people to help me stay calm, I would like them to be calm themselves. Autonomous for me, please do not ask me a lot of questions and it helps to tell me, I am safe. Not helpful support, in other words what do others do that is not helpful? For example, please do not try to stop me from talking about the past. Do not ignore or judge my feelings. For me, I do not want someone to talk in a loud demanding voice.

Next is who should support me. Make a list of the people you want to support you when you are upset. It can be anyone. I personally, want someone that I trust. Who should not support me? In other words, who do I not want to support me when I am upset? For me, people that don't understand me.

When do you use this tool? Go over the completed tool on a regular basis, you know, support the person to practice what to do to be okay when they get upset, especially if they are new people in your life. Triggers can come up at any time, so it should be ready when it is needed. If you feel comfortable, consider posting it in your room or someplace you can find it easily. How do you share it with others? If I had this, I would share it with the people I spend time with. It is important to let people you trust what they can do to be supportive. I personally, would want it to be, you know, part of my person-center plan. A copy of this can be kept in the home or workplace or in an emergency packet, so those are things to keep in mind.

I also want to get into this. I'm sure you have heard these words before but checking in and that is what I final want -- finally want to get into. I want to finally get into checking in. When it comes to checking, in it is not a time to get instruction or be schooled in what to do. It is time for listening. Some suggestions would be to ask me neutral questions to keep me talking like how did that make you feel? What do you think? What's important to you? Do you need more information? What have you tried that works for you? What do you do that makes you feel okay? , you know, the goal is to create a welcoming space, so we can say what is on our minds.

Now, sometimes a person is seeking out your opinions. They want you to tell them what to do and it can be easy to answer this but it does not help us. You need to help the person figure out what they want or what they want to do by asking questions without giving them information. For example, some people try walking, some people try music, some people try deep breathing, end quote. The goal is to stay neutral and keep your opinions to yourself. Checking in is helpful for the person and their supporters. We get others to listen to us. We get emotional support. Our

supporters get information on how we are feeling. We tell our supporters what they can do, and say to support us. Overtime, we build trust.

So, that's it and, you know, that's what we do to support people that are experiencing trauma. So, thank you and let's go the next slide.

ACTIVITY/GROUP EXERCISE

WENDY MORRIS:

This is Wendy Morris. I'm a senior behavioral advisor at NASMHPD and glad to be here today and participate in this. I want to introduce our group exercise. Max and I will be working together to facilitate this time. I think we have the next 20, 25 minutes together to work through this. As Stacy said at the beginning, we invite you to engage as much or as little as you want. We are looking for volunteers to kind of react. We're going to read, Max is going to read a short case example and we have a question for discussion immediately following that and we will open up to the group to give us your thoughts, ideas. Again, as Stacy said, this is shared learning. So, we hope to get as much out of this as you do. We really want to hear your ideas and thoughts on these things. I think without further ado, Max, I will turn it over to you and remind people, you can raise your hand, come off of mute, leave your camera off, turn your camera on, however you feel most comfortable.

MAX BARROWS:

"I am a job coach and support Alice. Alice is a 25-year-old woman with a diagnosis of Autism Spectrum Disorder. Recently, she had been experiencing high blood pressure, panic attacks, insomnia, nightmares and depressive symptoms such as isolation and loneliness. Alice reports her job in the service industry is stressful and doesn't pay enough to afford rent and necessities. She also said looking for another job elsewhere would take her away from her parents and siblings with whom she lives.

Her grandparents immigrated to the United States 60 years ago leaving a country that was not safe seeking better opportunities for their families. Her family has consistently struggled with a new country and language, poverty, and food insecurity. When she talks about her childhood, Alice said her parents loved her and pushed her hard to succeed, but she also said, they often were angry and sullen. What should I consider when supporting Alice?"

WENDY MORRIS: So, again, looking for "reactors," so anybody who would like to chime in. Again, raise your hand, just come off of mute, turn your camera on.

Give everybody a minute. Okay, I see Devin with a hand up. What would you like to share?

SPEAKER: I think you should consider cultural differences because things are -- she has been raised by immigrants who have a very different standard from what she would see in America.

WENDY MORRIS: Yeah, I think is a great point. Do you have ideas about how you might accomplish that?

SPEAKER: Um, I think first talking to her about the differences that she sees in her cultural relationship with her family versus what she sees with other people in her community, and how best to integrate her cultural differences in that understanding.

WENDY MORRIS: That's great.

And then, Max, I think we have one in the chat. It says share the tool with Alice and support her to make a plan when feeling stressed. I'm guessing that is the amazing tool you just went over.

MAX BARROWS: Hmm. Anybody else?

I have one in chat here. It says Alice may not want to be away from her parents or siblings. Parents may have different cultural differences. family may not know how to support Alice. And then there is another chat that says, I'm wondering what other employment options are available to her, might be worth doing an assessment on strengths and what else she could do.

WENDY MORRIS: How about Teresa?

SPEAKER: I was going to comment along what Max just read. It seems to me like Alice is very immediate need because it said a lot of these things have been recent with the high blood pressure, insomnia, nightmares, going back to our foundation of mass love's hierarchy. She doesn't feel like she is able to maintain her safe space, her residence, her dwelling because of a lack of income and stress on top of that is compounding that. So, as a job coach, it seems like what was said in the comment, looking at her strengths and maybe helping her to think about other areas, other fields she might be successful in, um, or whether that will be more education, something to help her find a better-paying job. Maybe one she would enjoy more to relieve that immediate stress because if she has concerns about her immediate future, um, those need to be involved before she can start addressing the more historical traumas and cultural differences up the ladder, basically. So, that is where I would start is trying to help her brainstorm and problem solve getting into a position that would help alleviate her work stress and get her into maybe some better economic opportunities.

WENDY MORRIS: Yeah, I think you're right. There is a lot going on and it would be important to process with her, you know, it sounds like that is a very high priority but to verify, validate that. Max, we have another hand raised. I think there was a couple more comments.

MAX BARROWS: In the chat, I see talk to Alice and tell her what she wants, show her compassion and support or what Alice may -- or what Alice may be

happier or less stress and feel empowered to do. Another says investigate food insecurity and look at resources that may offer support to meet basic needs. Another one is what about community supports that can provide resources, which may reduce some of her stressors. I think that is a questionable statement.

WENDY MORRIS: There is a lot to unpack there. Jacklyn, did you have an additional comment or want to react to any of that?

SPEAKER: Yes, maybe something else would be helpful is try to investigate the source of all of the symptoms, is it just related to her job or is there something medical going on? There has been dramatic changes in her personal life or maybe at the workplace, you know, so looking into those two before trying to work with her to put a plan of support in place to help her navigate this system.

WENDY MORRIS: Yeah, that's great.

MAX BARROWS: I think there is another in chat. Find a way to support Alice to look at her job tasks and is there a way to switch to a less stressful tasks or do her job in a quiet place or at all slower pace.

WENDY MORRIS: That's another great idea on approach to really explore with her, right, this stress that she is getting from the job, and it doesn't pay a lot. Are there other ways that her job site can accommodate her or assist to decrease that stress before she starts looking for another job. So, lots of different ways to approach that.

SPEAKER: Basically, I was going to say what others have said. I also would like to suggest that maybe she can look at the changes herself and the stress and not having sustained supports.

WENDY MORRIS: Not having sustained supports. I'm sorry, your voice is real soft. I'm struggling a little bit.

SPEAKER: Yeah, not having sustained supports to help her handle maybe some of the systemic barriers in her workplace that may not articulate right now but I see just listening to her and also asking how we can help her access services or another job or with her employer to see if she can do something different. And also, change in and of itself a stressor, so before recommending we change it, maybe time to have her prioritize which resource, of course food insecurity and housing is really important. What is her priority, and let her guide the supports interaction?

WENDY MORRIS: Yeah, I think you made a whole list of really important points there, right? I think you and several people have really pointed out that it is so important to listen and to see what she is going to stress about, what support she feels like she needs and you made a really good point about change. Good change and bad change is very stressful, right? Good things like having babies and getting married may be good things but they are very stressful, just like when bad things happen. Sometimes our body can react the same.

MAX BARROWS: I have more in chat. You can ask Alice what stress looks like and feels like to her. Another is, are her symptoms being addressed medically? And another one is can consider health diet, exercise and recreation leisure activities to assist with health issues. Another one is, think about spending 30 minutes or so before and after Alice goes to work to do something relaxing and use this time to go over options when facing stress at work.

WENDY MORRIS: Max, I know the tool that you shared is specific and triggers for trauma, but you can use similar questions, right, to talk to someone about what you can do to decrease your feelings of stress or what it is that makes you feel stressed?

MAX BARROWS: Yes.

WENDY MORRIS: Lots of good ideas and as you pointed out during your presentation, Max, what helps you may be different than what helps me. I may need a bubble bath while you're doing something completely different to relax.

MAX BARROWS: If you need a bubble bath, I may take time and take a shower. I don't know.

WENDY MORRIS: Right, just something different. Great. So many great comments. We still have a good amount of time together. There is another one.

MAX BARROWS: There is another one. You could ask her about her support systems such as her relationships with her family or other friends or even coworkers and her manager to see if you could support her to leverage those relationships. This could help better her current job experience or utilize friends and family to establish coping strategies for her stress or to get help for other resources to meet her needs.

WENDY MORRIS: So, looking for natural supports, who is already in her life. I think sometimes, I don't know what others would -- I don't know others' reactions is but sometimes when we are in the field, we think we have to solve it. We think we have to figure it out and sometimes it is helping the person identify or letting the person help you identify who else is in their life that could provide that support or have those conversations.

MAX BARROWS: Hmm. Another one I have is, it might be helpful to open up a conversation for her to come up with alternatives of their own. And another one is, I can see Alice feeling the pressures of the family and foot insecurities, ensuring a family has adequate resources may reduce Alice's stressors and pressures. I know I fumbled on a word in that but okay.

WENDY MORRIS: It is one of those tricky words. The English language is full of them. I can say it in my head but it is trickier out loud.

MAX BARROWS: Another one in the chat, explain -- okay -- explain person-centered planning to Alice and see if she wants to have a big meeting with the people she chooses to explore her dream job. Oh, here's one. Bear with me when I say this. The ACL TBI technical assistance center hosted a webinar in 2023,

trauma approach informed to brain injury screening, which is full of good tips and tools that is available on the ACL website. Wait a minute. Maybe this is somebody giving us some good information in the chat. I don't know if I --

WENDY MORRIS: Yeah, there looks like there is a link with a recording.

MAX BARROWS: Sorry.

WENDY MORRIS: No, you're good. Maria said yes, it is a resource.

MAX BARROWS: Thank you, Maria for sharing that.

WENDY MORRIS: If anybody wants to come off of mute and share or come on camera. We have a lot of folks on here with some fantastic ideas and maybe other resources.

So, I know one person brought this up but does anybody want to kind of touch on some of what Brian brought up during his presentation on historical trauma and how we think that may play into this?

MAX BARROWS: Is it okay if I read Perri's response?

WENDY MORRIS: Of course.

MAX BARROWS: I navigated it through the chat traffic but Perri Spencer's response to Alice, retail work is often difficult for autistic people because of our social differences and we may have to do something called masking or do things to make us look less physically autistic, whether it is successful for us or not. Masking is extremely stressful, and it's traumatic when done for a long periods. Possibly, ask her about her thoughts -- possibly ask her about her thoughts about this stress and what she thinks is the best course of action is. Give her space to vent about her job, and listen to her but don't -- but I don't think her symptoms, if they are indeed mental or not, may not show improvement without improvement in her material conditions. But helping her manage her stress in the meantime will still be helpful but don't take over the process. Allow Alice to take the lead.

WENDY MORRIS: I thought that sounded good, Perri. Thank you.

So, we only have two or three minutes left and I don't want to sound like a broken record but I think we were hoping to get a little bit of feedback on the historical trauma piece. A couple of things in here, she's worried if she looks for another job, it will take her away from her parents and siblings who she lives with. Her parents loved her but pushed her hard to succeed. They are often angry and sullen. Does anyone have thoughts on that, on that piece?

Is it something you see in the work you're doing or something that you are interested and would like to learn more about?

I know it is one of those, in some states, it has become difficult to have open conversations about things like historical trauma but super important.

SPEAKER: I think that is where we have to really be conscious with an immigrant family and culturally different backgrounds, how it makes them feel like they belong or not belong in different states. I think our reluctance make these conversations to have them in the room, so if we're not willing to open ourselves up and be comfortable. No one is perfect. No one -- no one -- we all have gaps in our histories and understandings. Some of us were very taught very differently to make it easier to have the conversations. Unless we can truly inform and learn from others, from history, we are doomed to have the trauma for our client that can't be seen and the totality that they bring.

WENDY MORRIS: Thank you so much. I know our time for this portion is up. In closing, when we talk about supporting the whole person, right, that includes family and everything they've experienced and so much wonderful, rich comments in the chat and by the participants. Again, I think Stacy would say, if you have other thoughts later, please let us know because we want to learn from you as well. Max, did you have other closing comments?

MAX BARROWS: I do not.

WENDY MORRIS: Thank you all.

MAX BARROWS: I think there was another -- there is some more -- I think these are more -- I have a couple. I think some people did put additional things in the chat about Alice. I think I think Perri has an additional thing. I don't think it is a fair expectation to put on Alice to move away from her parents leaving the home as a young adult is a uniquely Western concept and Alice may rely on support that her parents are providing her. There is another one I see here. It says she has standards imposed by self and of her parents, she wants to be able to provide for her family and her job creates some security but the job doesn't pay pay the bills. She also wants to succeed and she may want to look for another job. This may be seen as she was not successful at this job.

That's all on my end.

WENDY MORRIS: Great. I think Deb was going to close us up.

CLOSING

DR. DEB PINALS: What a great discussion. I'm the clinical consultant to this project. I'm dark-haired person with a brownish sweater and big earrings on today and very excited to be partnering on this and hear your input. Put in your chat, this is your chance, now, that you have heard the story of Alice, put in the chat any trainings, resources that you get information that supports you about trauma that would be important for us to know what your resources are and we can take a look at them. We really want The Link Center to provide that information. And just remember, until the website is available, please reach out at thelinkcenter@nasddds.org and the website will be coming soon. Thank you so much to all of the participants and

presenters. Really looking forward to hearing more from our other groups later, clinical, families and individuals later today and tomorrow. And then our next shared learning groups will be supporting someone through a transition. Stacy and I are busy working with other partners to help plan that, and then supporting the whole person will be our final one for this year, fiscal year. Stay tuned for lots more through The Link Center. The resources, acknowledgments, to Perri, Max and all of the partners.

Anyone interested can scan this QR Code and click the link in the chat to fill out the survey. We would like you all to do that, if you can, and your feedback will be very helpful to us as we plan out future sessions.

And I think that is it. Thank you, everyone.

Thank you.