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Megan: Hello, everyone, and welcome to this Ask the Expert webinar, "How Healthy Start Can Address Trauma and its Connection to Personal and Familial History." I'm Megan Hiltner with the Healthy Start EPIC Center. We have approximately 60 minutes set aside for this webinar and it is being recorded. The recording along with the transcript and flyers will be posted to the Healthy Start EPIC Center afterwards.

Before I introduce Father Jeff Putthoff who will be presenting today, I have a couple of more housekeeping announcements. We really do want your participation today, so at any point in time if you have questions or comments, please chat them into the chatbox at the bottom left corner of your screen. We'll be taking questions towards the latter part of the presentation, but if we do not get to all of your questions today, we can include them and connect with Father Jeff later on to get those answered. But we will post the webinar materials on the Healthy Start EPIC Center's website following this presentation. And we do want your feedback today, so please take a moment following the webinar and complete the survey that will pop up on your computer screen right afterwards.

We are thrilled today to have Father Jeff Putthoff presenting on this webinar today. He is currently the President of Saint John's Jesuit High School and Academy in Toledo, Ohio. Prior to this position, Father Jeff spent 16 years building Hopeworks N' Camden in Camden, New Jersey, an organization that uses trauma informed care to train youth ages 14 to 23 in technology related skills. Hopeworks has worked with over 3,000 youths in one of the poorest and most underserved communities in America to transform their lives. And as a Jesuit and trauma care advocate, Father Jeff believes in caring for the whole person while introducing opportunities for growth and discernment.

So, before we begin the presentation, I'm now gonna turn it over to Dawn Levinson. She's a Behavioral Health Adviser to the Division of Healthy Start in Perinatal Services and resource to the Maternal and Child Health Bureau to review our webinar's objective. Dawn, over to you.

Dawn: Thank you, Megan. Good afternoon, everyone. I am pleased to be the Division's representative on today's webinar. Again, Dawn Levinson. And hopefully folks can see the webinar objectives right up there on the screen and rather than read, I thought I would just make a couple of other quick remarks. Supporting trauma informed care is one of our Healthy Start performance measures and an important

component of the work you do with Healthy Start participants and their families.

Today's speaker will discuss how traumatic incidents at an early age can affect our behavior inn later life. Our brains adapt and neural pathways formed in response to early trauma and can explain some of the responses we have to situations we face as we grow into adulthood. And this, of course, is important for us to understand for ourselves, as a component of self care on the frontlines, as you'll hear from Father Jeff, as well as for the work we do on our communities with our clients and their families.

My colleagues from the Division, Juliann De Stefano, was unable to join us today but she had heard Father Jeff speak before and is thrilled that we have the opportunity to hear from him today. And without further ado, Father Jeff, I turn it over to you. Thank you.

Fr. Putthoff: Hello everyone. It is great to be here and I'm looking forward to a really good hour. I just simply want to say that I believe what we're about to talk about is some of the most important information that I've actually learned in my time of working in Camden and working with young people and I'm really excited to share it with you. And really want to encourage you if you have questions or comments put them in there and we'll...I wanna make this as interactive as possible as we move forward. So let's just get started.

So what we wanna do today is really talk about perspectives. What I'm gonna suggest today is to tell you some stories and using some pictures how, perhaps, how we can come to understand where we're working and who were working with might be a little different than we actually have been perceiving it. So we're gonna talk about self care and our own history, inter-generational connections and healing. I'm gonna give some examples of hope and opportunity and this is one of them. This is just simply an image looking from Saturn back to earth. And you can see there that little framed dot, that is us today. We look very different when we are looking from Saturn. That's our world filled with billions and billions of people. And just imagine now how that is, to look at us, from so far away. There's so much newness. There's some learning that needs to happen. This is the same thing as we begin to look at feeling and trauma.

So I like to begin all our meetings...this is one of the tools that we have and we'll come back to this at the end but I will just ask each of you just

to take a moment to notice how are you feeling as we begin. Just take a moment and locate in your body how you're feeling, not good or fine or okay but find a feeling word. And then think for a moment, what is the goal, why are you on this phone call, what do you want to achieve? And make it concrete, something very concrete. What's a concrete thing that you want to take away from today? And then, even though we're virtual, think about the resources that are aligned around us. Who can you reach out to to help you attain your goal? So, in a sense, what we're doing simply here is how are you feeling and then here and now what is your goal? And around you, who can help you attain the goal?

This is common tool, which we'll come back to at the end and I'll explain why, which we would call a community meeting. And if we were all gathered together in a room, we would simply share this very quickly. We would actually be acknowledging our emotional brain, how we're feeling, moving to our rational brain of what we can achieve, and then noticing that we're in a community of resources that can offer us protection and presence. So it's a sense to re-regulate, to locate into here and now so that then we can actually do some work. So we just wanna begin that way, as we begin.

So the reactor of trauma, we wanna talk today about trauma and toxic stress. I like using the notion of radiation when we talk about toxic stress. Radiation is something that we can't see but it impacts us. And like a reactor...when a reactor is contained then it actually produces energy and is really effective. When a reactor becomes broken or uncontained and radiation spews out, people around it are injured. This is the same thing about how stress works in our life. When we are around stress, which we can't see but impacts us just like radiation and it builds up and we become overwhelmed, we would call that a toxic situation. That toxicity actually overwhelms our brain and it makes our brain begin to function in ways to protect us that oftentimes we don't even have the ability to choose about. Our brain goes on autopilot. And so we wanna talk a little bit about that. We wanna talk about how toxic stress is really an ecological problem, if you will. It's really, in a sense, the ecology of our environment when its stressful impacts us. Just like if we were breathing in particulate matter our lungs would be hurt, when we live in or are exposed ongoingly to toxic stress, high levels of stress, then we are actually impacted.

So I like to think about that almost as, you know, a notion of ecological injustice. We have to think about the context that we're in or the people that we're serving and how that ecology, that context that you're in, is

actually impacting their brain. We'll, again, talking more about the physiology of the brain. I just wanted to tell you a little bit about Camden where I've been working for...I've worked for about 17 years. I don't work there anymore, I'm now in Toledo, Ohio. But, you know, Camden was a really rough place, as you can see from the stats. There's, at times a 70% high school dropout rate from the two public high schools, you can look at that. Fifty percent of our population was below 25, so it's a young city which meant it was getting younger. Fifty-five percent of the youth live below the poverty line. Sixty-eight percent of all households were led by a single parent. Two years ago, 1 out 75 people were assaulted in the city.

So this is a place where people are feeling terribly, terribly under siege, where they're...it's about survival not about thriving. Into this situation, I came as a Catholic priest to work in a parish and while I was there I was asked to work with youth who were not in high school. So we had this large population. So in the beginning we...I got together with some churches and we said let's do something, so we formed a nonprofit that was focused on technology, so in website design, GIS and salesforce. So it was really good. We showed up and we were like, let's do something. So were good people wanting to do good work. But then something happened, something happened to us, and the best way to tell that is a story.

I remember that our youth trainer one day went to the door and a young person was at the door, they had come late and...which happens a lot. And our youth trainer opened the door and said, "Tom, you're late again. I had it with you. Go away and come back in a month when you can be here on time." And then she closed the door on Tom.

And it was a shocking moment because that was not how we were set up to operate. We were actually set up in a way...we were in an old brown stone, we had a cat and a waterfall. We baked bread, we wanted to make it a soft place. But what had been done, what happened to us was instead of having a soft welcoming place we had began to get hardened. And so I was like "Let's get together and talk about this."

So, you know, we got together and I remember I was like "How is everyone doing?" And people are like, "We're stressed." And I said, "Okay." And it was really clear that the experience was of being very, very stressed. And so it's like, "Well, what can we do?" And the very first response was, "You have to hire more people and we have to work less." Now we were about 70% full at that time. So we were not working

at a 100% occupancy, but the experience in the organization was one of being overstressed. So we talked about this and we decided that we were gonna start a mental health commission on stress. So the very first thing that we decided, once we got in this commission, was that we needed to reduce stress and the factors that caused the stress. So we immediately went to let's eliminate the youth.

So here we were as a youth organization and we were saying, "Well, we can't work with the youth because they cause us stress." Obviously, that was not something that was gonna work for us. In a sense, we were the equivalent of an emergency room, that was the same that if someone came into our building bleeding, as an emergency room, we were gonna send them home because they shouldn't be bleeding. We didn't understand what was going on at that time. So we began to continue to look at what was going on regarding to something called Motivational Interviewing and that led us to something called Trauma Informed Care. And that's what we're talking about today, the impact of trauma on someone's life.

So I'd like to use this picture, this story of a football player to talk about that and to talk about how that impacted, not just us, but then the people that we were working with. So this is, all you have to know about football is that this is a running back, very famous running back, Adrian Peterson. In 2012, he suffered two devastating knee injuries and they said he may never play football again. Ten months later he comes back and he doesn't only play football, but he rushes for over 2,000 yards. It's a monster season, just know, crazy season. And people said to him, "How did you do this?" People looked at him and said, "How did you accomplish this?" And folks were like, "He must have so much grit, so much determination, so much heart, right? He really worked hard to overcome adversity in his life".

Now, if I use that story with the young people that I'm working with, then it means that when they fail, they just got that more grit, more heart, more determination. But I believe that there's three things that happened to Adrian Peterson before anything, before we talk about his heart or grit. And the very first one is the most obvious and it's what this picture shows, that when he felt [inaudible 00:13:45] the game stopped. We knew he was injured. Now it seems like an obvious point. But what we're gonna discover today in our conversation is that when the people that we're working with, who are exposed to a level of toxic stress that causes injury to them, the game doesn't stop. Instead the game goes on and they have to, in a sense, play in the game injured.

But we don't mean the injury, it'd be like Adrian Peterson playing the game with a torn ACL but we don't see his knee, we just see his poor performance. So this is what happens with the people that we work with, we oftentimes see performance, behavior and we wanna correct the behavior but we don't connect it to the injury that they've had. So let's think little bit about what this means. You know, in football what happens is you either coach a person up, you try to motivate them, right? And this is what you would try to do with a football player who's not doing well. So you say, "Hey, run harder, work harder, run laps, cut either the second team, maybe eventually cut [inaudible 00:14:50]." Or you might say, "You need some more resources. You were doing well but let's get a little bit more resource so we give them some more blockers", right? We do the same thing with the people that we work with, let's coach them or let's resource them.

So resource, we could say, let's have more medicine, more housing, more education, more food, all of which is important as is coaching. It's not that they're singularly not important, they're important as is having a good knee or as we'll talk about having a brain that's been healed that hasn't been injured, right? So if we look at this, when we miss the injury and the ecology of the situation, then it leads us to simply think that we have before us something that's about motivation, motivating or about resourcing. So you might just think a little bit about the clients that you have right now and think about, what are the ways in which you operate with them? Do I need to motivate them more, coach them more, we try to get them things, and still sometimes we have behaviors that are not about thriving, right? They're about surviving.

And so, I like to think about that in terms of this picture. We said we were changing perspectives. I first saw this picture when I was in grad school and I looked at this picture and all I could see was a picture of a young woman. For those of you who've seen this before you'll notice a young woman and an old woman here. And if you can only see the young woman or the old woman right now, that's awesome. Because I only saw the young woman and it took me so long, I remember in class people were talking and they were talking about the old woman. I was like, "Where is the old woman?" And then eventually I saw the old woman in the picture. And I was amazed. I was like, "How could the situation that seemingly was one way just three minutes ago, now be another way?" This is what we're talking about today when we think about intergenerational trauma and the impact on people, that what seemingly looks one way when we get certain information and begin to

ask different questions becomes another. The real key to this is the ACES and I understand that that many of you know about the ACES, so the Adverse Childhood Experience Study.

So I'm not gonna spend a lot of time on it, what is really important is to know that the ACEs Study began with Dr. Felitti back in the mid-1990s when he did a really important study. And he did it... Dr. Felitti was working in an obesity clinic in California and he was working with patients who would lose a lot of weight. And after they'd lose a lot of weight, [inaudible 00:17:40] go off sometimes a year, they would lose 200 pounds, 250 pounds and then they would disappear. And then they would come back and they had gained weight. And he was trying to figure out why this was going on. So this was one of his patients, Patty. And Patty, at the height of her weight, weighed about 408 pounds. Through working with Dr. Felitti, she actually goes down to a 135 pounds. So we can see Patty when she's really heavy, when she loses weight and we have an image here of Patty as a baby. The interesting thing is to think about gaining some pieces of her story, right, of her time. When does she feel most unsafe? So if you just look at that, look how heavy she is, look how vulnerable she is as a baby and look when she weighs 135 pounds.

The irony about this is that in working with Patty, Dr. Felitti finds out when she comes in...and she comes in one month and she's gained 36 pounds. And Dr. Felitti says, "What's going on?" And Patty says, "Well, I think I have the night eats." And he goes, "What are the night eats?" And Patty says, "Well, I go to bed and I wake up in the morning and my cheeks is totally a mess and I have clearly been eating. And I've been consuming lots and lots of food". And so the point was, what is going on? So Dr. Felitti starts talking to her and asked her some questions and eventually she makes sort of a throw away thing and says at work she'd been asked out on a date. Well, this hadn't happened in a long time. She lost weight and then people began to, you know, ask her out. And what eventually obviously came to be known was that Patty had suffered from sexual abuse as a child, but had never ever named it.

In a sense, what Patty had done was gained a lot of weight to armor herself. And Dr. Felitti through a series of things, let me just shorten it here, begins to realize that her weight was actually her strength, that she had learned a behavior to help her take care of something that had happened to her. And so, in a sense, being heavy and eating actually made sense to Patty, like if you think about the perspective change. But it didn't help her to stay healthy necessarily, but it did help her survive.

So that when she actually lost weight, in a sense Dr. Felitti actually put her into danger. Now, he didn't say that, what he says is he loves using the image that it's like turning the fan on smoke to get rid of it and you don't realize there's a fire below it and you end up burning the house down, right?

So Patty, as you can see, has the night eats and she gains all this weight back, right? This begins the whole process and the birth of the Adverse Childhood Experience Study. And so we begin to move from, not why did someone do what they do but rather what happened to them that their behavior would make sense. So you're familiar with the ACE Study, we sent out a poll early on. These are the ACES questions. If you haven't seen it before, we'll make them available later. We're not gonna spend a lot of time on them right now, but they're a series of 10 questions that work with...questions of emotional, physical, abuse and then neglect. And we see them here. Here's the abuse, the neglect, the household dysfunction that goes on, the common occurrences. They were developed by Dr. Felitti's 17,000 patients that he interviewed, they actually developed these categories to talk about adverse childhood experiences that would impact them, all right?

So we'll just take a look at them real fast here. In the study, you can see the prevalence here of the ACES. And I want to, real quickly here, shoot to our own poll. So in this study, 64 had at least one ACE, 33% had no ACES. In the survey that we did early on, this is the data that we came up with. In our group, in a small survey that was done with the poll that was sent out, 31% had zero ACES in our group, 50% have one to three ACES and 20% have four or more. So in our group, we have 70% of our group as a sample, actually have ACES one or higher, one or higher. So in the original survey, that would have been 64%. So our group is actually trending a little higher than the original sample survey. And you can kind of see the demographic here of the group, it's really fascinating to look at. And what's really powerful about the ACES is that we know that the environment that you live in, the toxic stress, what we would call adverse childhood experiences, actually impacts our health. And you can see the health outcomes, the higher the ACE score, the more likely you will be to have a poor health outcome.

So let's look at depression. Most say that depression is a disease, it's genetic, it's from a chemical imbalance. But when we look at ACES, they actually correlate...this is amazing. The higher your ACE score, the more likelihood that you'll be chronically depressed. What we now...we now understand why that is genetically, we'll talk about that just in a

moment, but this is really powerful information. Look at this, the higher the ACE score, the higher incident of suicidality in someone's life or the amount of antidepressants that someone takes.

If you have an ACE score of five...almost 100% of folks who have an ACE score of five or higher are on antidepressant, a four it's over 90%. So there's a correlation between our context, what happened and then how we're living out in terms of our behaviors. We see the impact here, again, some ACES information, this information will be available to you, we're not gonna spend a lot of time on it. But you can see you have a 200% more likelihood of having some heart issues, almost 200% likelihood of cancer, 250% of stroke, diabetes 160%. It's just amazing when you have an ACE score of four or higher.

Here's some other kind of behavioral aspects that go on, smoking, obesity, having no leisure time, attempting suicide. I mean, look at that, that's 200% more likelihood. So, again, we just come back to how these perspective shifts when we move into context. This is again, the old woman and the young woman. I like this one because I will tell you that I use this picture all the time and I still have a hard time seeing the old woman. I can see the young woman just like that but the old woman I can't. And this is really important for us because this is how this information that we're talking about works. We can actually learn about it but then actually using it in our life, in an ongoing basis takes time, just like this perspective, looking at this woman, it takes time to see the differences.

The impact of ACES in our life to look at how the perspective changes, so you can see the more adverse childhood experiences you have, it leads to early death, all right? We can say that, on average, if you have a six or higher ACE score...this is on average, this is a statistic, it doesn't mean if you do have it this will happen to you, people with six or higher live 20 years less. At Hopeworks, the young men that I was working with had a 5.7. And the really huge toll of ACES is not in a sense in, you know, healthcare or special education, look at this graph. The economic poll is in how people work and their ability to actually care for themselves, they have a job, to maintain a job, to be productive. This is oftentimes one of the least things that we're looking at. We're usually focused on someone who perhaps is in jail or involved in the police, a child welfare situation, a health issue, right? And that's what gets most of our attention. But in a sense, what's below all that is the ability for people, what we would say to thrive, to be able to have a full and robust life.

So again, this is another way to break it down, when you look at ACES outcome, you can kind of see some of the behaviors and the illnesses that would be attributed to ACES. So again, we're thinking about the context, the intergenerational trauma. So when we have this going on in our mothers, you're working with mothers and their children, so moms are bringing this history in and now they're raising children and we're gonna begin to think about what that means. Now, simply ACES was started, it was started with a demographic that was pretty middle class, you know, had post secondary education and whatnot. It was a demographic that people would say would not have had a lot of experience with the adverse childhood experience and yet they had. What people had begun to realize is that we have different adverse childhood experiences, but they impact the brain in the same way. So in Philadelphia, they began to develop what we called the urban ACES, right? So this is not as researched as the original ACE study, but it's beginning to be understood that different vectors like racism, witnessing violence, living in an unsafe neighborhood, living in foster care, experiencing bully, all create the stress, the overload of our brain so then it's pickled in stress hormones and results in the physiological changes of our gene reception that cause us to be sick.

And so, in a sense, what's really important, as we think about this, is it's not that this particular thing happens to everybody but different adverse vectors can actually cause chronic stress and that actually impacts our brain in a very similar way. So this is really, really important. It's really important to think then, not so much how to change behavior, but first to understand how behavior makes sense. That this adverse...that when we have this kind of adverse experiences happen around abuse, neglect and household dysfunction, then we actually develop behaviors that actually help us.

So I just want you to take a moment here and think about what I've just said. I've given you some ACES information about our group and we just thought about ACES. So when we think about taking care of mothers and children, we're also talking about our own history that we bring into play. When we're in a room with people, when we're in an organization with people, we really are a collection of brains and those brains all have a history. And so when you're dealing with your mom and her history and it's like, what's happened to her, what's happened to this child before you, in another way what's really important is what's happened to you because you're bringing that into the situation. This is really, really important. I like to think about it...if we think about radiation, I think about

joining an organization as like bringing our history, sometimes it's like bringing plutonium to the party.

We bring our own history, just like our mothers do or our children do and then, not only do we have this ecology around us that oftentimes is toxic, but we can contribute to it. Now, we're gonna talk about a couple of things later on that we can do to not do that but it's important to realize that we're a participant in this context. So we can kind of see that. So again, this is what's really important. ACES have severe impact on health in folks. They do that because it hurts our brain. We want to talk about brain health. So what happens to our brain? What we're finding is that when your brain secretes stress hormones, you're not meant to have them all the time and they have certain proteins on them. Those proteins change what we called gene reception. So your genes don't change rather what happens your genes are turned on and off and the stress hormones do that. When you have more stress hormones going on, you have the genes that are being turned on that cause more cancer, more pulmonary issue, more COPD. This is what we are discovering. It's an amazing kind of thing.

What's also amazing about our brain is that it functions differently than, say, animals. So there's a book called The Zebras Have No Ulcers. It's a fantastic book and it basically says this, "If a zebra gets chased by a lion, one of two things happen, it either gets eaten or it gets away. If it gets away, it just kind of goes back to being a zebra, eats grass." Look at this little cartoon here. The dog's walking and it's just kind of thinking about what's going on. But you or I gets chased by a lion, something different happens. We get chased, we can either become lunch, just like the zebra, or we get away. But when we get away, we remember it. And literally, right now in this call, we could be actually be experiencing the lion.

Now, we would call that being trigger. That our history, of the there and then, becomes a part of the here and now. And so there's amazing way in which our history is our present and when that happens we get triggered and when that happens, we begin to deploy the strategies that we've learned to take care of ourselves. So this is a really, really crucial piece. That, in a sense, the folks that are in front of you, so that when we talk about intergenerational trauma, when they are before you, they actually could be with their past right there before you. When they're caring for their children and their child reminds them of somebody or their child is incredibly vulnerable and it becomes a triggering moment for them, this is how then they actually share the trauma of the past with

their child and how they'll treat that child.

So what are the implications? Real quickly, this was a study from Juvenile Justice in Florida that was done in the spring of 2014, 64,000 youth were surveyed with the ACE Study. Look at this, the yellow bars are the youth in Juvenile Justice, the blue are the original or Kaiser[SP] permanent data, the original ACE Study. Look at the difference in ACE scores, 50% of the folks in jail have higher than four or more ACES. This is extraordinary data. So you can just see this, 50% have four or more. And in the original survey of the trend [SP], look what it said, they would double the likelihood to be smokers. They would have a thousand 200% about suicide. In that 50%, 32,000 young people with four higher who statistically are gonna fall into this. These are the people that we're working with. Well, I mean, we're working with everybody but with this group of people you're working with and look at what they have, that's going on with them, physiologically, because of the brain, what's going on with their brain. What can we do about this?

Look at the comparison of ACES by gender here. This is from the study. So again, what I noticed about this, there's so much you can talk about here. But notice how family violence, parental separation, a household member incarcerated and emotional abuse, some of the top ones that exist here, all around the family. We say that the role of parents are to provide, protect and be present. This is what young people need, this is what babies need, in order to actually have their brain develop. We talk about the brain being a social organ. It's in a context and the brain actually is shaped by the input that it gets, being provided for, protected and being present. That input, especially from, you know, the third trimester, for the first two years and then in adolescence, that this brain's being shaped. So when you think about moms, they're actually really creating a situation of brain health for their children. When we look at these ACE Studies, these ACES scores of these young people, think about the impact on their brain that it's had, this context that they've been living in. So that's how we think about the ACES.

So the brain, as I said, is always developing, early childhood, the teen years. It's not a computer. Some people think the brain is sort of, you know, it's just there and then you load up programs. No. What we find is that actually the brain develops and based on how it develops, this neural pathways, they fire and they wire, that different things become possible based on the inputs that we have. So kind of a strange little thing that they did... and this is kind of an experiment that is not pleasant, I guess, to hear, is that with kittens...what they did was when

the kittens were born, they sewed one of their eyes shut for a couple of weeks. And they found out when they unsewed this cat's eye that the eye was fine, it was perfect, but the cat couldn't see out of the eye because as the brain was developing it actually bypassed that eye because it understood that it wasn't working. So this is how our brain develops, just because we have a brain, doesn't mean the functionality of the brain is complete. So we wanna think about how the inputs impact our brain, how they impact our brain.

So we're actually developing neural pathways as young people, as we grow older, to keep us safe. If we're in a situation of chronic stress where our amygdala...that's what we're talking about here, our amygdala, actually it takes up all those different kind of inputs and then immediately responds and cuts us off from going into our executive function because we're in a moment of unsafety. But then, our amygdala grows larger, actually your amygdala grows larger if you do that, and in a sense it becomes dominant and we're not able to access our executive brain. We stay in our emotional brain and we bypass the ability to make choices. So we have a stimulus, we're hyperaroused, we're half cocked, we're ready to go off. And we've all worked with people then all of a sudden, bam, something happens, they get triggered and they're off. They don't make the choice, they just actually enact a behavior. So we understand this now from the brain.

This is actually a video that we don't have time to show but we'll send out a link. It's called Still Face. Some of you may have seen it. It is a amazingly powerful video to watch. It talks about how a baby and a mom's face interact and when the face is removed from the baby, how the baby responds and goes into distress. It's disturbing to watch but the connection between a mom and her child is evident. I showed this video to a young woman at Hopeworks, but we would show it all the time, and at the conclusion of it she just was sitting there silent. And I was like, "Thalia what's going on?" And she said. "I give still face all the time to my son, actually had no idea. It was this incredible moment.

Now, what was really powerful working with her was to realize how she had received Still Face. Or if you think about how we actually give still face to large parts of our country. Camden oftentimes gets still face, we just look at it and we don't respond. People drive through it, [inaudible 00:38:30] bored. It causes a great stress for people, all right?

So I wanna shift here and say, when we are in a situation of toxic stress and when people are unable to kind of focus on what happened and not

make this perspective change and they're trying to manage a lot of history that is very difficult, they oftentimes engage in behaviors that are not pleasant. So I had a board chair at Hopeworks who worked in a behavior hospital and he one time told a story where someone came in and said, "You know, Chuck, I'm really upset." He said, "The patients this week they've all been vomiting and I am tired of it. I've had it up to my eyeballs in vomit". And Chuck kind of listened for a while, he did, and then he said to the person, "Well, you know, they are patients. This is what happens, they vomit, right?"

And this is why I like this kind of picture. And so, we actually kind of co-opted the notion of vomit at Hopeworks, because we began to expect our clients, the young people that we were working with to actually vomit, right? They would have behavior that was not attractive. They might get upset, they might disengage, they might disappear, they might yell, they would do all sorts of things. We began to see that as opportunities of engagement and so how do we create an organization that's not vomit adverse? In a sense, if you remember that story of the trainer closing the door, it was as though we were saying, "We don't wanna help you if you're vomiting. We want you to come back when you're not vomiting" and yet we were created because people have been injured.

And so, we had to change our whole organization around to become a feeling organization and it really focused on this notion of changing not why you're doing what you're doing but what happens in understanding the brain. Now, when we came together as a staff...remember early on it was like we were having the stress and where everyone was feeling overwhelmed, that would be an example of being vicariously traumatized.

Organizations themselves can act traumatized because they're working in situations that are very difficult and they're experiencing lots of stress themselves. So remember the history, here's the volcano and underneath it [inaudible 00:40:58], right? All this lava is there and then it comes to the surface. So we wanna not only remember the history of our clients and how that's shared from client to child, through this kind of shared history, but also how we bring our history. And so we need to think a little bit about how to work with this.

This is another video that you can look at, you'll be provided for, but this is an amazing video. And we actually started to think a lot about this when we were working with young people at Hopeworks, because this

guy built a bike that when you turn left it goes right and when you turn right it goes left. And he can't ride it because his brain has learned that when you turn left, the bike goes left. Even though he knows the information, his brain, the pathways in his brain are formed such that he can't do it. And he has to go through months and months of retraining himself so that he can ride this bike. Once he learns how to ride this bike, he can't ride a normal bike. It's an extraordinary thing to watch.

In many ways, this is what we have to do with our clients. We actually have to do brain PT. We have to actually teach them how to re-train their brain. So we have a set of common tools. One of them was just the creating meaning that we began with at the beginning of this, where every day at Hopeworks they will begin with just say, gather and say, "How are you feeling?" So acknowledging your feelings, that people are overwhelmed, hypervigilant, hyperaroused, they come in, they're aggressive, they're feeling sad, something's happened, we have to name that, right? But then when we say, "What is your goal?" We're asking people to give into that rational mind, they move out of their amygdala. And then what's really important, when you identify a resource that's right here in this room with you, you're naming protection, you're naming resource, which oftentimes people who've experienced lots of adversity, lot of stress, trauma, they don't experience the world as safe. They don't know how to connect with the child in them because they themselves had to be the one who cared for themselves.

And so very, very slowly, through a procedure that happens daily, we begin to help people acknowledge their emotional brain and then acknowledge how to move into the rational brain. Small mindfulness but then purposefulness to move forward, that when I'm feeling a certain way, doesn't mean that's all I have to be today. I can have a goal. So even though I feel stressed right now, I have somebody who can check in with me and then I can go move on with my web training, my school, whatever it maybe.

We also have something called a systems check, where when the organization itself gets out of line, when there's a lot of tension, when something strange is going on, maybe people are being really aggressive, we call a time out. We say, "What's happening?" Not that it's a problem between those two people, you can see it in context. This behavior is part of an environment, a context and it's a manifestation, like the lava of a volcano. So we have to develop a way to do that because we have to expect that if we're moving near Chernobyl to work and we're not going to have a radiation suit, right, we're gonna be near

the radiation, we're gonna get fried. So we need to take care of ourselves. We, as an organization, need to help our folks be able to be in a highly radioactive, toxic environment and to be healthy.

So the systems check is really like having a dosimeter, you know, one of those little things that tell you if you have got too much with radiation and around you, in a sense, is a time out organization, right? We have safely plans. Safety plans are things that are about immediate self-regulation. So if all of a sudden I get triggered and I'm upset or I wanna curse on someone or this patient I wanna slam the door closed on or I've had it or I come to work and I'm [inaudible 00:45:02] I'm crying, or I've seen a baby, [inaudible 00:45:05] babies and I'm just now totally dead. A safety plan is a way to help us move back, to re-regulate, so that then we can get access to our emotional [inaudible 00:45:19]. It's an immediate thing. Oftentimes we [inaudible 00:45:25] and there are like four steps. So mine would be, I need to breathe, I need to count backwards from 10 to 1 and I really like...I'm a priest but this is...I like catholic stuff so I have a rosary and I love to touch it. When I touch it, it just helps me to relax, to re-orientate and to take a moment.

But the big thing here that I want to share with you is how to create kind of ongoing capacity to do this work and I would call that our self care plan. So when you show up at work, some days the road is really rocky, and other days the road is just really plain and it feels fantastic, some days it's hot, some days it's breezy, you're feeling great, right? This is what's going on. Well, at Hopeworks, what we began to think about was, when we show up we need to be ready because we don't know what's gonna happen and part of being ready is being able to have a properly inflated tire. So think, if you have ever rented a bike and the tire is low you know that going from point A to point B is possible, but going from point A to B on a low tire is really hard. It takes tremendous amount of energy to do that.

So we coined the term having..."taking care of your tire", keeping your tire inflated. You wanna build the muscle to do the work and oftentimes that means that we have to create a plan of long term care to train our brain to build up the capacity, not to overinflate the tire and not to underinflate the tire, but rather to show up. It's our responsibility to do this work so that we can show up in a very difficult situation to work with people who carry a history that's very painful, so we can be present and ourselves not getting irradiated. This is what's especially important so we wanna build up the capacity to do that.

So a self care plan may look like this. So I'm gonna share with you part of my self care plan. I named it TITIPSE, for time, intrigue, thinking, inquisitiveness, prayer, sleep and exercise. And these are just small little things that I do, and I continue to do this where I'm working now, so that I can be ready for what is gonna happen. So I'm in a school, a lot of moving parts. I have 170 employees, a lot of different people with a lot of different histories. We have a lot of ACE scores running around our building and I'm tolerant every day. And so, I develop my capacity to be able to, not just encounter it, but be able to respond in a creative feeling manner, the best I can. I wanna do that and on most days I believe I do that. Some days I fail in my safety plan and I need to practice my self care plan.

So you'll notice on here, I have little things that I can usually do throughout the day. I learned to stay in bed for five minutes and just be there. I love to come home... I have this thing called robe time. So I love to come home and if I'm in my bathrobe, it means that I'm in my chair, in my room and I can pray, and that's really important to me. I can measure my [inaudible 00:48:44], my robe time and it's become crucial to me. If I'm not in my bathrobe it means I'm not doing a really, really crucial activity, which is praying, for me. And I need to do that because then I develop my [inaudible 00:48:57].

Exercise, I'm doing it outside, riding my bike. These are all parts of what I do to cling together so that I can show up with a tire that's inflated well. So if you heard the risk, you wanna think about self care, how do you keep your tire inflated? So this is a sign that we would have at Hopeworks, with [inaudible 00:49:19] around it, to remind people that they need to properly inflate that tire. Because when we have a properly inflated tire, it can help us with this. Now, sometimes our tires roll out, sometimes they hit a puddle, something happens and we need to know how to change our tire. That's a whole different thing. Why self care is so important, in this concept, is because it's ongoing and I'm in charge of it. Too often you may have found that people will talk about self care as like a vacation. "Oh, my gosh, I need a vacation. I need a vacation." And what happens, people go away on a vacation, go away on a vacation and come back and three weeks later you have a low tire, like I need another vacation, right?

Well, that was an escape. That wasn't self care. That was, "I'm near the nuclear reactor without a hazmat suit on, without a radiation suite, I've gotten fried and I think if I go to Cancun for a week I'm gonna be better". Oh, no, I'm not, because I'm toxic and I'm irradiated. If I try to come back

in an irradiated fashion, from the experiences that I'm having by doing this work and not being to care for myself, for being in an organization that doesn't understand the impact of toxic stress, then I will just become even more crispy. This is a fundamental...it's so fundamental to the work that we're doing. You're doing hard work in a situation with people who have suffered, who have a history that's painful and the ability for you to be able to have a properly inflated tire, to do that work is essential. It doesn't happen at work, that people go pop your tire rather we care for our tires, all right? It's really, really important to be able to take up that responsibility.

So, you know, I have this thing here. I'm actually gonna...I'll send out another link to you. We won't have time to do this, just saw you have a couple of questions. But this is a kind of breathing I practice and you just kind of breathe in your right nostril, pinch it shut and breathe out to your left. Breathe back in to your left, pinch it shut and breathe out to your right. If you saw my self care plan, I try to do this about three to five minutes for about three or four times a week. It just helps me breathe. It builds a capacity, literally on reworking my brain so that I have capacity...so that when difficult things happen I can receive them in a way that will be helpful and not in a reactive way. And so, I find this to be so powerful.

So it's actually a part of a yoga stance, you know, you can see it there, it's called nadi shodhana. I find it to be very powerful. It helps to kind of unite both sides of us and whatnot. But any kind of breathing, but again, just, so that it's gets you back into your body, obviously, allows you to slow down and allows you to access that rational part of yourself, [inaudible 00:52:27] for the emotional brain. So again, my place at Hopeworks, we moved from this, creating safe pathways so youth could have dreams, that's how we began, to creating safe pathways so we can learn our history and have options for our future.

The very first one, creating safe pathway so youth can have dreams, is like the football player who we don't see the injury. We're gonna give you a coach and resources and let you go. I'm sure that maybe you're thinking about how that works for the mom and a baby, you know, we give you the right prenatal care, the right early childhood care and everything will be fine. Well, no, not exactly, because we need to deal with that mother's history also and how that trauma that she has experienced, or the adverse childhood experience that she's experienced are not only impacting her health and how she cares, her tire, if you will, but then consequently how she can care in the providing,

protecting, present way with her child.

So when we did this, what we find at Hopeworks, all across the board we had improvement in terms of our outcomes, in terms of our employment, in terms of our educational outcomes. This really worked for our organization. So the implications, think about this, to move from why to what happened. We oftentimes think that prevention is best, of course, it's best that we stop any adverse childhood experience but the reality is that people have already been harmed. We take brain health seriously. In our city, right, where 55% of the Camden City youth, in Camden where... they live below poverty, [inaudible 00:54:07] people are already injured. So intervention is a form of prevention for the next generation, but we need to know how to intervene, how to actually re-train the brain.

We need to know how to create human community that's responsive to the ecology of toxic stress. So our youth, or the people that I'm working with even today in my school, are oftentimes involved in valuable survival ethics. It's street-based, like to survive is really a strength. But to thrive requires us to re-train the brain because the brain has become accustomed to simply surviving. We've got programs that work to lower the ACES scores approach and to be able to acknowledge what's going on. So interesting conclusion, ACES allows us to understand the injury, it allows us to contribute to healing. We need to change from of the question of why to what happened. And the awareness of brain health allows us create a human approach that focuses on the ecology of toxic stress and the ability and need to re-train the brain.

So again, when we're thinking about the work that you're doing and about the connection of history of the family, the mom, the child, it also runs in parallel with your own history and how you, as an organization, come to bear with that mom and that child, how you work together on the brain. So what's happened to people is not the final determinant. What we're discovering, that's exciting today, is that we actually can make a difference in our hurt brain, you can re-train it. You can actually create new neural pathways, but we have to be intentional about that. It's sort of like, I think about for those who live around snow, if you're driving down a road and it's been snowing and you try not to drive in the ruts, it's almost impossible, you get pulled back in. That's essentially what happens to your brain in creating [inaudible 00:56:08], even though we know that we can, in a sense, drive or act differently, we go back into the ruts.

So we have one more video, we were so ambitious. So you won't be able to look at this video also, I just want to kind of say, do we have a couple of questions, anything that we wanna say here, Megan?

Megan: Father Jeff, there is no questions pending in the chatbox right now so why don't you go ahead and...well, as you think about your questions or comments that you have, Father Jeff, why don't you go ahead and provide your closing remarks and we can wait for it to see if there's any other questions or comments.

Fr. Putthoff: Okay. Well, I mean, all I will just say is the work that you're doing is amazing. And it's...at the heart of brain development and brain health is a parental relationship with your child and your ability to help, not just help, you know, I think if we think about healthy moms or healthy children, I really like the notion that parents actually are developing brains and the more that we can learn about that and understand how to be helpful in that, I just think the future is so bright when we do that.

And to really think that you yourself are also helping in any way, if you think about what we just talked about, when we are with people in communities of high ACE scores, we're actually helping people heal, heal their brain and also embrace their history that then allows them to thrive. So that's about all I have.

Megan: [inaudible 00:57:42]

Fr. Putthoff: If anybody wants to be in touch, that's great. I know that we're gonna have...the videos that we have, we'll shoot them out to you and I'm always happy to answer your questions.

Megan: Thank you so much, Father Jeff. And just to let everybody know, Father Jeff has really shared a lot of great videos and resources. We'll compile those and post them to the Healthy Start EPIC Center's website following the webinar. And we did get a question about, will the link for this webinar be posted? And yes, it, in fact, it will be posted early next week, the slides along with the transcript will be posted at the EPIC Center's website. We do have a couple of other upcoming webinars that I just wanted to bring to your attention and these are all on the training calendar on the EPIC Center website.

There's a division-sponsored webinar on the national healthy start evaluation data sharing agreement on the 24th of January from 2:00 to 3:30 p.m. Eastern, there's a conversation with the division on February

the 2nd from 2:30 to 4:00. And February 9th there's a webinar on the online community health worker course, it's a kickoff from 3:00 to 4:00 Eastern. So, look out for all of the great resources shared by Father Jeff. Thank you so much, again, for sharing your wisdom and the great tools that you have here during the webinar. And there's still no questions so that...I guess that's...

Fr. Putthoff: You know what, real fast...

Megan: Go ahead.

Fr. Putthoff: The very first slide with our goals, I'm not sure we've covered all our goals.

Megan: That's a great idea, let's go back there. Oh, you're there, great. Cool.

Fr. Putthoff: There we go. So I just wanna make sure everyone understands, you know, if I didn't cover it, the trauma in the context of its connection to personal and family history, in terms of the reactive trauma and how trauma impacts family and those working with families. So that's the vicarious trauma and obviously, the history that people carry with them as they care for their young children or in a sense what we didn't talk about, we could spend a lot of time, is attachment theory and how relationships that adults have come out of this history and then how difficult these relationships oftentimes can be for connection.

And then some of our strategies and practical approaches, again, just talked about it briefly. We could spend, you know, a day, two days, just going through them, they're wonderful, be practical, re-train the brain. Thanks a lot. It was great to be with you guys.

Megan: Thanks again, Father Jeff. All right, that concludes the webinar for the day. Take care, everyone.