

00:02:19.410 --> 00:02:26.580

Murlean Tucker: Welcome to meet the partner special series saving lives with trauma informed practice session three.

4

00:02:27.000 --> 00:02:34.920

Murlean Tucker: My name is merlene Tucker and i'm here with my colleague Jeff bornstein together will be running this dialogue for health web forum.

5

00:02:35.370 --> 00:02:44.820

Murlean Tucker: Thank you to our partners for today's event to national overdose prevention network, the Center for health leadership and practice and the Public Health Institute.

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00:02:47.250 --> 00:02:57.060

Murlean Tucker: For those who are scheduled to speak, all other microphones have been muted audio for this web form will come through your computer speakers or connected headphones.

7

00:02:58.200 --> 00:03:07.590

Murlean Tucker: We encourage you to share your thoughts and questions about today's presentation by typing them in the Q amp a box and will answer as many of them, as we can.

8

00:03:08.550 --> 00:03:21.270

Murlean Tucker: click on the q&a button located on the zone control bar at the bottom of your screen select all panelists in the drop down menu type your question and don't forget to hit send so that your question gets sent to the right place.

9

00:03:22.590 --> 00:03:34.530

Murlean Tucker: Both captured is also available for this event locate the CC button on the zoom control bar located at the bottom of your screen, you can then click the up arrow to select different viewing options.

10

00:03:35.580 --> 00:03:44.400

Murlean Tucker: And now it is my pleasure to introduce today's guest brooke dance brooke comes from a multi sector background in health.

11

00:03:44.730 --> 00:03:55.020

Murlean Tucker: direct impact programming for children, youth and families and public education nonprofit work she is the program director for the Cyprus millions project.

12

00:03:55.380 --> 00:04:10.200

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

13

00:04:11.550 --> 00:04:20.070

Brooke Briggance (she/her): Thank you so much, everyone, I really appreciate that warm introduction and it's lovely to have you all here and I just want to.

14

00:04:20.820 --> 00:04:28.020

Brooke Briggance (she/her): say first of all how much I appreciate everyone taking some time to talk about such an important topic, especially.

15

00:04:28.770 --> 00:04:34.950

Brooke Briggance (she/her): During this time, as we go through the pandemic and all of the secondary impacts of that experience.

16

00:04:35.220 --> 00:04:45.570

Brooke Briggance (she/her): And you know right now I sort of my mantra has been, this is an important dialogue for us to have now more than ever, I keep saying now more than ever, now more than ever, so.

17

00:04:46.170 --> 00:05:06.180

Brooke Briggance (she/her): Today is the third in our series and i'm going to get started sharing my screen and you know some of the things that we had talked about before we have talked about trauma informed practice and it sort of as a broad category, we have talked about.

18

00:05:07.260 --> 00:05:14.910

Brooke Briggance (she/her): making sure that we have some concept of neurobiology of trauma and understanding co regulation strategies and.

19

00:05:15.660 --> 00:05:29.940

Brooke Briggance (she/her): we've talked about historical trauma and so today is really because this is the last in our series, this is

really going to be pulling it all together and thinking about the intersection between the things that we've been talking about.

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00:05:30.750 --> 00:05:41.760

Brooke Briggance (she/her): And you know, certainly, bringing it home to mental health issues substance use issues, which is why we're here today, of course, and then also thinking about the impact on public health.

21

00:05:42.120 --> 00:05:46.290

Brooke Briggance (she/her): But I didn't want to leave us just there, what I want us to also do is think about.

22

00:05:46.740 --> 00:05:55.350

Brooke Briggance (she/her): very practically speaking, what are some things that we need to consider as we continue to move in our collaborations and our work together.

23

00:05:55.890 --> 00:06:06.540

Brooke Briggance (she/her): With cross sector partners and thinking through prevention strategies and sort of what are we need to embed in our systems in our organizations in order to ensure.

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00:06:07.260 --> 00:06:21.450

Brooke Briggance (she/her): That we can address trauma, as it is feeding into these other sort of realities and secondary impact so that's kind of what we're going to be doing today's I want to, I want to keep our eyes focused forward and.

25

00:06:21.990 --> 00:06:33.720

Brooke Briggance (she/her): So there will be some review from the last few sessions, but we're going to be thinking most primarily about okay So what do we do about that and and particularly interested in our partnerships and systems.

26

00:06:34.170 --> 00:06:45.960

Brooke Briggance (she/her): So this is me we already talked about me I you know, one of the things I can say is that I have been actively training on all of these you know.

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00:06:46.980 --> 00:06:55.290

Brooke Briggance (she/her): All these topics during the pandemic all

virtually, of course, and all sorts of different kinds of environments of training.

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00:06:56.070 --> 00:07:04.170

Brooke Briggance (she/her): So on the ground Community level trainings we have you know done health professionals and law enforcement and.

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00:07:04.860 --> 00:07:15.300

Brooke Briggance (she/her): education systems and you name it I we have been very active at Cypress resilience project, and I think this is, you know this quote really sums up why.

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00:07:16.200 --> 00:07:23.880

Brooke Briggance (she/her): No matter, who we are, no matter what our profession, we have been impacted by this collective trauma.

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00:07:24.540 --> 00:07:30.540

Brooke Briggance (she/her): i've been starting almost every presentation I do with this quote because I think it's so important for us to remember.

32

00:07:30.810 --> 00:07:40.890

Brooke Briggance (she/her): Even if we have been relatively safe, even if we have not had direct impact on our family of origin with coven we're not nobody is not impacted.

33

00:07:41.310 --> 00:07:50.910

Brooke Briggance (she/her): Right, and so in in some ways that's an opportunity for us to normalize the experience of trauma it's an opportunity for us to.

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00:07:51.240 --> 00:08:00.390

Brooke Briggance (she/her): normalize and D stigmatize the experience of grief it's it's an opportunity for us to D stigmatize conversations around mental health.

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00:08:00.870 --> 00:08:13.770

Brooke Briggance (she/her): Because, everyone is is feeling the impacts of this, we were just saying in the green room before we started this session, all of the numbers for things like anxiety depression overdose.

36

00:08:15.390 --> 00:08:22.620

Brooke Briggance (she/her): Domestic partner violence gun violence, all of the numbers are escalating and we all knew that that would happen.

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00:08:23.370 --> 00:08:35.250

Brooke Briggance (she/her): But I think even for those of us in the field, some of the numbers are still quite startling I you know I keep thinking back to some of the data that we got when the CDC in the census partnered last year.

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00:08:36.270 --> 00:08:43.080

Brooke Briggance (she/her): They had added some questions to the census, and one of them that's really stuck with me over the course of time has been.

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00:08:43.680 --> 00:08:54.180

Brooke Briggance (she/her): They found it was 25.5% of all young people who were aged 15 to 25 to actively thought of suicide in the last four weeks.

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00:08:54.510 --> 00:09:01.980

Brooke Briggance (she/her): That it translates to about 82 million people of that age group, and so, think about that, like that scale.

41

00:09:02.640 --> 00:09:13.470

Brooke Briggance (she/her): Our systems, our professional response is not equipped to manage that scale, so one of the things we want to talk about is just sort of normalizing.

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00:09:14.280 --> 00:09:23.580

Brooke Briggance (she/her): This experience and understanding that all of us are impacted and it offers an opportunity to increase the dialogue at the Community level.

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00:09:24.870 --> 00:09:25.290

Brooke Briggance (she/her): So.

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00:09:26.310 --> 00:09:30.510

Brooke Briggance (she/her): I want to take just one step back and sort of just do this brief recap.

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00:09:31.020 --> 00:09:43.890

Brooke Briggance (she/her): So that we are all on the same page and have a shared mental model about some of the terminology that you might hear me use, first of all, when I work with organizations or I do trainings that are around trauma, this is the.

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00:09:44.400 --> 00:09:55.020

Brooke Briggance (she/her): Active definition that we use, and there are a couple of things that I like to point out about it that I think are really important one, is that we are.

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00:09:55.950 --> 00:10:04.020

Brooke Briggance (she/her): You know, we are getting out of this mindset that trauma is acute trauma only meaning one event.

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00:10:04.440 --> 00:10:19.170

Brooke Briggance (she/her): Right it's incredibly important that we understand that many folks who experienced trauma are experiencing a series of events or a set of circumstances the set of circumstances is critical, so, for example.

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00:10:19.860 --> 00:10:30.720

Brooke Briggance (she/her): Absolutely, I believe that we can put things like intergenerational and historical trauma into that conversation around a set of circumstances.

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00:10:30.990 --> 00:10:41.400

Brooke Briggance (she/her): We could put things like the pandemic in a set of circumstances, we could put other social determinants of health into that set of circumstances, for instance, poverty.

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00:10:41.850 --> 00:10:48.000

Brooke Briggance (she/her): Right, the climate crisis and climate emergency and how that's impacting certain populations.

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00:10:48.660 --> 00:10:56.160

Brooke Briggance (she/her): More than others, and so I want us to keep in mind that set of circumstances, because too often when folks.

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00:10:56.610 --> 00:11:05.850

Brooke Briggance (she/her): are thinking about trauma they think about it as a one and done kind of event and that's just not the way that many people experience it.

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00:11:06.570 --> 00:11:17.310

Brooke Briggance (she/her): The other thing that I think is so important here is that it's a holistic experience trauma is felt in all of our person, it is not.

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00:11:17.580 --> 00:11:34.110

Brooke Briggance (she/her): Physical only oftentimes people will not necessarily understand, for example, the impact of SAVE verbal abuse or neglect right, these are included in the adverse childhood experience score.

56

00:11:34.710 --> 00:11:49.680

Brooke Briggance (she/her): But it's not necessarily what folks first think of when they think of trauma very often folks initially will think of something physical but trauma is experienced holistically it's experienced in the body, the neuroscience.

57

00:11:50.460 --> 00:12:02.190

Brooke Briggance (she/her): is very, very clear that this is a bodily experience and even outside of necessarily our thought recognition of it, and so I want to bring into the space.

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00:12:03.090 --> 00:12:14.010

Brooke Briggance (she/her): The acknowledgement and honoring the fact that people have this holistic experience of trauma that it's impacting them socially mentally emotionally.

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00:12:14.490 --> 00:12:23.730

Brooke Briggance (she/her): spiritually and physically and, finally, one of the things that I really think is so important, here in this definition is that.

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00:12:24.240 --> 00:12:35.010

Brooke Briggance (she/her): You know trauma overwhelms the brain is completely overwhelmed and dis regulated in the experience the stress response is an overwhelming stress response it's happening.

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00:12:35.700 --> 00:12:48.480

Brooke Briggance (she/her): more frequently it's happening over longer longer periods of time so that idea of overwhelm that's really something when we think of trauma informed practice, there are certain.

62

00:12:48.960 --> 00:12:56.040

Brooke Briggance (she/her): sort of foundational thoughts that I like to suggest to people and I just always want to include that sense of overwhelm.

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00:12:56.700 --> 00:13:08.220

Brooke Briggance (she/her): The systems are overwhelmed they're dis regulated and the person experiences that sense of overwhelm also often coupled with a sense of helplessness.

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00:13:08.520 --> 00:13:14.850

Brooke Briggance (she/her): and a lack of regulation in the moment so, for example, that image that we have on this slide.

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00:13:15.750 --> 00:13:25.650

Brooke Briggance (she/her): You know it's not just, and this is particularly true in childhood, of course, it's not just that the body is experiencing the sense of overwhelm it's also.

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00:13:25.920 --> 00:13:33.600

Brooke Briggance (she/her): That there may not be a Co regulator there for us so, for example, if i'm this little one.

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00:13:34.200 --> 00:13:40.590

Brooke Briggance (she/her): And i'm experiencing stress and adversity in my home and that's happening with the adults, if we think of the.

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00:13:40.890 --> 00:13:46.320

Brooke Briggance (she/her): aces score and what's included in that the adults are over there, it means that no one is here.

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00:13:46.620 --> 00:13:55.620

Brooke Briggance (she/her): Teaching my brain how to self sooth and a healthy regulated manner and so it's a twofer right it's not just the experience but it's also.

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00:13:55.830 --> 00:14:02.640

Brooke Briggance (she/her): What were the adaptive strategies that my brain came up within the moment to manage the stress of that situation.

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00:14:02.970 --> 00:14:11.190

Brooke Briggance (she/her): And so it's that sense of overwhelm right it's the fact that, whatever the event was was overwhelming.

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00:14:11.460 --> 00:14:21.990

Brooke Briggance (she/her): And then the brain strategies for survival, can also be overwhelming, so the, for example, the experience of dissociation during the traumatic event.

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00:14:22.260 --> 00:14:38.040

Brooke Briggance (she/her): in and of itself is traumatic for folks right so it's it's a twofer it's that experience plus it's the reaction, or the lack of co regulation reaction that we experienced and again that's why childhood trauma is so impactful.

74

00:14:39.990 --> 00:14:48.210

Brooke Briggance (she/her): These are some common terminologies have already been using them here and there, so I you know I apologize for using them before I got to the slide.

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00:14:48.540 --> 00:14:58.440

Brooke Briggance (she/her): But the you know these are common you know words that will here in the landscape right and you'll see some of the things that were pointing out right away.

76

00:14:59.190 --> 00:15:10.320

Brooke Briggance (she/her): We had some conversation in our earlier sessions and i've done other webinars for nope and where we've talked about vicarious trauma toxic stress management, etc.

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00:15:11.070 --> 00:15:19.020

Brooke Briggance (she/her): really critical for all of you who are in caring professions right now in managing work at the Community level.

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00:15:19.890 --> 00:15:27.270

Brooke Briggance (she/her): And you know thinking about your responses to all of these secondary impacts, with the pandemic and to the

pandemic itself.

79

00:15:28.170 --> 00:15:40.200

Brooke Briggance (she/her): You know i've been doing lots of trainings on vicarious trauma diarization and how we can actually have self care practices that are rooted in the neuroscience because we want to make sure that.

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00:15:40.500 --> 00:15:50.640

Brooke Briggance (she/her): If we're going to spend time on self care and we we are able to be you know do that and spend the time doing that we want to make sure that it's going to work right.

81

00:15:51.480 --> 00:16:01.380

Brooke Briggance (she/her): And so, toxic stress management is sort of how I frame now, what do we do to mitigate burnout, what are we doing in our professions to really think through.

82

00:16:02.100 --> 00:16:09.240

Brooke Briggance (she/her): What self cares got to look like what are those strategies, going to be, how do we incorporate them into the work that we do.

83

00:16:09.630 --> 00:16:19.020

Brooke Briggance (she/her): And the other sort of thing that we think of is, you know that vicarious trauma diarization is so important for us to consider right now.

84

00:16:19.620 --> 00:16:26.970

Brooke Briggance (she/her): Because we're also I think of it as just we're home we're holding stories right we're starting to hear the stories were holding stories.

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00:16:27.240 --> 00:16:35.820

Brooke Briggance (she/her): Of what's been going on in the Community level for folks dealing with coville dealing with threat of eviction dealing with.

86

00:16:36.450 --> 00:16:42.120

Brooke Briggance (she/her): You know institutional racism, all of the things that we talked about in the trauma landscape and so.

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00:16:42.840 --> 00:16:51.000

Brooke Briggance (she/her): Ensuring that we have strategies to manage our own compassion fatigue and burnout or are critical right now I know you know that.

88

00:16:51.810 --> 00:17:01.440

Brooke Briggance (she/her): But it doesn't mean that you don't need a reminder, because you know these are one of those things that sometimes we're really good at talking about not so great at doing.

89

00:17:02.730 --> 00:17:16.980

Brooke Briggance (she/her): So this is an important slide, I think, because it gets us into the space of talking about work that we need to do to understand Community based traumas and we have.

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00:17:17.760 --> 00:17:32.460

Brooke Briggance (she/her): Obviously the adverse childhood experiences there's been lots and lots of work being done in aces i'm sure many of you are familiar with aces may even use the ace scoring sheet in your work.

91

00:17:33.390 --> 00:17:50.130

Brooke Briggance (she/her): You know I live in California and in California our surgeon general Dr Nadine Burke Harris has a goal of cutting adverse childhood experiences in half by the year 2050, and so we are starting to see.

92

00:17:50.580 --> 00:18:04.830

Brooke Briggance (she/her): At our state level universal screening and pediatric clinics we're starting to see mandated mental health services and schools we're starting to see trauma informed practice and training.

93

00:18:05.850 --> 00:18:14.250

Brooke Briggance (she/her): You know, in all different types of systems were families are integrated and so really important that we understand the.

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00:18:14.670 --> 00:18:21.630

Brooke Briggance (she/her): Individual experience of childhood adversity and how it impacts a person's health outcomes.

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00:18:22.200 --> 00:18:31.080

Brooke Briggance (she/her): The connection to chronic disease, all of the work that folks are doing and to really help us understand childhood adversity and how to intervene.

96

00:18:31.470 --> 00:18:45.180

Brooke Briggance (she/her): And it's not the whole story, remember, we talked about that set of circumstances we talked about the fact that it's a series of events, we talked about that chronic state right that.

97

00:18:45.690 --> 00:18:52.560

Brooke Briggance (she/her): Chronic trauma is something that folks experience and many people experienced that in Community at the Community level.

98

00:18:53.190 --> 00:19:05.070

Brooke Briggance (she/her): Now this is not by any means an exhaustive list of the things that people experience I don't see things here like documentation status.

99

00:19:05.670 --> 00:19:10.350

Brooke Briggance (she/her): I don't see the climate emergency here there's plenty of stuff I don't see the pandemic here.

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00:19:10.710 --> 00:19:22.830

Brooke Briggance (she/her): And there are lots of things that would fall into these categories and in a public health, you know lens we would say things like health disparities social determinants etc.

101

00:19:23.580 --> 00:19:42.960

Brooke Briggance (she/her): These adverse Community experiences exacerbate an individual's adverse childhood experiences and the impacts of that right so some people are getting trauma, both in the home and and having individual experiences of trauma and in community.

102

00:19:43.890 --> 00:19:49.410

Brooke Briggance (she/her): Maybe because of the color of their skin or their gender identity, whatever that is.

103

00:19:49.740 --> 00:20:00.570

Brooke Briggance (she/her): There is a dual problem here, and the issue for the brain, which is what I always go back to the issue for the brain, is that we know from the science.

104

00:20:00.930 --> 00:20:08.970

Brooke Briggance (she/her): That two things, help support healing from trauma protected space meaning places where I feel 100% safe.

105

00:20:09.300 --> 00:20:19.080

Brooke Briggance (she/her): and protected relationships relationships, where I feel 100% say it gives the brain arrest and so, if I am having an experience of trauma in the home.

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00:20:19.620 --> 00:20:29.700

Brooke Briggance (she/her): And I go out into Community and I have you know experiences of trauma in my community as well where's the brain rest where's the protection.

107

00:20:30.180 --> 00:20:39.270

Brooke Briggance (she/her): Right and so that's why some of the dialogue comes back to organizations and systems it's not just intervening in the home.

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00:20:39.600 --> 00:20:51.090

Brooke Briggance (she/her): That is creating protected space and protected relationship, it is intervening in organizations and systems to give brains respite to give them safe haven so.

109

00:20:51.420 --> 00:21:02.310

Brooke Briggance (she/her): What does my classroom look like you know if i'm in third grade and i'm experiencing childhood adversity, what is my is my classroom trauma informed an offering.

110

00:21:02.550 --> 00:21:15.930

Brooke Briggance (she/her): You know transformation and healing for my brain and so you know we certainly didn't always conceive of systems as being places of neurological intervention, but that's what they can be.

111

00:21:16.290 --> 00:21:33.990

Brooke Briggance (she/her): Right and so that's what the work is in talking about trauma informed practice is to say we are going to be

neurologically intervening in the lives of the people we serve by creating spaces that offer healing that in my mind is what trauma informed practices really about.

112

00:21:35.400 --> 00:21:51.510

Brooke Briggance (she/her): So we know that traumas intergenerational and it comes in a few different ways it's expressed in the DNA, we know that cortisol infiltrates and changes brain development we inherit intergenerational trauma.

113

00:21:51.900 --> 00:22:14.550

Brooke Briggance (she/her): And that means that some of us before we get here are impacted by it, and we also know that some communities are impacted more than others, and I tend to think of historical trauma as being intergenerational trauma at the level of systems right, so it is the literally the systematized.

114

00:22:15.660 --> 00:22:26.040

Brooke Briggance (she/her): version of intergenerational trauma so white supremacy bigotries all of these things that you see listed here and we can imagine, then all of the people impacted.

115

00:22:26.700 --> 00:22:41.580

Brooke Briggance (she/her): By these sets of circumstances differently than others, I am you know I am a white middle aged woman right, I live with a lot of privilege, I have inherited trauma in my family.

116

00:22:42.300 --> 00:22:47.460

Brooke Briggance (she/her): So I have inherited intergenerational trauma, but not to the level of systems.

117

00:22:48.180 --> 00:23:00.030

Brooke Briggance (she/her): Right and that's something that we need to address right there may be individual interventions that we can make for folks who have experienced intergenerational trauma.

118

00:23:00.330 --> 00:23:12.840

Brooke Briggance (she/her): And there's a role for systems in mitigating historical trauma and Community intergenerational trauma and so that's really again the work that we do at Cypress is to.

119

00:23:13.500 --> 00:23:28.560

Brooke Briggance (she/her): Help organizations help leadership help systems figure out how are we going to address the systematized intergenerational trauma and that may be a part, for example, of diversity equity inclusion efforts.

120

00:23:29.100 --> 00:23:41.580

Brooke Briggance (she/her): Sometimes we get called in to support hey we've got diversity equity inclusion and belonging efforts in our organization, we want to ensure that we're adding the lens of trauma in that work.

121

00:23:42.510 --> 00:23:54.150

Brooke Briggance (she/her): It we sometimes are brought in to talk very specifically about policies and procedures within an organization to be trauma informed because there may be a population being served.

122

00:23:54.420 --> 00:24:05.610

Brooke Briggance (she/her): That experiences historical trauma and and what is that it's very specific policy doing that is communicating transformation and healing or is it really traumatizing.

123

00:24:06.240 --> 00:24:12.480

Brooke Briggance (she/her): Right and before we got into this webinar we were talking about emergency response.

124

00:24:13.350 --> 00:24:20.670

Brooke Briggance (she/her): To mental health crisis right and i'm also a mental health first aid instructor and so when we teach mental health first aid we talk about.

125

00:24:20.910 --> 00:24:30.030

Brooke Briggance (she/her): What are the responses that we have open to us if we're calling in professional help to help us manage a mental health crisis, and I think we know in this country.

126

00:24:30.270 --> 00:24:41.100

Brooke Briggance (she/her): We don't have a very clear and cohesive response for mental health emergency in fact we have pretty damaging responses that often lead in people dying.

127

00:24:41.940 --> 00:24:50.040

Brooke Briggance (she/her): And so you know what is a trauma informed

response to crisis Those are some things that we've got to think about so.

128

00:24:50.850 --> 00:25:09.000

Brooke Briggance (she/her): My point here is for us to keep getting back to that definition of trauma to understand that it's a set of circumstances, we have a role to play when it comes to thinking through our organizational response as much as we do the response for trauma of the individual.

129

00:25:11.190 --> 00:25:15.210

Brooke Briggance (she/her): I love this quote and this helps me it always grounds me.

130

00:25:16.230 --> 00:25:26.580

Brooke Briggance (she/her): In sort of like thinking about the person in front of me and the work that we do I, when I am interacting with an individual.

131

00:25:27.030 --> 00:25:36.960

Brooke Briggance (she/her): I am not only speaking to that person's individual pain and suffering, I am and i'm speaking to the lineage.

132

00:25:37.320 --> 00:25:43.740

Brooke Briggance (she/her): And I also believe we're speaking to the descendants, because, if I have trauma informed practice.

133

00:25:44.010 --> 00:25:52.170

Brooke Briggance (she/her): If I am working on my trauma informed practice, both from my personal interpersonal communication skills as well as within my organization.

134

00:25:52.440 --> 00:26:02.100

Brooke Briggance (she/her): Maybe in my role as a leader I develop a program whatever, that is if i'm doing that I am a disrupter of that intergenerational link.

135

00:26:02.460 --> 00:26:16.350

Brooke Briggance (she/her): I am interacting with the coping strategies of the family and the Community in the individual, as well as intervening on behalf of that person's lineage moving forward.



136

00:26:16.980 --> 00:26:27.300

Brooke Briggance (she/her): Right, so I often even think of like you know the children and grandchildren I haven't met yet like who, when i'm working with someone I am working with them.

137

00:26:27.660 --> 00:26:31.470

Brooke Briggance (she/her): And i'm also working with the children and grandchildren, maybe they don't even have yet.

138

00:26:32.190 --> 00:26:40.320

Brooke Briggance (she/her): Right that's what intergenerational trauma intervention and disruption can mean, but it really helps me to be thinking of.

139

00:26:40.860 --> 00:26:56.220

Brooke Briggance (she/her): This quote when we're doing that work, because sometimes we can get stuck with stigmatizing the individual in front of us, we can get stuck stigmatizing the reaction to trauma of the individual in front of us.

140

00:26:56.550 --> 00:27:07.860

Brooke Briggance (she/her): And it can be difficult for us to remember, we are speaking to ancestors and descendants, when we speak to the person, but that neuro biologically is the truth.

141

00:27:08.430 --> 00:27:19.320

Brooke Briggance (she/her): Right and so when we create protected space we are teaching co regulation strategies to an individual those strategies, then our past intergenerational.

142

00:27:19.950 --> 00:27:30.330

Brooke Briggance (she/her): And so, intervening with at the Community level and standardizing this conversation has ripple effects that's a really important thing for us to consider.

143

00:27:31.470 --> 00:27:37.890

Brooke Briggance (she/her): Oh sandy I see that you're interested in mental health first aid that's awesome i'm so glad to see that you are.

144

00:27:38.580 --> 00:27:43.170

Brooke Briggance (she/her): Mental health first aid we'll talk about it, maybe in a little bit, but mental health first aid is.

145

00:27:43.890 --> 00:27:55.170

Brooke Briggance (she/her): it's a three year professional certificate conferred by the National Council of behavioral health and it while i'm sorry, they just rebranded there now the National Council of mental well being.

146

00:27:56.220 --> 00:28:07.470

Brooke Briggance (she/her): And you know it basically looks to building skills on how to identify early signs and symptoms of mental health challenges.

147

00:28:07.740 --> 00:28:16.710

Brooke Briggance (she/her): How to intervene and approach, and you know connect to professional care, but also how to manage a mental health emergency, including overdose.

148

00:28:16.980 --> 00:28:30.510

Brooke Briggance (she/her): thoughts of suicide non suicidal self injury psychosis, and so it is I you know quickly becoming not just a best practice, but a first practice i'm seeing more and more often, for example.

149

00:28:31.230 --> 00:28:40.650

Brooke Briggance (she/her): On grant proposals or even in legislation requirements for X percent of organizations be mental health first aid certified so.

150

00:28:41.280 --> 00:28:53.760

Brooke Briggance (she/her): it's really an important just basic skill building certification for organizations and it's just a good thing to know as a person again because of all the secondary impacts.

151

00:28:54.480 --> 00:29:07.890

Brooke Briggance (she/her): it's these are just good skills to have in our back pocket as we move about the world right now, because things are so so serious for folks and I really love going into and thinking through.

152

00:29:09.000 --> 00:29:23.910

Brooke Briggance (she/her): You know what actually happens neuro biologically right so just a reminder that trauma is experienced most significantly in this limbic system part of the brain.

153

00:29:24.570 --> 00:29:33.030

Brooke Briggance (she/her): Parts of the brain that are implicated are your amygdala your pair aqua Dr grey like these Defense survival parts of the brain.

154

00:29:33.960 --> 00:29:45.600

Brooke Briggance (she/her): And you know it certainly is I sometimes when we teach trauma informed practice we often go into I use a metaphor of a rider and a horse right.

155

00:29:46.080 --> 00:29:57.420

Brooke Briggance (she/her): This idea that when the parts of the brain are working in balance, this prefrontal cortex area this executive function area is working in tandem.

156

00:29:57.660 --> 00:30:07.140

Brooke Briggance (she/her): With the limbic system if you imagine, this is the rider, and this is your horse, this is the part of your brain that's interested in survival it's interested in.

157

00:30:07.500 --> 00:30:24.750

Brooke Briggance (she/her): defensive reaction it's interested in analyzing for safety it's taking in all of the data that your senses are offering it so smell and sight and i'm analyzing all the time, am I safe, am I safe, am I, safe and i'm reacting.

158

00:30:25.380 --> 00:30:40.350

Brooke Briggance (she/her): And i've been telling the story recently about I walk my dog rosie like every single morning, we take a long, long walk and I have a little buddy that I met during coven.

159

00:30:41.310 --> 00:30:50.520

Brooke Briggance (she/her): On the dog walk he's about 80 years old, his name is Gilbert and he and I sort of crossed paths at about the same time.

160

00:30:50.820 --> 00:31:00.480

Brooke Briggance (she/her): And our dogs would say hello, and then

we'd go on our way and we would just do a little check in once a day and I got to a certain time where Gilbert wasn't there.

161

00:31:00.960 --> 00:31:11.760

Brooke Briggance (she/her): And I you know he didn't come and didn't come, and I was worried about him, I thought Oh, my goodness, I hope he didn't get sick and you know what happened to Gilbert and Gilbert showed up one day.

162

00:31:12.450 --> 00:31:20.550

Brooke Briggance (she/her): And I was like oh my gosh Gilbert it's so great to see you Oh, I was so worried about blah, and he said brooke I just I got hit by a car.

163

00:31:21.060 --> 00:31:32.220

Brooke Briggance (she/her): And I oh my gosh Gilbert tell me what happened Well he and his dog Java had been walking at dusk and they were crossing an intersection and someone came.

164

00:31:33.150 --> 00:31:45.960

Brooke Briggance (she/her): And he didn't see the car he just woke up he was you know he's called it waking up and that he said I looked up and I was on the ground and Java was barking and people on the scene.

165

00:31:46.890 --> 00:31:51.360

Brooke Briggance (she/her): said it Gilbert you know because he's kind of one of these guys in the neighborhood everyone knows who he is.

166

00:31:52.230 --> 00:32:06.570

Brooke Briggance (she/her): And Gilbert you know they said Gilbert you jumped and you know you jumped in when you jumped you took Java with you on your leash and because you jumped you landed on the hood of the car, so you didn't get hit hit head on.

167

00:32:07.200 --> 00:32:16.050

Brooke Briggance (she/her): Right, this is such a wonderful example of how the brain reacts in survival mode.

168

00:32:16.710 --> 00:32:29.130

Brooke Briggance (she/her): right before this part of the brain of gilbert's brain ever even saw car ever even registered car even knew what was going on this part of the brain.

169

00:32:29.460 --> 00:32:34.590

Brooke Briggance (she/her): analyze the data and created a response that saved gilbert's life.

170

00:32:35.160 --> 00:32:46.500

Brooke Briggance (she/her): Right that's how strong this part of the brain is is that you know Gilbert and Java were in the air and landing on the hood of the car before this part of the brain ever said car.

171

00:32:47.340 --> 00:33:00.810

Brooke Briggance (she/her): And that's a really, we need to have respect for this part of the brain trauma informed practice is respecting and honoring the brains seeking survival.

172

00:33:01.740 --> 00:33:06.570

Brooke Briggance (she/her): And you know they're all different kinds of behaviors that get stigmatized.

173

00:33:07.200 --> 00:33:17.670

Brooke Briggance (she/her): Where we judge people's reactions to survival, where we judge a community's reaction to survival, but that's how strong and that part of the brain is.

174

00:33:17.910 --> 00:33:28.170

Brooke Briggance (she/her): And so it's again it's just really important for us to remember that when we're thinking about what do we want to do, what do we want to privilege in our dialogue about trauma.

175

00:33:28.500 --> 00:33:38.400

Brooke Briggance (she/her): I like to privilege, the inherent resilience of the brain that's why we need our our project Cypress resilience project right is because resilience is a given.

176

00:33:38.850 --> 00:33:52.260

Brooke Briggance (she/her): that's that's already in there now how do we leverage that inherent resilience to lead to healing right but let's acknowledge the resilience and the power of that part of the brain initially and and honor it.

177

00:33:54.000 --> 00:34:02.370

Brooke Briggance (she/her): This is a you know why I say this, the trauma is happening in parts of the brain that we don't have access to.

178

00:34:02.760 --> 00:34:15.210

Brooke Briggance (she/her): trauma is occurring and parts of the brain we have memories of trauma or the precursors of trauma that we don't necessarily have the access to you know, in terms of our executive function.

179

00:34:15.900 --> 00:34:24.390

Brooke Briggance (she/her): And and that's a really important thing for us to remember when we're working with someone that there may be behaviors they have they are maybe.

180

00:34:25.320 --> 00:34:34.860

Brooke Briggance (she/her): Coping mechanisms they've developed maladaptive behaviors that we have, and you know see evidence of and we're like what is this, why is this person reacting this way.

181

00:34:35.130 --> 00:34:42.600

Brooke Briggance (she/her): They may not necessarily understand they you know they're pair of awkward ductile Gray may be analyzing data.

182

00:34:42.900 --> 00:34:51.240

Brooke Briggance (she/her): and saying you know what happened just before this trauma occurred someone smiled and so when people smile at me, I see that as a threat.

183

00:34:51.690 --> 00:35:03.630

Brooke Briggance (she/her): When people are nice to me, I see that as a threat, because that happened, but I don't have necessarily conscious connection to that reaction I just know that physiologically i've a reaction when people smile.

184

00:35:04.140 --> 00:35:12.120

Brooke Briggance (she/her): Right, so it, you know when we are thinking of interventions when we think of treatment plans when we're thinking of all the systems work.

185

00:35:12.480 --> 00:35:26.940

Brooke Briggance (she/her): This is one of the things that we have to

have respect for is that the behavior that we're seeing may or may not be something the person has conscious connection to because trauma is occurring at the most primal level of our brain.

186

00:35:29.040 --> 00:35:39.780

Brooke Briggance (she/her): You know how does this become so unhealthy, you know we've talked in the past about you know, for me, this is all about the chemicals that are released right.

187

00:35:40.440 --> 00:35:51.270

Brooke Briggance (she/her): This is about a combination of the adaptive you know behaviors the coping mechanisms that we come up with to survive and to try to regulate ourselves and self sooth during trauma.

188

00:35:51.540 --> 00:36:01.170

Brooke Briggance (she/her): As well as being inundated with with chemicals adrenaline and cortisol most directly implicated most likely cortisol.

189

00:36:01.440 --> 00:36:15.030

Brooke Briggance (she/her): And cortisol you know the problem with the amygdala and the limbic system is that it gets sensitized over time it's just getting more and more sensitive, it takes less and less stimuli for the stress response to occur.

190

00:36:15.360 --> 00:36:26.940

Brooke Briggance (she/her): And we see that folks have a difficult time getting back to that baseline and if you've been out in Community lately, just like even at the grocery store you've been out and about.

191

00:36:27.420 --> 00:36:35.790

Brooke Briggance (she/her): Some of us are out and about maybe a little bit more Oh, my goodness, people are just popping off left and right people are you know.

192

00:36:36.270 --> 00:36:49.380

Brooke Briggance (she/her): there's if they had started at zero and gotten to 30 before now they're starting at 30 getting to 60 and you see that I think of it almost like sunburn.

193

00:36:49.980 --> 00:36:59.850

Brooke Briggance (she/her): You know if you have a really bad sunburn if you've ever had that or you've been too long in the sun, you know even the the slightest piece of fabric hurts.

194

00:37:00.180 --> 00:37:11.790

Brooke Briggance (she/her): right that just that slight, you could have a real light top on and it just feels like it's just scratching across the surface of your skin that's sort of how I think of the stress response.

195

00:37:12.600 --> 00:37:24.420

Brooke Briggance (she/her): When that is activated, then you know it's getting more and more sensitive, so I need less than less information going into that limbic system to activate the stress response.

196

00:37:24.780 --> 00:37:32.640

Brooke Briggance (she/her): And in addition i'm having a harder and harder time getting back to zero so i'm starting at a state of escalation.

197

00:37:33.480 --> 00:37:45.690

Brooke Briggance (she/her): And that you know, for those of us again I mentioned vicarious trauma burnout that's not what this workshop is about, but if you've ever experienced it before you know that's what it feels like.

198

00:37:46.050 --> 00:37:54.840

Brooke Briggance (she/her): you're your threshold is lower and lower it's harder and harder for us to be able to keep it together it's difficult.

199

00:37:55.560 --> 00:38:01.320

Brooke Briggance (she/her): For us to sort of like hold that feeling at bay and you feel that sense of depletion.

200

00:38:02.070 --> 00:38:06.120

Brooke Briggance (she/her): Right like I don't I think of it too is like i'm running out of gas in the tank.

201

00:38:06.510 --> 00:38:18.930

Brooke Briggance (she/her): Right like that's exactly what we're talking about is that sort of sense of depletion I don't need as much



stimuli to you know it activate that stress response, which means then i'm exposed to more cortisol.

202

00:38:19.380 --> 00:38:29.460

Brooke Briggance (she/her): Right so it's that vicious cycle of corey exposure to cortisol The more I get the more sensitized Am I need less stimuli to get there.

203

00:38:29.700 --> 00:38:37.800

Brooke Briggance (she/her): I am having a harder and harder time getting down to my baseline it's means i've just got cortisol going through my body, you know all the time.

204

00:38:38.340 --> 00:38:47.850

Brooke Briggance (she/her): And this is some of the stuff that starts to happen, all of these you know physical symptoms are directly related to.

205

00:38:48.570 --> 00:39:04.170

Brooke Briggance (she/her): Exposure to cortisol and and I yes exactly Peter Thank you see, I Peter you're here I love to see Peter here, Peter is going to pop into the chat all of the fancy ways of talking about this, because he and I make a good team.

206

00:39:04.860 --> 00:39:13.620

Brooke Briggance (she/her): So I you know I think this is really important for us to normalize as well, because one of the things that happens is.

207

00:39:13.860 --> 00:39:21.600

Brooke Briggance (she/her): We begin now it's, not to say other things aren't implicated here right like it's not that cortisol is the only thing happening.

208

00:39:22.050 --> 00:39:29.880

Brooke Briggance (she/her): That is directly correlated to all of these physical things there may be other things going on, of course, and we know it's not helping.

209

00:39:30.210 --> 00:39:45.390

Brooke Briggance (she/her): And we know that it, you know, has a lot of wear and tear on the body, and so you know, one of the things that

we've been doing is trying to normalize some of these things, trying to help people understand why, might I be feeling these physical effects.

210

00:39:46.410 --> 00:39:51.060

Brooke Briggance (she/her): What is the link between the stress response and some of the things i'm experiencing physically.

211

00:39:51.900 --> 00:39:56.040

Brooke Briggance (she/her): When we talk and mental health first aid, we talked about connection to professional help.

212

00:39:56.400 --> 00:40:06.990

Brooke Briggance (she/her): Maybe someone you know doesn't you know, maybe there's stigma and they're not open to thinking about therapy, but they've got a lot of these physical signs and symptoms.

213

00:40:07.200 --> 00:40:11.880

Brooke Briggance (she/her): that we know are connected potentially to some of their trauma and toxic stress and.

214

00:40:12.150 --> 00:40:21.120

Brooke Briggance (she/her): Maybe we could offer you know primary care is an option let's roll out some of this stuff and figure out what's going on right, so we kind of talk about.

215

00:40:21.390 --> 00:40:29.430

Brooke Briggance (she/her): You know, sometimes primary care of family medicine is a backdoor into getting some early intervention to avoid.

216

00:40:29.760 --> 00:40:38.220

Brooke Briggance (she/her): You know, an increase or an escalation in a mental health challenge with someone with a trauma background, so I would rather have early intervention.

217

00:40:38.730 --> 00:40:44.850

Brooke Briggance (she/her): I can use some of these physical effects of the stress response to get someone some care.

218

00:40:45.150 --> 00:40:55.500

Brooke Briggance (she/her): Right so it's another way of approaching

someone to get them some help potentially and to start having a conversation about stress mental health trauma, etc.

219

00:40:56.100 --> 00:41:02.940

Brooke Briggance (she/her): without necessarily coming right up against the stigma that they may feel about saying it's a mental health problem.

220

00:41:03.540 --> 00:41:11.760

Brooke Briggance (she/her): But you can see, I you know, whenever I do a self care workshop and we're talking about the neuroscience of self care and we get to this slide.

221

00:41:12.030 --> 00:41:31.440

Brooke Briggance (she/her): I you know the chat starts blowing up about all of the different things that people are experiencing right now and and it can feel at you know sort of finally like oh Okay, you know I now I have an understanding of why right Why am I feeling this way, so, for instance.

222

00:41:32.550 --> 00:41:44.850

Brooke Briggance (she/her): You know, during shelter in place like craving carbs and you know sugars and things like well cortisol sending a message I need cheap energy because I got to get ready to fight a bear.

223

00:41:45.150 --> 00:41:53.550

Brooke Briggance (she/her): Right, so one of the things that does is it says, give me some cheap energy, so it, you know if you're sitting there and you're binge watching netflix and you just want to eat chips and.

224

00:41:53.790 --> 00:42:00.030

Brooke Briggance (she/her): You know French Fries and put them on top of ice cream like let's normalize that let's look at your stress level.

225

00:42:00.870 --> 00:42:13.170

Brooke Briggance (she/her): One of the things to muscle tension, right here so much about muscle tension cortisol sends a message to your muscles to contract because it's trying to get ready to fight the bear right that's the threat and so.

226

00:42:13.620 --> 00:42:21.810

Brooke Briggance (she/her): You know a lot of us this year have been getting migraines or headaches, or you know feeling as though, like our muscles are sore that's implicated.

227

00:42:22.320 --> 00:42:30.150

Brooke Briggance (she/her): sleep disruption right super common right now well cortisol wakes you up in the morning it's one of the activator is in our system so.

228

00:42:30.420 --> 00:42:37.860

Brooke Briggance (she/her): You know if I am really struggling with sleep or i'm having trouble getting to sleep, I am waking up and I can't get back to sleep.

229

00:42:38.580 --> 00:42:44.880

Brooke Briggance (she/her): let's look at stress levels let's look at trauma backgrounds let's look at those things, so all of this, by way of saying.

230

00:42:45.510 --> 00:42:57.270

Brooke Briggance (she/her): You know, we just want to continue to normalize and how we are responding right both to ourselves, like let's be nice to ourselves as well as.

231

00:42:58.020 --> 00:43:06.870

Brooke Briggance (she/her): d stigmatizing this cortisol reaction in others, and this is why I say this is a public health issue.

232

00:43:07.620 --> 00:43:15.420

Brooke Briggance (she/her): For me trauma is the public health bell once I heard it I can't hear it it's the thing once I saw it, I can't see it.

233

00:43:16.200 --> 00:43:28.080

Brooke Briggance (she/her): It to me it is implicated in so many of the things that we talk about in public health, including chronic disease, so we know that cortisol is implicated in the sixth leading causes of death.

234

00:43:28.980 --> 00:43:40.380

Brooke Briggance (she/her): We know that this is heart like right in the heart of health disparities and it is not by any means the you know only social determinants.

235

00:43:40.680 --> 00:43:45.900

Brooke Briggance (she/her): Of course not right, we have all sorts of other things, to think about environmental factors.

236

00:43:46.500 --> 00:44:08.340

Brooke Briggance (she/her): Poverty, etc, all of that stuff and the trauma of those health disparities living the social determinants of health itself is contributing to cortisol production, which is exacerbating right all of these health disparities and what happened during coven.

237

00:44:09.660 --> 00:44:20.610

Brooke Briggance (she/her): who died more often during coven folks of color right folks you know we're living in poverty folks of color folks who had pre existing conditions.

238

00:44:21.210 --> 00:44:29.370

Brooke Briggance (she/her): Why did they have pre existing conditions right, it is not only it's not the only social determinants of health but it's there.

239

00:44:29.820 --> 00:44:41.550

Brooke Briggance (she/her): And it's there in practically everything that you see now when I when I work at Public Health Institute and we do work with, but you know public health departments and systems and all of that.

240

00:44:41.850 --> 00:44:52.620

Brooke Briggance (she/her): One of the things i'm constantly asking, even if we're talking about something like diabetes we're talking about heart disease i'm saying what's the implication of trauma here like where's trauma involved.

241

00:44:53.160 --> 00:45:02.190

Brooke Briggance (she/her): Right at the Community level like what do we what, how can we impact, for instance, diabetes interventions with a trauma informed lens.

242

00:45:02.880 --> 00:45:09.150

Brooke Briggance (she/her): Right, because I know if I reduce cortisol I can have impact on that I know that if I reduce.

243

00:45:09.930 --> 00:45:17.430

Brooke Briggance (she/her): You know the stress response, meaning i'm offering protected space and protected relationships, I can reduce cortisol I can have impact there.

244

00:45:18.000 --> 00:45:31.680

Brooke Briggance (she/her): So, if we take, for example, a diet only approach that's not enough right the body will continue to respond and will continue to offer that wear and tear simply because of the cortisol.

245

00:45:34.710 --> 00:45:47.820

Brooke Briggance (she/her): So this is a you know, one of the reasons why I think that we have got to you know oftentimes when we talk about trauma we talk about it in individual terms.

246

00:45:48.240 --> 00:45:55.410

Brooke Briggance (she/her): How am I going to create a program that helps this individual that individual this individual that's important it's, not to say it's not important.

247

00:45:56.010 --> 00:46:07.320

Brooke Briggance (she/her): And it's got to be a systems organizational conversation how am I supporting trauma informed practice within the system because I now know this is a population health problem.

248

00:46:07.890 --> 00:46:17.340

Brooke Briggance (she/her): Right, this is directly linked, it should be no different than any of the other systems approaches, we have to managing health disparities.

249

00:46:18.030 --> 00:46:24.570

Brooke Briggance (she/her): We know that trauma is directly linked to lower life expectancy your a score actually matters.

250

00:46:25.380 --> 00:46:36.660

Brooke Briggance (she/her): You know in in some I saw map once of my

region, and there was a difference of 20 years of life expectancy based on your a score and the geography of your birth.

251

00:46:37.500 --> 00:46:51.180

Brooke Briggance (she/her): And that's a tremendous difference in disparity, so what you know, we also need to think about where are we putting these trauma informed practices, where do we, where do we start.

252

00:46:51.930 --> 00:46:58.170

Brooke Briggance (she/her): And one of the things I think we have to do is look at the populations that are impacted most specifically.

253

00:46:58.560 --> 00:47:16.290

Brooke Briggance (she/her): Right, so we have to think about historical trauma, we have to think of intergenerational trauma Community based traumas those other aces right those adverse Community environments adverse Community experiences and intervene as part of our social justice practice in public health.

254

00:47:18.570 --> 00:47:27.270

Brooke Briggance (she/her): We also know that trauma is directly linked to mental health diagnoses and I, you know these are just like just.

255

00:47:27.870 --> 00:47:35.490

Brooke Briggance (she/her): I mean we could go on and on and on finding data, this is just scratching the surface, I mean how many slides do you need to see right.

256

00:47:36.360 --> 00:47:42.720

Brooke Briggance (she/her): So I you know this is stuff that we thought was interesting, but the reality is like we could have slide after slide after slide.

257

00:47:43.500 --> 00:47:53.490

Brooke Briggance (she/her): There have been multiple studies done that show us there's a direct correlation between trauma and mental health challenges it's part of the reason why I think.

258

00:47:54.270 --> 00:48:06.900

Brooke Briggance (she/her): Mental health first aid as a best practice

is critical, because we know there's a couple we talked about when we do mhf a training, we talk a little bit about trauma not nearly enough, in my opinion.

259

00:48:07.560 --> 00:48:19.140

Brooke Briggance (she/her): But it at least sets the standard and says that there is this correlation between the experience of trauma and mental health challenges and it sets a standard for early intervention.

260

00:48:19.920 --> 00:48:32.010

Brooke Briggance (she/her): And you know we know from the data that people are more likely to accept help or accept the encouragement to seek professional care if it's coming from someone they know and respect.

261

00:48:32.550 --> 00:48:42.780

Brooke Briggance (she/her): Right so having family members having people who are trained at the Community level actually really matters because we don't want the situation to escalate.

262

00:48:43.050 --> 00:48:50.730

Brooke Briggance (she/her): I need to get in there early and intervene early, because otherwise I may be facing a situation where i'm managing crisis.

263

00:48:50.970 --> 00:48:56.340

Brooke Briggance (she/her): And so I you I just sort of think of it as we need more eyes and ears, on the situation.

264

00:48:56.640 --> 00:49:11.490

Brooke Briggance (she/her): Right I want everybody to get trained in mental health first aid, because I think we just need other people, I want the soccer coach the bus driver, I want the person who sees it, you know that person in the restaurant likes let's get waitstaff.

265

00:49:12.840 --> 00:49:22.890

Brooke Briggance (she/her): I recently trained, public health or public Librarians and it for in San Francisco I trained them all in mental health first aid, I have never.

266

00:49:23.190 --> 00:49:35.340



Brooke Briggance (she/her): met a more traumatized group of folks in my life, they were managing multiple episodes of psychosis a day multiple episodes of overdose death by suicide in the libraries, you name it.

267

00:49:36.300 --> 00:49:48.570

Brooke Briggance (she/her): And you know you that's the kind of situation that you don't normally think of right like a profession that you don't normally assume would need crisis intervention, training and mental health.

268

00:49:49.350 --> 00:49:59.880

Brooke Briggance (she/her): That libraries right, if I have a traumatized brain a library is a really comfortable place to go the lighting is low it's quiet, the people are kind.

269

00:50:00.180 --> 00:50:16.140

Brooke Briggance (she/her): Right it's a safe space remember the brain wants that safe protected space makes a lot of sense that you know publicly open space, like a library withdraw folks with trauma backgrounds, so you know just be thinking about.

270

00:50:17.190 --> 00:50:32.490

Brooke Briggance (she/her): How it as we're thinking about overdose right, we want to prevent overdose one of the things that we need to do, then, is to identify someone who's vulnerable to overdose before we get to the overdose.

271

00:50:33.330 --> 00:50:53.310

Brooke Briggance (she/her): And we know that that is going to likely start with some sort of mental health challenge often related to trauma, so if we can begin even that upstream thinking at the level of trauma itself can we then help prevent crisis and overdose.

272

00:50:55.770 --> 00:51:07.050

Brooke Briggance (she/her): Sarah there are any number of trauma informed care training curriculums for first responders there is a version of mental health first aid that's for first responders.

273

00:51:07.380 --> 00:51:24.510

Brooke Briggance (she/her): And there is a version of mental health first aid that is also for law enforcement, so you can work with law enforcement, you can get certified in these subcategories and tailor

the training, I think that there is still a lot of work that needs to be done very frankly.

274

00:51:25.620 --> 00:51:36.120

Brooke Briggance (she/her): At the level of first response, I think that there you know, for example, even just understanding the neurobiology of the stress response would be super helpful.

275

00:51:36.840 --> 00:51:52.290

Brooke Briggance (she/her): If i'm a first responder and i'm, the first on the scene and I need to de escalate something and I teach a de escalation co regulation workshop where we talk about these are the actual things I can do to impact the situation neurologically.

276

00:51:53.190 --> 00:51:59.100

Brooke Briggance (she/her): And I think, like everybody should have that too right like, but particularly first responders so.

277

00:51:59.910 --> 00:52:09.900

Brooke Briggance (she/her): Their error different things i've seen different responses and systems based on region some regions are standardizing these trainings and some aren't quite yet.

278

00:52:10.680 --> 00:52:18.930

Brooke Briggance (she/her): You will i'll have my email up at the last slide and you know you can always email me too, and maybe we can find something okay.

279

00:52:22.020 --> 00:52:33.000

Brooke Briggance (she/her): We also know that trauma is directly related to on you know underlying substance use and misuse issues, so the reason we're here today right thinking about overdose.

280

00:52:33.330 --> 00:52:45.630

Brooke Briggance (she/her): And I you know we know, again I could have inundated us with data, I decided not to do that, but I want to make sure that we understand that it comes from multiple places.

281

00:52:46.350 --> 00:53:00.120

Brooke Briggance (she/her): And it may come from multiple places in one person remember traumas experienced holistically and it overwhelms, and so it is it's not easy it's not something we can parse

out in a simple manner.

282

00:53:00.720 --> 00:53:09.180

Brooke Briggance (she/her): But we know that there are all different kinds of reasons why people may begin to self medicate We understand that there are all different kinds of reasons.

283

00:53:09.870 --> 00:53:23.430

Brooke Briggance (she/her): Maybe there is, you know expression in DNA there is inheritance, we know that there's intergenerational trauma that's implicated the stress response is implicated like we know that maladaptive behaviors are implicated, we know.

284

00:53:24.090 --> 00:53:38.100

Brooke Briggance (she/her): there's actually a correlation now that they're finding between attachments relationships in childhood and ptsd diagnoses and self medicating from a ptsd diagnosis so.

285

00:53:38.730 --> 00:53:47.040

Brooke Briggance (she/her): here's The simple answer we continue to learn I don't know if we'll learn everything in my lifetime i'm assuming we won't.

286

00:53:47.340 --> 00:53:55.020

Brooke Briggance (she/her): But we're getting there and what's happening is we're starting to see all of the connection of the dots, which is, I think, really exciting.

287

00:53:55.860 --> 00:54:06.270

Brooke Briggance (she/her): Where we are starting to break down the silos that have often existed between these conversations part of the reason I founded Cyprus was because.

288

00:54:07.140 --> 00:54:17.130

Brooke Briggance (she/her): You know oftentimes you see like traumas being talked about over here substance use is being talked about over here mental health is over here right.

289

00:54:17.580 --> 00:54:23.880

Brooke Briggance (she/her): You know D I in historical traumas over there and you're like no no that's not how people experience things.

290

00:54:24.600 --> 00:54:28.830

Brooke Briggance (she/her): And so what we wanted to do is try to work to break down silos.

291

00:54:29.100 --> 00:54:38.010

Brooke Briggance (she/her): And what we wanted to do was try to get the training to the Community level, so that we could say like hey we're not doing it this way anymore, and part of it is because.

292

00:54:38.250 --> 00:54:52.440

Brooke Briggance (she/her): there's just this intersection between all of these conversations right, this is what we are learning is this is how a person, a Community experiences trauma there's intersection between public health cortisol trauma mental health.

293

00:54:52.830 --> 00:55:05.910

Brooke Briggance (she/her): Self medicating behaviors attachments etc that's a human being that's the lived experience, and so I want to break down these conversations and start talking about what can we do in systems.

294

00:55:07.200 --> 00:55:17.280

Brooke Briggance (she/her): The good news is what we do actually matters, we know that our response has impact and that's why it's so important for us to respond.

295

00:55:17.850 --> 00:55:26.730

Brooke Briggance (she/her): And that is true, on the interpersonal level what I do, as a fellow human being has impact on another human being.

296

00:55:27.180 --> 00:55:34.500

Brooke Briggance (she/her): Right, so when we talk about trauma informed practice we have different trainings that are just focused on interpersonal communication skills.

297

00:55:35.220 --> 00:55:48.660

Brooke Briggance (she/her): How do I personally interact with you in a way that helps create safety and stability for you as an individual right so there's the individual level, then there is the organizational level.

298

00:55:49.500 --> 00:55:54.510

Brooke Briggance (she/her): In this organization, what do we need to do, and when I work with organizations.

299

00:55:54.780 --> 00:56:04.230

Brooke Briggance (she/her): We have to talk about outward facing practice and our internal practice, it is just as important for us to talk about our internal practices.

300

00:56:04.500 --> 00:56:20.310

Brooke Briggance (she/her): I mean, my goodness, how often do we see an organization that has really great outward facing practice and internally, people are super traumatized by the internal policies and procedures right maybe there is.

301

00:56:21.090 --> 00:56:33.210

Brooke Briggance (she/her): A lack of diversity equity inclusion in the organization, maybe there are micro aggressions within the organization right, and so, how are we expecting our outward facing practice.

302

00:56:33.600 --> 00:56:45.510

Brooke Briggance (she/her): To be truly transformative and healing if the people within the system itself are traumatized and being traumatized so some when I work with leadership in organizations, we have to talk about.

303

00:56:45.990 --> 00:56:52.230

Brooke Briggance (she/her): Okay, I know that you came here, because you care about working in Community and your outward facing practice, how are you doing internally.

304

00:56:52.920 --> 00:57:00.810

Brooke Briggance (she/her): what's your trauma informed HR policy like this is, these are hard conversations and so really important.

305

00:57:01.530 --> 00:57:10.410

Brooke Briggance (she/her): That we be thinking about outward and inward when we talk about organizations and then you've heard me say systems, over and over again right so very large.

306

00:57:10.890 --> 00:57:26.370

Brooke Briggance (she/her): Systems thinking about policy thinking about advocacy thinking about our system response matters, but the good news is that it actually on each one of those levels we can exact change and we can intervene and we can disrupt intergenerational trauma.

307

00:57:28.200 --> 00:57:34.200

Brooke Briggance (she/her): very first thing let's think forward now very first thing we have to do is have a shared mental model.

308

00:57:35.400 --> 00:57:42.030

Brooke Briggance (she/her): And I you know it has to be a D stigmatizing shared mental models so all of the stuff that we just talked about.

309

00:57:42.450 --> 00:57:54.390

Brooke Briggance (she/her): we're talking a little bit of neuro bio or talking a little bit of you know, historical trauma we're talking as as we're talking that I want these conversations to be just the things we talked about.

310

00:57:54.990 --> 00:58:05.670

Brooke Briggance (she/her): I want them to be standard conversations normalized I want D stigmatize conversations around the response, the brain has to be activated.

311

00:58:06.300 --> 00:58:22.530

Brooke Briggance (she/her): So, very often those four f's get stigmatized themselves right like if my brain decides fight, then I get labeled violent I get labeled aggressive and I didn't pick that.

312

00:58:23.070 --> 00:58:36.960

Brooke Briggance (she/her): Okay, like I didn't have the time Gilbert didn't pick jumping up and landing on the hood of the car his limbic system decided that for him before he ever saw or recognized car.

313

00:58:37.650 --> 00:58:41.970

Brooke Briggance (she/her): Before he knew he was in danger his brain reacted The same is true for fight.

314

00:58:42.630 --> 00:58:51.870

Brooke Briggance (she/her): Right, but we stigmatized fight oftentimes so one of the things we have to do is to begin to have neurobiology as a common conversation.

315

00:58:52.680 --> 00:59:01.080

Brooke Briggance (she/her): Right, and you know at the Community level, we need a shared mental model, not only internally at our organization about the work that we're doing.

316

00:59:01.380 --> 00:59:14.520

Brooke Briggance (she/her): But letting folks in on the conversation helping people understand hey this is what's going on, and once we have that shared mental model we have common terminology, we have common definition we have common practice.

317

00:59:14.910 --> 00:59:26.850

Brooke Briggance (she/her): And then we can start to really impact change but that's why these sorts of conversations are so important right because we are creating.

318

00:59:27.690 --> 00:59:37.560

Brooke Briggance (she/her): A learning Community together, I mean I see all of you out there and I think wow how cool that I get to spend some time with my learning Community today.

319

00:59:38.070 --> 00:59:48.810

Brooke Briggance (she/her): Talking about something that we're going to share as a mental model moving forward, but it, you know the big key thing here is D stigmatizing normalizing.

320

00:59:49.260 --> 00:59:57.150

Brooke Briggance (she/her): helping people understand that the reactions they're having are their brains attempt to survive, it is their inherent resilience.

321

00:59:57.540 --> 01:00:08.340

Brooke Briggance (she/her): And and and I think reframing it from that taking it out of a deficit lens and putting it into this opportunity lens is really important for people.

322

01:00:09.330 --> 01:00:28.200

Brooke Briggance (she/her): You know, not just taking away the

negative, but actually, as I said earlier, honoring the fact that what the brain is trying to do is survive what the Community has done is survive, and that is profound and needs to be acknowledged as well.

323

01:00:30.210 --> 01:00:40.410

Brooke Briggance (she/her): When we do trauma informed practice when we are thinking about an organization right, we are thinking about some of these common guidelines and.

324

01:00:40.680 --> 01:00:45.060

Brooke Briggance (she/her): I believe we've talked about some of these so I didn't spend a lot of time on them here.

325

01:00:45.330 --> 01:00:54.240

Brooke Briggance (she/her): But you know these are some of the guiding principles when I work with organizations around thinking about this is what we need to do for trauma informed work.

326

01:00:54.570 --> 01:00:59.700

Brooke Briggance (she/her): And one of the most important that I like to talk about is the sense of safety.

327

01:01:00.390 --> 01:01:14.100

Brooke Briggance (she/her): Safety remember that protected relationship protected space is what's helping the brain find rest it's what is giving us an opportunity to rebuild neural pathways around things like trust.

328

01:01:14.370 --> 01:01:21.540

Brooke Briggance (she/her): Assessment of safety, accepting the proximity of another person my brain can learn how to do that.

329

01:01:21.990 --> 01:01:30.990

Brooke Briggance (she/her): Right my brain can read learn things like accepting proximity, it can relearn a properly assessing for safety, it can really learn.

330

01:01:31.950 --> 01:01:41.940

Brooke Briggance (she/her): You know, trust and it needs that safe space to do it so safety oftentimes when we run an organization, we think of safety as physical safety.



331

01:01:42.210 --> 01:01:55.230

Brooke Briggance (she/her): Do I fire extinguishers and my Ada accessible and that's, not to say it's not important, but we also are thinking about that mental emotional social and spiritual safety in organizations.

332

01:01:55.830 --> 01:02:13.620

Brooke Briggance (she/her): If trauma is experienced holistically, it must be healed holistically and, and so we often you know aren't necessarily connecting the dots on that piece of it that hey as an organization, I have to be thinking about holistic safety.

333

01:02:14.730 --> 01:02:18.930

Brooke Briggance (she/her): Oh i'm so Margaret so funny oftentimes people will call that.

334

01:02:19.440 --> 01:02:33.330

Brooke Briggance (she/her): People pleasing I don't like that terminology I don't i'm not a huge fan of that what it basically means is someone is figuring out how to do something or offer something to stay safe.

335

01:02:33.900 --> 01:02:36.930

Brooke Briggance (she/her): So take it take it out of a people context for a second.

336

01:02:37.740 --> 01:02:52.620

Brooke Briggance (she/her): let's imagine if the bear was coming toward me and I have a backpack of snacks on my back, maybe I would grab my backpack and throw it to the bear to see if I can get away and survive.

337

01:02:53.130 --> 01:03:12.180

Brooke Briggance (she/her): Right, so that might be something where like i'm going to see if I can give you something or do something to change the situation so that I have a chance at survival so that's what we mean by funding sometimes we'll see it in interpersonal violence so maybe intimate partner violence.

338

01:03:13.230 --> 01:03:21.810

Brooke Briggance (she/her): Any kind of domestic abuse situation child abuse situations, if I do this, can I be safe, right now, if I do that

can I be safe right now.

339

01:03:22.110 --> 01:03:33.270

Brooke Briggance (she/her): I people sort of carrot characterize it as people pleasing, but I think that is a stigmatizing kind of phraseology so I try to stay away from that, but sometimes that's how folks think of it.

340

01:03:34.890 --> 01:03:48.510

Brooke Briggance (she/her): yeah angie CIT police officers that's we're seeing increased exposure to CIT training in law enforcement i've been really excited about that partnering with them is really helpful i'd like to see more.

341

01:03:49.590 --> 01:03:59.520

Brooke Briggance (she/her): I would like to continue to see more opportunity to get CIT training, but yeah and that's actually one of the things that we talked about.

342

01:03:59.820 --> 01:04:11.130

Brooke Briggance (she/her): In mental health first aid is if I if let's say 911 is my only option, there are other options and communities, but if 911 is my only option in a community to manage a crisis.

343

01:04:11.790 --> 01:04:27.900

Brooke Briggance (she/her): We train people to ask for this do you have CIT officers that could respond to the scene, so one of the things that we need to do at the Community level is let people know what the options are, how to handle a 911 call, what do you say, what do you ask for.

344

01:04:28.470 --> 01:04:36.330

Brooke Briggance (she/her): Because that's going to trigger a different response from the dispatcher So if I if I know that there's such a thing as a CIT trained officer.

345

01:04:36.540 --> 01:04:43.620

Brooke Briggance (she/her): I can ask for that right, maybe then I get a different kind of response that's a safer response to a mental health emergency.

346

01:04:44.070 --> 01:04:51.210

Brooke Briggance (she/her): Do I have mobile mental health units in my jurisdiction that's something that we train, we want to know, do I have that as an option.

347

01:04:51.840 --> 01:05:05.730

Brooke Briggance (she/her): Some places we do some places we don't in San Francisco now every 911 call it, you know that if you say mental health emergency on your 911 call to the dispatcher you get a mobile mental health unit, instead of a squad car.

348

01:05:06.150 --> 01:05:12.540

Brooke Briggance (she/her): Right, but these are things that you have to educate people on otherwise, how would they know to ask they're just going to get on the phone.

349

01:05:12.780 --> 01:05:18.300

Brooke Briggance (she/her): And escalate the situation because they're going to be yelling oh my God oh my God, you know so and so's going through a mental health crisis.

350

01:05:19.170 --> 01:05:27.510

Brooke Briggance (she/her): And so what we want to do is make sure that people understand what's available to them and not keep that information retain just at the professional level.

351

01:05:29.610 --> 01:05:34.350

Brooke Briggance (she/her): And oh Mary so what's my perspective on Community based resiliency programs.

352

01:05:35.790 --> 01:05:48.510

Brooke Briggance (she/her): Oh train the trainer yeah so you're going to hear me in about two seconds talk about mindfulness we have really good data now about mindfulness and its impact, even on interrupting.

353

01:05:49.260 --> 01:06:02.880

Brooke Briggance (she/her): The DNA implications for intergenerational trauma and mindfulness actually is lengthening and strengthening the telomeres which are the protectors of genes, and so I you know I think mindfulness is.

354

01:06:03.240 --> 01:06:14.460

Brooke Briggance (she/her): One of the places where this is going to go, so I think it's really important, and we have incredible data that talks about other impacts of mindfulness training.

355

01:06:14.970 --> 01:06:26.400

Brooke Briggance (she/her): Including reducing the stress response so absolutely totally behind it and you'll see on a slide in just a second that I don't think that we can talk about.

356

01:06:26.970 --> 01:06:41.730

Brooke Briggance (she/her): sort of Western only approaches we've got it also talk about what the Community can offer us in terms of really creating that holistic experience of healing right Western models alone are not going to do it for us.

357

01:06:43.620 --> 01:06:55.080

Brooke Briggance (she/her): So one of the other things that we talked about when we think about systems and organizations is you know voice and choice right, how do we collaborate and empower, how do we include at the table.

358

01:06:55.620 --> 01:07:03.690

Brooke Briggance (she/her): This is both for our outward facing practice as well as for our inward facing practice, and this is also for our interpersonal.

359

01:07:03.960 --> 01:07:13.650

Brooke Briggance (she/her): practice and how am I, ensuring that I am countering the message of helplessness that trauma put in my brain.

360

01:07:14.070 --> 01:07:23.700

Brooke Briggance (she/her): Right like that neural pathway of helplessness that experience of I couldn't do anything about it that matters it literally makes that.

361

01:07:24.420 --> 01:07:36.390

Brooke Briggance (she/her): You know neural pathway deeper it's the experience of the trauma connected to the sense of helplessness and so one of the ways that we retrain the brain is to give choice.

362

01:07:36.990 --> 01:07:47.190

Brooke Briggance (she/her): To literally teach the brain how to make

decisions, how to make choices, how to identify need how to express the need and so organizations and people.

363

01:07:47.940 --> 01:07:58.050

Brooke Briggance (she/her): By giving that sense of collaboration and empowerment, that is part of what makes that protected space and protected relationship.

364

01:07:58.680 --> 01:08:10.050

Brooke Briggance (she/her): transformative and healing for someone with a trauma experience, so we want to make sure that when we are thinking specifically about people who have trauma backgrounds and we may be.

365

01:08:10.530 --> 01:08:20.010

Brooke Briggance (she/her): Providing a program for them, or maybe we are thinking about intervention or we've got a strategy for healing or whatever it is within our organization.

366

01:08:20.460 --> 01:08:28.290

Brooke Briggance (she/her): Including voice and choice within that is really critical helping that person become part of the treatment plan.

367

01:08:28.710 --> 01:08:42.030

Brooke Briggance (she/her): Having that person on advisory councils and determining what the program will look like having the voice of the Community included in whatever is designed for the Community, not making assumptions right.

368

01:08:43.980 --> 01:08:50.220

Brooke Briggance (she/her): This you know this is sort of speaking to you know what we were just talking about Mary that sense of.

369

01:08:50.880 --> 01:08:57.990

Brooke Briggance (she/her): We want when we're thinking of like a holistic treatment and we're thinking about prevention and we're thinking about the systems work.

370

01:08:58.350 --> 01:09:04.470

Brooke Briggance (she/her): We want to you know of course support advances in the neuroscience we know.

371

01:09:04.740 --> 01:09:12.540

Brooke Briggance (she/her): That, for instance, nutritional psychology is advancing there's more serotonin in your gut than there is in your brain.

372

01:09:12.780 --> 01:09:22.170

Brooke Briggance (she/her): How do we capitalize on that How do we move that serotonin from your gut to your brain nutritional psychology right soon we will be talking.

373

01:09:22.620 --> 01:09:36.540

Brooke Briggance (she/her): Very commonly about the relationship between what we take in for nutrition and mood and how we can help a support mood with what we eat.

374

01:09:37.410 --> 01:09:44.580

Brooke Briggance (she/her): And so you know these are the you know sort of Western scientific advancements these are very important and.

375

01:09:44.880 --> 01:09:55.170

Brooke Briggance (she/her): to your point earlier that inherent Community resilience is also important because we know that trauma is being felt in these primal parts of the brain.

376

01:09:55.440 --> 01:10:06.510

Brooke Briggance (she/her): We know that the strategies, for instance, are you know brain integration break you know trying Yun brain integration is all about thoughts feelings and the body.

377

01:10:07.050 --> 01:10:15.690

Brooke Briggance (she/her): And so, some of the Community based practices tend to be more about the body right, we know that we need right and left brain integration.

378

01:10:16.050 --> 01:10:26.460

Brooke Briggance (she/her): We know that this is part of what you know what we're doing in a Western model than what is the Community telling us you know they can do, and they can offer.

379

01:10:26.760 --> 01:10:39.540

Brooke Briggance (she/her): And so, one of the things that we never

want to do is rely on only one thing I sort of think of this as each individual or each community is going to build their toolkit of things that work.

380

01:10:40.200 --> 01:10:45.330

Brooke Briggance (she/her): right that are working for them, and it should be tools that are coming from both.

381

01:10:45.780 --> 01:10:56.460

Brooke Briggance (she/her): You know both avenues, it should be some of the professional help that we have available to us might be therapy, it might be substance use counseling maybe it's working with a peer.

382

01:10:57.150 --> 01:11:06.300

Brooke Briggance (she/her): It may be, you know we're thinking about nutrition it's all of that stuff that we learn and some Community based practices, particularly.

383

01:11:06.570 --> 01:11:16.830

Brooke Briggance (she/her): For folks who are coming from marginalized communities that Community resilience has been sustained intergenerational Lee because of things like this.

384

01:11:17.220 --> 01:11:22.380

Brooke Briggance (she/her): right because of artistic expression or the music that song or the healing circles that happen.

385

01:11:22.680 --> 01:11:33.570

Brooke Briggance (she/her): And so it's not enough to say Oh, we want to replace that with this other stuff that's not going to work for folks, and so what we want is an integrated approach that speaks to holistic.

386

01:11:34.320 --> 01:11:49.740

Brooke Briggance (she/her): healing for the lived experience of the person and of the Community, so one of the things that you think of if you're thinking about providing programming for folks is do I have good integration here and do does my organization have.

387

01:11:50.610 --> 01:11:58.380

Brooke Briggance (she/her): You know, are we, including these

Community based practices, as well as our other treatment options for folks.

388

01:12:00.690 --> 01:12:03.330

Brooke Briggance (she/her): Then, when we think about the system's level.

389

01:12:04.380 --> 01:12:20.190

Brooke Briggance (she/her): You know what few things that I like to consider and just remind us of one thing is that you know I want to have us include trauma informed discussions at different touch points in the system, meaning.

390

01:12:21.030 --> 01:12:30.660

Brooke Briggance (she/her): it's not enough, a lot of times in particularly large systems you'll see lots and lots of church training for the folks who are interacting directly with Community.

391

01:12:31.230 --> 01:12:34.290

Brooke Briggance (she/her): But not necessarily leadership and administration.

392

01:12:34.860 --> 01:12:48.660

Brooke Briggance (she/her): Not necessarily at the policy level, and you know, I think that that's you know that's a huge issue, because if you see it my last point, I talked about the fact that sustainability is a trauma informed system response.

393

01:12:49.110 --> 01:12:59.610

Brooke Briggance (she/her): If we create a program and it's grant based and the funding isn't sustainable and the program goes away that re traumatizes the people served by that Program.

394

01:13:00.270 --> 01:13:16.230

Brooke Briggance (she/her): Right, so at the policy level at the leadership level at the you know decision making level, there has to be the same conversation about trauma informed practice so that policies right our trauma informed.

395

01:13:17.250 --> 01:13:27.690

Brooke Briggance (she/her): It is not enough for us to MacGyver this together right with duct tape and chewing gum and a shoelace and



oftentimes that's what we're left to do.

396

01:13:28.080 --> 01:13:35.550

Brooke Briggance (she/her): And, very often, when I work with organizations there's amazing work being done and everyone's terrified that it won't be sustainable.

397

01:13:35.970 --> 01:13:47.310

Brooke Briggance (she/her): And so the system's approach speaks to the fact that sustainability itself is honoring the role of trauma informed practice within the system.

398

01:13:48.150 --> 01:13:54.420

Brooke Briggance (she/her): The other thing I mentioned it, but oh my gosh we've got to take away the silos in the conversation.

399

01:13:55.320 --> 01:14:03.720

Brooke Briggance (she/her): Very often, even the silos are in competition right, and this is a practical thing, this is a logistics thing, and maybe you know.

400

01:14:04.200 --> 01:14:09.150

Brooke Briggance (she/her): Maybe i'm showing my bias, but you know, very often, what I see is.

401

01:14:09.690 --> 01:14:22.920

Brooke Briggance (she/her): People doing work on different parts of a person's experience and they're in competition for the same dollar or they're in competition again, you know around the same policy or there's some kind of thing.

402

01:14:23.670 --> 01:14:36.750

Brooke Briggance (she/her): Part of the power of nope and part of the power of creating cross sector collaboration is taking away those silos and creating a shared mental model of prevention.

403

01:14:37.380 --> 01:14:47.520

Brooke Briggance (she/her): and prevention is our upstream conversation here you guys are here because of overdose or upstream conversation is about trauma and so.

404

01:14:47.940 --> 01:14:58.110

Brooke Briggance (she/her): If we can take away the silos and and, frankly, in some ways the destabilization that has occurred, and a lot of our systems because of coven.

405

01:14:58.410 --> 01:15:07.230

Brooke Briggance (she/her): offers us an opportunity to do this if we're aggressive if we commit to it we're aggressive, we can build partnerships, now that we haven't been able to build before.

406

01:15:07.920 --> 01:15:19.590

Brooke Briggance (she/her): Because we were so cemented in our little you know part of the world, and so I i've been seeing a lot of really interesting cross sector collaboration that I haven't seen before.

407

01:15:20.250 --> 01:15:32.520

Brooke Briggance (she/her): Because, maybe you know we've we destabilized some things just in our coven response so when i'm sort of seeing this as an opportunity, it can be a huge challenge.

408

01:15:33.240 --> 01:15:38.070

Brooke Briggance (she/her): One of the things that we know is so important, though, is that sustainability piece.

409

01:15:38.850 --> 01:15:45.390

Brooke Briggance (she/her): So I you know go thank if you run an organization and its grant driven go thank your fund development people.

410

01:15:45.660 --> 01:16:03.180

Brooke Briggance (she/her): Because you know what they're doing is trauma informed system work, even if they don't necessarily see it that way, the sustainability of our interventions will dramatically change, whether or not they're healing or re traumatizing An example of this, what I mean by this.

411

01:16:04.590 --> 01:16:07.290

Brooke Briggance (she/her): I live in the Bay area in California and.

412

01:16:08.100 --> 01:16:20.040

Brooke Briggance (she/her): Pre coven the school districts were in all sorts of financial trouble and in oakland unified school district

there had been a lot of work done at the school sites.

413

01:16:20.310 --> 01:16:33.060

Brooke Briggance (she/her): On healing circles restorative justice practices, and it was an intervention that was designed initially to address the issue of disparity in suspensions and expulsions for behavior.

414

01:16:33.750 --> 01:16:44.970

Brooke Briggance (she/her): But high trauma populations lots of students living in in poverty lots of historical trauma kids of color etc, and these are stored of justice practices.

415

01:16:45.480 --> 01:16:50.130

Brooke Briggance (she/her): healing circles wellness you know sort of things they were working.

416

01:16:50.490 --> 01:16:59.310

Brooke Briggance (she/her): Right start to saw see the decrease the changes and behaviors fewer calls to law enforcement, to get them on campus etc, etc, all of that was working.

417

01:16:59.610 --> 01:17:10.770

Brooke Briggance (she/her): The second the budgets were called into question all of that stuff was on the chopping block all of it, and you know and on in addition increases to class size.

418

01:17:11.370 --> 01:17:24.690

Brooke Briggance (she/her): Reduction in counselors for foster youth and institution system involved youth, and so you started to see all of the infrastructure that had gone into addressing trauma.

419

01:17:25.380 --> 01:17:31.770

Brooke Briggance (she/her): Right and offering healing space offering protected space at school, all of that stuff started to go away.

420

01:17:32.340 --> 01:17:40.500

Brooke Briggance (she/her): And you know, there was this massive outcry from the Community hey wait wait wait, this is what's helping our children be academically successful.

421

01:17:40.770 --> 01:17:49.140

Brooke Briggance (she/her): And this is what's helping them over the long term, this is changing, not just their behavior but also their overall health and well being.

422

01:17:49.590 --> 01:17:56.250

Brooke Briggance (she/her): Right, but when you have that versus you know core subjects what's going to go.

423

01:17:56.760 --> 01:18:04.350

Brooke Briggance (she/her): Right and that's what I mean by sustainability that's a perfect example of the fact that, when we fluctuate sustainability.

424

01:18:04.620 --> 01:18:13.830

Brooke Briggance (she/her): were put into situations where we have to make these hard decisions and we just stripped away a school district of all the things that we knew were working that were trauma informed practice.

425

01:18:17.820 --> 01:18:24.480

Brooke Briggance (she/her): Other examples I you know, one of the things that's a passion of mine is as i've said before, everybody needs to know this stuff.

426

01:18:24.960 --> 01:18:31.500

Brooke Briggance (she/her): Like I don't want it, I don't need lots of fancy letters behind your name in order to think this is important for folks to know.

427

01:18:32.070 --> 01:18:40.140

Brooke Briggance (she/her): If we serve Community directly, the Community should be involved in these trainings they should be a part of the conversation, they should have the same shared mental model.

428

01:18:40.500 --> 01:18:49.860

Brooke Briggance (she/her): I teach this stuff for a living right like I go out and I teach this and i'm at the Community level and it's a really humbling experience to be in front of people.

429

01:18:50.190 --> 01:18:55.110

Brooke Briggance (she/her): who have trauma backgrounds who may be

experiencing these secondary impacts.

430

01:18:55.890 --> 01:19:02.040

Brooke Briggance (she/her): Managing chronic disease historical trauma maybe they're managing substance use maybe they've been incarcerated.

431

01:19:02.340 --> 01:19:18.690

Brooke Briggance (she/her): And, and they start to understand the neurobiology of trauma and why they have the reactions, they do, and you can see a light bulb sometimes what you see is grief right someone saying people come up to me all the time I wish I had known this sooner.

432

01:19:19.860 --> 01:19:32.460

Brooke Briggance (she/her): And I say to them like that's Our job is to make sure that everyone knows this sooner right, but you see that light bulb and then you just see the sort of sense of relief because it's like.

433

01:19:34.620 --> 01:19:40.230

Brooke Briggance (she/her): Now I can understand what's going on and it's through that education and understanding.

434

01:19:40.920 --> 01:19:51.570

Brooke Briggance (she/her): That, then, we can have a conversation about change, then we can have a conversation about how to interact with our program our system, etc, and.

435

01:19:51.930 --> 01:19:56.640

Brooke Briggance (she/her): If we understand that this is intergenerational Community based and it's in families.

436

01:19:57.600 --> 01:20:03.900

Brooke Briggance (she/her): Every time we do that and we teach something like co regulation skills or the neurobiology of trauma.

437

01:20:04.170 --> 01:20:13.560

Brooke Briggance (she/her): or mental health first aid certification, or how to support someone who's grieving that has ripple effects within that family system within that community.

438

01:20:13.980 --> 01:20:20.790

Brooke Briggance (she/her): Right, there is now a person it's a safety net skill set that is now in the Community, and then the family, a different way.

439

01:20:21.210 --> 01:20:29.610

Brooke Briggance (she/her): Right, so now, I see parents who have co regulation de escalation strategies using that with their children.

440

01:20:30.060 --> 01:20:42.390

Brooke Briggance (she/her): that's going to change the intergenerational impact of that trauma experience so it's really critical to me that it we take this out of the professional only.

441

01:20:42.900 --> 01:20:54.420

Brooke Briggance (she/her): Space and we talked to Community members and again anybody everybody I recently did a mental health first aid certification outside.

442

01:20:55.170 --> 01:20:57.750

Brooke Briggance (she/her): on the street level for unsheltered youth.

443

01:20:58.410 --> 01:21:08.040

Brooke Briggance (she/her): And you know we talked about the neurobiology of trauma and we talked about how to help support someone during an overdose and we talked about where that comes from.

444

01:21:08.280 --> 01:21:19.470

Brooke Briggance (she/her): talked about all that stuff and we built skills together and that it, you know, having a conversation with those 15 young people at the street level was pretty remarkable.

445

01:21:20.190 --> 01:21:35.850

Brooke Briggance (she/her): So we really you know I completely advocate that we continue to bring this to folks right people The other thing I would say is that we can systematized that too, and so I gave you an example.

446

01:21:36.450 --> 01:21:53.160

Brooke Briggance (she/her): At you know social emotional learning in schools really important, because we have data that tells us if you are able to name your emotion you decrease your stress response that's

less cortisol in that little body social emotional learning as the impact on trauma.

447

01:21:54.240 --> 01:21:59.130

Brooke Briggance (she/her): standardizing mental health first aid certification standardizing trauma informed trainings.

448

01:21:59.940 --> 01:22:13.530

Brooke Briggance (she/her): My my youngest was a senior this past year he's just graduated and he's going off to college and he had a class that was a requirement for graduation that they called adult thing right.

449

01:22:13.830 --> 01:22:22.500

Brooke Briggance (she/her): And, and he laughed about it a lot during turn covert he's like I don't even know what i'm supposed to be learning here mom like what is adult in any way.

450

01:22:23.490 --> 01:22:29.040

Brooke Briggance (she/her): And I you know it was really interesting because I started to think about you know oh my gosh like.

451

01:22:29.640 --> 01:22:37.380

Brooke Briggance (she/her): You know, if we really had adult in classes and we really took seriously I would include all of the stuff in adult thing.

452

01:22:37.950 --> 01:22:42.990

Brooke Briggance (she/her): right for him, it was about like building your resume and it was about.

453

01:22:43.800 --> 01:22:49.650

Brooke Briggance (she/her): You know how to have an informational interview with someone it was about how to fill out an application for work.

454

01:22:49.920 --> 01:22:59.190

Brooke Briggance (she/her): It was those were all really important skills, what I would also like to see are these skills right, so what would it be like if a graduation requirement.

455

01:22:59.370 --> 01:23:06.840

Brooke Briggance (she/her): Was that you were mental health first aid certified you had some training and trauma informed practice and you knew how to support someone who was agreed over.

456

01:23:07.680 --> 01:23:17.010

Brooke Briggance (she/her): That might change, and so it, you know, he was sitting there learning how to balance, a checkbook and he was like this is silly because we don't have checkbooks anymore.

457

01:23:17.550 --> 01:23:21.600

Brooke Briggance (she/her): he's like I have an APP for my bank card mom like Why do I need to know about checkbooks.

458

01:23:22.470 --> 01:23:34.410

Brooke Briggance (she/her): And I was trying to explain him well there were these things, called checks and they were paper so like you know, maybe we could rethink a systems approach to something like that, and instead offer our young people.

459

01:23:35.070 --> 01:23:47.820

Brooke Briggance (she/her): ways to build their skill set and and I think it's going to be incredibly important for them moving forward what we're seeing are very large investments in child and youth mental health.

460

01:23:48.540 --> 01:23:58.830

Brooke Briggance (she/her): So, making sure that you know we get more providers on school sites and things like that, if you do anything in workforce, the way that I do you know we don't have enough people.

461

01:23:59.580 --> 01:24:07.740

Brooke Briggance (she/her): let alone multilingual multicultural providers of care and so there's a certain point at which we're going to Max out on that.

462

01:24:08.520 --> 01:24:15.360

Brooke Briggance (she/her): And we're not going to be able to have enough people you know if you support clients and patients.

463

01:24:15.750 --> 01:24:24.690

Brooke Briggance (she/her): directly, you know what the wait list is



right now, for instance for finding someone a therapist, let alone a therapist, for instance, for an adolescent.

464

01:24:25.110 --> 01:24:40.470

Brooke Briggance (she/her): And you know, sometimes you know months of a waitlist in order to get that person connected to care so one of the things I want to do is just sort of, say, a part of our trauma informed systems approach is to make sure.

465

01:24:40.800 --> 01:24:48.690

Brooke Briggance (she/her): That we have a Community that is educated about this stuff and knows what to do and what to say and how to respond.

466

01:24:49.080 --> 01:24:55.230

Brooke Briggance (she/her): And you know, and I think we could gosh wouldn't it be great if we could start with young people.

467

01:24:55.920 --> 01:25:07.920

Brooke Briggance (she/her): That might be a really powerful systems approach to say we're going to make sure that everyone is trained and there is a teen version of mental health first aid, it was being piloted.

468

01:25:08.610 --> 01:25:15.000

Brooke Briggance (she/her): When covert hit and the pilot had been funded by Lady gaga is foundation born this way.

469

01:25:15.870 --> 01:25:29.850

Brooke Briggance (she/her): And our team got certified in that we were super excited about going to train and then coven hit they had the National Council hasn't given us a virtual option for that yet, so I think everyone is kind of on hold.

470

01:25:30.390 --> 01:25:41.670

Brooke Briggance (she/her): For when we get back to in person learning, but you know that is coming there's also another pilot that's out right now, which is for adults supporting children.

471

01:25:42.270 --> 01:25:48.330

Brooke Briggance (she/her): The fastest growing demographic for death by suicide in the country is elementary school children and so.

472

01:25:48.720 --> 01:26:00.330

Brooke Briggance (she/her): The National Council is piloting a curriculum that's for adults supporting children, and we know that that's going to be really critical obviously as things begin to open up.

473

01:26:00.960 --> 01:26:11.490

Brooke Briggance (she/her): Many young children are seeing escalated rates of anxiety depression, etc, we already knew that that median age of onset for anxiety was really low.

474

01:26:12.000 --> 01:26:20.520

Brooke Briggance (she/her): Some studies say 10 some 11 years old, but that, coupled with the escalation in death by suicide for children.

475

01:26:21.300 --> 01:26:29.460

Brooke Briggance (she/her): The American pediatric Association, the CDC and the National Council everyone's very alarmed by that so there's lots of research going on.

476

01:26:30.330 --> 01:26:40.710

Brooke Briggance (she/her): And there's lots of intervention at the school level, so we are starting to see that there will be a sort of systems approach in schools.

477

01:26:41.310 --> 01:26:51.600

Brooke Briggance (she/her): To be building skill set in young people about how to you know early identify signs and symptoms of mental health challenges.

478

01:26:51.930 --> 01:27:05.430

Brooke Briggance (she/her): And for our overdose conversation that matters a lot right because, again, if we can intervene early and we've got more eyes and ears, on the situation that may help us prevent an overdose.

479

01:27:05.730 --> 01:27:11.310

Brooke Briggance (she/her): And one of the important things that teen mental health first aid talks about is social media.

480

01:27:11.760 --> 01:27:23.730

Brooke Briggance (she/her): Right, how to know whether or not someone's social media post needs our attention, how do we approach someone who's posted something on social media that may be of concern to us.

481

01:27:24.540 --> 01:27:34.050

Brooke Briggance (she/her): And it's really you know it's ultimately a conversation about friendship and sort of getting young people over the stigma of.

482

01:27:34.590 --> 01:27:41.760

Brooke Briggance (she/her): Trying to intervene early with my friend if i'm concerned is is the sign of true friendship, as opposed to.

483

01:27:42.390 --> 01:27:53.640

Brooke Briggance (she/her): You know sort of stigmatizing that I don't want to rat them out right so you're starting to see systems approaches in schools and school districts to getting some of these skills into the hands of young people.

484

01:27:54.510 --> 01:28:02.790

Brooke Briggance (she/her): And it certainly will be then coupled with you know universal a screening and making sure that we're talking about trauma.

485

01:28:03.180 --> 01:28:15.510

Brooke Briggance (she/her): The good news ish I guess of covert again is that it has created such a common experience of these things that you know everybody's talking about it.

486

01:28:16.200 --> 01:28:33.600

Brooke Briggance (she/her): Right so that's that's part of what we look for is opportunity to get more involved and to create a systems approach and to ensure that every young person is graduating with these skills, the same way that we would care about whether or not they can write a five, paragraph essay.

487

01:28:35.310 --> 01:28:46.410

Brooke Briggance (she/her): And I like to wrap up on just sort of reminding us about that lineage right just sort of reminding us and colleen it into the space that this is.

488

01:28:47.670 --> 01:28:55.710

Brooke Briggance (she/her): This isn't something that happens overnight whenever you talk about systems change or even work in an organization you're talking about a change in culture.

489

01:28:56.940 --> 01:29:10.170

Brooke Briggance (she/her): changes and culture don't come easily they are you know difficult there's always backlash and you, we are talking about the reality of inheritance here.

490

01:29:10.560 --> 01:29:21.030

Brooke Briggance (she/her): We are talking about the reality neuro biologically of continuation of trauma and if that is true.

491

01:29:21.480 --> 01:29:38.940

Brooke Briggance (she/her): Our interventions are as much about the people who are to come as they are about the people in front of us, and that when I am sort of lost or I feel overwhelmed about how long it's taking I remind myself of that because.

492

01:29:39.600 --> 01:29:48.660

Brooke Briggance (she/her): Culture change is going to impact those people who are yet to come and that's why conversations like this matter so much.

493

01:29:50.160 --> 01:30:03.510

Brooke Briggance (she/her): So I want to offer you know my email to you if you ever have any questions or you want to know a particular source for something, please let me know i'm happy to provide that for you.

494

01:30:03.750 --> 01:30:15.510

Brooke Briggance (she/her): I really want to thank everyone again for being here it's just so important it's such an important conversation I look here at some conversations in the chat.

495

01:30:17.250 --> 01:30:26.790

Brooke Briggance (she/her): And so, do I see trauma stress and cortisol is an element of long coven I don't think we know enough about coven yet I don't think anybody really understands.

496

01:30:27.270 --> 01:30:47.280

Brooke Briggance (she/her): What like long coven means or is quite yet, but I do think that anything that undermines your system's ability to fight and invader is important, so we know that trauma and cortisol are directly linked to auto immune issues right.

497

01:30:48.210 --> 01:30:53.190

Brooke Briggance (she/her): So I don't I don't want heightened cortisol levels as I go to fight a virus.

498

01:30:54.180 --> 01:31:01.680

Brooke Briggance (she/her): Like I don't want that I don't want hypertension is I go to fight coven I don't want like so I already know there's a lot of wear and tear.

499

01:31:01.950 --> 01:31:12.870

Brooke Briggance (she/her): On the body and again for some communities more than others, but that stress responses, putting wear and tear on me that makes it harder for me to fight whatever invader i've got to fight.

500

01:31:13.470 --> 01:31:21.330

Brooke Briggance (she/her): Right so part of it is like a you know, do we know enough about code even know what long cove it is no probably not yet and.

501

01:31:21.780 --> 01:31:29.010

Brooke Briggance (she/her): You know, we know that code is impacting folks of color disproportionately again it's not the only reason.

502

01:31:29.400 --> 01:31:36.540

Brooke Briggance (she/her): Right some of that is because folks are essential workers and they were on the front lines and it might be their job, it might be.

503

01:31:37.110 --> 01:31:54.090

Brooke Briggance (she/her): The Community in which they live, maybe there's higher density in their Community there's other social determinants that are impacting code rates and traumas in there because trauma is directly implicated in a lot of the pre existing conditions that folks had right so it's in there.

504

01:31:55.500 --> 01:32:13.050

Brooke Briggance (she/her): i'm sheila will that be open to Community program staff i'm not sure what that is in your question and you will, can you type in what you mean by will that be open to Community program staff I probably didn't catch it at the right time to answer for you in real time.

505

01:32:19.050 --> 01:32:20.100

Brooke Briggance (she/her): Oh, thank you, Barbara.

506

01:32:21.180 --> 01:32:31.260

Brooke Briggance (she/her): I appreciate that oh and alyssa has got a resource that she put in there and really important that everybody check that out thanks for putting that in there Ellis I really appreciate that.

507

01:32:32.460 --> 01:32:34.380

Brooke Briggance (she/her): Oh no and I see that your county.

508

01:32:35.460 --> 01:32:45.720

Brooke Briggance (she/her): Maria you've got a surge of youth suicides in the last fiscal year yeah actually suicides over all went down during shelter in place.

509

01:32:46.470 --> 01:32:58.500

Brooke Briggance (she/her): The theory behind that is that maybe there since folks were sheltered together, maybe there wasn't an you know the same level of opportunities, some folks are.

510

01:32:58.890 --> 01:33:04.530

Brooke Briggance (she/her): concerned that that has left folks the opportunity to do planning to plan more but.

511

01:33:05.160 --> 01:33:12.720

Brooke Briggance (she/her): That was sort of something that people didn't really expect to see the all of the other numbers are escalating anxiety depression.

512

01:33:13.680 --> 01:33:25.350

Brooke Briggance (she/her): substance use misuse binge drinking overdose you know all of that, and in some populations increases in suicide are already starting to show.

513

01:33:25.980 --> 01:33:35.430

Brooke Briggance (she/her): And in some populations, a change of the action taken, which is a real concern so we're seeing more female attempts using gun, for example.

514

01:33:36.240 --> 01:33:50.970

Brooke Briggance (she/her): So I know I am at time, I just want to thank everybody so much, I will stop sharing my screen, I want to thank everybody so much again for sharing this time with me and i'll kick it back to our folks at open.

515

01:34:04.890 --> 01:34:16.050

Murlean Tucker: we'd like to thank everybody for coming on just a reminder that we do have an upcoming webinar equity structural racism and public health law on August 24 2021.

516

01:34:16.530 --> 01:34:30.330

Murlean Tucker: And that starts at 10:30am Pacific time Thank you once again and we'd like to encourage everyone to take the survey that will show up as soon as you exit this event thanks and have a wonderful day.