

Voices of Trauma

Reflections from the Prioritizing Trauma Summit

March 2022



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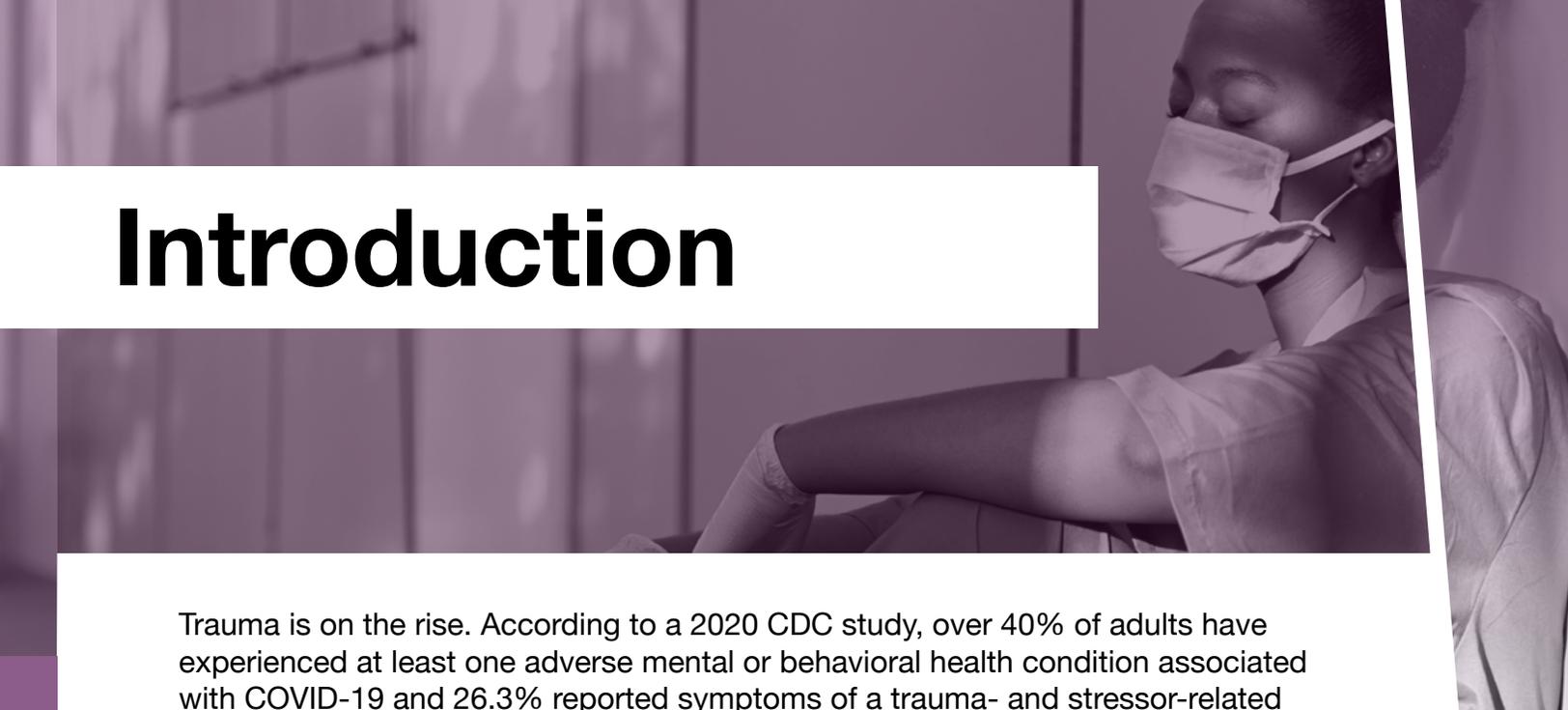
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Introduction



Trauma is on the rise. According to a 2020 CDC study, over 40% of adults have experienced at least one adverse mental or behavioral health condition associated with COVID-19 and 26.3% reported symptoms of a trauma- and stressor-related disorder (TSRD).¹ From NEXUS's own expert conversations and research through social listening, we have seen the COVID-19 pandemic shine a spotlight on the persistent, and persistently misunderstood, problem. In the fall of 2021, NEXUS sought to better understand how, why – and what can be done to support people and communities who have experienced trauma.

In October 2021, NEXUS hosted the summit, “Prioritizing Trauma: Perspectives and Experiences from Across the Community.” The summit convened a diverse group of stakeholders, including advocates, people with lived experience, and healthcare providers to share insights on trauma and ideas that could support individuals and communities who have been impacted by trauma.

It is our privilege to share in this paper a selection of the powerful conversations that arose during the Prioritizing Trauma summit. “Voices of Trauma” is a collection of quotes that attempt to preserve the fleeting and invaluable elements of open discussion. Through these original quotes, this paper explores the current trauma landscape, identifies paths forward, and provides messages of hope and care. It is NEXUS’s vision to listen to and understand experiences of trauma – and to explore ways that we can be part of solutions.

About NEXUS: NEXUS, which stands for Neuroscience Experts and Cross-Sector Unconventional Stakeholders, is a collaborative group that is working to bridge gaps in mental health and trauma support for women, youth, and individuals coming into contact with the justice system. NEXUS aims to bring together diverse groups of people to share ideas and create new solutions in mental health. NEXUS is powered by Otsuka America Pharmaceutical, Inc.



***“Access to wellness
is a basic human right.
It should be available
to everyone.”***

Saundra Jain, MA, PsyD, LPC
Adjunct Clinical Affiliate
University of Texas at Austin,
School of Nursing

***“Resilience is
not owed”***

Vesper Moore, COO
Kiva Centers

Thank You to Our Speakers

We would like to thank everyone who spoke at the Prioritizing Trauma summit and allowed the use of their quotes in this paper. Their passion, wisdom, and insight have, and will continue, to make significant progress in the mental health and trauma space.

Ron Blake

Director, American PTSD Association

Tre Gabriel

Mental Health Advocate and Flawless Fellow, Flawless Foundation

Sara Gorman, Ph.D.

Director of Research and Knowledge Dissemination, The Jed Foundation

Tymber Hudson

YMCI Project Director, Youth MOVE

Saundra Jain, MA, PsyD, LPC

Adjunct Clinical Affiliate, University of Texas at Austin, School of Nursing

Vesper Moore

COO, Kiva Centers

Ryan Price, MPA

Senior Manager for Project 2025, American Foundation for Suicide Prevention

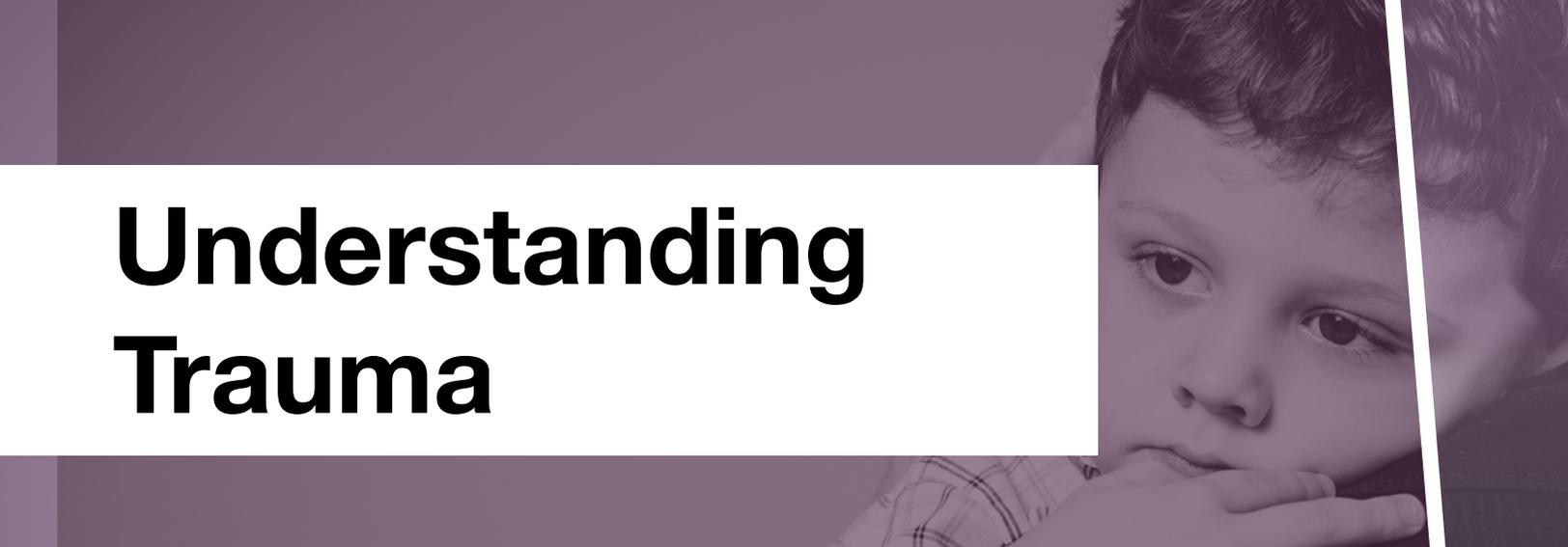
Tanya Ryder, M.Ed.

Director of Justice, Equity, Diversity & Inclusion, National Alliance on Mental Illness

Rachel Thompson

Author, Poet, Advocate

Understanding Trauma



Heterogeneity of Trauma: *“We Need to Look at the Different Ways Trauma May Be Expressed”*

Experiences of trauma, and reactions to it, will always be unique. Understanding the heterogeneous nature of trauma is foundational to informing effective solutions.

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Responses to trauma and the types of trauma are very different.

Sara Gorman, Ph.D.
Director of Research and Knowledge Dissemination,
The Jed Foundation

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“It is not always an acute event where people have this experience and then become traumatized. It can be something people experience every day that may be on a lower level on a day-to-day basis. It’s not a huge event but it is a horrific thing that happens every day over many years where they have chronic stress and trauma. The category of trauma is heterogeneous, and we need to look at the different ways it may be expressed.”

Sara Gorman, Ph.D.
Director of Research and Knowledge Dissemination,
The Jed Foundation

“When you look at youth, something that might be a threat to one child may only be a challenge to another.”

Tremane Gabriel
Mental Health Advocate



Misconceptions Around Trauma: “We Put That Smile On”

Trauma is often both stigmatized and misunderstood. If we are going to work together to support people who have experienced trauma, we need to begin by addressing stigma and improving awareness:

“
I think people think just because we speak about this a lot that it's easy. And sometimes we put that smile on and we share with everybody, but deep down I do get emotional.

Ron Blake
Director, American PTSD Association

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“There are many misconceptions about trauma in the general public. One is that everyone who undergoes a big traumatic event, such as 9/11, will be traumatized. This is not true, ***about two-thirds of people will be fine, the remaining one-third may develop a spectrum of mental health issues*** that may come and go or disappear over time.”

Sara Gorman, Ph.D.
Director of Research and Knowledge Dissemination
The Jed Foundation

The State of Mental Health Care and Wellness: *“A Basic Human Right”*

It is well recognized that many people with mental health needs lack access to care and support. The challenge extends to trauma:

“Access to wellness is a basic human right. It should be available to everyone.”

Saundra Jain, MA, PsyD, LPC
Adjunct Clinical Affiliate
University of Texas at Austin, School of Nursing

“A lot of people will come to me, survivors of trauma especially, and tell me that a big struggle for them is finding good, quality trauma-trained care.”

Rachel Thompson
Author, Poet, Advocate

“It’s helpful for me to think about how mental health now is like what cancer prevention was 50 years ago. We didn’t know as much then but now we have a culture where we can talk about early screening for cancer, because we know it saves lives. We are seeing the beginning of that change in the mental health space with more people seeking help. ***Someday, we will get to the point where people come to realize that ‘I have teeth so I go to a dentist, in the same way, I have a brain so I go see a mental health professional.’***”

Ryan Price, MPA
Senior Manager for Project 2025
American Foundation for Suicide Prevention

“Someday, we will get to the point where people come to realize that ‘I have teeth so I go to a dentist, in the same way, I have a brain so I go see a mental health professional.’ ”

Ryan Price, MPA
Senior Manager for Project 2025
American Foundation for Suicide Prevention

“Resilience is not owed, but it can be a beautiful thing when we have it.”

Vesper Moore
COO, Kiva Centers

“The idea of always being strong is unrealistic.”

TyMBER HUDSON
YMCI Project Director
Youth MOVE

Reframing Resilience: “People Are Tired of Being Resilient”

Resilience is often expected from survivors and discussions of “mental resiliency” are gaining ground. But it may be unfair or unrealistic to expect survivors of trauma to be resilient, in the narrow, commonly accepted definition of the term. The ideal of resiliency may even have negative effects on people and communities who have experienced trauma:

“Some people are tired of being resilient. Resilience is a survival tactic rather than a trait we should lean on as a self-care strategy. ***Being resilient can perpetuate trauma.*** To be resilient means ignoring some things we really need to work through. The idea of always being strong is unrealistic.”

TyMBER HUDSON
YMCI Project Director, Youth MOVE

“***Resilience is not owed,*** but it can be a beautiful thing when we have it. It shouldn’t be expected from oppressed people who have experienced trauma.”

Vesper Moore
COO, Kiva Centers

“One important thing to know about resilience: it is not something that is always around. ***It can come and go. Resilience can be learned but absent sometimes.***”

Sara Gorman, Ph.D.
Director of Research and Knowledge Dissemination
The Jed Foundation

“Resilience is not just an individual responsibility; we are not saying pull yourself up by your bootstraps. Quite the opposite. When speaking about resiliency, we need to look at the community, the organization, the context. ***No matter how determined an individual is, the community or organization may present barriers.*** We can teach and learn and benefit from resiliency-building tools, but this extends far beyond the individual.”

Sandra Jain, MA, PsyD, LPC
Adjunct Clinical Affiliate
University of Texas at Austin, School of Nursing



Areas for Improvement: “We Are Trying to Help”

Access is not the only barrier to effective trauma-informed care. For youth, women, and people encountering the justice system, the challenges are complex:

“We would rather have a general conversation about being ‘trauma informed’ than be uncomfortable and address the ways that we, as providers, or we, as mental health professionals, actually continue to perpetuate trauma onto the communities that we are trying to help...**Most often the conversations around trauma are centered around whiteness and not enough people with lived experience are at the table leading the conversation.** What does it mean to truly engage communities who have experienced trauma?”

Tymber Hudson
YMCI Project Director, Youth MOVE

“Almost 77% of people who take their lives in jail are un-convicted. When a suicide takes place, the people serving time and the staff charged with responding are in a condition where they can be traumatized, but in **many corrections settings, there is a culture to not deal with this cycle of trauma effectively.**”

Ryan Price, MPA
Senior Manager for Project 2025 American Foundation for Suicide Prevention

Most often the conversations around trauma are centered around whiteness ...

Tymber Hudson
YMCI Project Director, Youth MOVE

Not once did a neurologist say to me, ‘Did anything traumatic happen in your past?’

Rachel Thompson
Author, Poet, Advocate

“I talked to all these neurologists about how I had migraines, and I took all of these medicines, but **not once did a neurologist say to me, ‘did anything traumatic happen in your past** because that could be part of what’s happening to you now?’ It wasn’t until I started doing research into PTSD on my own that I found out migraines are a very common component of that.”

Rachel Thompson
Author, Poet, Advocate

“We don’t pay enough attention to the people who recover well. The people who recover well may have something available to them that the others don’t. We need to understand what they have had, that others didn’t, so we can understand how to help people struggling with the after-effects of trauma.”

Sara Gorman, Ph.D.
Director of Research and Knowledge Dissemination, The Jed Foundation

Moving Forward

Community Matters: “A Peacock in a Sea of Penguins”

A community provides a sense of belonging and support. Being part of a community can help people heal and feel understood:

“Sometimes, as a trauma survivor, I feel like a peacock in a sea of penguins. I don’t fit in, I try to keep my feathers down because I don’t want to be too much. *I always say how I feel recharged when I am with fellow peacocks*, I can say this is who I am.”

Tanya Ryder, M.Ed.

Director, Justice, Equity, Diversity & Inclusion
National Alliance on Mental Illness

“Community is important because it’s easy to feel so alone in this world. People who are LGBTQIA2S+ and BIPOC most often have experiences that remind us of how hateful the world can be. Having a community that drowns out that hate with love, encouragement, and laughter is truly healing ...*My community consists of chosen family that have shown up for me in ways that I never understood were possible*. They have challenged me to expand my understanding of myself, set ambitious goals to achieve, be vulnerable and encouraged me to take up space. They have allowed me to be vulnerable and access a level of healing I have never quite experienced.”

TyMBER Hudson

YMCI Project Director, Youth MOVE

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Healing happens in community, not in isolation.

Tanya Ryder, M.Ed.

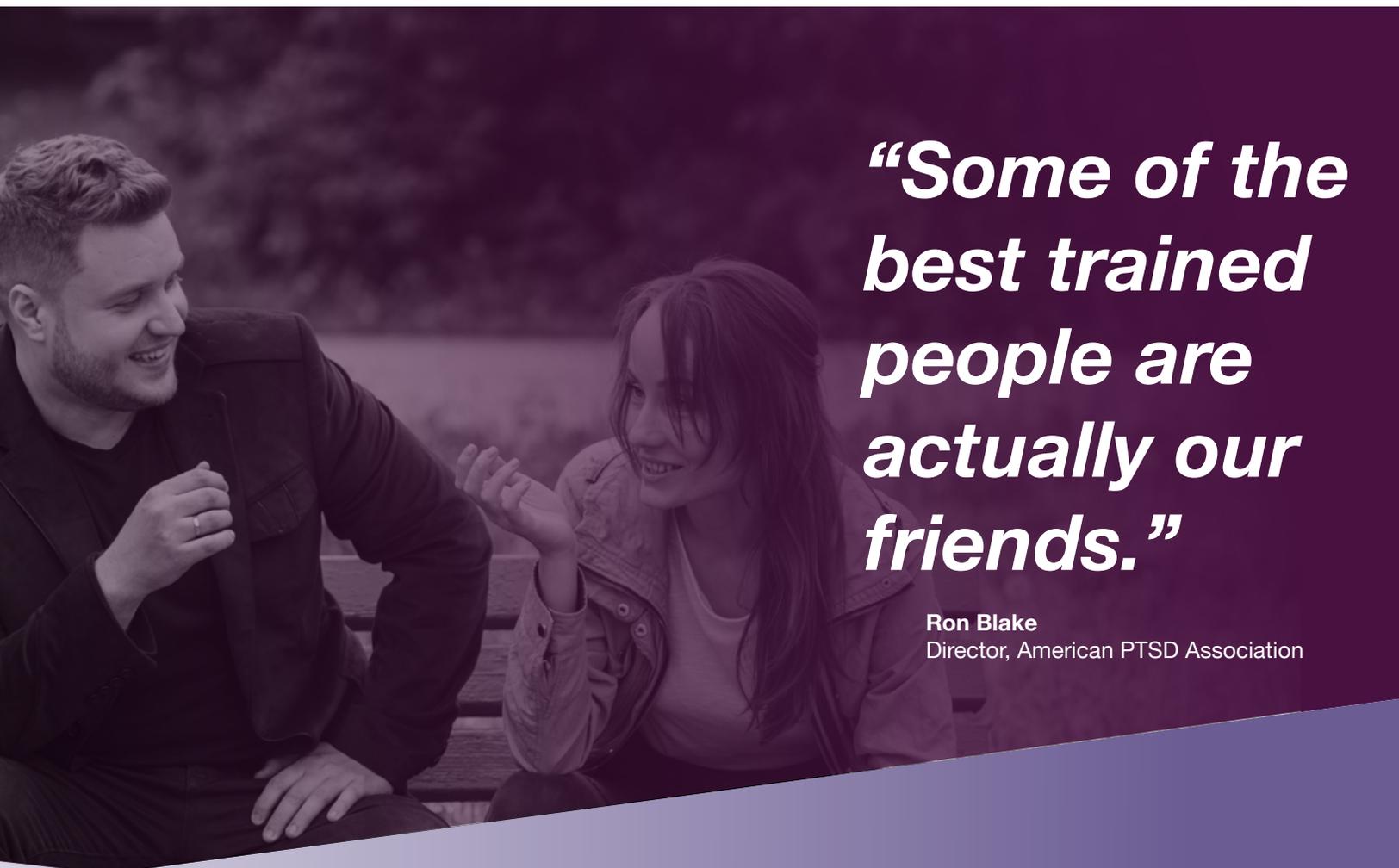
Director, Justice, Equity, Diversity & Inclusion
National Alliance on Mental Illness

“Some of the best trained people are actually our friends. Everyday, for almost 2,000 days, I went out and talked to 32,071 total strangers all over the country. These people have shared their stories of support, of trauma and triumph, back with me. I have 494 poster boards signed in 94 languages with 27 sharpie marker colors. It might be radical, but these are strangers who have not gone through training. I think we need to give people more credit than we do.”

Ron Blake
Director
American PTSD Association

“I’ve written three books about being a sexual assault and trauma survivor so that other people might understand and feel less alone. Because I felt alone for so long and felt that what I was experiencing was a normal reaction to a completely abnormal situation. And so my goal with my books is threefold: to help people feel less alone, to help people understand and know that we did nothing wrong because there is a lot of self-blame in being a survivor, and that we deserve help and support.”

Rachel Thompson
Author, Poet, Advocate



“Some of the best trained people are actually our friends.”

Ron Blake
Director, American PTSD Association

Paths Forward: “What Do You Need?”

There is no one-size-fits-all solution for trauma-informed care. But a few elements form the foundation of effective solutions: increasing awareness, having difficult conversations, and engaging communities that have experienced trauma.

“We need to address the trauma that is within the delivery and implementation of peer support. We can do that by listening both to the communities that have had access to peer support and those that have not had access to peer support due to inaccessibility.”

TyMBER Hudson

YMCI Project Director, Youth MOVE

“We need to look at how trauma has led to the conditions that people find themselves in regarding incarceration.”

Ryan Price, MPA

Senior Manager for Project 2025 American Foundation for Suicide Prevention

“We need to connect with the individuals that are experiencing trauma. **First, we need to build a sense of trust.** Without trust, you are not able to engage these communities and collaborate and co-create. **It’s really important to ask ‘What do you need?’**”

Tanya Ryder, M.Ed.

Director, Justice, Equity, Diversity & Inclusion
National Alliance on Mental Illness

“A deeper mind-body-based understanding of trauma’s impact on human beings is needed. In addition, the highly co-morbid nature of trauma-related issues with anxiety and mood disorders deserve wider appreciation.”

Saundra Jain, MA, PsyD, LPC

Adjunct Clinical Affiliate
University of Texas at Austin, School of Nursing

“Being trauma informed means bringing humanity into the situation...”

...It is about offering empathy, voice and choice in patient-centered care.”

Tanya Ryder, M.Ed.

Director, Justice, Equity, Diversity & Inclusion
National Alliance on Mental Illness



The approach to trauma needs to change in several ways:

- 1 We need broader, societal understanding of the fact that trauma is a heterogeneous category and may look different in different people**
- 2 We need to gain a better understanding of what makes some people have traumatized responses and some people have resilient responses to the same situation**
- 3 We need to remember that there are other psychiatric fall-outs of traumatic events, such as depression, that are often comorbid with PTSD and can exacerbate the situation**

Sara Gorman, Ph.D.

Director of Research and Knowledge Dissemination, The Jed Foundation



“We need to become a society that is trauma informed. ***Being trauma informed means bringing humanity into the situation.*** It is a conversation centered on What happened to you? versus What is wrong with you? We must focus on trauma-informed, culturally humble, recovery-oriented, strengths-based and healing-centered approaches to treatment and recovery. ***It is about offering empathy, voice and choice in patient-centered care.***”

Tanya Ryder, M.Ed.

Director, Justice, Equity, Diversity & Inclusion, National Alliance on Mental Illness





Creating Positive Impact: “Know Where You Stand, Knowingly”

All individuals are capable of creating positive impact on people and communities that have been affected by trauma. To have mindful discussions and compassionate impact, it is critical to know your biases, educate yourself and others, set positive intentions, and lean in with radical curiosity.

“**Know where you stand, knowingly**’, is one of my favorite quotes. If we know what our biases are, if we take into consideration our training, our own personal histories, our cultural and community context, **if we know what baggage we bring to the table and we are open and curious, then the conversation may be less difficult.**”

Sandra Jain, MA, PsyD, LPC
Adjunct Clinical Affiliate
University of Texas at Austin, School of Nursing

“**Engage others in authentic conversations.** Educate others by sharing information about ACEs and the SDOH (social determinants of health). Empower others by sharing your story and lived experience and empower them to share theirs. Every person’s recovery journey is their Mt. Everest to climb. When you have the opportunity, be the Sherpa to guide them (at least part of the way)- just like other Sherpas helped you. There is tremendous power in peer-support.”

Tanya Ryder, M.Ed.
Director, Justice, Equity, Diversity & Inclusion
National Alliance on Mental Illness



“If people are watching every word that comes out of their mouth, eventually no one will speak at all, and that will hurt me, it will hurt you. The people around us have not gone through training but that’s ok. ***If your intent is to help, that’s all that matters.***”

Ron Blake
Director, American PTSD Association

“One way to approach trauma is to lean in with radical curiosity. I want to know ***who you are. I want to know what your struggles are.***”

Saundra Jain, MA, PsyD, LPC
Adjunct Clinical Affiliate
University of Texas at Austin,
School of Nursing

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If we know what baggage we bring to the table and we are open and curious, then the conversation may be less difficult.

Saundra Jain, MA, PsyD, LPC
Adjunct Clinical Affiliate
University of Texas at Austin,
School of Nursing

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Self-Care and Messages of Hope

Radical Self-Care

Individuals can improve their wellness in unique, creative ways. Experiences of people who have lived through trauma or work with those who have, offer compelling ideas.

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I offer myself breaks as a reminder that I am human, and this is the world we are living in.

Timber Hudson
YMCI Project Director, Youth MOVE

”

“Radical self-care is made up of practices we rely on no matter what’s happening in our life. Something as simple as breathing is a wonderful reset. ***Radical self-care practices allow us to be at our very best.***”

Sandra Jain, MA, PsyD, LPC
Adjunct Clinical Affiliate
University of Texas at Austin, School of Nursing

“For me, when I struggled, when I went through the worst times of my PTSD, and I would have suicidal moments, I felt that I wasn’t connected to the world. So, ***the radical self-care that I’ve done over the past six years was to collect 32,071 cards written to me.*** These were from 32,071 strangers that I met across the country over the past six years. They’ve written the most incredible stories of support and getting through their traumas and triumphs. Sometimes they put jokes in there or bible verses. So, ***when I read these, it brings me back and reminds me of who I am. Who I’ve always been.***”

Ron Blake
Director, American PTSD Association



It is radical self-care to say ‘no.’

It can be hard to say no, you want to say yes to everything, you want to help people. But sometimes that means you overwhelm yourself, or you overextend yourself, or you just pile too much on your plate.

Learning to set those boundaries, to say no to someone else, is really saying yes to yourself.

You’re saying yes to your eight hours of sleep. You’re saying yes to your self-care. You’re saying yes to putting yourself in the best position to attack each and every day with the energy that you need.”

Tremane Gabriel
Mental Health Advocate



“Radical self-care equates to the notion of radical acceptance, which is where I remind myself that there are things I can’t control, so I try to stop myself from obsessing over them. There are people who behave certain ways, and I can’t control that either. I remind myself that’s part of life, it will pass.”

Sara Gorman, Ph.D.
Director of Research and Knowledge Dissemination
The Jed Foundation

“I practice radical self-care by setting healthy boundaries, not just for myself, but for my professional life. Since I work virtually most of the time, it’s very easy to just sit in front of the computer and work all day and be in a groggy mood and not have that focus or inspiration to do things after work. ***I offer myself breaks as a reminder that I am human, and this is the world we are living in.***”

Tymber Hudson
YMCA Project Director, Youth MOVE

“For me, radical self-care really means separating my view of my self-worth from the productivity that I put out into the world. I think we can get caught up in this idea that if we’re not doing something, we are inherently not valuable. This is not true. There is inherent value deep within ourselves that we can reach. We can reach it by taking a moment to breath, engaging with something culturally. ***Radical self-care is realizing my inherent self-worth and taking a moment to reconnect to that.***”

Vesper Moore
COO, Kiva Centers

“For me, radical self-care is starting the day with my morning ritual of getting up early before my kids and my husband and the dogs. I carve out that space for prayer, for scripture reading, for bible study. It’s a radical re-set in terms of starting the day and being prepared for what’s ahead. It gives me an opportunity to fill my cup. ***We talk about how we pour into other people’s lives with the work that we’re doing, but we need to re-fill our cup as well.***”

Tanya Ryder, M.Ed
Director, Justice, Equity, Diversity & Inclusion
National Alliance on Mental Illness

Messages of Hope: “Your Story Has the Ability to Inspire, Encourage and Heal Others”

Despite all that needs to be done to improve trauma prevention and treatment, there has been tremendous progress and cause for celebration.

“Over the past five or six years, we’re supposed to be the most divided we’ve been since the Civil War. Well, I have 32,071 reasons why that’s not true. So don’t give up. There are a lot of good people who will put aside political differences to help. I think that’s one of the greatest messages I can give to everybody - **when it comes to trauma, it does not matter what your religious affiliation, your sexual orientation, your political affiliation, we go through it together. That’s what’s kept me alive, because people truly do care.**”

Ron Blake
Director, American PTSD Association

“What gives me hope is our current generation of leaders. While there is much work to be done, **there are a lot of historical actions being taken** to better address adolescent mental health.”

Tymber Hudson
YMCI Project Director, Youth MOVE

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You are authentic and you are valuable the way you are. Be generous with your scars in service to others. Your story has the ability to inspire, encourage and heal others.

Tanya Ryder, M.Ed.
Director, Justice, Equity, Diversity & Inclusion
National Alliance on Mental Illness

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Conclusion

It has been NEXUS's profound honor to convene the speakers whose ideas, stories, and words of hope fill these pages. They remind us of the importance of community, encourage us to know our biases and cultural contexts, to be caring toward ourselves and others, to lean in with radical curiosity, and to effect change. The Prioritizing Trauma summit was a powerful start to our ongoing discussion of paths to better prevent and treat trauma. We eagerly await the next conversation.



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