

TRANSCRIPT

Webinar: Trauma and Resilience 101

March 14, 2016

[Slide: *Trauma and Resilience 101*]

JEFF POLIK

My name is Jeff Polik with REL West at WestEd, and I'd like to welcome everyone to Trauma and Resilience 101. We are so happy to have you here and be contributing to this important conversation. Today's learning session is part of a three-part webinar series on trauma and student success, and it's brought to you by the School Climate Alliance of the Regional Educational Laboratory West at WestEd, or REL West. REL West is part of a national network of 10 Regional Education Laboratories. The School Climate Alliance is a network improvement community comprised of WestEd, the California Department of Education, and districts and schools in California that analyze school safety and climate data and select, implement, and test school climate improvement strategies. This webinar series will acknowledge that the understanding of the impacts of trauma on student mindset and success is crucial for supporting youth in schools. The webinar series will address the points and the overlap in the development and discourses on trauma and resilience, and approaches and frameworks towards building trauma-informed and resilience-oriented services and systems.

[Slide: *Objectives*]

Objectives. We hope to cover the following two objectives today. Those would be to provide an overview to the fundamental concepts in resilience and trauma, including where the two concepts overlap, and to describe how resilience and trauma studies can inform teaching and student support practices and policies. The objectives will not only be tackled in today's webinar but will continue to be grappled with during the second and third sessions in the series.

[Slide: *Agenda*]

We have an agenda. Today we will begin by discussing origins of resilience—what contributes to healthy human development. Then we'll examine trauma, exploring what happens when protective factors aren't present or are interrupted. We will also discuss contemporary insights in resilience, responding and rebuilding from protective factor ruptures. We have a Q&A at the end—probably about 10 minutes—but please feel free to put your questions, ideas, and contributions in the chat box throughout the webinar.

[Slide: *Our Presenters*]

Our presenters today are two research associates at WestEd within the Health and Human Development Program: Meagan O'Malley and Leora Wolf-Prusan. Both support many projects related to school climate and student supports and together offer a fusion of school psychology and education through which this conversation will be navigated. With that said, I am going to hand it off to Meagan.

MEAGAN O'MALLEY

[Slide: *Resilience*]

Thanks very much, Jeff. Glad to be here with you all today, and thank you everyone for joining us this morning. So Leora and I wrestled with how best to present this material and we ultimately decided to present based on the chronological order of insights from resilience and later trauma studies. I'll give you a brief introduction to the early fundamental research that established our first insight into what we call resilience now, and then Leora will go over fundamental concepts in trauma, and then I'll come back around to tell you more about contemporary findings in the area of resilience. What we'll hope you'll do is listen carefully for points of overlap, such as context or terms, so that you can share those insights with us at the end of the conversation. You can also type your insights into the chat box as we move along. After the webinar you will receive a compiled list of our citations and resources.

I want to start with anchoring you to our current definition of resilience, which has evolved over 50 years of research on the topic. As you will learn in subsequent slides, the idea of resilience was initially stumbled upon in the context of research around risk. And then research questions have evolved over time, giving us a more complex understanding of individual pathways to resilience. So our current definition of resilience is “the process of, capacity for, or pathways and patterns of positive adaptation during or following significant threats or disturbances.” This definition represents what we currently know based on decades and decades of research around resilience. We now know that resilience is a process, not an outcome. All people have the capacity for resilience. Some people have a pattern of resilience throughout their lives, whereas others have periods of resilience. There are many pathways to resilience but that no two people reach a resilient outcome from the same path. And further, humans are considered dynamic systems. The definition you see here on the screen takes into consideration the fact that the internal state of the individual, including his neurological system—which Leora will talk about a little bit more—changes as he interacts with the environment. This definition accounts for a broad application across disciplines. In fact, you could apply this definition to other living organisms. It's widely used in ecology, for example.

[Slide: *Resilience—Origins*]

So let's go back in time just a little bit with resilience studies. The concept of resilience originated in post-war, post-depression era of the 1950s when a collective consciousness arose around how risk experiences influence life trajectories. Emmy Werner started what is now considered a landmark study—the Kaua'i Longitudinal Study—where she and her colleagues endeavored to study all—almost 700—698 children born on Kaua'i in 1955. Her goal was to study

life trajectories over several decades. The purpose of this study originally was to study risk over time based on known risk factors such as maternal mental illness and premature birth. But what Werner and her colleagues and graduate students were most intrigued by was the fact that a third of the children who were identified as high risk—based on having four or more risk factors by the age of two—a third of them coped successfully to become healthy, competent adults. So those kinds of early findings helped them turn their attention to the question of “What happened with those one third of individuals?” So not so much attention to trajectories of risk, but trajectories of what she began to term “resilience.” So Werner’s work preceded the sophisticated quantitative methods we have to study individual variation now. Her work is more descriptive in nature, looking for patterns across individuals. Over the course of the Kaua’i Longitudinal Study, Werner identified several characteristics that that successful group of a third of children had in common. She was able to group them by developmental period.

[Slide: Factors that contribute to healthy development]

Werner’s research essentially looked at two major questions: “What are the significant threats during development that increase the probability of bad outcomes?” and “What is similar about people who overcome these threats to avoid bad outcomes?” These questions have come to be known in our current conversation as “risk factors” and “protective factors.” As we’ll see later when I come back around to talk to you a little bit more, resilience is not such a simple concept of risk plus protection, even though the current media makes that seem to be the case. But we’re going to stick with this simple concept for a little while longer.

[Slide: Protective Factors Related to the Individual—The start of the story]

Werner identified several protective factors at the individual and environmental levels. Here, you see some of the patterns she identified in terms of individual traits—traits at different developmental stages. So in infancy, what she saw is that one third of children who had resilient outcomes had elicited positive affection from their caregivers. They were characterized as active, affectionate, or cuddly. Then, when they got to early childhood, they sought out opportunities for autonomy, sought out novelty, were curious. In middle childhood, they had a variety of interests. In adolescence, they had an internal locus of control and were achievement-oriented. So, let’s keep going.

[Slide: Protective Factors in the Environment]

Werner also identified several protective factors at the environmental level. You see here some of the general themes that she was able to identify in the one third of resilient children. They had no prolonged separations from a caregiver; they had an enriched relationship with at least one familial adult; they had emotional support outside of the family: peers, teachers, religious and cultural groups; they participated in extracurricular activities; and they had family ordering effects that were common across them. So now that you have an introduction to the basics of resilience—the early research—I’m going to turn it over to Leora to ground you in the architecture of trauma.

[Slide: *Trauma*]

LEORA WOLF-PRUSAN

Thanks. I want to also ground us that when we are using the word “trauma” here in this presentation this morning, we are actually using it to bound the overwhelming events and experiences that impact us psychologically, physiologically, emotionally, spiritually, and academically. And Meagan earlier referenced that the origins of resilience came post-war in the 1950s, and the interesting parallel is that the origins of the understanding of the word “trauma” and its phenomenology arrived after Vietnam, and so we saw this confluence of really paying attention to—from a sociological standpoint—how the overwhelming experience of the Vietnam War both from someone who directly experienced the war and those who had secondarily experienced—or tertiarily experienced—also developed this overwhelmed coping system and overwhelmed experience. So, I wanted to put that out there as that parallel.

We often hear trauma as something that happens to us, and I would like to suggest this morning that potentially we can reframe trauma not as something that is bound by pathology—not something that makes you sick or paralyzed by something that happens to you—but instead as a word to describe a range of experiences that are overwhelmingly challenging, life experiences that impact our reactions, our responses, and our relationships. Let me say that one more time: so, overwhelmingly challenging experiences that impact our reactions, our responses, and our relationships.

[Slide: *Trauma: “Experiences...”*]

The Center for Nonviolence and Social Justice offers us a really powerful definition also of trauma as “experiences or situations that are emotionally painful and distressing, that overwhelm people’s ability to cope, leaving them powerless.” The underscore is the “overwhelming people’s ability to cope,” and that’s how we are identifying trauma. And so when we think about this conversation on resilience and trauma, we also want to think about what are the systems, structures, and services that allow people to build, access, and arrive, and then manifest their resilience as a response to something that might be overwhelming on their coping system.

Fundamentally, trauma primarily results from disrupted relationships and from a sense of helplessness, fear, and disconnection. And I want to point out that trauma can be a moment, like a snap, or a lifetime, and that it comes in many shapes. So when we talk about trauma and when we talk about resilience, we’re talking about the two phenomena at the individual, at the inter- and intra-personal level, and at the institutional level, so that oftentimes in this field you’ll hear “individual trauma” and also “psychosocial trauma.”

So what are the kind of grand macro issues of trauma that are encapsulated at cultural, political, and economic levels? For some, trauma is a direct event or experience—that’s called an episodic trauma—that is socially validated and identifiable. So when we think about that, we think about events like a natural disaster, or a school shooting like Columbine and Newtown. And for others, trauma is more subtle because either it’s chronically experienced over a period of time—so it’s ongoing—or it’s compounded when the system that is supposed to

be supportive actually exacerbates the sense of fear or unsafety. And then lastly, the most tricky—or another type of trauma is one that’s insidious such as historical oppression and disenfranchisement that is, again, at the individual, cultural, institutional, and systemic level like racism, sexism, classism, or heteronormativity.

St. Andrews describes trauma as an event or circumstance that may include actual or extreme threats of physical or psychological harm, or the severe withholding of resources for healthy development, and that really grounds the conversation this morning. My professor, who I had the privilege to learn from at UCLA, Jorja Leap, always used to say that “we can’t end trauma but we can only integrate it,” and we’ll be talking about that later in our conversation this morning. So we usually talk about trauma also in the parallel context of talking about the kenomic Adverse Childhood Experiences study, the ACEs Study, and we know that many of you are familiar and curious to learn more about childhood events that can—without the buffers— increase odds for academic, social, and physical health challenges. And so we’re not going to get to unpack the ACEs Study today—we can absolutely do that after this webinar, and there are many resources to do that through. What we do want to note is that ACEs themselves—so the childhood experiences that one might experience that lead to adversity in our development that is healthy and in our own resilience development—those ACEs themselves aren’t trauma, but that they rather change our understanding of the world and of ourselves, and we will go more into that later.

[Slide: *The Brain*]

So we are at an unprecedented time right now. New and exciting findings in neuroscience can and really should inform our pedagogical practices. In fact, many of you are familiar with Pedro Noguera, and in his recent book *Excellence through Equity*, he lists neuroscience and child development as two of the three foundations for equitable learning and teaching. So it’s not an “and” anymore, it is “the.” And I’m going to introduce very surface-level understandings that we have about the brain. There could be so much more. All of us, I encourage you to get your brain nerves on, especially in the conversation of pedagogy, but we are going to do a brief overview so that we can understand, neurologically and physiologically, why trauma-informed practices are so necessary, especially when we talk about equitable student learning.

So, a couple points. Our brains are hierarchical. So we actually have three brains, called the triune brain: the brain stem, limbic system, and then the executive functioning—our third brain, with the area that when we’re talking about cause and effect and decision making, really is housed in the prefrontal cortex. So we want to underscore and kind of adopt this language, that we do have a hierarchical brain because we assess...in our brain stem, we assess our safety—called cognitive appraisal—then we feel in our limbic system, and then we think. So the idea that has long existed that academic achievement is only cognitive and social-emotional learning, or one’s wellness, both at the student level or educator level, is secondary—actually, we know now that that’s not a true, just, or research-founded premise and so we need to actually dismantle that and elevate social-emotional learning and emotional health, mental health, up to the same priority and importance of cognitive functioning, because we actually can’t learn until we feel loved and then, even before that, until we feel safe.

So, again, our brains are hierarchical and our brains are also social and relational. So last piece, too, is that brain development is lifelong and dynamic. So before, we really thought that, again, intelligence was fixed, was static, what we were born with, and the size of our brains based on environmental conditions; that that was it and we had to work with what we were given. We actually know now that our brains are constantly growing, developing, and building new syntaxes in order to really adapt to the opportunities to create resilience, as Meagan was introducing us earlier.

[Slide: *The Three Es*]

So we're going to move forward from the brain for a little bit. So the Substance Abuse & Mental Health Administration, SAMHSA, offers us three Es as a nice catch phrase for the understanding of what makes up trauma. So it helps us as educators and as student allies really start to unpack all the different factors that could contribute to one, either an individual or a collective experience of trauma. The idea is that trauma is the combination of three Es: Events, Experiences, and Effects, and the important point here is that trauma is personalized and contextualized. So what is overwhelming on someone's coping system may not be overwhelming for another student or colleague. And this has really important implications for how we show up for students because how we as educators might perceive a situation may actually not be how a student does and vice-versa, and it's not necessarily our job to prescribe an experience or an interpretation of an experience, but rather serve as that young person's meaning-making partner in their experience of what might be overwhelming to them.

So I want to underscore a couple points here, which is that in the Events bucket you will see that there is "events or circumstances" and "once or repeated." Again, trauma sometimes falls into either an episodic or a chronic experience, so a one-time or an ongoing event or circumstance. And the other piece, too, is the second bullet under Experiences, which is that trauma is really influenced by culture and developmental stage. It's really important when we're talking about building our cultural responsive pedagogical capacity that we also start to include trauma in that. And the other piece is that, for those of us who are working with an array of young people, that we have to in parallel conversation to trauma, also be attuned into how it can arrive at different developmental stages. So how a young person experiences an overwhelming event will look different at the early...early education to middle school to high school level.

And the last piece that I want to underscore is that in the Effects bucket, the last bullet "recognized and unrecognized" is what I referred to earlier as traumas that are socially validated and socially unvalidated. And that, again, is a really important entry point for all of us on the call for our work with one another as colleagues and also our work with students, is to do some internal calibration of which traumas do we recognize as valid to be overwhelmed by and which traumas do we not. The experience—and there is a term called "disenfranchised trauma"—even that experience of not having your feelings of being overwhelmed, validated by the adults in which you are trying to build safety and relationship with in school; that in itself can be a compounded trauma.

[Slide: *Belief Systems of People Living with Trauma*]

So I'm going to move on to, again, another frame, which is that in the prefrontal cortex—the part of the brain we just discussed—is the center of belief systems and world views. So when we talk about a student's self-esteem or self-concept, we're referring to this part of the brain. And Sandra Bloom from the Sanctuary Model offers that belief systems on trauma can often get locked into one or more of the following belief systems: "I'm not safe," "people will eventually leave me," and "I'm stupid or worthless." And these are the foundational belief systems that often manifest in behavior that can be really challenging for us. And I want to note that these belief systems really mirror the three brains that we referenced earlier: safety—the brain stem; attachment—people will eventually leave me—in the limbic system; and worth—in the prefrontal cortex.

[Slide: *What is complex trauma and what makes it different from other forms of trauma?*]

There are many types of trauma, and the one that's most frequent in our school communities for all members, the one that's most pertinent to today's conversation, is the term "complex trauma." And, as a side note, we could probably problematize that even further and say, "What trauma is not complex?" but we're just going to go with the term for right now. So, as Dr. Chris Blodgett at the CLEAR Center at Washington State University notes, that complex trauma is really about the persistence of unpredictability; the idea that one has to be alert and ready all the time, meaning that the brain is on hyperarousal; that complex trauma happens within families and also within schools; this idea of "who you love may not be the person you can count on"—that's a direct Dr. Blodgett quote—and that it's generational, so that schools can't contain this phenomenon; that we all have to work on it together and that we have to be really attuned into the histories that our young people come from and the histories that we come from. The last piece is that they're interpersonal and they're caused by humans. This is not a natural disaster; it's something that is relational, and that makes that type of trauma unique and the healing from that type of trauma, the resilience building, even more so.

[Slide: *A note on neuroplasticity:*]

So a quick note about neuroplasticity before we get into the meat of resilience—that neuroplasticity is the term that refers to the ability to create or use neural pathways to compensate for the changes in the environment. So our brains adapt and adopt into our survival of the world around us and neuroplasticity refers to what I was speaking about earlier, that the fact that the brain is a dynamic organ. So neuroplasticity tells us that the brain is completely able to rewire in the right environment; there is no expiration date in healing. And that is a really fundamental piece to this conversation: that the sense of trauma does not have to be forever. Which leaves us as educators the enormous opportunity to support young people to really revolutionize the way that they experience the world. And with that, I am going to hand it back to Dr. O'Malley.

MEAGAN O'MALLEY

Thanks, Leora. That was really great. So now you've received the very early fundamental roots of resilience information. Leora layered on information about the architecture of trauma, and

we're going to come back around now to what we understand from contemporary information from resilience studies.

[Slide: *Resilience—A Deeper Dive*]

I am going to hopefully relay, by the end of this part of the presentation, a more complex understanding of resilience than what perhaps the popular media would suggest. So I'm going to anchor this to Urie Bronfenbrenner's framework of person, process, context, time. I want to ask you a few questions as food for thought, and then I will just stay silent as you think. We saw the internal protective factors described by Werner. Do you think that all of these are innate to a child? For instance, is having a variety of interests in early childhood a completely innate trait? Probably not. They grow by interacting with the environment over time. There are very few observable behaviors that are not shaped by an environment over time.

And then also a second question to think about is, have you ever recalled something in your early childhood and talked to a sibling about it and your sibling remembers it completely differently? You were in the same place having the same experience and you remember it completely differently? If you all grow up in the same household, what explains why you and your siblings experienced your home environment differently? What explains your different life paths? The idea is that the experience of the environment is not the same for two individuals, ever. Even in the same household.

So Urie Bronfenbrenner's work here can help us make some sense of those kinds of questions. The Person, here on the right top: the individual plays a role in her own development; her internal traits influence the way people interact with her over the course of her lifetime. Process: the individual grows as she interacts with her environment over time. Context: the environment is not simple; it's complex and multilayered. An individual may interact with his family and people at school on a regular basis, but the resources available through these individuals are influenced by the social and political context in which they are placed. Time: also affecting developmental pattern is the time period in which you are raised. So consider young people right now. If you think about the technology revolution occurring right now, the rate at which young people are interacting with each other is different than ever before, and the idea would be that these young people are experiencing a particular point in time that may have an influence on patterns of development, just like young people who developed in the World War II period, or the Depression period that Werner was studying.

[Slide: *Resiliency—Contemporary Contributions*]

So, some more contemporary contributions from resilience studies. These insights come from Ann Masten and her colleagues at the University of Minnesota. If you're interested in understanding these concepts further, I definitely encourage you to read this book that's pictured here, *Ordinary Magic*. I'm going to share some of the basic concepts from her work, but definitely encourage you to read further. "We now talk about competencies as our key developmental task at all stages. When we have achieved competence, it means we have met and mastered the expected developmental task at the developmental stage we are in. We as adults have developmental tasks. We often forget that we are still developing and growing. As

adults, competence means having positive relationships, being financially stable, being engaged in our community. These are things we are all working to achieve.” What Ann Masten tells us is that competence despite adversity is resilience, the keyword being “despite.” Achieving competence despite experiences of adversity is resilience, and not achieving competence when adversity is present is considered maladaptation. I will get more to that point in a minute. Ann Masten’s work and others’ work have also helped us understand that the idea of a protective factor is incomplete and simplistic. In fact, protective factors are restricted to situations where a risk factor is present.

Promotive factors, on the other hand, benefit everyone regardless of whether risk is present and include individual assets and contextual resources. So I just want to underscore that again. There are two types of factors that promote competence. One is promotive factors—these are the things that are good for everybody, regardless of risk. Protective factors are a little bit more elusive. They are the ones that help individuals who are at risk that give an added benefit when risk is present. We also know, from Ann Masten’s work, about cascade effects. Functioning in one domain at one level can influence functioning in another domain. This can be good, as competence begets competence. This can also be bad, where problems in one area of functioning can impact functioning in other areas.

Cumulative risk: What we know is that cumulative adversity is more likely to undermine competence than in any one threat alone. Individual pathways: This graph you see at the top of this slide, it illustrates the fact that over time individuals achieve competence through different routes. So you see here, one of the bottom lines—this individual...these all represent individuals, they all experienced an adverse threat at the same time; they start in different places, in terms of resilience. Some start at maladaptation; others are in the okay, functioning well zone. Some dip into maladaptation before they come back to a resilient outcome. It’s important for us to remember that there are individual pathways to resilience. So you should feel at this point like you have a better grasp of the answer to why you and your siblings experience similar environments differently.

[Slide: *Contemporary Contributions*]

Now I want to talk to you about Michael Ungar’s work. Ungar has cued us to think about the role that culture plays on resilience, and he has also encouraged us to think about collaborative systems for helping young people with complex needs, specifically those that may interact with several youth-serving systems. Again, here are a couple of his books; encourage you to read further. So first, Ungar offers what we might think of as a 21st century case on Werner and Bronfenbrenner’s original ideas infused with what we now know in terms of the complexity of resilience from Masten and colleagues. He helped us bring somewhat heady concepts that I shared earlier into realized practice with young people. Up here you see some of his key ideas. For decentrality, he asks us to shift from focusing on what a child has or does not have internal to him, and instead focus on improving the environment that the young person lives in. For complexity, he asks us to acknowledge that human development is complex and unless we can hold ecological systems constant, which we can’t, we have to avoid general statements about individuals. We need to be careful about future telling for any individual. For atypicality, he asks us to consider how children’s environments protect them when resources are sparse and

that resilience may manifest in ways that we don't necessarily want to promote but that are necessary to survive in the social ecology that children are being raised in.

I want to give one example from a study from Sameroff: the Rochester Longitudinal Study. What he found was that there were a group of children who showed high levels of adjustment in high-adversity families, but what he noticed was that they had low levels of affective responses, empathic responses, and low acceptance of others' expressiveness compared to youth who were achieving competence in more favorable family settings. So what you see, and what I have learned from that, is that young people achieve competence in the environments that they are living in and we need to be sensitive to that. And then cultural relativity—we must ask why a certain type of human development occurs in a particular family context and why did that type of family context occur in a particular type of socioeconomic and sociocultural context. We must be sensitive to the fact that families are adapting to the resources in their environments all the time.

So I am going to turn it, at this point, back to Leora to link what you have just heard about contemporary resilience research and link it to trauma studies, talk through how it applies to your work in youth-serving agencies.

[Slide: *In light of today's discussion, what can youth-serving systems and organizations do?*]

LEORA WOLF-PRUSAN

Thanks, Meagan. I just want to say that one of the joys of this conversation is that often trauma and resilience are spoken about separately, and the joy of this conversation is to put them in one conversation and to see where the confluence of the discussion points are. And Meagan and myself have come to understand, from learning about resilience and trauma, is that there are principles of practice that really align to both areas of research because healthy human development is the cornerstone to both conversations. So as I go through this slide I really encourage you to type in the chat boxes ideas from your own work that come to mind and we as presenters can see them and we'll integrate them into our conversation.

So when we talk about what youth-serving systems and organizations can do—and again, we are using that phraseology exactly because of what Meagan referred to as decentrality in terms of how we understand resilience. We're focusing less on what young people should do to build resilience and more as how we, as the drivers of systems, can create opportunities for young people to access and arrive at their resilience. So the first point is to focus on connections—this may seem very foundational to all of us on the line, but it's important to have it at the front and center—that when we talk about principles before programs, that connections are the foundation, especially when connecting young people to adults, adults to adults, and young people to young people, and to think about those three different types of relationships happening all the time in order for a system to build resilience. And we'll actually be talking about adults to adults in the third series of this webinar when we talk about creating systems of self and collective care for youth-serving adults. And the second point is helping children and youth grow developmentally appropriate skills that help them optimize their ability to effectively get what they need from their environments. So we want to think what is needed at

different developmental stages, especially when it comes to transitions, if we're really developing our own fluency with trauma-informed approaches to schooling and resilience-oriented schooling. We want to think very, very intentionally about all kinds of transitions, both from hallway to classroom, and from different grades and from any different type of environment where a young person has to shift and adapt. And the last piece is to eliminate any experiences that undermine perceived caring by adults, peers, and community members, and to focus on opportunities for belonging, and that belonging will look different in every context.

[Slide: *Trauma-Informed Care (TIC)*]

So I'm going to move into our next piece, where we're talking about the principles of trauma-informed care. This is the phrase that is kind of a catch phrase right now. It's a phrase that we actually borrow from behavioral and public health spheres, that we in education are adopting it. There are some folks who will say "trauma sensitive system," "trauma sensitive care"; I personally have decided to attach myself to "trauma-driven care" just to mirror the way that we talk about data-driven leadership, that we can also talk about trauma-driven leadership as well and resilience-oriented leadership. And Meagan will talk about this a little bit later when we get into the points of confluence in terms of what a protective and a promotive factor is, but I wanted to just say that when we examine resilience, and then when we introduce what youth-serving organizations can do, that we really need to think about these five primary principles of trauma-informed care.

And so with that, we want to focus on consistency, choice, attachment, safety, and competency. And you'll notice that all the elements of trauma-informed care are in direct response to the ways in which trauma impacts us. So agency addresses feelings of helplessness; competency and mastery; addresses feelings of worthlessness; and consistency addresses stress that comes from unpredictability, so that hyperarousal that we mentioned earlier. And, again, because we're looking at trauma-informed care as multifaceted and multidimensional, that we define trauma-informed care as the commitment to physical, psychological, social, emotional, spiritual, and academic safety at three levels: self, services, and systems.

[Slide: *The Trauma Ally Continuum*]

So, speaking of systems, we're going to look at this continuum of what it can look like in order to build trauma-informed systems. And this is actually called the Trauma Ally Continuum from Hodas and he built this continuum as a layer to cultural competence continuum. So those of you who are familiar with cultural competency will see that there is a parallel there. And Harris and Fallett remind us that trauma isn't the thing that happened to us, it's the experience that changes a person's world view and how a person understands the world around them and their value in it. And, actually, what I like most about this is that the actual word "trauma" is an extension of the root *terre*, which is to twist or to turn. And so we can think about a person's world view as twisting and turning; not being damaged but actually just changing.

The other piece for any of us in the work of systems leaders—which all of us are—is both thinking about shifting belief systems and practice systems. So as human beings we're professional meaning makers, so when any event occurs we decide if it's safe or not, if it's memorable or not, if it's important to our core, and trauma challenges our world view of the world, which causes us to struggle and to figure out how to integrate new realities. So let's look at this traditional model of the continuous cultural competence and think about where we are as individuals, teams, communities, organizations, and systems in our own trauma competence. So, as we're talking about this, I ask us to think about where you land as your own self, where does the service that you provide land, and where does the system within, either that you work or drive, land.

So let's use a school setting as an example. So the model moves from trauma destructiveness—which is a great term—on the far left, and that really refers to that compounded trauma that I referred to earlier when a school actually exacerbates a student's experience of trauma. So a young person is coming into school in the morning with an overwhelmed coping mechanism, coping system, and the school does not see the need but actually just only sees the action of that young person. And then move from trauma destructiveness to trauma incapacity. So when a school is unable—due to resources, knowledge, skill, competencies—to be aware, and attuned into their students' trauma history, to trauma blindness; when a school might be aware that there are students living with vicarious trauma, but don't change their practices or their belief systems to meet their students' needs. And the very striking point that I always think about is that trauma blindness comes after trauma incapacity, so it's that you might know that there is a student need but that you then decide to not address it. So then trauma pre-competence, basic trauma competence, and then advanced trauma competence, which we are all building right now as we grow into this conversation.

So as systems leaders, it's really important to really think about where you are and to think about also the important mantra of “to start where you can and to start where you are”; to ask questions, especially, “What can I do and we do together to promote the brain health of all of our school community members?” and to keep who you are serving at the center of your work. The last piece is to please, please do not think that you have to do this alone, and actually you can't. So trauma-informed schools are the most powerful when schools partner with community organizations—mental health or otherwise—social workers, occupational therapists, faith-based communities, foundations, and universities and the like.

[Slide: *Intersections & Recommendations*]

So the whole outcome of this conversation is to find intersections and recommendations between trauma and resilience, and we also want to make sure that we've got time for questions. So I want to check in with Meagan transparently to see whether or not we should move into questions or whether we should talk about the intersection.

MEAGAN O'MALLEY

Yeah. Well, I would love to just for a minute talk about some of the things that I heard, some of the overlap. This has been a really enlightening experience for both Leora and I to have this

conversation because both of us were experiencing so much overlap. We were hearing so much overlap in the discourses on trauma and resilience and this has given us an opportunity to really think it through. And so some of the things I've noticed are the idea of complex trauma is really similar to the idea of cumulative risk and tied to cast data sets in the dialogue on resilience. Also the idea of resilience and traumatic coping could be a period in time or a process. How about you?

LEORA WOLF-PRUSAN

Yeah. We found also that the idea that trauma is personal and contextual, which was another mirror to resilience—but resilience is personal and contextual in the way that we access our pathways to resilience and it really, again, challenges us as adults to get our own narrative out of the way to arrive really presently and empathically for young people so that we're not telling them how they should feel about their trauma or how they should arrive at their own resilience, but construct a way for them to have us as their listening partners, as their opportunity partners, to really sort what they need for their own individual and contextual pathways to healing and pathways to rising.

MEAGAN O'MALLEY

Great. So at this point, I think I would like to open it up to hear from others what overlap you...you heard and also for question and answer.

LEORA WOLF-PRUSAN

So, Jeff, I think that's to you; if you can help us navigate the questions that have been coming up in the chat box.

JEFF POLIK

Yeah. Hi, thanks again, Leora and Meagan; that was terrific. We have several questions from the chat box. I'd like to start with one from Nicole who asks, "Family order was mentioned as a protective factor. What does family order mean?"

MEAGAN O'MALLEY

I would ask the audience to not get too caught on that. That's from early research from Emmy Werner where she was able to show that one of the characteristics observed in the young people living on Kaua'i who had been resilient—who had been marked as having a high number of risk factors in early childhood. One of the things that was protective for them was being—let me go back to the notes—I think it was specifically having two years' difference. Families of four or fewer children with spaces two or more years between the person and the next child, the idea being that there is just more maternal caregiving resources available. So don't get too caught up on family order effects, but just remember that caregiving resources in general, are more available when children are spaced further apart. But again, I don't want...don't get too caught in that.

LEORA WOLF-PRUSAN

That's right. That's according to her study, not necessarily what we know now, years later.

JEFF POLIK

Okay, thanks, Meagan. This question is from Diana. "What types of promotive factors are priorities for schools to provide and what types of protective factors are most beneficial? I'm referring to a school population that is primarily comprised of students who are currently or potentially at risk. Realistically, what should we treat as priorities/first steps in specific terms?"

MEAGAN O'MALLEY

So, I'll start with promotive factors. Promotive factors are the things that are good for everyone. So if you think about a multi-tiered system of supports model, promotive factors can be thought of as your Tier 1 universal supports. And I think that the slide that Leora presented here is really your promotive factors. These are the kinds of things that you are doing for everyone. You are intentionally and deliberately focusing on connections, providing opportunities for connection, providing opportunities for young people to develop the competence at the developmental stage that they are currently in, for them to be able to navigate their environments effectively, and for them to feel cared for in their school environment. When you talk about protective factors, that's your Tier 2 and Tier 3 support. So the idea being that you have identified young people who are at risk based on some characteristic, and then you are providing additional evidence-based support at the Tier 2 and Tier 3 levels. And there are all sorts of things that can be done. I definitely encourage you to reference SAMHSA's NREPP, for example, or other clearinghouses for evidence-based practices so that you can map the evidence-based practices onto your particular context, because we understand that there are several contextual differences between, let's say, a school in a rural setting serving 400 students from grades 9 to 12 versus a school in an urban setting serving 4,000 students. So, encourage you to think about your individual context and also we can consult with you privately to talk through your context.

JEFF POLIK

Okay, thanks, Meagan. Next question is from Mark. "What happens when adult trauma and their path conflicts, triggers, disrupts the resilience pathways of young people that they interact with?"

LEORA WOLF-PRUSAN

Yeah. So, thank you, Mr. Gomez, good to have you on the line. So I just responded to Mark in the chat box that we're going to be addressing that exact question in the second webinar series, which is on becoming a youth ally and support and how youth leadership is a fundamental practice of the trauma-informed approach, and also on the third webinar, which is on creating self and collective care for youth-serving adults. But I will say—especially because it's such a powerful one—that when we talk about trauma-informed practices, what we notice is that the conversation really lands on what adults can do for students and what

students can do for themselves rather than what we as adults need to do in our internal unpacking of how we understand our own trauma and how we actually make meaning of others' trauma, because trauma...and actually, I'll include resilience in that as well, because how we code resilience and trauma and how we notice it in students, how we celebrate students, how we discipline students for both their trauma and resilience demonstrations, usually are reflections of our own internal belief systems and our own internal values. And so one of the first pieces of, and the trickiest pieces of this process, is actually to take really, really the hard, uncomfortable, and brave conversations as an adult community to unpack what beliefs and lived experiences do we bring into the school space that young people are either directly being impacted by or indirectly being impacted by that still are present. So we'll dive more into those in the second or third, but I will say that if any of you are navigating trauma-informed care in your school systems, to take pause before we go into what we can do for students and really make sure that we're taking care of the conversation of how do we understand it ourselves.

JEFF POLIK

Great. Thank you, Leora, and nice plug for the future webinars. Next question is from Kathleen. "Is there any research that distinguishes trauma associated with immigrant students coming to American schools from traumatic backgrounds in their native country and trauma associated with non-immigrant populations?"

LEORA WOLF-PRUSAN

Yeah, thank you. So, this is Leora. So, I saw that question and I'm really grateful for it, especially in the context of the communities that we're serving right now that really are holding space for young people who are navigating what it meant to have an immigration narrative. And post-webinar you'll be getting a three-page list of resources, website, institutions, agencies, and studies that Meagan and I used when we built out not only this conversation but the ensuing ones. So I want you to make sure that you feel like you are taken care of after this conversation.

In terms of the question, I think that the important piece would be to navigate away from thinking about what the direct traumas were in the country of origin and instead what are the ways that all different adult members of the school system can create—and I use the word "meaning-making opportunities" for a young person to arrive at their own lived experience; meaning that from a pedagogical standpoint, that's where we really see project-based learning and solution-based learning as the pedagogical practice that can create learning experiences, learning projects, where a young person can investigate the context of their own lives as it integrates with contemporary issues. And the other piece that I would add—quick off the top of my head and for a longer conversation I'd be interested to continue this with—is that most often it's actually about, again, us building our cultural competency, because back to the understanding of how we frame trauma that it really has to do with how much we are attuned into if someone is coming from a country, for example, where there has been threat, fear, or violence from a government system or from an agency, that we in the new environment representing a government agency or environment might carry a different message to that

family. And so it's those kinds of nuances that are really important in navigating how a person or their family might access the healing opportunities that we present at the school.

JEFF POLIK

Okay, thank you, Leora. We have just about one minute for one final question here. "Any thoughts related to intergenerational trauma as a predictor for trauma response and/or resilience among individuals?"

LEORA WOLF-PRUSAN

Yes, I have many thoughts. That's my answer.

JEFF POLIK

And you only have one minute.

LEORA WOLF-PRUSAN

I know. I think that this is the point that we spoke about earlier this is really where the power of family engagement, of where community-based wellness comes into play because when we only locate a student as an individual and not in the ecosystem in which they come from or the context in which they come from, then we're actually really missing the opportunity to serve the core need. And I do think that the piece to pay attention to in intergenerational trauma and intergenerational resilience is to underscore for our young people—that many of our young people, many of us on the line, would not be here today if we were not resilient and to celebrate that from the onset and then to move into unpacking what it took to get us there so that we can then learn from our previous assets and our previous skills of navigating oppressions, or navigating disruptions, or navigating trauma, into navigating resilience for the future.

MEAGAN O'MALLEY

Can I just add a little comment to that? I mean, I saw in the chat box to clarify what was meant by future telling—and that's just underscoring Leora's point, which is, there are many pathways to resilience, that resilience is common, and to avoid the instinct to pathologize based on the existence of, say, one or two risk factors in a young person's life.