>> Shelly Christensen: Hello! Welcome to the second webinar in the RespectAbility AAIDD Religion and Spirituality Interest Network [2024] Series: Spiritual Dimensions of Trauma, Healing, and Resilience. In this webinar, "How to Talk About Trauma Informed Care, Faith, and Disability," we're excited to learn from Dr. John Keesler. The PowerPoint presentation is available on our website which will -- the link will be in the chat. My name is Shelly Christensen. I'm the Senior Director of Faith Inclusion and Belonging at RespectAbility, and I'm also a member of the Religion and Spirituality Interest Network planning 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, a purple top, and a black jacket, and behind me are photos of flowers and a vase of fresh red flowers and a Tiffany style lamp on a bookcase. The AAIDD Religion and Spirituality Interest Network and RespectAbility have partnered to bring you this webinar. RespectAbility is 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 an advocacy pillar 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. This webinar is being recorded, and you'll receive the link via email afterward, along with a survey. Please take a few moments to respond to the survey so we can plan our topics for our 2025 series. ASL interpretation and real-time live transcription are provided. If you would like to view the ASL interpreter in a larger screen, we invite you to pin her video, which will spotlight her throughout the entire panel. If we are take -- we will be taking questions from you later in the presentation. Please add your questions to the Q&A box. I'm excited to introduce Dr. John Keesler. Dr. Keesler is an Associate Professor in the Indiana University School of Social Work. He conducts community-based research focusing on adversity, trauma, trauma informed care, and quality of life, with an emphasis on these substantive areas in intellectual and developmental disability service organizations. Since the early 1990s, John has been involved with the intellectual and developmental community in various capacities. His work is dedicated to peer-reviewed scholarship about trauma informed care and IDD. Simultaneously, he has served in music ministry in different capacities with his faith community for about 30 years. John we are so thrilled that you're joining us. Welcome!

>> Dr. John Keesler: Thank you Shelly, I'm happy to be here. As Shelly said, my name is John Keesler. I'm an Associate Professor at Indiana University of Bloomington School of Social Work, and really, this presentation is going to be more of, shall we say, a story that blends both my personal journey as well as my professional work and academic work. So again my name is John Keesler. I'm a white male. I have gray hair, a beard, and glasses. Behind me is a picture of trees -- I do love nature, and I find it as a source of relaxation and grounding. And on this slide you see various pictures. Two of them are of churches that I've worked in, and one is a picture of people with intellectual and developmental disabilities, as well as a picture with a cup of coffee, glasses, and a keyboard. All of these things speak to who I am as a person, and as somebody that's here to begin the conversation around trauma informed care and spirituality and faith. While I have expertise in trauma-informed care, I don't pretend to be an expert in this substantive area. I was pleased to accept the challenge to present on this topic, and to really reflect on my own journey and bring everything together from my childhood through today. I have to be honest here: my bias is around Catholicism and Christianity. That has been my upbringing, and has influenced my education, and certainly influences my lens in this presentation. I hope though that I try to be as inclusive as possible of different faiths and denominations. It's important to recognize that this presentation is really grounded in the social work perspective. You'll see a word cloud on this slide that describes different aspects of social work. For me, a couple of the things that stand out about social work is really that we recognize the person and the environment. And oftentimes I find it very helpful to see that the person is really influenced by their environment. This oftentimes takes ownership off the person, and helps us to see that the environment needs to be changed, not the person. Also through social work, we take a systems perspective. That's also a lens that I apply to trauma-informed care. For a long time, people thought of trauma-informed care is something that we do with clients, but the fact of the matter is trauma-informed care is around developing systems that are guided and infused with the principles and practices that align with trauma-informed care. And as you'll discover, my early days in the field and working with people with disabilities really has informed my research. So I engage in practice informed research. And -- within that respect, my research hopefully informs practice. As I was preparing for this presentation, this webinar, I really began to think "how am I going to approach this?" And as I was delving into my own personal life journey and the material, I realized that there's an connection that I have that I wasn't even really aware of. And so I call this the intersection of the past and present. And on this slide there's a picture of the book "Night" by Elie Wiesel, who survived the Holocaust. And so there's a quote there that comes to mind and of great importance here, and that's "human suffering anywhere concerns men and women everywhere." And to be more inclusive, I'll say people everywhere. Human suffering is a concern for all of us. And staying in that same vein, I have had a particular interest in the Holocaust, and understanding the struggles, the systems in place, the survival, and those that have given testimony to the struggles that they experienced have really informed in unknown ways my own journey and healing of trauma, and what has brought me to today around trauma-informed care and spirituality. And so in this, you'll see here a picture of Viktore Frankl's book, "Man's Search For Meaning," and it has a bird pictured on a piece of barbed wire outside one of the concentration camps. And so two quotes that I'd like to draw attention to from this text are "we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph." In so much of the lives of people with disabilities is about overcoming burdens, overcoming struggles, and now let's add to that the layer of trauma that people with disabilities oftentimes experience at greater rates than the general population. And so most of us -- many of us in the work that we do need to bear witness to that and to find ways of transforming that into healing and into growth. And here as well, another quote by Frankl is "the more one forgets himself by giving himself to a cause to serve or another person to love -- the more human he is and the more he actualizes himself." So here we're challenged to come to service, to love each other, and to engage in becoming more than what one person can be, and to reach our fullest potential through service to others. And these are messages that speak to me about trauma-informed care and spirituality and faith. So a little bit more about my personal journey. On this slide you'll see two pictures. One is of a rather large red brick institution, and another one is a large white church made from marble with copper domes. So early on in my life, I oftentimes struggled with my upbringing, my household environment. I experienced trauma early on. There was substance use in the household, there was poverty, and I oftentimes turned to prayer as a way to find hope, to also relieve some of the stress and anxiety, and to find a way forward. So for me this is very personal, this journey of spirituality and faith and making sense of trauma. Early on as a teenager, I volunteered as a 1:1 classroom aid for a child with multiple disabilities in religious education program. That was actually part of the faith community that is shown in these two pictures on this slide. Similarly, my first job was in maintenance, and I cleaned the church that is pictured here in the lower left of the screen. And I became very involved in various church ministries, whether that was music, or service, or even as a tour guide. Interestingly, this entire complex dates back to the 1800s, and has its roots in social services and in charitable work, one for unwed teenage mothers, also for people with disabilities, and also for unwanted and abandoned children. I'm happy to say that these institutions that were started in the late 1800s have transitioned and transformed over the years and still exist to this day. It's "Our Lady of Victory Charities." And so this is still operating in Lackawanna, which is in western New York state. My hometown is Buffalo, New York. And so all of this played an instrumental piece in developing who I am today. And so, as I mentioned, some of my journey has really been not trauma informed, but trauma influenced. And there is this cycle in my life of ministry and education, and also work with intellectual and developmental disabilities. And so there's been overlap, and it's ebbed and flowed, but simultaneously, they've all existed in some component in my life. So I've been in choirs from 1992 through 2022. I did church ministry for many years. In part, it supplemented my income, particularly as I was getting through my PhD program. But my education was as a non-traditional student. So I didn't go to college right after high school. And in part, I had to go through my own journey of healing my own trauma, and beginning to piece it all together and overcoming various struggles. But throughout this time, I shifted from music to psychology to social work and social welfare. Likewise, during that time I got involved in services, in nonprofit organizations supporting people with intellectual and developmental disabilities. And it was around 2008 that the director in my department had on his desk this book called "Trauma and Recovery," and it's pictured here on the slide. "Trauma and Recovery" really began to shift our discussions in the department about the possibility of how we might respond to trauma in the lives of people with intellectual and developmental disabilities. So it wasn't until 2008 that we even began to imagine how we might consider the impact of abuse and neglect and other forms of trauma that people with disabilities had experienced. In a recent presentation that I gave around trauma-informed care in people with intellectual and developmental disabilities, I came across a video by Dr Bessel van der Kolk, who's pictured here on this slide. And he is an older gentleman who has a history of studying and providing treatment around trauma, and began working with Vietnam War veterans. And on this slide, I capture this quote. And I figured if Dr Bessel van der Kolk can say it, I can say it too. And what he says is life sucks a good amount of the time, and isn't that true? So many of us encounter challenges on a day-to-day basis. And again, life ebbs and flows. And he said here, "we all have jobs and situations that are really unpleasant. But the moment that a situation is over, it's over. But the problem with trauma is that when it's over, your body continues to relive it." And this is a significant difference between general stress and trauma is that the body keeps the score, it remembers the trauma and we continue to relive it over and over again. So I know in the previous session of this webinar series, Karyn had talked about trauma. And so I want to come back to this and revisit, to have a common foundation around what trauma is. And for many years they had presented it as something that's outside the range of usual human experience. And the fact of the matter is it's really quite common. In the United States, more than 70% of adults will experience at least one traumatic event in their lifetime. And so this does not consider the implications and the intersection of disabilities as well. And so we know people with disabilities oftentimes have higher rates of trauma. The definition on this slide comes from the substance abuse mental health services administration at the federal level, and talks about and defines trauma as a result from an event or events or circumstances that an individual experiences as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual's functioning and well-being. I want to point out a couple of things here, is that it can be an event or multiple events or ongoing circumstances. And so we know that, for example, many people with intellectual and developmental disabilities experience ongoing poverty and disempowerment. And if they're receiving services from an organization, a lot of turnover in staff. And we know that the relationship between many people with disabilities and their support staff is of a critical importance. And so we need to recognize the impact of that on the person's life and well-being. The other part of this is individual experience. While we have a general understanding of events that can be traumatic, we need to be mindful of the person's individual experience, and their perception, and everything that influences their perception of the event. Keep in mind the influence of people's developmental stage, their psychological age, their life circumstances, their support network. All of these things influence the person's experience or interpretation of the event, which then has implications for the effects of the event or circumstances on their well-being. And oftentimes we think about just the psychological effects of trauma, or the physical effects, but more importantly perhaps, and especially for this presentation, we need to be thinking about the effects of trauma on the spiritual dimensions of a person's well-being. And it's important to recognize that trauma can be experienced by an individual, an entire community, a culture, a generation. The picture on this slide -- shows a person with their hand over their face, and really demonstrates the -- how trauma can shatter somebody's well-being and sense of self. On this slide with symptoms of trauma, we need to be mindful of -- there's some characteristics associated with trauma and post-traumatic stress disorder, the clinical diagnosis. And these are oftentimes four major categories that talk about -- hypervigilance, so easily startled and sensitive to environmental changes and cues. Having intrusive thoughts and memories and flashbacks, nightmares. Avoidance of stimuli associated with the trauma, disengaged, being shut down, maybe being combative and refusal to participate. As well as negative changes in thoughts and in mood. Again, these are really the four traditional domains of a clinical diagnosis for post-traumatic stress. But what we've learned is that we need to broaden that, and that many people experience trauma, do not reach the threshold for a clinical diagnosis of post-traumatic stress, but doesn't mean that they don't struggle the ill effects, the harmful effects of trauma in their lives. And so on the right side, I've broadened this out to include other things that we know are associated with trauma. And so for example, somebody might have an extreme response to a situation, or the response might be unusual or really much different than what we'd expect. They might be stuck in a sense of dysfunction and rumination, and can't get out of that cycle of negativity. Certainly physical distress, headaches, upset stomach, pain. Relational problems, a sense of shame and brokenness and fear of reaching out. A sense of hopelessness, loss of interest, hesitation to engage with others. And again, for this webinar, highlighting the potential impact on the loss of faith or loss of trust in God, and not having that sense of direction or that sense of hope. When it comes to trauma and intellectual/ developmental disabilities, we really need to think broadly. Our historic conceptualization and definition of trauma with the general population -- it's applicable, but we also need to think more broadly. We need to think about the life experiences of people with intellectual and developmental disabilities, some of whom have been institutionalized, and some that have experienced ongoing hardship and, like I said, disempowerment, and the constant turnover in staff. So we need to think about these more broadly as potentially traumatic. The other thing we need to consider is intersectionality -- of disability, cognitive capacity, developmental stage, supports and resources, demographics, identity, sexual orientation. In many ways we haven't thought about this holistically, and we need to urge people to begin to consider the intersectionality. It's not just a disability, per se, but disability and everything else that can influence the person's experience of trauma, and also their ability to process and make sense of it, as we'll talk about in subsequent slides. And again, trauma symptoms for people with disabilities are like the general population, but also potentially different. And so we can see a regression and apparent loss of skills. We can see changes in toileting or sleeping. We can see an increase in sexualized behaviors, and also an increase in dysregulation and behavioral incidences. Again, trauma symptoms will manifest in the way that the person can express themselves, and utilize the skills that they do have. But it's also important to remember that just as prevalent as trauma is, so is resilience. I have been astounded by the level of resilience among people with intellectual and developmental disabilities that I've worked with, that I've supported, and that I've gotten to know. And in many ways I'm not sure that I could continue to go through some of the circumstances that they've lived through. So a little bit more about trauma and adversity. I have on this slide it's a common bond, if you will. And so people with IDD are three to six times more likely to experience abuse or neglect. Some studies suggest that 65% of kids with intellectual developmental disabilities with concurrent mental health diagnosis experience at least one traumatic event. But what we know is that multiple traumas are common. Where there's one traumatic experience, there's often times another. And we also know that within this population, the rates of post-traumatic stress disorder are -- can be certainly significantly higher than the general population. In the general population, we see post-traumatic stress disorder about 7% of the population. But here, with studies focusing on intellectual and developmental disabilities, we see a rate of 10 to 40%. Amongst veterans, post-traumatic stress disorder can be upwards of 20%. So again, we see a significant difference here, or at least the potential for there to be greater levels of post-traumatic stress. Now many people with intellectual and developmental disabilities benefit from the support of paid caregivers. And there's a substantial body of research in this field that talks about the direct support professionals, and certainly my own research has focused on DSPs. And some of my research -- I found that 30% of DSPs had four or more types of adverse childhood experiences. Another way of putting adverse childhood experiences are events that are potentially traumatic and that occur before the person reaches the age of 18. And so here we see, you know, in the study I did across organizations, a third of DSPs had experienced emotional abuse as children, came from households where mental illness was present, as well as substance abuse. Many lacked support, and about 25% reported physical abuse, 21% reported sexual abuse, and 12% had experienced domestic violence in their household. And so we see that Direct Support Professionals have high rates of adversity and potential trauma, along with people with intellectual and developmental disabilities that they support. And so for me I see this as a common bond. It's not something to be taken lightly, but it's something that we need to consider that as DSPs are providing support and care for people with intellectual and developmental disabilities who are trying to heal from their own trauma, they themselves as direct support professionals are also trying to heal from their trauma. In addition, when we're talking about direct support professionals, we need to be mindful of their own rates of secondary traumatic stress. And this is emotional duress or distress that people experience due to their close contact with someone that has directly experienced trauma. And these are the same symptoms of post-traumatic stress disorder. And in recent studies, more than 80% of direct support professionals that supported clients with IDD had indicated that -- more than 80% of their clients had experienced trauma, and so about 20% of these DSPs had increased levels of secondary traumatic stress. So not only are they coming to the table with their own traumas, but they're also experiencing the secondary traumatic stress from helping people with IDD as well as trauma histories. And so on this slide, there's a small picture of a person holding themselves -- holding their knees up to their chest. And for me I think that that speaks to the struggle that many DSPs experience in organizations. Particularly post-COVID, organizations are still struggling, and in some ways they've organized -- the organizations have become organized around trauma, and how do we manage the -- reckoning and the recognition of trauma amongst our clients, trauma amongst our staff, and the ongoing turnover of staffing? And so, as science has progressed in the study of things like adverse childhood experiences and trauma, we've grown in our understanding that not only do we need to be mindful of what's happening in the household, but we also need to be mindful of what's happening in the community and in the environment. And so on this slide, you'll see a visual that has a tree that depicts the types of adversity that occur within the household. And the tree roots go into the ground, into the community, where there are things like violence, poverty, lack of jobs, historical trauma, lack of social mobility, stigma, lack of inclusion. And then on the right side, you see a tornado. That's symbolic of the natural disasters, the climate crisis, all the challenges that we're seeing in the world today in nature, but I'd also like to add all the the conflict that we're seeing, particularly in the Middle East, and between Ukraine and Russia, as well as our own political climate here in the United States. All of this collectively increases our stress and the trauma that we experience in our lifetimes, and really makes it more complex, and creates a more difficult journey for healing and growth, when things are compounded not only in the household, or in our environment -- our immediate community, but also in the global community. But it's important to recognize that as individuals, as communities, we are interdependent. We rely on each other. Our relationships are hugely important to our success. One of my grad students that I work with -- she focuses on inclusion and people with intellectual and developmental disabilities. Social inclusion is hugely important to developing and sustaining those relationships. Why? Because relationships are important to our resilience. And when our relationships are intact, when we have good relationships, when we have that sense of community, we are generally better with trauma. We are more resilient. And the foundation of safety is maintained when someone is there for you. So I want to contrast two different situations: one from my personal life, and one from a video. When Dr. Bessel van der Koch, who I talked about before, talks about trauma, he uses the example of a dog bite as a child. And so if the child is bitten by a dog, yes, that's significant. But if you have a caregiver there to pick the child up, to tend to the wounds, to comfort the child, the impact of that bite is suddenly significantly less than if somebody wasn't there. In my own personal life, I can recall a situation as a child where the neighborhood bully came into our yard, and I was outside by myself, and he picked a fight with me, and I was not a fighter. I did not want to fight. He threw a few punches. And I saw in the doorway of the house my father standing there, who said nothing and who did not intervene. And so my reaction is probably much different than had my father intervened. My father's response was much later. We didn't talk about it. But what he did was took me to the -- store to buy a set of weights to begin working out. And so in a roundabout way, he demonstrated his concern, but put the onus on me to then work out, to be -- build up my muscles to be better prepared to fight, which was not particularly what I needed at that time. And so here in this picture on this slide, you see -- a safety lock with a heart on it. And so relationships, again, are critical to our resilience. So how do we go about healing the wounds of trauma? Trauma for -- the most common context for trauma is actually relationships. We know that a significant amount of abuse, neglect, assault happens between people. People who know people, who -- people who are interacting with each other on a regular basis. And for people with disabilities, we know that this happens even in the context of the caregiving relationship, whether that's with paid or natural supports. And what happens in the immediacy of a traumatic event is that loss of safety, the loss of control or sense of agency, and really not having a choice in the matter, and becoming the victim. So then what will it take to heal the wounds of trauma? Healing of trauma really requires a restoration of trust: trust in others, trust in one's own sense of agency. And so we need to begin to build that sense of physical and psychological safety. Having a sense of predictability, having some of that follow through, and having a voice, ability for self-expression, and we need to be mindful that not everybody expresses themselves through words. How can we create ways for people to express themselves in other ways, being empowered and having a say, having options, knowing what those options are, knowing what the consequences are, and having opportunities to engage with others. So ultimately the remedy for trauma is healthy healing relationships. And that brings me more towards the focus of this webinar around -- spirituality, religion, and faith. And hopefully the content I've presented already -- you'll see the connection as I move forward through this content. And on this slide, you see a picture of three candles burning. Oftentimes candles are associated not only with special occasions like birthdays, but also with rituals associated with religion and spirituality. So what exactly is spirituality? And so many people struggle with this, and I -- I myself struggled to find a definition that really captured what I had hoped to capture. And one definition is this: spirituality is a process of life and development focusing on a search for a sense of meaning, purpose, and well-being. It's in relationship with oneself, others, creation, and a higher power. And it's engaging in a sense of transcendence and hope, of something that's profound and sacred. The picture on this slide shows hands outstretched and with light shining on them. And so as I begin to think about spirituality, the sense of openness, the sense of development - it's a process. Healing from trauma is also a process. Spirituality involves a search for sense of meaning. So does healing from trauma. It's about finding meaning -- how do I make sense of the events or the experiences I've had? How do I find a sense of hope and move forward? And just as spirituality is in relationship with oneself, others, and a higher power, so too is that trauma. How does this relate to religion? And so, religion is an organized pattern of values, beliefs, and symbols, behaviors and experiences that definitely involves spirituality. It also involves a community of followers, sharing of traditions over time, of having support of individual and community functions that are related to spirituality. As I began to think more about religion and trauma-informed care, I thought about the rituals that are often tied to religion. And ritual engages the senses, worship engages the senses. Simultaneously, there's also a sense of structure, of a sense of predictability. And so in this sense, ritual engages to senses, leads to -- or lends to different types of expression. So it could include body positions, kneeling and standing. It can involve clapping and singing, could involve dancing. It could involve all different sorts of behaviors that allow for a personal sense of connection and expression. And worship can also provide a sense of predictability. And what does predictability lend to? A sense of structure and trust. You know what's going to happen. Trauma destroys that sense of trust, that sense of predictability, because more often than not, we don't approach the world thinking something bad is going to happen. We oftentimes see ourselves as safe, or like to think of our environments as safe. But trauma shatters that sense of safety and that sense of predictability. But in many ways, religion and worship can provide us with that sense of predictability that we need. In this slide, there's a picture of a person with their arms outstretched, either during a sunset or a sunrise, I'm not quite sure. But also demonstrates a sense of hope, of relief, and perhaps a sense of worship. And so we talked a little bit about spirituality, religion, and now faith. What is faith? Faith is a sense of belief or trust in and loyalty to God, however that's defined for you. It's a belief in traditional teachings of a religion. And on this slide, there's a picture of the Exodus story from the ancient Jewish scripture. The Exodus really depicts a time of trauma and liberation and freedom, and provides a demonstration of the faith that the Jewish people had in God to deliver them from their trauma of slavery and oppression. So keeping in mind, again, that faith is about trust in, and so how do we think about this if we've experienced trauma, again, when trauma disrupts and destroys that sense of trust in others, and yet our faith calls us to trusting in a God? So again, trauma and spirituality have a certain level of symbiosis, or a dance, if you will, between the two. Trauma often leads to a need to find meaning. We need to make sense of that so that we can process the hardship -- the harmful things that we've encountered. Because if we can't make sense of it, we kind of walk through life questioning and wondering -- and are -- not able to focus on things in the present moment. Fortunately, spirituality can provide a system for making meaning. So why did this happen to me? Why would God allow it? And so we need to reconcile difficult events with our beliefs, our sense of spirituality. Spirituality can create a sense of empowerment, and in turn, increase our sense of mental health and wellbeing. Spirituality can also help when there's a positive relationship to one's beliefs and practices, and these can buffer the trauma that we've experienced and provide a source of comfort, can provide a source of forgiveness, and -- we receive sense of -- experience a sense of support from prayer, our faith community, our relationship with God. And I think you'll find throughout this presentation, again, like I've said before, I really like nature, and I find the power of sunsets or sunrises to really demonstrate the challenges and the beauty of overcoming trauma, and the integration of spirituality and all of that. Oftentimes sunsets and sunrises are some of the most intimate moments we can have, not only with ourselves but with our loved ones. However, the other side is if we struggle to make meaning, if we struggle to understand and come to some resolution regarding our trauma and where God is, our sense of the Divine is in all of our experiences. So spiritual struggles may focus on relationship with God, on interpersonal relationships, or on intrapersonal matters. So doubting one's faith, lacking meaning in life -- why am I here, what is my purpose? Unfortunately those doubts can lead to a decrease in a sense of religiosity and to greater distress that can worsen our post-traumatic stress, or the symptoms associated with the trauma. We know that spiritual strain can result in poor mental health, particularly after trauma. And on this slide is a picture of a man with his hand -- his head held in his hands, depicting some degree of struggling. As I was working through the content for this presentation, and thinking about -- how to prepare, what to present, I came across this question in some research that others have done around trauma and religion and spirituality. And the question is this: how can we facilitate deepening a person's relationship with God, when the fabric of that person's relationality has been rent by the effects of trauma? In other words, what can we do to help somebody grow in their relationship with God, when they've really struggled, when the relationship with God has been damaged by the harmful effects of trauma? The picture on the right side of the screen shows hands held up high to the -- sky or to the heavens. And so I think part of the response to this is really infusing trauma-informed care with what we're doing in our faith communities, in our worship, in our Bible studies, in our sense of fellowship. Trauma-informed care is a buzz word, and many people like to say that they're doing it. And what we know is -- many people attempt to do it, but they might not be doing it as well as they think, or as well as they should, or to its fullest extent. And so on this slide we have four r words that are associated with trauma-informed care. So trauma-informed care requires, one, that we realize the pervasive impact of things like adverse childhood experiences of trauma. It's about recognizing the signs of trauma and the people that we interact with, our communities, our clients, our co-workers. It's about responding by applying the practices and principles of trauma-informed care. And it's about resisting re-traumatization or causing further harm. We need to seek to do the best we can to help people to heal and to grow. It's important to remember that trauma-informed care is not trauma specific treatment. Trauma specific treatment are things like trauma focused cognitive behavioral therapy, eye movement desensitization reprocessing, so interventions that directly target and treat the trauma and symptoms associated with trauma. Trauma informed care is a philosophy, is an approach, is a systemwide response to the prevalence and impact of trauma in our systems of care. So trauma informed care involves five principles. And again, this depends on the model that you follow. But the one that is here is based off of Fallot and Harris, and that includes safety, trust, choice, empowerment, and collaboration. These five principles really relate to the impact of trauma, and trauma-informed care requires that we restore and rebuild or reestablish these things in the lives of people that have experienced trauma. It's action oriented, it's about doing. It's restorative, it's about rebuilding those relationships. It's about recognizing that the past meets the present. And it's about cultural sensitivity. And we need to be mindful of disability culture in all of this, and understanding the intersection, again, of disability and trauma. So how can we put these principles into action? Here's a slide of hands in hands, with a child's hand and adult hands, and I use that to symbolize how are we working together? So fundamentally, as spiritual leaders, as faith leaders, as members of faith communities, we need to be mindful of what is our overall message within our communities? In our places of worships, our homilies, our sermons, our religious education programs, our Bible studies -- is it a message of inclusion? Is it a message of healing? Or is it a message of finger pointing and blaming? Is it a message of a God of love, or is it a message of a God of justice or punishment? All of these things can influence how people who have experienced trauma feel welcomed, and can feel the opportunity to heal and to benefit from their sense of spirituality, religion, and faith. I urge some caution here as well -- do others. We need to avoid the temptation to quickly theologize suffering as redemptive. In other words, feeling like there's no pain, no gain. Offer it up. The fact of the matter is is we need to make -- support people in making sense -- finding meaning in their own way -- creating opportunities for growth. We don't need to trivialize or minimize suffering. And it's also important to remember that many people that have experienced trauma have also experienced trauma at the hands of faith leaders, in their faith communities. So we need to be very mindful of that dynamic, that churches can be a haven and a refuge. Synagogues can be a haven and refuge. Temples, etcetera. But also they can be a place where people have been victimized. So what are some practical ways of applying trauma-informed care -- into our faith communities? And so here I present on the far left the principles associated with trauma informed care, questions that we can begin to ask ourselves around somebody with an intellectual and developmental disability, as well as considering the role of support staff that may accompany people with disabilities to their worship spaces or to church services. So is it safe for me, as a person with a disability, to ask questions, to explore beliefs and practices? Is it safe for me to be myself as a person with a disability? Do worship services consider my accessibility issues or my sensory needs? Are members of the leader -- members of your leadership and your congregation knowledgeable about people with disabilities, as well as trauma? Are there spaces I can go to calm and relax without actually having to leave the site? Similarly, for support staff, is it safe for them to ask questions if they don't understand? Is it safe for them to be present as a person who may not believe or who may not worship as you do? When it comes to choice, for the person with disabilities, do I have a choice to worship as best as I can according to my abilities? Do I have choices to join different ministries? And for support staff, do I have the choice in whether I actively participate in worship, or simply sit quietly? Here on this slide, again, the application of trauma informed care continued. With some -- the additional principles of collaboration, trustworthiness, and empowerment. And I need to be mindful of time here, so I'll just talk about a few things, because these slides will be available to you. As an individual with disabilities, will I be welcomed as someone with different abilities? Will I have people speak on my behalf, or will you actually engage me in that conversation? Will I be seen as an equal member? Will you maintain my privacy so that I can begin to trust you? Will I be empowered as a person who needs healing, or will I be blamed and shamed for the things that have happened to me? Will you see me as a passive recipient of charity, or as a person with agency who can worship alongside of you? Will you help me to explore my pain and suffering, and my understanding of faith at my level, and in ways that I can understand? And similarly with support staff, will you follow through with what you say? Will you value and respect my role? Will you refrain from pressuring me to join the congregation? Etcetera. Within all of this, we need to be mindful of our own role. And so here I have a picture of hand in hand with some beads and "physician heal thyself." And so we need to be mindful of ourselves, of our own self-care, and recognizing our own trauma in the work that we do, whether we're a religious leader, an ordained minister, a church minister, a music ministry -- we need to be mindful of our own trauma that we bring to the table, our sense of grief and loss, the burnout from the work that we do, as well as our risks for secondary trauma in helping others. We need to be aware of ourselves. We need to examine our own attitudes, values, and behaviors, recognizing that we're going to encounter a variety of perspectives and interpretations of what have happened to other people, and the meanings that they assign to them. And sometimes, those views and values are going to conflict with our own views and values, and create some sense of discomfort. We need to begin to -- self-examine and take the time to do that, even in the busy work of ministry. And ultimately, others' pain can become our own pain. And just as much as we need to reassure people that have experienced trauma of -- the reality of their suffering and the possibility of healing and growth, as faith leaders, as ministers, we need to be mindful of our own needs to have a network of support so that we can access those relationships and begin to -- restore and heal ourselves from our own trauma, as well as that of what we encounter with those we support in our faith communities. And here's just an additional toolkit. It's actually available from the VA. And it provides a toolkit for clergy around the trauma and PTSD basics, trauma and spirituality, pastoral care, as well as additional resources. Now this is not specific to people with intellectual and developmental disabilities, but it does speak to this line of work, and recognizing trauma, trauma-informed care, and helping others to heal and grow. And so this was the first time I delivered this presentation. I have done one other presentation around trauma-informed care and spirituality, but this is the first time I've delivered this presentation. So I've realized I'm a few minutes over, but still got some time for Q&A.

>> Shelly Christensen: Thank you John so much. It -- this couldn't possibly have been the first time you've given this presentation. It was so robust and wonderful. I have pages of notes [laughs] from your presentation, and really recognize -- how it's kind of a double-edged sword, so to speak. If somebody's been -- if somebody has endured some forms of trauma from their faith community, whether it's the one that they're currently involved with or want to be involved with, or another one altogether, that movement back to find the supports and -- to be recognized to have agency -- it seems to be complicated and necessary when that trauma occurs.

>> Dr. John Keesler: And for me, this is really just -- let's begin the conversation, because there's so much work to be done, and it is complex. And even in my own personal journey, I've been told to leave my faith community because I question things. But simultaneously, I've also been welcomed into a church when there was a point in my life where I would have been homeless had that church not opened their doors for me to have a place to live. And I had forgotten about that for some time until having the opportunity to prepare for this. And this dynamic -- and it really is a double-edged sword, even within our own individual lives, of how churches can be a source of -- incongruence with our beliefs and our values -- and we might be told to leave or be felt to -- as somebody other than and ostracized, whereas churches can also be very welcoming and supporting and help sustain our wellbeing.

>> Shelly Christensen: Hmm. Precisely. We have one comment in the Q&A, and again, I want to invite -- everyone to, if you have a question or comment for John, please pop it in the Q&A. And this is from an anonymous attendee who said thank you for presenting without excessive clinical language. Your presentation makes the information more relatable.

>> Dr. John Keesler: And thank you for saying that, because most of my time is spent as an academic, but I also do a lot of community engaged work, and I'm constantly reminded of the importance of making content accessible across -- folks, so thank you and I do try very hard to avoid clinical jargon.

>> Shelly Christensen: We have a question from Madeline Hutchins. "Do you have suggestions on how to speak to others in one's community, especially other spiritual faith leaders, who are perpetuating the suffering is edifying narrative?"

>> Dr. John Keesler: Oh -- that's a loaded question. I live in a very conservative Christian community now. It's a rural community, and that's something I struggle with myself, and that they often times see suffering as redemptive. And so I think it's important to -- there's plenty of scripture passages, depending on your tradition, that can be used to also suggest that -- in the Christian tradition, you know, for example, Christ suffered, and that suffering is over with, and so, you know, again, there's different passages, even in the Exodus story, of recognizing that suffering should not be our existence, our total being, and that we do have the right to live a life of joy and of peace. And so really reaching people where they're at, recognizing and creating some common bond in their current position, and then beginning to take baby steps forward. Many times I'd like to bulldoze and go into those conversations and -- really say no, you're wrong, but the only thing that's going to happen then is you're going to cut off that communication. And so really being mindful of that, and keeping the door open. So long as people are willing to talk, there's an opportunity for growth. But the moment that door is closed, it's very hard to re-open it.

>> Shelly Christensen: Thank you. Thank you, Madeline, for the question. It's -- it kind of reminds me, John, that the importance of meeting people where they're at, whether you agree or not, or don't agree, whatever that -- because -- and sometimes you encounter resistance, and resistance is communication, and just kind of lets you know where to go from there, so I want to recognize that as well. There's one more comment and then we're gonna -- two more comments. "I appreciate the element of restoring a sense of agency, the importance of support, encouragement." And then from Mary Mortar, "thank you for your presentation. I hope I can find a path to healing and trust."

>> Dr. John Keesler: And that's really what it is -- it's about finding a path. And sometimes religious or spiritual leaders can help us along that path. Sometimes our own belief system will help us along that path. Sometimes we need to reach out to others and make that connection.

>> Shelly Christensen: John, thank you so much for -- I just -- I could listen to you talk, and I just have so many ideas I'd love to -- I would love to share with you. So again, thank you on behalf of -- of RespectAbility and the AAIDD Religion and Spirituality Interest Network. I just want to call everyone's attention to the upcoming webinars in this series. Next is April 10th: Stronger Together, where we'll hear from Heritage Christian Services' Grief Support Team. And we have two RespectAbility webinars: Equity at The Ballot Box on March 12th, and then a very exciting webinar -- [coughs] -- excuse me -- called Disney's Wish, the film Wish, if you've seen it, you'll -- you'll know the role of disability in that film. And it's all about the making of the film, so we invite you to join us April 10th, March 12th, and March 19th. And on, again, behalf of everyone here, thank you so much for joining us and thank you John. Enjoy the rest of your day.