1. From your POV, what can you do / do you do to support trauma-informed approaches?

I have an interesting position as an autism and disability services researcher, in that I have some power to develop new interventions, or modify or evaluate existing ones. My work consists of using research to figure out translate the needs of the community into practice--and that includes being able to take a trauma-informed approach to intervention development and also being able to infuse any interventions that are part of my research with a trauma-informed paradigm. For example, I'm wrapping up a study on autism and skilled employment, and one of the unexpected findings from that study was the deep extent to which trauma and burnout impacted people's ability to work. From that I applied for new funding to start looking at connections between burnout and suicidal behavior, including examining the role of trauma in both burnout and suicide, which was recently found as the leading cause of mortality in autistic adults without intellectual disability. Another example is the aspire healthcare tool kit, which uses a trauma-informed lens to create a customized accommodations letter for autistic adults in the primary healthcare system, and also offers education and strategies to healthcare providers. Basically, I work to understand trauma and find ways to prevent it or mitigate its effects. That's the biggest, most impactful thing I do. I also participate in educational and policy opportunities, like this one, and attempt to bring attention to the voices of survivors, the voices of lived experience, both as a social services researcher and as someone with lived experience them self.

1. What have you found most effective and helpful ways to address the needs of those you serve in a trauma-informed manner?

Probably the most effective thing is engaging directly with people on the spectrum who have lived experience of trauma as co-researchers, co-developers, collaborators in every part of my work, listening, and respecting, and implementing what they recommend. In my research--not just with my autism projects, but also working with young adults who have experienced first episode psychosis, and people with developmental disabilities broadly, and other marginalized communities because we all of us have disproportionate experiences of trauma--I spend a lot of time just asking, "what do you think of this--this instrument, flier, educational material, intervention, program, plan, thing? is this triggering? is it helpful? what would be helpful? how do we make this more sensitive, work better?"

This isn't just my soap box either, as an autistic person with my own lived experiences. Later I'll talk more about Trauma Informed Oregon, an initiative at my university, but here's a quote from Mandy Davis, who directs it, and who, as far as I know, not on the spectrum. This is from last months' blog post on the initiative's web site which is called "listening to those with lived experience." Many says:

"Trauma informed care (TIC) calls out the need to include the voices of those with lived experience, but why? The intention is simple‚ Äîwe will be more effective and efficient in improving services if we take the time to ask those who know what is challenging, helpful, and

needed. Instead of worrying if we are getting it right or if 'they' will like this change just ask. I believe in addition to developing better practice, including the voices of those with lived experience is also healing. It builds trust and empathy by bearing witness, validating a person‚ Äôs experience, and creating authentic connections."

This sounds straight-forward, but it's really not for a lot of people, especially because we don't always want to talk about our trauma, or there might be a hostile response. In some ways I have this easier because I'm also a member of the disability community, but even for me I have to pay constant attention to the power and privilege of my position as an educated, white scientist, and remember that acts of resistance and anger are typically tied to trauma and not people just being nasty. One of the outcomes of trauma, is it makes it hard for us to trust, right?

I can talk a bit about ways to equalize power if anyone wants to during the Q and A or later.

So, that's the second most effective thing I'd say: the self-awareness piece. Making a trauma- informed lens into a mantra, that filter of assuming the person I'm interacting with has been through something traumatic and survived, and interacting with them through that paradigm. Making space for them and their feelings. Respecting them just for making it this far. Seeing them as a whole person who has experienced great hurt and not someone with a moral or behavioral failing. And also making an effort to check my own knee-jerk responses, and why I might feel hurt by something, and try to really be mindful of my own privilege, even if that means letting someone else take a portion of my power.

So the most helpful things are on the input side, making sure that people who have been there and are willing and able to talk about their experiences are informing my actions--and on the output side continuously learning how to see the people I'm interacting with through a trauma- informed lens, including checking my own positionality.

1. What's the current state of research / what new frameworks are you seeing regarding trauma-informed approaches?

I'd like to talk about two initiatives that are examples or research into practice that speak to this. Neither of them are autism-specific, but one--the IMPACT program at OHSU--could be potentially a transferrable model or have transferrable pieces, and the other--Trauma Informed Oregon at PSU--is general enough to be applicable to any population. I think one of the challenges we have is that the autistic population is very small and not really making problems for most people in the world. So one solution is finding ways to capitalize on, or be included in, approaches and programming that already have a lot of social and political backing and support.

IMPACT is this really cool program for taking a trauma-informed approach toward opioid users in the hospital, specifically around people who come in for infections related to IV drug use and end up needing to stay in the hospital to complete their antibiotic course. This was a difficult

group for the hospital staff. So IMPACT created an addiction service with physicians trained in medication assisted treatment and trauma-informed care, and they brought in peers who were in recovery to work with patients as allies without any agenda but to be there as peers.

A couple of cool things happened with that program--and there's some published work too if you email me I can send it to you--one is that it began to shift the hospital culture as a whole toward taking a trauma-informed approach. Other nurses, physicians, started seeing patients as people who had suffered rather than as oppositional trouble-makers. There was a measurable cultural shift.

Another cool thing was the role of the peers as people who, because they had been through significant trauma themselves, could make a bridge between patients and hospital staff. It's been a really successful example of how a complex difficult healthcare system can be shifted toward a successful trauma-informed approach that really has an impact on patients.

The other initiative I want to tell you about is Trauma Informed Oregon, where the Mandy Davis quote about including the people with lived experience in their own trauma-informed care. This isn't an intervention program like IMPACT. Instead, it's a collaboration between Portland State University and a number of public and private community partners to provide resources, training, and technical assistance regarding trauma-informed care throughout the state. It's funded by our state legislature and is an example of how state-level initiatives can interact with service and academic programs to support shifts toward taking more trauma-informed approaches. They provide resources on how to implement trauma informed care in programs, organizations, and systems, and will work with people to create sustainable trauma informed practices. Because of the connection to the school of social work and the university, the practices are generally informed by the current state of the art research. It's pretty cool, and a neat example of how legislative support can generate more pervasive state-wide trauma informed practice.

1. What's needed in the policy arena to support your goals around trauma-informed activities / supports / services?

My long term goal would be to no longer have to research trauma or trauma-informed interventions--to be put out of a job :-) More grant funding to understand and address trauma is always nice :-)

But more seriously, funding initiatives like Trauma Informed Oregon is one way. That collective is supported via state legislature.

Supporting work that helps to reduce or prevent trauma in the first place is where I always go. I'd much rather create a program to prevent abuse than to support abuse survivors, right? So looking upstream of trauma and working with policy that can help prevent it from happening in the first place, around interpersonal and community violence, understanding the potentially

traumatizing side-effect of therapies, providing support to people who may be multiply marginalized, reducing discrimination and stigma, normalizing disability in society and creating a more accepting public, those kinds of things.

Spending more time listening to, respecting, and acting on the feedback of survivors in policy settings, at a policy level is needed. In any group to address trauma in a particular population, a majority of the people at the table should be survivors who are members of that population. So something policy can definitely do is start requiring a majority of people on the spectrum in settings where trauma informed care is being discussed. That is also how funding gets increased--by more people applying pressure at a policy level to support it.

There are feedbacks between all of these elements that can reinforce each other to the good. So more of all of that in policy.

traumainformedoregon.org