CASAT Podcast Network

Welcome to season five of CASAT Conversations, a holistic look at mental health.

Join us for a series of thought provoking conversations that delve into the vast dimensions of mental well being from the intricate link between physical, emotional and spiritual aspects of well being to the latest scientific research practices and therapies.

We navigate the multifaceted landscape of mental health together.

We hope you enjoy today's conversation today.

We welcome Fabricia Prado. Fabricia is a licensed clinical social worker and has her master's in psychology.

She owns and operates Prado Counseling and Consulting.

Welcome Fabricia.

We're happy to have you here today.

Thank you, Heather and thank you everyone for facilitating this podcast, which is amazing.

I have listened to some of the episodes and fell in love with that.

It's uh it's an honor to be here.

Thank you for inviting me and I'm excited about joining you and talking about Aces.

Hm.

Thank you.

So, as we, you know, get started, please tell us about yourself and why you do the work that you do.

So I, I start from how it all began when I was 12 and already knew I wanted to study psychology.

I was, I was clear about it.

Uh Part of that was my personality traits, things that I heard, you know, from my friends, how I was good listener and part of that was also responding to my own difficulties, trauma and things that I was going through.

So I went, I studied psychology in Brazil, which it was a 5.5 years program and then a master's in psychology.

And when I came to the United States, I found out social work and um enrolled in a master program in, in Georgia in social work, which was a very hands on program.

I had an internship starting my first semester and be exposed to social work and to this type of work, I learned so much more about uh the population needs and prevention and expanded that more individualized lens to uh psychological problems, let's say.

Um and it was a very interesting learning experience because I speak Portuguese and Spanish.

And I learned Spanish by actually responding to a need by going to community mental health.

And hey, we're starting a Hispanic program.

Do you want to join us and started learning Spanish to um on my own with coworkers working and understanding the needs of the population, the local population, Hispanics, and Georgians overall.

So I worked in community mental health crisis.

Um all types of experience with family and adolescents and in this experience in community mental health, what I learned was that I was seeing so many problems, so many different diagnoses and Children, adolescents, especially adolescents.

I worked for a while with adolescents coming with diagnosis of a DH D for example, depression, um several people coming after a suicide attempt and they would call the Crisis line.

And the next day, they would go to the clinic to see us and understanding the what uh clients taught me is that if you look underneath the causes, the root causes of this manifestations of all these things, substance use, right?

That you were seeing and dealing with these would lead us to some history of trauma.

And by seeing this over and over and over naturally, I was inclined to focus my studies, my specialization and understanding of trauma in my own experience as well.

Right?

I also have a history of trauma.

I also went through my own therapies and different ways of uh trying different modalities, therapy modalities to treat myself and knowing what was working, what is not understanding by my own experience of having symptoms and seeing what I was seeing others as well.

Um And this just gave me this, I, this knowing that this is needed.

And if I need, if I want to help people with mental health disorders, I need to be very knowledgeable about trauma.

I learned this very early on.

So I started seeking more specialization.

Now I am an EM E MD R Certified Therapist.

I studied trauma focused C BT.

Um I'm always reading, learning about uh sensory experiencing and approaches that are focused in the body and the importance of working and helping the body to heal from trauma.

This has to be incorporated in treatment as well.

I often refer clients to trauma sensitive yoga uh and other types of movement and body focused approaches that are so it's so important to the treatment of trauma.

I also became a program manager for a while trying to expand uh treatment by with telehealth in 2016, looking more at people in rural areas and uh people who don't have so much access to treatment, became in a uh adverse childhood experiences, master trainer and became part of a resilient Georgia, a nonprofit in the State of Georgia who is uh making effort to create a trauma form.

The resiliency focused state, we have a large number of coalitions in almost every county in the state by now.

And now more recently, I am also developing training for the Department of Early Care and learning the call and we're focusing in Georgia from birth to five and trying to help educating with um trauma and memory.

That's the course that I prepared, but also focusing on daycare workers, early childhood educators and people who are involved with the care of young Children and teaching in Georgia, the common language for that, becoming more and more community resilience model cram.

And that's what uh has been taught throughout the state.

As in it's a skills based modality to as an answer more for the community because you will learn how to apply that yourself and to others.

So it's a more community approach to the treatment of trauma and prevention of trauma treatment because these skills are aimed at helping with self regulation, helping with recalibrating the nervous system after trauma.

It's focused on resiliency.

It's focused on knowing the positive childhood experiences that can buffer the effects of trauma.

And if the adults learn how to regulate themselves, they are in a much better position to help Children to regulate themselves and then prevent the whole long term effects of Aces.

So this is uh this focus is very important to me right now.

I am not cram certified the Act but I, but the workshops that I am starting to do is with Dr Jordan Murphy and she is cram certified uh behavioral uh pediatrician nurse and she uh is already has a lot of experience uh providing these workshops and our plan is in the near future to have these workshops translated to Portuguese and Spanish and expand that uh to.

There are some daycares that you have located that worked with mostly Latino population and we want to be able to provide this training for this daycare workers as well.

Hm I love all of that.

So it sounds like really you're an advocate, a teacher and a facilitator and a licensed clinician all in one, I tried, I cannot stop seeing clients many times when I was in other roles, I was even suggested to focus on the other thing.

But I think they are all correlated.

And I learned so much from my clients.

I learned so much from educating and I have this passion for prevention too.

I think prevention is key and because I know how hard it is to treat because I really know and I know I can see the effects of trauma and even 101 and think about it who has the privilege to have a one on one specialized in treatment of trauma therapist to stay with you for one year, two years, whatever you need to do that treatment to heal trauma, it's so hard, even with all of that privilege, it's so hard to treat trauma.

And if we can prevent it, just prevent it, if we can have more buffers, more positive childhood experiences, more understanding of what won't necessarily increase the risk of exposure to toxic stress developing to PTSD.

Like that's, that's the goal.

That's why we don't need that.

All the exposure to toxic stress develops into PTSD.

And we don't need all that exposure either, right.

We need to reduce the exposure and also do things in the middle to recover.

So it doesn't develop into something more chronic uh including uh chronic illness like physical illness, which is uh linked to ACES as well.

Absolutely.

Um so much to talk about today.

I'm excited.

Let's start with um diving into adverse childhood experiences.

You know, our topic is a holistic look at mental health.

And so why even bring these together?

I bring these topics together?

Yes.

And I this is a very important way to look at, at it holistically, as you're saying, right?

Like how to look holistically to aces.

Uh it's more obvious or easy to perceive if you are a therapist and someone comes with behavioral problems or depression, um anxiety, it's easier to consider that perhaps there is a link to something that we experience.

How is your life going, how what is happening in your life, right?

What happened to you?

Like how was your childhood?

How was your parenting?

How was your family?

How was your upbringing?

It's not that hard to link that to oh OK, addiction, this anxiety, suicide, suicidal behaviors and kind of consider that.

Yeah, maybe you went through some things, right?

Like you went through some things in your life that maybe you were suffering with these things that happen when you look at physical health and someone showing up with asthma, pulmonary disease, heart disease, cancer, diabetes.

All this the link, it's already a little bit less obvious, right?

Because of the split, because of the lack of seeing, you know, the organism as a whole and in treating as a whole, in looking at all the intersections that it's all connected and it's less obvious.

But now, and what the Aces research and science has shown and proven over and over and over is this increased or greater risk of experiencing a range of mental health problems and physical problems as a result of exposure to Aces there?

I love and we talked about it briefly before uh when you're talking about this podcast about the Deepest.

Well, the Doctor Nadine Be Harry's book, it's one of my favorites to explain.

Not only what, right, how, what is the, the, the correlation, what is the relationship, but how, how, how Aces is related to that and not only in an individual level either but social.

Like we're looking at individual long term effects, we're looking at social too and you're looking and seeing how this interrelation happens, how one thing affects the others in different realms, even uh environmental climate, even uh other levels like that are not directly measured by Aces, poverty, bullying, um gun violence, all this uh other aspects and factors that are part of the bigger picture of how the exposure to toxic stress, increase risk of developing all this range of mental health and physical health and social and negative social outcomes as well.

It seems like, you know, in the mental health world, there's clearly a good grasp on Aces.

Um And as we look at promoting physical health as well, that's where there's quite a bit of room.

And as you mentioned, Doctor Nadine Harris's book is a proponent of really having all pediatricians uh screen for aces um as a way to be able to support those families, the young Children living in those families, getting them access to resources, but also addressing those physical symptoms, that can be really exhausting as a provider.

If you don't understand the root cause.

Going back to what you mentioned with trauma often being the root cause or toxic stress.

Yes, it's very powerful.

I I agree if you like to see this community of doctors, pediatricians seeking this mental health, behavioral health integration and and creating addressing this, as you said, creating protocols, assessing, asking including that in the intake form and being curious about it and seeing how all those physical symptoms had a story to tell.

They are not just there a lot of oh genetics.

Oh this is just happening or this is like they all all the symptoms they were looking at that had a story to tell and looking at the community, looking at the well from where they were drinking, right?

And what was a common denominators of?

Wait a minute, it cannot be so widespread like that where this is coming from.

There is a source of something, there is something that is the big equalizer, which is trauma, right?

And not only in poor communities, not only in certain races or socio economic status like these in all Aces studies and ongoing studies with the BRFSS, they do over the phone, like it's over and over confirmation of different levels of society.

Like it's pervasive, it's common, it's interrelated and changing the the lens and see having this more integrative multidisciplinary vision that allows, you know, to see the person as a whole in all layers of life, social individual genetics, epigenetics, psychological family community and being able to make sense of the experience in a holistic way as you are um explaining like really seeing the root causes the the correlations, the integrations and how through trauma from the understanding of what trauma does in the body and how it has everything to do with the deregulation of the stress response system in the body.

That's what leads to the understanding of how this enters through here and affects everything else like that, how this creates this imbalance and how this uh can be restored.

Hm Will you share with us more about what trauma does to the body and why it's important to include the body in trauma treatment?

Mhm Yes.

And the classical book, my favorite one that explains that perfectly is the body keeps the score from Doctor Van Der Kolk.

I love the example of the smoke detector in the body, right?

Like how we have a very, in my opinion, very wise body like an amazing, we are amazing organisms and how we are structured, how we formed, how the primitive parts of the brain are formed before the more complex parts.

There's an order sequence of why and in harmony in how the body works and the body works for life.

Like development is for life.

It's for preservations, for survival is for thriving.

We are made for that, right?

That's how the body is supposed to function and, and develop and grow.

And when the body is made in the in the brain has a stress response system to protect us, right?

But to perceive threat and to create organize, orchestrate a whole host of responses to save us from that.

That's for our survival.

We are fragile human beings.

We are like we live in the years that we live.

It's all I see it always as a miracle, like everything that could have happened that didn't for so long for so many years.

And part of that is because we have a body that works like that for protection, for life, for preservation, for survival.

The the problem is and what happens in the bodies when we have in our stress response system in our brain, right?

We have a limbic system, we have the Amygdala.

Thus, we have all the system that perceive Strat and alma without our thinking because we don't have time for that activates a lot of body responses that we engage that fight flight freeze.

And there's another fourth response that some like Peter, Peter Walker called phone.

But there is also the CRM calls this 1010 and be friend.

So I like to replace the fourth F for friend now.

So fight flight freeze and friend from B um and all these responses are there as what the body, how the body rearrange as there is a perception of imminent danger.

When the body is exposed to toxic stress and toxic stress, we're not talking about positive stress.

Like for example, a child going to daycare for the first time or you going for a job interview, it's a stress there.

Some things do happen, you won't feel that comfortable, not going to be that pleasant, but it's a positive stress.

It's a stress that you enhance some functions in your body, skills growth, et cetera.

There's also tolerable stress.

There is a stress that there's a natural disaster or there's something that happens that for a short period of time, your body going through that overcharge and we recover balance later naturally spontaneously or with help and intervention.

But it's supposed to be temporary.

What when you talk about aces, we're talking about a different nature of uh stress which is toxic, which is it stays longer than it should and it's needed.

It's the intensity can be higher and also the body that is receiving that toxic stress.

How old is that body?

How is that body, that point of formation, that brain that is exposed to that?

And who is there with that individual group community?

Who is being exposed to that?

What is buffering that?

What what factors presences, other uh censorial experiences that they are being able to get as well to balance out whatever is happening.

So when this happens, and especially when there is not much support or buffers and this is ongoing and this is repetitive and the body gets hijacked.

Basically by this amount of um uh toxic stress, this can create a malfunctioning the stress response system.

And I like the book.

The body keeps the score.

I like the example of the smoke detector because it's clear to understand how when this becomes one is malfunctioning happening.

It's almost like, you know, we all have smoke detectors in our kitchens and sometimes if you like to cook, I like to cook.

Sometimes I'm not really good with cakes.

I like savory things, but here and there, let's say you bake a cake and it burns or something spills in the oven and it burned and smoke starts, you know, coming up or you burn a toast and then it goes, it sets off the smoke detector.

Right?

And then he starts being annoyed, opening all the windows, you know, ah, stop it.

You're like, stop it, stop it.

Like, hey, the house is not on fire, you're screaming to the smoke detector.

It's not on fire.

It's just smoke and there, the thing is off and off and off and off.

So it's almost like overly protective of us.

Right?

Ok.

I see.

Smoke off.

I go like, you have to survive one like there is fire.

And that's not necessarily the case how the accuracy of the, the nervous, the stress response system, the palms, the, the Amygdala to read the signs and responded to them with the proportion that they deserve to be responded as this is a trap.

That's what overwhelms the whole system because if this happens a lot that you are exposed to this amount of toxic stress, especially early in life, this system you become overreactive and you decompensate, you start three seconds of smoke.

Can you imagine you are in your kitchen?

Three seconds of smoke off, the alarm goes, it's exhausting, right?

And, and that's what the malfunctioning is, is a malfunctioning and they, they stress response system in the body, which is related to other systems in the body, hormone systems, immune system like everything that is related to that we also be affected.

So as a whole, as the body, it's trying to a complete off balance way of responding to whatever is happening to the body.

And this overcharge you know, is staying there and this malfunction is installed, let's say so it does and it can be recalibrated, right?

It takes a lot of work.

And there are other things too.

I'm talking about the the stress response system, but also memory, we need to understand how memory works and types of memory, how memory is organized because sometimes you're talking about the body and sometimes we have implicit memory and explicit memory, implicit memories.

What we do mostly birth to 18 months of life.

It's something that is more um it's the type of memory that is more censorial, that is more, there's a memory being formed, but it's implicit, you don't have a story to tell yet.

But all these things before birth, think about pre birth, right?

Things are happening.

So many things are happening, sensations and this is creating this form of memory that is being stored in the body.

The body is preserving those things that you don't have a story to tell.

Yet explicit memory comes later and it's needed for learning and everything else.

So sometimes when toxic stress happens and this implicit memories are processed like they are, they can also be triggered later on many years later, like 20 years later, many many years later that the body remembers what happened.

But you don't have a story to tell and you don't make sense of your experience.

It sounds completely out of proportion.

It sounds like completely nonsense.

It's not this context of here now in the present that you're responding to.

It's just something that you cannot explain.

And part of that is because we, our bodies are also remembering even without our volunteer um action.

Mhm How do you uh recommend supporting the body to heal from trauma?

We need to develop a relationship with the body because when we we go through trauma, we may also develop a relationship with the body that's not as friendly, but you may not necessarily like your body so much or refer to yourself, talk to yourself and look at your body and, and the small thing, smallest things such as drinking water for people who have been through a lot of trauma.

It sounds maybe strange or difficult to understand, but it can, it can create a difficulty to this self reference and this relationship with the body to be a nurturing one, to be one that is you are friendly with your body, that you and you're friendly with yourself over like how you talk to yourself.

There's a lot of anger, resentment, blame, guilt, shame, especially because when trauma happens in childhood and Children process trauma with a tendency because it's protective to take the blame.

It's better.

E MD R.

We use some cognitive inters and we always say like, ok, we have to remember that the child, you, you prefer to believe that I am a bad child versus I am a child who is being neglected or my parents are failing me because they depend on the parents for survival.

They cannot just run away and leave home and say bye.

You're not a good parent.

I'm on my own now, like you can't do that right.

So the way the experience is processed and internalized is related to a number of core beliefs that are negative and that are taking blame and taking guilt, guilt, almost like I am bad and seeking like an explanation, right?

That protects what you depend on to survive.

So, taking in uh the blame, the guilt, the shame and etcetera and this contributes to unfortunately, right, to a development of a relationship with self body and sensorially physically, that's not as friendly or safe.

Sometimes some people who experienced a lot of trauma don't very often don't feel safe in their bodies.

There is the association that happens as another mechanism of defense to survive trauma, right?

Like the the association's protective, it's like cannot be fully here present and dissociating in that part.

And that, that emotional part that the associated stays out of the way as an emotional part that's now not integrated with the personality anymore.

Like this part has to be in the corner there, suppressed cannot come up.

So because it will interfere with the apparent normal part of the personality that has to function.

And then this is what trauma does as well, right?

Fragmentation.

So there's and all that you're talking about is uh holistic integration.

That's why it makes sense that you're asking about the body because all these mechanisms of surviving and adapting trauma are creating, they are adaptive, they are what made uh communities and people survive, but they can become a maladaptive, they can become.

Now they it served you in the past, it served you for surviving.

But now do you want to survive or thrive.

And if you need to thrive, this is going to be on the way.

And what is the path to with the body is seeking integration and to seek this integration.

Instead of fragmentation, the body needs to be able to rest.

Learning that's safe to be in the body learning that you can rest and relax, learning that you can experience different sensations in a in a stay in a state of calm that you can see things going either you know, to the high zone or low zone like hyper arousal or hyper arousal, hypersal, like agitation, anxiety, panic and hyper arousal, depression, um dissociation, numbness, cutting off emotions, isolation and knowing that there are some things that can be done and with the body to help the body to restore and go back to the resilient zone.

This um self regulation skills like in, in, in learning that you have some control over your body.

Because another thing that is stolen from people going through trauma is control, choice, control power.

So recovering that through the body, through knowing that wait a minute, one thing I have control here where I can learn how to.

And this is my body.

I can do some things with my body, small things, gesturing, shifting, uh things that will give the body an experience that is more neutral or pleasant and stay with that neutral or pleasant a little longer until the body starts learning a new language.

A new way of being and being.

Trusting, that trusting that you can be in your body.

You can tolerate more than you think you can or you can help things to become more tolerable by doing certain things that you have control.

You have internal resources and it's only your body.

You don't need fancy equipment or anything else.

Like just understanding, befriending your body again, feeling safe in the body.

It's part of that.

So some of the techniques are what I'm talking about.

Self regulation, meditation, mindfulness, yoga, nutrition, exercise, all the things that are part of a whole mental health behavioral integration program or plan right into that.

Consider all this uh aspects of recalibrating healing, repairing uh the nervous system.

Yeah, I do a lot of work around teaching around the nervous system and how do you self regulate?

And um one of the things that, you know, I'm struck by often is how long it can take for the body to feel safe again, right?

Like in our society, I think sometimes we just want the quick fix.

And unfortunately, you know, it it takes a while to learn how to befriend and how to care for ourselves in this way that you're speaking about.

Yes, I agree entirely.

We want quick fixes and sometimes you want some relief, immediate relief, right?

And some people are suffering for so long and tired and hopeless and you want something that you created that shift.

But the path, especially with complex ptsd, with these experiences of having had a more, let's say, chronic history of uh trauma, a diversity that and especially in which time of life, right?

Like we can say, there's some sensitive periods of time when even restoring the body can be facilitated.

It's two ways, right?

Because the younger the organism more vulnerable it is.

And at the same time, it's also more vulnerable to recover.

It's also more vulnerable to repair.

Um I, I feel hopeful for all ages and for all stages of life and development, it sounds counter intuitive but more I see trauma more, I see what it does in the body, as you're saying, how pervasive it is, how difficult it is to change, how, how much effort work it takes.

I also feel more hopeful.

Um I think hope and experiencing and facilitating.

I don't know if in the work that you do, like even the small things or one new skill that someone learns that can, can spark a little bit that hope of.

Wait, let me compare my body and myself now with two years ago or five years ago and now with this small intervention or this activity that I am doing, it would take me two minutes to be out of my resilient zone before and now I can see how fast I go back to my resilience zone like it only lasts a little bit.

And then before it was like two days, I crown like cry and you know, go to my bed and not leave home for two days and doing this and go to the floor and a lot of things.

And now in 30 minutes, I do this self revolution skills.

I and when I see that intensity and that the way the body was responding became less intense, became easier to go back to my baseline.

Um So it's hopeful, I don't know what is your experience of that.

But I feel hopeful when I see this small implementations of things that at least reduces, like having very realistic goals and timing frames to like that at least reduces how um the repair, the healing uh absolutely can happen.

It, it is, it's like these small incremental shifts that happen over time and without like paying attention and maybe having that reflected back to the person, right?

It's hard to like sometimes it can feel all encompassing.

Um And that nothing is changing.

And yet there are these like little nuanced shifts that are, you know, when doing this work are really beautiful to witness.

Um As a person learns to befriend the body again and find a safe place in the body.

Um And then something will happen and you know, the person gets triggered, the body gets triggered and it can just feel like this rabbit hole that you fall down into again.

And then it's like, OK, here we go.

Here's the opportunity which I hate using the word opportunity in this context.

But here's the opportunity to use the skill and sometimes I generally will talk about them as tools, right?

Like using the right tool at the right time.

Um Depending on where the nervous system is because if you're in hypo arousal and you use slow, deep breathing, that's not the right tool at that time.

So like when we tell someone to take a deep breath, right?

That's skillful for someone who's in hyper arousal, but not the right tool.

And so there's a lot of interesting fun nuance and all of this as well.

Yes, I love that.

You were saying that because I, I think about it almost every day like how this is not being said enough, this different, this difference.

And I think this is so important because you're perfectly right.

And this depends on tracking like the basic skill is mindfulness is being able to study yourself enough in these smalls and know exactly like where you are in hyper or hyper arousal and using the tools because we don't have, we have the skills but you don't have a recipe that follow this and do this.

We don't have a recipe book like this.

This is the repairment.

Do this.

Follow steps.

Follow this.

We do have a diet for the nervous system, the stress response recalibration, it is, it requires some trial and error.

It requires some experimentation, it requires, but it has to be guided by what you just said.

Like if you are in hyper arousal, you want to calm down, you want to activate your parasympathetic nervous system.

And there are some tools that are specific for that.

But if you were dissociating hyper arousal, you need grounding, you need to, you need some uh alertness, you need some um different tools that you actually take you out of that uh numbness and not here zone to I am present, I'm present to whatever is happening.

And this is very skillful, right?

And it has to be done with this trial and error.

It has to be done with a study of what my body does and having a thermometer to know where you are, you know, in that zone, like how intense it is, how different some people can become really good at that.

Like by saying, for example, no, if I am in my four of my anger and monitor and I'm spiking out, out in hyper arousal.

If I do the square breathing, uh I can see it's going down to a three in two minutes.

If I go running and I run really fast, I see higher when I come back, I'm actually angrier.

I have seen and heard people saying this like how they become so expert in knowing the activity, the intervention and in the scale from 0 to 10, for example, how lower or higher it brings them specifically.

So this level of attunement with the body with yourself, requires this ability to track, to know, to study your nervous system, know where you are.

Well, and it goes back to what you were saying, I think about befriending the body, right?

It's developing this relationship as we get to know ourselves and the nuances, right?

And there are like these really interesting nuances.

And I think another piece that people tend to think like, oh, I have the fight, like I go into fight response.

But it's like if oftentimes we're circulating between these two, I work with a lot of first responders and at work, right?

There's operating in hyper arousal and hyper arousal, feels calm, cool and collected and that's trained and necessary for the for the job, right?

But then go home and crash into hypo arousal and are disassociated and not present with their family.

And so cycle between these two and there's a training that has to happen in a relationship on OK, how, what's called for right now?

Where am I at right now on, you know, this scale and how can I support myself to come back to here?

Right.

And there's a timing to it as well.

But I, I wholeheartedly agree that mindfulness is a key aspect developing that self-awareness um along with maybe some self compassion.

Yeah, it could be challenging a lot of self compassion, self validating, looking at, you know, our experiences and stories in an individual family community population levels and, and seeing and throwing that understanding that attitude and response of understanding in a dialectical perspective.

Like I have my reasons why uh my nervous system works like that.

Why so hard how there's so much pain suffering, all these consequences, looking at what happened to you and at the same time, looking at you know, what else it can be or being still being ambitious about um improving.

It's not, not necessarily I cause it to happen and I am still responsible to deal with that.

I live in my own body.

That's the only one I have.

And although you know, this dialectical take place or I didn't cause it, that's what happened.

I don't necessarily like it.

I don't have to like it, but I can move towards some radical acceptance of this is what it is, this is what I, what I this is my experience and how do I want to respond to that, the way that I move towards this space of understanding the reasons.

And at the same time going with that, you know, going accepting limitations, you know, sometimes you want to be very ambitious and fast as you were saying, and sometimes you just have to accept that there would be limitations with the limitations that you have already that there's not much to do there and you don't have much control over it.

What is the best life that you can still have?

How can you feel the best in your body with the limitations that are already there.

And unless we do well on why or what happened and not the things that you don't have control, we remove a lot of layers of the problem because one thing is having a problem, the other thing is having a problem for having the problem.

And that creates another layer that you're dealing with of the problem, which can become the primary problem actually, because this can lead to a lot of anxiety.

And then when you're dealing with that anxiety, you're not dealing with the problem anymore, you're just dealing with the problem of having the problem.

And if you can drop that, if we can at least drop that and not well on having the problem and go with radical acceptance, then you can focus on the problem.

Then you can learn a more, what is the optimal here for me?

If you're really ambitious, right?

If you are like, I want more comfortable, I want quality of life, quality of life, then you can have much more focus and space in your mind and your tools and to redirect you to actually be guided by the value of quality of life and the things that you're trying to instead of debating and dwelling on the things that now you've lost.

You're not in the problem anymore.

You're you're reacting to having the problem and you can spire there for a long time.

So you have to be a vicious cycle.

A really vicious cycle.

Yes.

Yes.

I'd love to hear a little bit more about the childhood buffers.

Um, what are some of those buffers?

Yes.

So, there are the positive childhood experiences.

Uh, there are seven factors.

Uh, for example, feeling, uh, supported having someone.

It's very important to have someone outside of the family, like beside the parents, ideally to function as this person who will, um provides support in difficult times, especially for Children, for young Children.

It's very important to have uh someone that someone like that in some studies, especially if the Hispanic population many times.

Quite often, this person is a teacher.

This person is a coach.

This person is someone in the community, a neighbor or when culture is that extended family is so important.

Um It can also be like an ant.

Ants are so important.

It can be um you know, it can be, it can be anyone, it can be a neighbor that they trust highly.

So more uh there is community reciprocity and they uh this ability to exchange favors in the community like some adults caring for other Children and having that sense of belonging, community, exchanging favors between neighbors.

This can be a very, very important protective factor.

Uh feeling that you're able to talk to your family about your feelings.

Parents being able to give that space for Children to talk about feelings, validate feelings, not shame, feelings or that, you know, you shouldn't feel that way or stop crying and start telling stories about how awful, how worse they had it 10 times, you know, during their times, whatever they are, what they are complaining.

But being able to talk about feelings in the family, um, participate in community traditions, having that sense of belonging, especially in high school.

No, it's very important to try to protect everyone, not allowing people to be alone too much.

Uh I have this, I have a son and he's 16, he's in high school and he's really good at that.

And we talk about it sometimes like he sees someone, especially if it's from a different, a new person starting late in school, for example, and then he invites them to sit with, with his friends, you know, during lunch and like being having this look, teaching Children like to have this look, like to look around to see like when you're at school who is always alone at lunch, like what like can you approach that person at some point?

Can you invite that person?

Can you bring something a gesture, you know, and give to that person?

Um So this is a very important feeling supported by friends um and feeling safe and protected by an adult in the home as well.

So when I work with parents and one parent is struggling with postpartum depression, other things I always try to bring the other parent on board to know the importance, how much the importance is higher now.

And they have to be that adult who will play more with the Children who will function as uh this buffer, you know, and and participating community civic engagement, you know, events in the community, it can be small but like a school event that it's not mandatory but you go and you start talking to other people.

Um and you know, being trying to be involved in what is happening in the community, volunteer work, like all these things, organizations that you can form that sense of, I belong to a community.

Ok?

It really does take a village.

Yes, yes, it does take a village.

So and I feel very um optimistic about some changes that are happening if you were talking about community and I'm I'm thinking about community uh programs and new things.

One thing that makes me hopeful to seeing that they I consider there is there has been one advancement in parenting like the newer generations, even if the older generations likes to criticize the newer generations.

One big advancement with the new generations is an interest and awakening and seeking of better ways of painting, like gentle painting, positive painting and the development of programs uh evidence based programs that are focused on uh parenting.

This is so hopeful for the future.

Like it it feels like if for example, we have less use of physical discipline, right?

Physical abuse.

Because now people are learning interested and already know like no, stop saying that that worked and that solved things and that is good.

Like stop just saying nothing happened to you because of that.

You're fine.

And, and really let's look at evidence and let's look at the facts and what is happening, how harmful this is.

And we have alternatives, we have better ways and it's structure their programs teaching that.

So the only if you only look at this, I'm just taking one ace like one little thing and looking at if we have a transformation as far as in a larger scale, you know, in the community society with just reducing, dropping significantly physical abuse, that would be amazing, right?

And because Aces are interrelated, they come in clusters like these will come together with emotional abuse, right?

Because it doesn't make sense like he like when a parent or someone is used, a caregiver is using physical abuse, they're not in silent using physical abuse, it comes with verbal abuse, it comes with, you know, a lot of other things too.

So it if we see small improvements or if you target one ace, it can still be effective to a whole host of other things that can improve.

So in Georgia and I'll talk a little bit about, you know, what is not, not only in Georgia, but um I like to see how some programs like home visiting programs, the nurse family partnership program like this in the sense of integration and and seeking mental health, physical health policy, health going to where people are, you know, expanding access, all these things that are happening.

This is preventing A is this is offering a CS this is helping reduce the risk of developing the negative outcomes.

So the the pay child interaction therapy, triple B, uh the positive paining program educating workforce and staff to be tr informed and there is this is growing more and more like all most organizations haven't offer like doing are they um on boarding some form of from informed um care?

There are examples from different states, you know, in Washington, there's um several examples.

One that is growing in Georgia that is very interesting in other states too.

Is they handle with care and handle with care is that um it's an integration of police law enforcement and schools when, when um Children law enforcement's called for domestic violence situation.

For example, Children are involved, they can send a note to the principle of those Children saying handle with care with no details but saying like this family is going through something they need to be handled with care, social workers working with law enforcement to respond to certain scenes and situations that involve trauma.

So all this different sectors in the community working together with this lens of trauma informed, like we want to avoid re traumatization, we want to avoid in the uh justice system.

For example, you want to, something that is being done to a lot more now is um creating a different uh streamlined process of reporting abuse, trauma situations in which people don't have to repeat their stories 10 times to 10 different people in unsafe places and situations and be re traumatized over and over and over.

So, um this awareness, like expanding trauma informed care awareness is helping changing how things are, you know, we dealt with and even the justice system uh and creating different ways to talk to deal with trauma in Georgia.

They're implementing a lot of school based mindfulness, self compassion trainings, team mental health allies in schools creating mindfulness zones.

There is um in Savannah, Georgia, they have resiliency training, they have sensitive trauma yoga and they have um several programs already implemented in schools with, they created resilience zones in schools.

Uh We have at resilient George, we have even translated the, we have a toolkit like that teaches how to create these resilient zones.

You can create it at home, you can create it schools, daycares and how to create this spaces for self regulation and teaching about sensations, even sensations, the language of sensations, emotions, teaching about this teaching about um uh resilience, resiliency skills.

So the focus on not only on trauma and toxic stress but focus on building more resilience.

How do we build resilience?

How do you manage our censorial system stress system in a way that we can bounce back to our resilience zone over and over and over and over and become really good at doing that.

And so I feel hopeful with these things and initiatives in a federal level too, you know, they, if you talk about access, like the, the Parity Act that happened in the past for the first time as a federal law in 1996 and then 2008, now last year um in Georgia, like this is that this act is that one that um the terms that uh insurances have to cover and Medicaid of course, have to cover not only physical medical care, but also mental health care.

It has to be there too.

So coverage um insurance coverage, access to mental health care.

Uh I see like in a federal level that this is also, I feel hopeful and I feel good about how, you know, this is happening at federal level as well.

Other initiatives more recently like the office of um um gun violence prevention and um safety legislations that has to do with um safety, you know, and violence, I think that's also can be potentially a huge buffer for Ace.

I like a smart response to Aces looking at communities and trying to reduce violence.

That's uh that many things are happening that we can feel hopeful for.

Mhm I'm so glad you highlighted those for us.

It's important to know really all of the work that's being done and the intricacy and highlighting that it really does take um everyone, right, coming from a public health perspective that social ecological model uh is, you know, so clear as we look at trauma and creating trauma informed communities as we wrap up today.

Is there anything else that you want our listeners to know or understand?

Just I think the thinking about what we talked about what's sticking to me is patience.

As you said, like we want to have a quick fix and sometimes you have to go to enough repetition of new circuits, new routes to restore things.

So, persistence and patience uh and hope.

So I just wanted to, to live with that persistent hope.

Uh And repetition of that, we can see we can start seeing um some outcomes in ourselves, others communities and continuing advocate for um not stop talking about Aces, not thinking that we have talked enough that people understand enough that the medical community they just system like no, we haven't done enough like you have to continue talking about Aces.

It sounds, it may sound old for some people again.

Someone talking about Aces.

OK?

I already know about the Ace study.

And so I'm very thankful that you, you invited this conversation because I, I think we have not talked enough.

We have more to do.

We have to talk more about.

You have to remember and you have to implement this in our meetings, in our agendas everywhere all the time.

You have to be doing something that we are aware that we are.

This is a, this is for Aces, this is here.

We are doing this because we are doing trauma informed care.

We are offering Aces.

We are building resilience and resilient communities.

Every single thing that we do, we have to be tying with that we are doing because this is, it's not news like it's shocking like how this discovery they study and all the follow up and ongoing studies saying, hey, do you want to look at something that is the root cause of a major thing that costs billions of dollars or more in the country.

You want to look at it and consider it, look at this.

And we know already we know since the nineties, we know since the eighties, I don't know like this is it.

So we have, we have to put more money into it.

We have to put more advocacy into it, more attention, more, talk more about it until you know, we start seeing that actually, you know, it works when we address the root cause of things.

Well, I appreciate you being a voice and an advocate um for this really important topic.

And yeah, really the root cause of so many of um mental health as well as physical health manifestations from life experiences.

And you've inspired me today.

I just wanna say this is work that I do.

But you've given me some more examples um of ways to get involved and expand the work in the community.

And so, thanks for, thanks for being inspiring for me today.

I appreciate it.

Thank you.

And I would say the same.

Thank you so much.

I enjoyed our conversation also being inspiring.

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