>> Shelly Christensen: Hello! Welcome to the first webinar in the RespectAbility AAIDD Religion and Spirituality Interest Network 2024 Series: Spiritual Dimensions of Trauma, Healing, and Resilience. My name is Shelly Christensen. I'm the Senior Director of Faith Inclusion and Belonging here at RespectAbility, and I'm also a member of the Religion and Spirituality Interest Network team. My pronouns are she and her. I'm a white female, and I have dark curly shoulder length brown hair, I'm wearing blue glasses, and I am sitting in front of a gray background with the words RespectAbility in white font. Religion and Spirituality Interest Network has collaborated on this important series with RespectAbility. A little bit about RespectAbility. We're a diverse, disability led nonprofit that fights stigmas and advances opportunities so people with disabilities can fully participate in all aspects of community. We are the only national disability organization with a department centered on multi-faith inclusion and belonging. The AAIDD Religion and Spirituality Interest Network works for recognition of the importance of religion and spirituality in the lives of people with intellectual and developmental disabilities across faith traditions. The webinar is being recorded and you will receive the link via email afterward, along with a survey. We hope you'll take a few minutes to respond to the survey so we can plan for our 2025 series. Your feedback is very important. ASL interpretation and real-time live transcription are provided. And if we could just advance that slide to the next slide -- there we go, our housekeeping notes. So we do have ASL interpretation and live CART captioning. You can pin the ASL interpreter to keep them in view for the entire presentation. You can -- to view the live CART transcript in a separate window -- use the link in the chat box. And this webinar, again, is being recorded, and will be posted to RespectAbility.org/AAIDD-2024-Series by next week after open captions are added to the recording. So on that note, I'm excited so excited to welcome Dr. Karyn Harvey. About Karyn: she has worked as a clinician in the field of intellectual disabilities for over 35 years. She has her PhD in Applied Developmental Psychology from the University of Maryland. And she's written three books: Positive Identity Development, Trauma Informed Behavioral Interventions, and Trauma and Healing. Karyn currently offers individual and group therapy with people with intellectual disabilities, and in addition, she regularly conducts trainings on trauma informed support for people with IDD, trauma-informed leadership and trauma-informed behavioral interventions for both state and individual organizations throughout the United States and Canada. And I'm so proud to have Karyn on RespectAbility's Faith Inclusion and Belonging advisory Council. So welcome Karyn, thank you so much for sharing your amazing work with our audience today!

>> Karyn Harvey: Shelly, you are always so nice to me. [laughs] Thank you! You always just make me feel so good, so thank you, and thank you for bringing me on. And I really want to thank RespectAbility and AAIDD. This is an exciting series, and it's such an honor to be able to kick it off. I'm really excited, thank you. It really is. And I am a white old lady with curly brown hair, and it's actually gray, but I cover it up -- yes, only my hairdresser knows for sure. That's an old joke that only old people know. So just to describe myself. And I'm going to jump right in, because my goal is to leave some time for questions at the end, so I will do my very best. And I'm going to talk -- first of all we're going to talk about trauma.

We can't talk about trauma without talking about the trauma of COVID -- oh my goodness -- and how it affected folks with IDD, how it affected all of us, right, how it affected all of us. Oh my goodness, oh my goodness. And I believe that there were three phases to it, and the first one was just that phase of fear, right, where we didn't know what was going on. There were some folks who passed away, many of us knew someone. We saw horrible things on television. And then we went through that very long long period of isolation. And finally, a stage of anxiety, which I believe that we're still in. I believe that we've changed and it has affected the mental health of many many folks. Many people that I do therapy with, I know, were very affected by it. And it's a kind of stop and start, and what are the new rules, and now there's another rule, and now there's this and that -- and there are a number of people who kind of cocooned and now don't want to come back, don't feel safe coming into the community. So we work so hard to bring people into the community, and then we had to isolate and we lost so much. And now as we come back, there's a lot of difficulty.

So I'm reminded -- I have many stories about people I support. One fellow I supported with autism and, oh my gosh, he had a very difficult time. I actually never met him in person, because he's about two hours away from me on the other side of DC, and I'm in -- north of Baltimore. And his mother called me up saying my son is breaking things, and having so much anxiety, and I'm afraid he's going to hurt me, because he's so worked up that he can't go to work and he can't go to his bank -- which was very important to him, going to the bank, going to work, and going to the bank. His world was ruined, right, he felt the rug was pulled out from under him. So we started doing Zoom therapy -- this was right in the beginning of COVID. And it turned out that he had been rejected so many times in high school and from different things he had joined where he was then told, no, we really don't want you here, that he was sure that he was just being excluded from his job, that they were just using this to not include him, because of all of his experiences of being excluded. So we had a brilliant job coach, right, and she decided one day we're going to take a long walk, we're going to walk to Marshalls, where he was working two days a week -- actually, I'm sorry, three days a week. We're gonna walk to Marshalls and we're going to look in the window, and you're going to see that they're closed. And so they did, and he realized, okay, they're closed, and this isn't just to exclude me, right? But then in June, they opened up, when everybody opened their stores back up, and they didn't ask him back. And he, again, imploded -- "see! I'm not included. I'm not a part of things." And all that trauma came up from being rejected and being bullied and being pushed out of things. And we worked with that for a month. And then in July, he was asked back, right, so he was so happy, but he was asked back and only for one day, and his job was to wash the carts -- the shopping carts. And he was so frustrated, he said "that's not my job, that's not my job, that's not what I do." And just one day a week. So all these adjustments that he had to make. But he had this wonderful job coach, and I continued doing therapy with him, and then he decided I just want to talk to you by myself, because she was helping with the Zoom. So we started talking on the phone. We had regular meetings. And then after about a year and a half of that, which -- he was increased to two days, but still cleaning carts and not happy about it -- the job coach quit, right? We saw this everywhere, this is what we call the great resignation -- but in the field of IDD folks, we lost so many staff, so many people felt -- people told me -- I risk my life to do this work, and I'm paid more if I go work at Target or Walmart. They felt not appreciated, they had their own struggle. I know entire agencies that closed. And when he lost that job coach, again, he went through anxiety, grief, because when there's turnover, there's often grief. And so many things he went through as a result of COVID, and that was just one person. I did groups and group therapy, and one of the fellow in the groups -- I did three different groups -- lost his dad, and every -- the group was wonderful supporting him, but how can you even explain it? It happened so quickly. He died from COVID. So, so many people went through so much, and I think we need to acknowledge that, and to be extra sensitive with each other, right, as well as with people we support, because of this very tough time that history will reflect on and really, I think so much more will be revealed about the mental health toll.

So if we go to the trauma of folks with intellectual disabilities, even before that, trauma is the elephant in the room. And it took me a while to really realize that. It took me a while of working with folks, because I was hired as a behavior specialist, and then I was supposed to you know "fix people," quote unquote. Now, you don't fix anybody. And I made a lot of mistakes thinking that that's what I was supposed to be doing. And I finally realized that I needed to fix myself. I was the person who needed fixing, because I had to respect that these behavioral issues that people were manifesting were not about trying to be manipulative, or trying to get something they want, as we would try to show in our functional assessment, but so often they were symptoms of post-traumatic stress disorder. They were indications of their pain. And I'm going to be talking a little bit about that today. So let's look at the sources of trauma for folks with intellectual disabilities. Sexual abuse, physical abuse, bullying -- bullying is quite a reality-- exclusion, as that fellow I worked with who was so triggered by not being asked to go to work, institutionalization, repeated foster care placements -- so many examples of trauma. So -- as a psychologist we always want to assess things, right, and I was asked by other psychologists, well, do you have an assessment for trauma? How do we know that people really have trauma? So first I tried to design one -- and I did -- but then we had a hard time validating it, and I forgot all those statistics, and the people that knew them charged a lot of money. And then I collaborated with a group out of University of Georgetown. We said okay, we're going to get a good assessment. And we ended up coming up with a checklist that basically didn't help, because what we realized -- was that if you have an intellectual disability, you've got some trauma. On this planet, in this world, you've been excluded, you've been left out, there's things that have happened to you, just because the world is not kind. So now I say assume trauma. And sexual abuse is giant.

So -- I'm so sorry to to talk about this -- it's the worst thing on Earth. I was so fortunate to be able to meet Joe Shapiro and be part of a series that he did on sexual abuse of people with intellectual disabilities, and he said he just couldn't believe how many people he interviewed who all had horrific stories -- and I have to apologize in advance, some of the things I say may be triggering, and I'm so so sorry -- but he shared some really tough things. And in his 2018 report, you can hear people sharing their lives. And he went to the Bureau of Justice and he said can you please look at the sexual assaults of people with intellectual disabilities versus people without? And he focused only on intellectual disabilities. And they said okay, and they came back to him, and they said people with intellectual disabilities are seven times more likely to be sexually abused than people without. And that number is very low, because those are the people who reported, and those are the reports involving police. So we know there's so much more than that. And recently Tomsa Et Al, they published in 2021 an international literature review where they concluded, after looking at literature from all over the world, that one out of every three people with IDD suffer some kind of sexual abuse in adulthood. And they looked at a lot of institutions and said that was the most common setting, because there's still institutions everywhere. Institutional life itself is trauma, I believe. And then there was a high incidence of peer-to-peer -- is what they called it, I don't know that I would call it that -- but residents abusing each other. And many people have told me stories of this. I've worked with a number of people who were also in institutions as adolescents, and that was very tough. Often sexual abuse in those settings, restraints and seclusion, which is very traumatizing. I -- actually, today I'm not going to talk that much about restraints, but it is a passion of mine that we get rid of them, because they traumatize people, and there's a lot of statistics that they're going on everywhere.

Betrayal is another source of trauma. So this is Tamika, and it's very important to me to tell her story, because she asked me to. She's somebody that I did crisis counseling with after a sexual assault. I'm sorry to say that I do so much of that, because my goal is prevention, but I am often called in for the crisis counseling afterwards. And her story was that she told everybody over and over again that all she wanted was a boyfriend. She said it in her yearly meeting. She was an adult receiving services in a provider agency day in residential -- and she said I want a boyfriend, I want a boyfriend. At one point she had had a boyfriend, but his mother made it clear that she would not let her son date, and definitely not date her. We tried, but maybe we didn't try hard enough. So at her meeting, as she said --when they say, what goal do you want to work on, she's like I want a boyfriend, and they said oh, I guess that means your cooking goal we're gonna work on. I have a cooking goal, it's not to cook. It's going very well. But in any case, so the poor thing got a cooking goal and no one listened. And that's our big problem. But she did get independent time, because she wanted some time to walk and do things on her own, so she got an hour and a half. They said sure, and she started walking every day. And there was a man who followed her, who started giving her rides, who gave her a dollar to go to the dollar store -- now it's $1.25 -- and started grooming her. Then he said the magic words, and the magic words were "I'll be your boyfriend, maybe we'll even get married." And then he began doing things to her, and asking for sexual favors, and then I'm sorry to say, this is terrible to have to say, trigger warning: one day he horribly assaulted her, and thank goodness she got back home, and we were able to get her to the hospital. She got that same exam, and then she was referred to me. He was arrested. And as so many times happens in therapy that I do with folks with intellectual disabilities after sexual assaults, the most devastating piece to her was that he wasn't going to marry her, and it wasn't her boyfriend. I mean, the assault was tough, everything was tough, but she was just sobbing saying he said he would be my boyfriend and he said we would get married, and now you're saying it was a crime, and he was already married. And then we did EMDR which is a type of trauma therapy, which really helped strengthen her. And then we also worked on developing a positive identity and doing the workbooks that I've developed to develop a positive sense of self. And after nine months, she said to me, I'm done with you now. She didn't want to come and see me anymore. And I'm like, great. And then she went to the agency and said I want to live somewhere -- because she was living with older ladies -- I want to live somewhere where I can live with young people and where I can date and where I can do things, and I want more of a life, and I want to have a boyfriend, and I want to meet people. And because she found that strength to speak up for herself, the agency listened. And listening is a point, right? It's a big point. That's what we need to do. So she is now in a wonderful home with young people doing all kinds of fun things, and I don't want to know, but I know they have a great time because they're back up and running. I asked about her, and I heard, oh yeah, they go out all the time, which is so wonderful because she got her voice, and that's a big part of healing. So as I talk about the trauma today, I want to also emphasize that people do heal. Big piece of people healing is being listened to, having their voice, being heard, feeling safe enough to say, "this is who I am and this is what I want," and then being listened to.

So there are big T traumas and there are little T traumas, and what we don't realize is that what we all think are little trauma, maybe being discriminated against, neighborhood violence, being excluded, being bullied, those little T traumas actually are big T traumas for that person, and can create post-traumatic stress disorder. The research of Francine Shapiro showed us that. And I'm going to show this video. I don't know if any of you saw Love on the Spectrum -- the new season is out, I'm excited. But here's the first group, and they were from Australia. They were people who had -- they're on the spectrum, but had lots of support, had families who wanted them to date, and yet this is a clip that did not make it into the show where they're talking about bullying and how it affects them. Wow, right? How about that girl who says every time I'm in a group of people, I feel like someone has a knife, and they're going to stab me, and I don't know who it is. Go through life like that. That's tough. So then safety becomes everything, and safety is an emotional issue. People need to feel emotionally safe in order to be able to heal. And really, that's our job when we support folks: listening, helping them to feel safe, hearing what safety is to them, and helping them to have a sense of emotional safety, and a connection. So an interesting study of neglect -- and I'm just going to be very quick with this, but Nathan Fox did this study where he put children who were in an orphanage in Romania -- half of them he took and put in a very nurturing foster care system, and the other half were left in the orphanage, where there was a lot of neglect. And after five years, they looked at the fact that those kids with access -- the kids who were left in the institution who were very much neglected, 55% had a mental health issue. And those who were taken out -- and these kids were taken out at older ages, some of them were three, four, five, where we would say the damage was already done, it was between six months and five years old. And yet, that Axis 1 disordes decreased by 20%, emotional disorders, 20% difference. The biological -- is the control group where they were raised in their family home. Behavioral disorders are a little smaller because some people just shut down. And very important statistic: the average IQ of those left in the institution was 73, versus those put in nurturing foster care environments, 85. So what we get from this is the effects of neglect. And probably everybody here know someone who was born into a chaotic situation where there was drug or alcohol abuse, or just neglect for some reason or another, and that really impairs development, increases the likelihood of mental health issues, and lowers -- doesn't lower the IQ, lowers the ability for the brain to organize itself to be able to function cognitively. And I always ask people, do you know somebody with an intellectual disability who's really smart? Everyone always does. I know many people. And then I asked do they have a trauma history, and the answer is always yes. So -- because that trauma really impairs the brain to organize itself, because IQ is really about those neural networks -- the highways in the brain, how the brain can work together with itself. And they don't form when there's trauma. The gray matter in the brains of the children left in the orphanage actually shrunk, there were lower brain activities, there were a number of things, and sadly a high risk of premature death. And in some of these neglect situations, we see exposure to drugs. I worked with number of people where we saw this pattern, and it started about 20 years ago, where they were very impulsive, very smart, could talk very well, but couldn't process quite as much, very impulsive, had severe attention deficit disorder, and went from zero to 100 in about a half a second, but didn't want people to look at them as disabled, because they had a high level of social awareness. And I couldn't figure out what was going on, and in fact, the behavior plans that I wrote for folks didn't work, because when they were supposed to earn something, they would sabotage themselves right before they earned it. And then often there was also alcohol exposure, and that combination, and the alcohol exposure impairs the brain's ability to connect cause and effect, so they wouldn't understand that what they were doing was bringing certain effects. And everyone would say, well they're smart, they know better, but they had, you know, biological damage that was very specific, and they do have that. In fact just two weeks ago, I was consulting on a case, and I said this person is so impulsive, was there a brain injury? And then the house manager said no, but the mother confessed to me that she had used cocaine, and the baby was born addicted to cocaine, and here we are 30 years later and they have this whole pattern that everyone was looking at her as being manipulative, but she was just having this horrible -- this is the biological damage, and no one understood her, because she had this in-utero cocaine and alcohol exposure that the mother never told anyone about, except finally that house manager. So we don't know what we don't know, and the trauma is pervasive. We have to listen, be supportive, make sure people are in the most safe environment -- this woman that they asked me to consult with was in an environment with four other people, and her needs were so extreme, her needs weren't being met. So we had to say don't try to change her, she's not going to change, this is who she is. Embrace her as she is, and let's find a better environment, right? And I think that's -- what I've learned with 37 years of working with folks. We've got to change. We've got to figure out what's the best environment. Where does that person need support? What kind of support do they need? And how can we facilitate healing?

So we know that -- we have that fight, flight, or freeze system in our yellow part of the brain, the amygdala, and that's where we were wired up to do really well as cavemen, right? Because when we saw a lion, that yellow part of the brain would just start giving us danger signals, our amygdala would say danger danger danger, and fight, flight, or freeze. You know, we could fight that lion or run away from it. And when that yellow part of the brain is triggered -- not the brain stem, which is just making the heart pump and the lungs breathe -- the smart part of the brain, that green part of the brain, our executive functioning that plans and thinks things out -- that goes offline. People aren't being rational when they're feeling they're in danger. If they're seeing a lion, they've got to either run or fight or freeze. And I've worked with a lot of folks where we thought they were doing something on purpose, but in reality they were seeing lions. In fact, one fellow -- he had been in Rosewood for 40 years and he was so happy when he got out. And he was so happy most of the time at the day program, and talked to us -- maybe had about 10-15 words. But one day, all of a sudden he started screaming and throwing things. And then he did it a couple of times a week. We did a functional assessment. It wasn't for escape, it wasn't attention, no. And then finally, we realized every time the program manager who was just hired walked in the room was when he flipped out. That yellow part of his brain was saying she's a lion. Somebody who looked like her had done something to him in the institution, Rosewood, which was our institution in Maryland, where he -- we know he had a lot of trauma. And we will never know what it was, because that's the reality, but we came to understand it as a trauma response, and had to make sure he didn't see her. He could talk to her, they used to talk on the phone, because it wasn't her, but something about her appearance was a lion to him. We see that fight, flight, or freeze response. We also see attachment issues come up. People can become very needy. People can become very avoidant when they are triggered. Interesting fact: the amygdala, which is in that yellow part of the brain, the fight -- it's actually the part that gives the danger signals for fight, flight, or freeze, which I usually talk a lot more about. Sorry I'm glossing over it. But an important fact is that it becomes enlarged. It becomes enlarged when there's lots of trauma. And the part of the brain that shrinks when the amygdala becomes enlarged is the hippocampus, or the working memory. And research shows us that it becomes harder to learn because our working memory is impaired, and you are more easily triggered when you have that childhood history of trauma, right? And as we said earlier, sometimes the behaviors we see are really symptoms of PTSD. How many of you know someone who talks all the time about someone who died? My mother died, my father died. That re-experiencing is a symptom of PTSD. Or nightmares, flashbacks, like that fellow Dan when he saw the program manager, he was right back there at Rosewood. He would get a glassy eyed look, and he just wouldn't even be present, and he'd be screaming. We couldn't ground him. Once he went, he went, and it would take him a long time to come back. I've seen this on countless occasions where people are triggered and they're having a flashback. Avoidance -- sometimes we see people become very obsessed with their safety and feeling unsafe, so they're trying to avoid whatever happened to them in the past that was traumatic. Negative alteration in cognition and mood -- sometimes we see a sense of shame, "I'm a bad person," or hopelessness, because this is the pattern that was established because good things don't happen to me, and often time we see people making a connection: "bad things happen to me because I'm a bad person." And that's what has to change. We have to support people. And last symptom of trauma can be arousal. People can be in the hyper, hyper manic state, and that's where I've seen property destruction, aggression. 99% of the aggression I've seen has been out of fear, because the defense is a good offense. Now I want to make time to show this video, because it's so important to me and I saw this young woman speak, and her description of her life really to me says it all so I'm going to show this.

[Jordyn Zimmerman video plays]

>> Karyn Harvey: Isn't that wonderful? I was just blown away by her. This woman was so frustrated -- this young girl, when she was a young girl, she was brilliant, and yet she was put in special education and deemed as not worthy of assisted technology, not allowed to have a computer to learn, not taught because they said her behaviors were too bad, and she is saying I became so frustrated that all I had was my behavior to communicate, so I would kick and spit when I was angry and people weren't listening to me, and I was frustrated -- wasn't even angry, more frustrated, right? She got repeatedly restrained. When she gave her talk in person, she revealed that she got a concussion from a restraint from a teacher -- just terrible. So Stephen Hawking once said the greatest enemy of knowledge is not ignorance, it's the illusion of knowledge. And it's when we think we know -- and I made the same mistakes, but not quite that severe. But when we think we know is when we often get it wrong. To be open, to listen, to know that we don't know, and to give the support and try to figure out out and hear what that person is telling us and what they need, right? This woman was deemed of an IQ below 60 and a behavior problem, and just put in a special program saying she wasn't even included in normal school. And there she was with so much to give. So I believe this is everybody, right? And part of the trauma is not being seen, not being heard, not being understood. So what do people need to heal? They need to feel safe. She needed to know that she was going to be heard, and she was going to be safe. Not to be restrained, not to be secluded, but to be heard and supported. They need connections and relationships. And they need empowerment. Empowerment is so important, right? That means having a voice. Relationships are key. I ran a singles group for years. This was our it couple, and Christine's relationship with Derek helped her heal on so many levels. She had a horrible loss and she was very devastated by it when her father died, and then the aunt that she was closest to died after she was in this relationship with Derek, and we thought she was going to be just as devastated. We set up some grief counseling, but she said to us, I've got Derek now, and Derek is my family. And the biggest problem is that many people don't have anybody. I think the biggest problem in our field is loneliness. And our Surgeon General recently came out and said loneliness is correlated with a 29% risk of heart disease, increased risk. Increased risk of dementia by 50% and increased risk of stroke by 32%. Devastating! And this is the biggest problem in our field, I believe: people are so isolated. It's why I'm -- I write stories for a dating app that's designed for people with intellectual disabilities, and the stories are animated and interactive, because we're trying to help people to find connections. The Harvard men's study showed us that the most important factor -- they followed men from Harvard and men from the poorest section of Boston throughout their lives, and they looked at all the factors that correlated with happiness and fulfillment. And the biggest factor by far wasn't money, it wasn't position, it wasn't education. It was the quality of their relationships. People who had good marriages or a close circle of friends or both were the happiest. The most unhappy people were the ones in bad marriages. So by the way, if you're divorced, congratulations, way to go, because that was the worst. But relationships are what heal people and help them to move forward. We found -- there was a study done with vets from Iraq and they looked at their trauma. Some developed PTSD, some didn't, even though they'd been through the same horrible traumas. And they found that the ones who had a lot of support from friends and family back home where they were Skyping a lot, and who had good relationships, close relationships in their units had way less likelihood to develop PTSD than the ones who are isolated. This is what's got to change: connections, safety, and empowerment. Being connected to people helps us to heal. Having a voice that's heard, feeling emotionally safe, getting emotional support, access to treatment -- so often people don't get access to treatment, and it's devastating. This is one woman, Elena. For many years she was always angry when I was working with her and knowing her -- she was always angry, and we started a trauma center, but we called it the healing center, because at first I called it trauma center and I realized that was a bad name. And we took folks that we knew had been through emotional trauma, and we took them from September to June, and we did intensive therapy. We did a lot of expressive therapies. And she was always angry, didn't want to sing -- we had a music therapist come -- didn't want to play the drums. And then one day we found out she had actually witnessed her stepfather stab and kill her mother, and we thought that was her trauma that she was devastated by. But she had healed from that through a relationship with a woman named Mary that she was in a group home with that was the love of her life. And she told us how Mary helped her, but then she burst into tears in the group session and said, "but I killed her." And everyone was like, what? And then she said Mary wouldn't eat one night, and I told her she's got to eat. So Mary stuffed all this food in in her mouth, and then tragically, Mary choked and passed away. And all those years, Elena blamed herself. The relationship with Mary had healed her from that past childhood trauma, and now she was so full of angst and self-hate. But we did grief work with her. We painted boxes, we did something on my website called the goodbye book, we did EMDR, and she changed. We never saw her smile, and here she is.

>> Elena: I made this for my roommate Mary, I miss her and I love her. I also put a message in there.

>> Support worker: Okay.

>> Elena: Dear roommate, I miss you and I love you.

>> Support worker: Good job, Elena. Thank you. [applause]

>> Karyn Harvey: After that, she started singing in our music group and we couldn't get the microphone out of -- we'd be like Elena, now it's somebody else's turn. She was so joyful, because she got that grief counseling that she needed, and she forgave herself. And so often people don't get grief counseling, they don't get support, all these ingredients that people need. Finally they need a sense of self, they need a positive identity. So often they're told what's wrong with them, not what's right with them. Who they're not and not who they are. Daisaku Ikeda says ultimately happiness rests on how you establish a solid sense of self or being. Right? That's what people need. So these are all the ingredients for healing, and we can facilitate it by showing people the best side of them, not talking all the time about their behavior problems, and what's wrong with them, and what goals they're working on, and what they need to change, but instead, what's right with them, how wonderful they are, who they are and how we can celebrate it, right? So as we recap, we need -- in order to heal, we need people to feel safe. That means there's no one making fun of them behind closed doors or an unwritten behavior plan, right, of control and containment. They need to feel people who are working with me care about me, and where I live and work is -- I'm going to be okay. They need to have relationships and connections. They need to have empowerment or a voice that's heard, not to be marginalized or invisible. They need therapy when it's important to be able to access treatment, when they choose to have it, and when they need it. They need those meaningful relationships and a sense of identity. They need to see themselves as somebody who has a purpose, who belongs, who counts. All these things are ingredients for healing, and I have many wonderful stories of people who heal. I work with this one woman who has asked me to tell her story. And she was Rashida. And she had a disability because her mother was pregnant in jail, in for a minor drug charge, and she was taken away from her mother, given to her aunt who did not want her, and the aunt shook her. And she had shaken baby syndrome, and has a disability as a result, and legally blind. And then she was in put in foster care. When the aunt then went to jail -- our Baltimore City system -- so she was put into foster care -- repeated foster care, had trauma there, then reunited with her mother, sexually abused by an older brother. She began cutting herself when the family rejected her, but worked with -- I worked with her for 10 years, and yes, there were times when she became suicidal. Yes, she had hospitalizations. But through getting lots of support, through getting friends and having relationships, through speaking up for herself and being heard finally by the agency where she was saying, I don't want to live with the people I'm living with, and the staff are mean to me, and being moved to where she was in a much more nurturing and supportive environment -- she healed. She was able to get a certificate in child care. She started working in a child care job. She reunited with her mother. She moved so she could be near her mother -- she's very close with her family now. And she got herself a job where she moved, and she now works with kids with -- who have disabilities, and she's so proud. And after 10 years, she said I think we're good, I want to stay your friend, but I don't need therapy anymore. And I was like -- so I just have to say that people do heal, but we have to understand that they need emotional support. They need that connection. And they need us to see them, hear them, listen to what they're saying, like Jordyn Zimmerman -- hear what they're really telling us, right, and give that support. So finally, Amanda Gorman says there's always light -- if only we are brave enough to see it, and if only we are brave enough to be it. And I have to thank all of you, because truly, you are the light. You are the light. By caring about people, by choosing this work, or being family members, and all the things that you do, all the ways you give support, you are the light. So thank you, thank you, thank you. And I'm going to now stop sharing and open it up for questions and comments.

>> Shelly Christensen: Thank you Karyn. I've heard you speak before, and I'm always just -- I have a lot going on in my mind, and just kind of processing different parts of your presentation. And I have a feeling that people who are joining us here today kind of the same. I wanted to ask you a question and -- actually two questions. The first thing is if people realize that they have questions, and we -- oh, thank you, amazing presentation, thank you so much. If people do have questions for you, is there a way they can contact you?

>> Karyn Harvey: Oh sure, we can share my email and they can email me.

>> Shelly Christensen: Alright.

>> Karyn Harvey: But you can also contact me through my website, KarynHarvey.org. KarynHarvey.org.

>> Shelly Christensen: That's great, thank you Karyn. I just had a question for you. What -- just kind of thinking about how important are supports -- is it to feel supported, to be supported by one's faith community?

>> Karyn Harvey: You know, I wanted to address that and left that out, but thank you for that question. It's so critical. It's so important. And inclusion is the key in the faith community. You know, not to be the group in the back of the church -- in the basement, you know, but that inclusion -- I've seen that help so many people. I've seen people get support from their faith community in a way that was so healing for them, and I think it's so critical, and I think, you know, as a Buddhist I chant Namu-myoho-renge-kyo, and I practice Buddhism, and I still see, you know, that we have a long way to go, although we try. And I think the more we reflect on ourselves and what can we do to be more inclusive, and to really embrace everybody, I think the the better we'll do, and the more we'll support people.

>> Shelly Christensen: That's so great -- faith communities are so often the place that people turn to when they're experiencing mental health condition, or need that kind of supports, and it's just -- having that resource is so good. And one of the reasons we wanted to do this series is so that -- people who are in those professions in faith communities, and people who are DSPs and provider agencies can acknowledge and really be aware of, not only a responsibility or role, but also to know where to turn to have a resource, to have you as a resource, Karyn, remarkable resource. So --

>> Karyn Harvey: You are.

>> Shelly Christensen: Thank you so much. I hope everybody will join me in thanking Karyn. The PowerPoint is on our website, and the transcript and the captioned video will be also available in just a short --

>> Karyn Harvey: And I do see two questions, so -- oh my gosh, the immigrant children, I was just -- thank you Miriam, I was just -- is it okay if I jump in and and address these questions?

>> Shelly Christensen: We got three minutes! [laughs]

>> Karyn Harvey: Oh my God, I was just thinking about the children of the immigrants who experience disabilities, and just the children with trauma, and oh my gosh, I've been very aware of this. I was thinking about it, actually, this morning, and how much support is needed, and how horrible it is that they've been just -- the treatment, let me just say the treatment has been so horrific, and I'm so concerned. Thank you for bringing that up. Oh my gosh, yes, thank you for bringing that up. It's so concerning. And it's so concerning throughout the world, but it's concerning here, and the things we've done. Thank you. And then Bill Gaventa, hello Bill! And Bill said, what you think accounts for the continuing hold that behavior plans and other related kind of care based on what sometimes seems to be technologies of care have on our system of care and support at whatever age? Great question Bill. And just today I was in a work group, and they were talking about somebody with mental health issues, and the answer was, well, they have behavior supports, and yet that falls short in terms of really addressing mental health issues very frequently. It's not enough. It's not enough, and the problem, exactly as you point out, that technology of care, is then it's looked at, well we address that need, but goodness no, goodness no. We need therapeutic supports, and we need to train the person or the people working directly with folks, so they understand the mechanisms of trauma, and what people need for their healing, you know? I think that's really critical. And Jennifer, thank you, thank you so much for your kind message. I'm glad you learned something. I worry that I say the same stories or -- I'm trying to do something different each time, because I worry that I'm gonna get everybody bored with the same old stories.

>> Shelly Christensen: I just -- you just -- really have raised awareness, and really -- really highlighted such critical -- such a critical need, in -- especially in the IDD community, and we all thank you for that, Karyn. I want to just call out a couple of upcoming webinars. We are -- it's Jewish Disability Awareness, Acceptance, and Inclusion Month, the 15th anniversary, and we are celebrating Jewish and disabled creativity this month on a webinar on Thursday February 15th. And then we are very excited to have a sneak peek at the film THIRTEEN -- we won't be showing the whole film, but it will be coming out soon in film festivals, and we'll be having a conversation with the filmmaker, Allison Norlian, and several of the cast members. So we're very excited. That's February 28th at 4 in the afternoon ET. And our next webinar in this series is on March 6. It's how to talk about trauma informed care, faith, and spirituality. And our presenter is Dr. John Keesler, and he'll discuss the marriage of trauma informed care and faith. Thank you all. Thank you Karyn. Thank you to our team at RespectAbility, our ASL interpreter Joe, and our captioner, and especially you, Karyn. I wish you all an enjoyable rest of your day. Thanks for being here.

>> Karyn Harvey: Thank you Shelly! Thank you so much.