

## Interview on COVID-19 Response with Lynn, A Provider

**0:00 Whitney:** Hi, my name is Whitney. Welcome to Rising from the Ashes Trauma Talks, a podcast series brought to you by the UB School of Social Work's the Institute on Trauma and Trauma Informed Care. Our Trauma Talk series provides a platform for people who've worked within the field of trauma, as well as those who've experienced trauma, to share their witness of how strength, and resiliency, have allowed themselves and others to rise from the ashes of adversity. Today, I'm joined by Lynn Siradas, who is the director of foster care and organizational development at New Directions Youth and Family Services. On behalf of the Institute, thanks so much for being here, Lynn, and for sharing your story with us.

**0:47 Lynn:** It's my pleasure. Thank you for having me.

**0:50 Whitney:** Lynn, could you please tell us a little bit about the capacity in which you're interacting with trauma survivors to start us off?

**0:56 Lynn:** Sure. Um, our agency in general, all of the families that we're serving, just by the sure fact that they, that we are serving them, um, could lead one to see that somewhere in their lives there's been some trauma -- anytime a family is separated from each other, um, that in and of itself, is a traumatic experience, whether or not one, um, themselves sees it that way, um, is really the question. Um, in foster care directly, it's very often a complicated removal... as it should be. That should never be an easy thing to do. Uh, and oftentimes, uh, it is related to other, traumatic experiences, whether it be, um, homelessness, poverty, uh, drug use and abuse and, um, or domestic violence. There, there are a number of reasons we have youth coming into our program -- death of parents. Uh, so. In general, what we're doing particularly in my department is, uh, working with youth and families who are coming in at very various stages of, um, possibly of trauma.

**2:15 Whitney:** Wow. Lots of layers there in terms of the ways that people end up coming to you, as well as their experience while they're involved with you. And right now we have another layer on top of that with the collective trauma of facing this dual pandemic that we're all navigating, you know -- COVID-19 and the social unrest and racial injustice. And did you and I speak right now, there are these swirling circumstances that we're all living in and experiencing, and how providers respond really does matter right now. And I'm wondering how it is that even in the face of all this disruption and uncertainty, you've really managed to continue at a demanding role where you do interface with trauma and trauma survivors in a lot of different ways.

**3:02 Lynn:** Yeah. And I'm so glad that you mentioned the social unrest at this time too, which, uh, certainly is not something that we can not look at. And that is certainly a reason why oftentimes, you know, children may come into care just because of, of racial inequity, um, systemic racism, um. So, how we're doing that in the middle of a pandemic is, is a little bit of, of guesswork and a little bit of education, I suppose. Um, we, you mentioned multi-systemic layers and that is the case. Uh, we have the state of New York, uh, giving, uh, direction. We have various counties -- we have contracts with many counties in a Western New York area -- So, one county may be looking at how we're going to provide visitation for example, differently than,

another company may be looking at it. Or, the state may have a whole different idea of how we get there. And that has also changed since day one, of uh, today of pandemic. And it may change again tomorrow. Um, and then in the midst of that, we have an agency philosophy of how are we then taking our directives, following those directives, and then giving it, giving those directives our own flavor, if you will, or our own culture. Um, and at the same time, really staying true to those, uh, those basic tenants of trauma care, um, choice and trust. And so how, how are we doing that with the people that we serve? How are we doing with the people who are providing the service? How are we having those conversations with our County partners and our state partners? Um, so your question is how are we doing that? And, uh, you know, I think that that, that question is tough to answer because there are very specific things. Now, I mentioned family visitation, family time together. Um, families need time together. And when they're separated from one another, uh, and their... the children are in, are in an agency's care or in county's care or state's care. It is, uh, our responsibility to make sure that they have family time together. So, what does that look like? Um, and then in my case, we have foster families who we also have to consider. So, if we have a foster family who is maybe taking care of a medically frail child, infant, who also is taking care of another child who needs to have family time with their family, how do we do that so that that other child doesn't bring any possible problem back into the house. So, I guess the answer to the question is where we have to really individualize our responses. Um, we have to individualize them based on the needs of the family and the child in front of us, and staying within the parameters of our governing bodies, uh, and do it in a collaborative way. So, we're saying... we're informing parents. Think, so your child is with us, you want to have, you know, you want to have family time. We want you to have family time. How best will that work for you? Here are the things we're concerned about. What are your concerns? And we've been really, um, very happy with the responses that families are giving us. And I think that the more choice they have in it, the more dialogue they have with us. You know, we've had families say to us, look, my job requires me to be in really high-risk situations, therefore I'm afraid to see my child. Or can you give me PPE? Um, so that's one of the things we're doing, you know, we're providing PPE. All of our staff members have boxes of PPE in their cars. Um, so if they are with a family in a situation where a family doesn't have PPE, we are able to provide it. Um, just this morning, I suggested to one of my teams that works with kids who live alone in apartments, they're older teenagers, 18, 19 year old's, you know, if we're saying sometimes the kids come out to meet and they're not even wearing PPE, but if they are, we don't know when the last time they washed it, if it's new. So, I said, you know, give them new ones, and remind them about washing it. So, um, So, individualized care, um, collaborative care, uh, you know, choice and information. Um, and again, you know, we too are... we have staff members who have different personal needs. So, we have people who are at higher risk themselves. Um, we have, so they, the way they may approach a case, the same case as someone else approaches, may be very different. And, you know, we might need to talk to the family about that. Hey, when you're working with worker A, because of worker A's age or home situation, they may need to, to work with you a little differently than so-and-so. Is that okay with you?

**8:01 Whitney:** For sure. And you know, as I'm hearing you begin to describe what you're paying attention to and how you are responding, I'm struck by how tuned in you already seem to be to these central aspects of trauma informed care, which invites all of us to stop asking what is wrong with this person and moves us toward considering instead, what has happened to this

person. And doctors Roger Fallot and Maxine Harris have pioneered really seminal research about the implementation of trauma informed care. And in doing so have identified the frameworks, five guiding principles as, and you've already named some of them, which is awesome: Safety, trust, choice, collaboration, and empowerment. And yeah, you've already given us this lovely overview of how some of these principles manifest in your work. And so today we're going to do a sort of deep dive, exploring how these principles can really be thought of as tools for providers and systems of care in some ways, in order to help them be really responsive in those individualized ways that you've already mentioned. And, I think you've really elegantly, let us into the conversation by talking about PPE, you know, that physical safety aspect and thinking about safety, there's also psychological safety. And right now, what helps someone be physically safe or feel physically safe, may be totally at odds with that, which makes someone feel psychologically safe. So, I'm just wondering, what do you find yourself thinking about when it comes to establishing safety in your role?

**9:36 Lynn:** I really think that in order to establish safety, whether it be psychological safety or physical safety, there has to be trust, which is another foundation, right? But, um, if you trust that I have your best interests at heart and my own best interests at heart, and those things are not at odds with each other -- then you will become, you will begin to feel safe. But the only way that we can help people feel safe, whether it be our teams that we work in, you know, our colleagues, our people who we supervise, our foster families, our families, our children. Um, they have to see what we do. Words are one thing. We can say, we want you to be safe, but then if we're acting in a way that isn't, you know, the same as what we're saying, that shows people I can't trust you. And that actually heightens their lack of safety. We're starting at a, I'm not safe baseline. And you're either going to go up from that or you're going to go, you're going to confirm it or you're going to go down. Um, and so it's really, it's really on us to conduct ourselves in the most authentic way. I mean, it's okay to say to somebody, Hey, I'm nervous and I'm guessing too. I'm scared too. But really important to me that you get to see your family. So, let's figure out how we can do this together. I know you're worried as well. So, you know, validating, authentic communication, um, connection, acknowledgement of what's real. Acknowledgement of, I don't know, everything, you know? In the midst of, of what's happening, um, racially in our country, or what's been happening forever, but finally more of us are opening our eyes to it. Um, how are we having those conversations? How are we asking our team? Are you guys safe? What do you think about what's going on? How can you know and... not, not to put it on those people because people who have been suffering injustice are tired! So, you know, how do we then collaborate and say, you know, how do we just become more in tune with the nuances of how I might make someone uncomfortable? How do I, you know, with a family, maybe we say, where would you like to meet? And even if it's someplace that I may feel uncomfortable about, then I'm going to go there anyway. Now, I'm going to take precautions. I'm going to do what I need to do, but you go there anyway because that's one way to say It's not totally about how I feel or what my bias are -- It's about what you need and I'm here to help you with it. You don't have to help me with it. Um, and that builds trust that builds... it's, it's hard to put into words Whitney because so much of it is, is feeling, is nuance, is instinct, is respect. Those are hard things to talk about. It's really about what you do and how you do it, and why are you doing it? Is it based in a deep understanding of what's happening, and if so, maybe you don't even need to talk about it. Maybe you just need to do it.

**12:45 Whitney:** Sure. And, you know, walking the walk in that way, it can be really tough right now because so many of us are struggling to establish our own senses of personal safety. And I think that sometimes we're faced with recognizing that, you know, it's not about me when I'm wearing this hat. And so, part of what being in a helping role requires is this continuous self-reflection on what you really need to be able to be in that role, and what you do have control over, you know? Well, I can glove up and I can wear my mask and take these precautions and do other things that make it so I am able to be present in the meaningful ways that you just described. Which, then help strengthen the alliance and help others go forward and keep themselves safe. So, I'm wondering, you know, what else helps you maintain your own sense of safety so that you can keep showing up as you do?

**13:38 Lynn:** I think you really do need to know that you have the support of a good team. You know, there's no one person that's doing this perfectly. Um, so certainly we talk on my team and hopefully, and I believe in all of the teams in our, in our agency, um, people need to talk to each other and need to say, I'm not feeling okay about this. Can somebody give me some feedback? Um, talk to me about what you're feeling. Yeah. And there are some really practical, the things we can do to stay safe. I mean, uh, you know, the PPE I've mentioned, you know, um, I mean, that's a real visual of how can we stay safe? And, you know, prior to the pandemic, we didn't have a lot of visuals if you will. Um, and so, you know, putting PPE on ourselves is a way to say, I care about you to the person that you're meeting with and, um, I want you to be safe and, and I want you to, uh, be, you know, treat me in that way too. Um, I think it's okay to not to make it about yourself, but to be authentic about where you're going, because, um, I think it's important to have a human connection with people and also to, um, like in the case of children to model for them, this is how we do this. This is how people well interact and relate. You know, this is how we negotiate relationships. We're respectful to each other. And it looks like these things.

**15:02 Whitney:** Wow. Yes, and that sort of authenticity is so important and yet requires such vulnerability and, also, I think some humility to really align with someone in that very, very human way. And as you talk about the ways that these principles are all just inextricably connected, you know, in this case, certainly something that is impacting people's sense of safety is the fact that many of us are having real trouble trusting in our larger systems. So, there's a huge connection there. And you've made comment to general authenticity and transparency in a couple of contexts so far. And I'm wondering what else you've been noticing in particular right now is helpful when it comes to bridging that gap.

**15:47 Lynn:** Right? Uh, you know, I really think just, you know, and I guess this is authenticity, just acknowledging that, you know, we don't, we don't know, you know? And honestly, as cliché as it may sound, it really, all you can do is the best you can do. So, you know, you have to look yourself in the mirror and you have to say, you know, I feel that I did the very best I could today to respect and honor the people that I'm working with collaboratively, that I'm working for collaboratively, and that I'm, you know, in, in, I'm also able to look myself in the mirror and say, and I did it in a self-respecting way. Um, you know, those things sometimes don't come together easily. Sometimes it does feel like you have to do something that's, that's ego, dystonic. This is not comfortable for me and I'm going to do it anyway. Um, and how do you keep that in a professional, uh, in a professional, uh, stance. I mean, the state right now is making decisions that have to be applicable throughout the state. Well, what works in New York City may be very

different than what works in a rural area in New York State, but everyone is trying to... To manage that. So, for instance, um, family courts are right now trying to, um, really be respectful of families, but how are we doing that? And what does that look like? And then how are we and agency's translating, what does that mean? How are we negotiating that advocacy and that, um, I use the word translate because I think sometimes we do speak another language, um, systemically. Acronyms and reuse of the same acronyms. If you're around long enough Whitney, you hear the same acronym -- It meant something else five years ago, now it means something else. So, you know, how are you, how are you keeping that in the family. And that talking like that to families, and or saying what that person meant by those things, they just had was this and that without insulting or condescending to a family too, because it's just not what they do for a living. So, we're really trying to, um, to maintain conversation, uh, openness, direction, advocacy.

**17:58 Whitney:** Absolutely. And as you make these important points, I can't help but also think about the parallel process here, you know, just as we can notice stress responses when trust isn't present in our relationships with people, we also see this happen in organizations. And you've mentioned that there are these strategies and principles that work really well for you in order to build and sustain trust with the people you serve. And I'm just curious how that translates to your administrator role. You know, that's a really tough lift, especially right now, when so much is influx with the workforce. And I just wonder how you translate those same principles you've mentioned in that context, what strategies work to maximize honesty and transparency to buffer the organizational stress that your frontline workers and really many others in the helping roles that people hold in your organization are feeling. And what you notice happening when that trust really is there.

**18:54 Lynn:** You know, you want to treat your team with the respect that I'm talking about, you know, that respect and openness and honesty and transparency and authenticity, and collaboration. I mean, I've asked probably more of my team in the last, you know, since the pandemic started, since March, I probably asked more of my team than I ever have, you know, what do you guys think? What do you feel about this? What do you need? You know, I, I hope that before this, I always... was open to it, but I'm very purposely saying, help me help you help us. I'm not sure how to do this. You guys. Um, and they're great about it. And you know, much of the success that we've had has been because of the group, uh, acknowledgement and group thinking. Um, I initially for the first probably, I'm losing track of time, but maybe two months, maybe three months, I had a daily meeting with my team. Um, yeah, that's not something we ever did prior to the pandemic. We had one, one day a week that we met for about three hours. Um, and when this started, we were meeting every single day via zoom or Lifesize Cloud is our internal system. And, um, and I think a piece of it was acclimating to the fact that we weren't physically together anymore. You know, all day long when you're physically in the same office, you can do triage. Somebody can run by your office and say, Hey, you know, or I can say, Hey, geez, I just overheard this what's happening with that situation. But when you're in a vacuum, um, you really have to change how you're purposely communicating with people. Um, so I think that was a piece of creating some of the safety. And some of the trusts, like, I, you may not see me or each other, but we're still here. And I may not be down the hall from you anymore, but you can call me or check in anytime you want. Um, and so every day we're going to see our faces until my team got sick of it and kind of said to me, all right, we're done with this. So, they

whittled it down to two meetings a week. And, uh, but, but I think that's because we've acclimated because we've gotten to the next step because we do trust because, because they do get, okay, this new thing, this new way we're doing it. It's working okay.

**21:06 Whitney:** Highlighting the connection between trust and collaboration there is fabulous. and so, on point, and I'm struck by how many opportunities for meaningful participation you've given your team and how it sounds like it's really paid off in spades to do so and improve the quality of the decisions you've been able to devise together. And I'm finding myself wondering about the reverse of that, you know? How does the agency itself foster collaboration with and support you?

**21:33 Lynn:** Yeah so, I guess that, you know, it's a good time to mention that you can be a person that's working really collaboratively and, in a trauma informed way. But if you're, if you're doing that in a vacuum, it's more of a challenge if you've been working in an agency that doesn't believe that, or doesn't follow that. And I have the great fortune to be working in an agency where that is already a piece of what we have always strived to do. We, maybe haven't always done it, but it's always been something that we've strived to do. Part of my old job was to really be in charge of, or responsible to more than in charge of, our culture. And we had four norms -- We have four norms of respect, responsibility, goal directedness and safety. And safety was physical and emotional. So very close to, um, Fallot and Harris' work prior to Fallot and Harris's work. Um, so, uh, it was something I think that, that resonated with us. And again, we're not great at it. We're not perfect at it, but boy is that what we strive to do. And so, I think that the agency has stepped up in giving all the supervisors and directors, um, choice and collaboration and respect and safety and saying to us, 'Do run your teams in a way that you think will best serve the people that we're here to serve.' Um, you know, my supervisor has been tremendously supportive, um, and she's been just great about, you know, offering feedback and, and availability. And, um, you know, I can't say enough about, about that and about our organization, uh, in general. So, I want to make sure that I mentioned that I'm not, uh, certainly not working in a vacuum.

**23:22 Whitney:** Absolutely. And, you know, being part of such a cohesive team where there's this mutual respect and trust that are present and, you know each other's strengths and how to use them can be such an asset as we work to respond to the unpredictable circumstances before us, which can really change in the blink of an eye.

**23:44 Lynn:** It all grows out of some of those basics as you alluded to and said very directly, when people feel safe enough to speak about things, they can say, Whitney, you feel unsafe in A, B and C situations, but because of who I am, I feel very unsafe in the places you feel safest. So, that creates some really interesting dialogue amongst teams. A person of color may not feel safe where a white person feels safe, or a woman may not feel safe where a man feels safe, or a gay person may not feel safe where a straight person feels safe. So, if you have emotional safety and you can say, here is what's happening in my world, that entails coming out. Coming out as being afraid, coming out as being gay, coming out as being a black person who does not want to be in a certain situation, or a white person who does not want to be in a certain situation. Then what is that about? Is that about reality or is that about some implicit bias and how do we have a conversation about that? So, it is deep, deep, deep stuff. And one thing leads to the next, but that

is the only way I think that you can really put that kind of layer on what we do. You have to just be really open to the fact that, hey, what you think is safe -- and you've been working so hard to create the safe environment -- may have been really unsafe for somebody else, but ironically, they have to be safe enough to tell you that. So, anyway, that's the riddle, I guess.

**25:08 Whitney:** For sure. Yeah. It really takes some level of work from many people to model this model and it filters through all levels. And thinking back to the beginning, when you made comment to the importance of being able to be with your family and considering, Yyou know, right now in times of physical distancing, we may not be able to access relationships in the ways we've grown accustomed to. I'm just thinking about how tough and maybe even retraumatizing that experience may be for some. And I'm finding myself wondering how you've had to creatively adapt and find new ways to include other important people in clients' lives to really create as healthy and helpful and environment as possible given the circumstances.

**25:55 Lynn:** Right. Um, it has been interesting because just the nature of, uh, initially when we were initially not doing in-person visitation, um, the, the directives at that time were to really stay safe and no in-person visitations. Um, and that made sense to everyone. Well, not really. I mean, some of the families really didn't like that. I think about the rest of the world, got to hunkered down with the people they were, you know, that you hunker and down with your tribe, your people, right? But in one part of our world, or in many parts of our world, residential or group home or foster care, people were saying hunker down without the people you love. And, um, so that was very hard for our families, but... What, I guess there's a silver lining and what ended up occurring during the video meetings with families in our world, like foster parents had to be there, obviously because it was in their home. That's not to say that the family didn't have private time in age appropriate situations, but if, if a, if a foster family had an infant or a toddler, they kind of had to be with the child. Which normally, if the family was visiting in person, the outside person would be one of the team members, not necessarily the foster family. So, it really ended up being nice because foster families were in these situations where they were really talking to families and, you know, and even, if for nothing but filling an awkward void on a video, it was a matter of, Hey, you know, the baby ate this this morning or the baby smiles when you do this, or, you know, Hey mom, are there any songs that the baby likes that I can sing? So, you know, maybe... and moms or dads were singing to the babies over video or telling stories, you know, old enough kids doing flashcards. So, it was really an engagement that we don't normally see. And it's unfortunate that I'm saying that because ideally you'd want to see that. But, as you said, circumstances really forced, um, all of us to, and I, I mean, all of us, foster families, families, probably kids at some to some level, to up our game. There's a difference level of responsibility when you're looking at somebody on a video of how, how do we keep this connection in this dialogue? There's no replacement for physical touch. We had one mom who had just given birth. And, um, one of my staff members was like, stocked up with coolers, ready to transport breastmilk and, um, you know, so it does create like, wow, how are we going to do this? Not that we're not going to do this, but how are we going to do this? And, and again, it goes back to that cyclical, thing that you were saying, it goes back to, wow, I'm going to trust somebody who's going to go that extra mile. I'm going to trust a foster parent who now I can see your, the room that you're in. I can see my child. I can see how my child's reacting. I can see how you're really trying to find out from me what I want for my child. All of that really, really feeds into trust and safety. You know, so I think that a piece of what we were forced into was really

good care, but I should say, I should say really better care because we were already doing good, really good care... I hope.

**29:14 Whitney:** Certainly, sounds like it based on everything you've mentioned here so far, and it's a really interesting point you're making too, because in this pandemic in particular, we've all been forced to think differently in a lot of ways. And while there's nothing good about what has happened to push us to this point, there are these silver linings, great term, in that we've made some pretty profound discoveries about what works to connect and to engage each other. And some of those practices, we may keep long after there aren't lots of new cases every day and the vaccine is out and, you know, it sounds like you've found yourself in a spot where you've made choices about things you maybe never have even thought about making choices out before. And I wonder if you could talk about that a little bit.

**30:02 Lynn:** I think that the thing that has struck me most in these months is that we don't have to do things the way we always did them. Whether you're talking about, you know, systemic racism, whether you're talking about something like family time, whether you're talking about, um, virtual meetings or court. We don't have to keep doing things the way we've always done them, just because we've always done them that way. So, I think one of the things that pandemic has done is opened up, you know, where there were regulations by the state that they just lifted them. Now it would have taken an act of Congress and we all know how long that takes, to get certain things done, but all of a sudden, they were boom, boom, boom. No, you can do that now. It's okay. Like I tell him that you can do that now. It's okay. Um, and it just changed everything. I mean, I have staff members who we're regularly and still do, but you know, traveling really, you know, 72 to 150 miles a day or not a day for a visit to a court where they may drive their leave early in the morning, drive to terrible weather, whatever the case may be, get there and find out family court is adjourn. Now, when you're doing stuff, meetings like that video wise, you're saving almost four hours of travel time, stress levels of, of staff members, where they could be writing notes that they're already stressed about being laid on. Um, there's just... There've been some amazing changes on how we do things that I hope, I hope we don't just, if we get a vaccine, I hope we don't just say okay, back to business as usual. And I really can't imagine how we would do that because we've had a taste of other ways.

**31:44 Whitney:** Have we ever, and I definitely share that hope. And I think you make really great points about policy, really changing the way that you do your job and that you can do your job. And I think a lot of people have found themselves in a similar boat. So, I'm just wondering what else you've noticed in terms of these really different, more macro level shit shifts and how that's impacted you in your role.

**32:09 Lynn:** Well, I think another thing that's really happened is this great equalization of people, where sometimes I think we as administrators or policy makers can get into our heads a little bit too much, um, and say, well, you know, why doesn't that person just do X, Y, and Z or, you know, well, they didn't do such and such, so, because of that, they're not going to get such and such. All of a sudden the whole world was level. For a minute. It's not anymore. I think we're going back to our, you know, and, and, and really, and really, maybe we were never level, I mean, all relatively speaking, like I've had a job and I've had a comfortable home. So, it's never been level in that sense, but you know, most people had to go through gyrations of how do I stay



safe? How do I travel? How do I eat? Is my home clean? Where do I get cleaning supplies? So, it wasn't so much a monetary thing for a lot of people. It might've been availability. Scarcity was amongst us, no matter how much you made or where you lived, things were scarce, unless you happen to be a preemptive hoarder, you were kind of in the same boat. So, if I'm making, um, policy and I'm making regulations and I'm living a little bit of the reality, it may humble me to say, well, hold on a minute. If I were asked to do that right now, I'm not sure I'd be to. Or maybe, you know, all of a sudden, we're a little bit more compassionate to someone else's circumstances, If a parent doesn't show up for a visit because they don't have the technology and it's the only way they can visit. Are we going to use that as a strike against them? Are we going to say they're being defiant? I hope not. Because, you know, and I think again though, it's, it's in that sense, it's, it's forced us to get out of our heads and realize the reality of challenges that we're facing right now is similar to what many people face every single day. Um, I had one of my exited youth, and I say exited as not in our program anymore, a young adult struggling to live in this world. And, um, I met up with him, and very early on in the pandemic, and he really didn't have much of an opinion about what was happening, because he didn't really see the difference, except it was harder for him to find places to stay because people were afraid of him because he is basically on his own and, you know, even homeless shelters and everywhere else suddenly had to have all these very different fears of contamination, etc, etc. So, I say it was a great equalizer. I say that, with the caveat being that it never really was as many of us have remained very privileged throughout this, but have certainly hopefully, gotten a taste of what it feels like for a lot of people that we are making, um, rules and regulations for and helped us maybe dig up a little more compassionate and understanding about some of what happens. And don't get me wrong, I don't think our system is evil and terrible. I, you know, I wouldn't work in it if I thought that, but I do think sometimes we lose sight and we have to check each other and right now the universe checked all of us.

**35:29 Whitney:** Ooh, aptly put. Yes. And I certainly hope, you know, that that's one of these other things that sticks around post pandemic. Um, all of us really taking pause to reflect on what we're noticing and how we are engaging with each other. And, what we're thinking about in terms of another person's lived experience, you know, all of that is so critical in making that shift toward trauma informed care. And I'm really encouraged that we've been seeing what you've been mentioning in a few different ways, you know, people are opening themselves up to different discourse in ways of thinking and engaging with curiosity instead of animosity. And we're hearing that, for many in helping roles, that shift really instills a sense of empowerment and feelings that one can be more effective in their helping role. And, to see this shift toward, you know, giving more choice and voice to people in larger society, as well as in their own lives, those windows of opportunity can really foster growth in a lot of different ways. So, I'm wondering what strengths you notice emerging among your staff, um, the, with the families, with which you work or even ways that you've sort of surprised yourself in that way.

**36:48 Lynn:** Yeah. I love that you said emerging because I don't think we empower anyone. Um, so I think that it is a matter of emerging. I think, you know, all human beings have such great potential and, um, we are either thrust into, or we choose to be in situations that bring something out of us that we're either pleased with or we realize, well, I think I need to work on that a little bit. So, I think collaboration really speaks to that element of empowerment because when you're collaborating, you are inviting out of someone else, you're saying to someone else,

what do you think? What do you need? And that is not a gift I'm giving someone or any of us are giving to anyone. But, but you know, it's an acknowledgement of, I don't, I don't know. And I think you do know what it is you need and want. So, um, in the circumstances, how can, how can we best meet that need? You know, in terms of what's come out of my own, you asked my own thinking about, you know, I guess I reiterate that you need teams, you know, that you need the groups and people need people. And ironically, after saying that, I also really, I've tended throughout my life to be very, um, extroverted. Um, but I really believe I'm probably more accurately 50/50, and I have found working from home to be a tremendous benefit. Um, I've been able to, you know, for the most part, I mean, I, I definitely go to the office every once in a while, but I strategically choose times when I don't think I'm gonna bump into a whole lot of people. So, I think that it's, it's brought out this interesting knowledge that people need space and also need each other... different people need varying levels of both of those things. There's not a right or wrong way. I think that, an amazing for me, amazing respect for people and gratitude, you know, I mean, I'm watching some of the families and some of the kids that we, that we serve and I'm super impressed with how amazingly, uh, resilient and understanding and, uh, creative they are. And, you know, you can't help, but ask yourself if I were in the same situation, would I be that, that way. Would I be that resilient? Would I be that strong? Would I be that gracious? Would I be able to articulate in such a direct and respectful manner of what what's needed and what's okay. And what isn't? Um, so I think that, you know, it's, it's like anything, I guess it brings out the best and worst in people, in all of us. And, um, you know, depending on the day, I think you got look at yourself, look at your team, look at the people that you're, that you're serving and figure out, you know, can we be better at what we're doing? And, you know, are we doing everything we can do?

**39:45 Whitney:** Hmm. And I think you've done a stellar job illuminating how, even though we're all facing considerable disruption right now, and that what we're going through could really be experienced as traumatic for many, or maybe even most of us. And we also know that we can make meaning of and grow from these experiences to be more resilient and stronger in ways that we may never have even imagined for ourselves. And to that point, you know, we often go to the mantra at the Institute, that what you notice and what you focus on grows bigger. So, being able to find those moments of gratitude helps us be empathic and really seeing others and tuning into it, how impressive people are, is really something that can have a tremendous impact. And another theme I've been hearing in terms of growth that people are experiencing is that people are finding themselves, you know, increasing their skills to garner coping strategies and remaining more grounded in stressful times and are really taking the time to tend to their psychological and emotional needs maybe more than they did before. And I'm just wondering, what's been working for you in that regard?

**41:02 Lynn:** Yeah. I, I think that, um, utilization of time has changed because of some of the isolation. Um, and so we're on a lunch hour, I might have to drive, you know, 15 minutes to get home, let the dog out, driving another 15 minutes to get back. That's pretty much the lunch hour. If, if by chance you got one. Um, and now if I get one, I can run out to the garage, jump on my bike, you know, take, take a ride. Um, or take a walk, you know, uh, the other day on my lunch, I walked out to grab the mail and I just kept walking. You know, I walked out the door and kept walking. I didn't intend that they go walk, but you know, I walked for a half hour and came back home and enough time to eat something and get back into a meeting. So, um, yeah, that's been

one, one thing for me, I've been kinda more cognizant of that. I've been, you know, I can't really do much, um, like anyone, so, you know, I've been like growing food, you know, and flowers and having gardens. And so, you know, there've been some good things. There have been some probably not real healthy ways of dealing with things as well that the, you know, sugar uptake has probably been more than it was before this. So, you know, uh, I think everybody does the best they can with what they've got. And, and, and I guess that's, that's empowering at a personal level, um, for each of us to realize, okay, I'm, I'm, I am able to do X, Y, and Z or, you know, and I'm hoping that, um, I'm hoping that's universal. Uh, you know, again, when I look at the, the families or the, or the injustices that have happened historically, that kind of power -- I won't say empowering. That kind of power that people have is so impressive to me to be able to put up and shut up for as long as people have. And, um, and you know, really the pandemic is, is shining a huge spotlight on people who are working in service fields.

You know, they don't have a choice to work at home, you know, so. Yeah, I guess it comes back to gratitude and, and really, really understanding, like, you know, having a different perspective on where other people are coming from and hopefully our, uh, our, the way we vote and hopefully the way that we have people representing us will be on a different level of being informed. And, you know, I, I don't I'm that. I'm not delusional in that we're all gonna view this the same way. There's great divide right now amongst people and beliefs and not sure where that's going to go.

**43:38 Whitney:** Gosh. Right. Right. And you know, it's still, I retain hope for a more compassionate future because I really believe that as you touched on so eloquently before the circumstances of the last few months have rocked everyone's world hugely. And it's my hope that most people are continuing to notice the creativity and the strength and resilience and adaptability of themselves, and also other people, you know? Noticing more and more that humans are just remarkable -- that sort of noticing can, can change you in ways that naturally steer you towards some of the pieces of utilizing a trauma informed approach. And on that note, as we draw our time together to a close for today, I'm wondering for others who are in similar spots to yours Lynn, interfacing with trauma professionally, in addition to all that we're dealing with right now, could you just offer a few final words on what stands out to you as the strongest reasons as to why providing a trauma informed approach is important, always and particularly crucial right now?

**44:49 Lynn:** Um, well, I, I guess, you know, every, we all have a mission, right? And, and all of us in this field have had, I hope, um, we've chosen to be here. And I think if you believe in the mission that you have you're to want to do it in the best possible way. And if you have a tool that works really well, and if that is being informed on a trauma, on a trauma informed level of understanding that if we approach this in this way, it works so much better than the way we used to do it before we had this knowledge, then why would you choose to do any other way would be my question? And why would you choose to not become more knowledgeable about something that we know works? And if, and if you have to look at it, even in a term in terms of yourself, you know, everyone working in this field, look at yourself, how would it be If it were me, you know? This is an old adage. I'm not coming, but you know, really it is about doing on to others, right? How, how would you want to be treated? And I think most of us would want to be treated in a trauma informed way. It, whether we were traumatized or not, it's just a good way to treat someone -- to be collaborative, to be trustworthy, to be safe. Why I, you know, so I guess I

reversed the question. Why would anybody not want to use trauma informed approaches? Um, it's a universal precaution and we're all about that right now. It's an emotional PPE. Trauma informed care is an emotional piggy PPE do that, you know, do that, keep yourself and other people safe.

**46:33 Whitney:** Oh, it gave me goosebumps right at the end. [laughs] What a profoundly lovely way to conclude our time together, Lynn. On behalf of the Institute on Trauma and Trauma informed Care, we're just so delighted that you've taken the time to share with us your witness of strength and resiliency. It has been a pleasure and a true honor. Thank you so, so much.

**46:57 Lynn:** The pleasures of your mind. Thank you.