

Episode 235 – Dr. Mandy Davis: Trauma Informed Oregon: A Statewide Initiative to Change How Trauma and Adverse Childhood Experiences are Perceived and Addressed

[00:00:08] Welcome to inSocialWork. The podcast series of the University of Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hello from Buffalo and welcome to inSocialWork. My name is Louanne Bakk and I'll be your host for this episode. Trauma informed Oregon is a statewide collaborative whose purpose is to prevent and ameliorate the impact of adverse experiences on children adults and families. The emphasis of this collaborative partnership is to promote and sustain trauma informed policies and practices across physical mental and behavioral health systems and to serve as a centralized source of information and resources within the state of Oregon. In this podcast Dr. Mandy Davis discusses how and why trauma informed Oregon was created under state legislation and the current work being done through this initiative. She describes the four domains that serve as the foundation for trauma informed Oregon. Challenges and barriers to promoting and sustaining trauma informed policies and practices are highlighted as well as strategies for overcoming unforeseen obstacles Dr Davis emphasizes the need to train and provide social work students with the skills needed to understand the impact of trauma and why addressing trauma at the micro macro and mezo levels is imperative she concludes by commenting on the benefits and limitations of having legislation pertaining to trauma informed care at the state versus federal level and how trauma and foreign policy might be successfully promoted in other states. Dr. Mandy Davis is an associate professor of practice at the Portland State University School of Social Work and as director of trauma informed Oregon Dr. Davis works with trauma informed Oregon to provide training consultation and workforce development to organizations and systems around trauma informed care and trauma specific services. She was interviewed in January 2018 by Josal Diebold MSW Ph.D. student here at the UB school social work.

[00:03:06] My name is Jodsal Diebold. I'm an MSW Ph.D. student here at the UB School of Social Work and I'm here with Dr. Mandy Davis. Thank you for taking the time to be with us Mandy.

[00:03:16] Sure I'm glad to be here.

[00:03:17] Thank you.

[00:03:18] Yes.

[00:03:18] So to get started we just wanted to begin by talking about trauma informed care. So can you give us a little bit of what is trauma informed care. Why do you think it's important.

[00:03:31] I'm the director of trauma informed Oregon which is in Portland Oregon. And so I want to tell you a little bit how we frame that definition of trauma informed care which is kind of interesting because when I worked first started we you know work is very much grounded in those the studies of US Mental Health Service Administration's definition as well as the work of Maxine Harris or Roger Falot community connections though originally are we really rounded what it was in the kind of domains of Harrison Fowler which was safety power and value. So really looking at how people experience those things and how organizations either are promoted. Safety power and value in those they served or did not promote those things since you know since we've evolved and are working we really now have from Oregon really takes on that definition of some serious mental health service administration. I think it's the four Rs so that realizing the widespread impact

recognizing the signs and symptoms not only those that we serve but also in our workforce was a pretty big focus of ours responding by actually changing policy and practice and procedures. Actually doing something with that knowledge base and then not re-traumatized kind of resisting reorganization. So that's really how we define trauma informed care. But one of the big things I think we focus on too is that there are lots of different ways to define trauma care and we really honor that. So we've chosen to use the same space Mental Health Service Administration but we really look at you know there's some real core tenets across different sectors and different disciplines and they all tend to kind of work together and headed to the same direction.

[00:04:57] Absolutely. Even you point out Harris and Falot are values values are obviously bigger concepts and I really think Sam says for our is totally just fit into that very naturally as well. And you brought up something important that I just wanted to really pull out of there as we move forward is that you pointed out that trauma informed care is more than just recognizing and responding to trauma in clientèle but also being aware of that with the workforce.

[00:05:31] Yeah it's interesting I think one of things that are work trauma informed Oregon is really focused on actually organizational change in the sense that we in a lot of our work focus is on workforce wellness because we really believe that we can have all the best traumas specific services those interventions that we have really good information about. Know so we have those evidence base or evidence informed or traditional healing methodologies that we know work for individuals and families and groups. What has I think been successful are two things engagement into those services and the workforce being well enough to provide those services. So we so we really look at kind of the two big things that we focus on our workforce wellness. And that's no small thing like we don't have actually a lot of good research around what are strategies organizations can put in place to keep our work you know workforce well enough to provide those services. And we really focus on the harms institutions have done to recognize that as part of the trauma experiences institutional oppression systemic oppression. So that when we talk about engaging populations into those services that you might think work but no ones showing up because your parking lot is already activating them or because of the question that you asked them in the first 20 minutes you see them are because of who you represent to them based on the system you represent. So really trying to get organizations to pay attention to those two areas workforce wellness and then their own kind of how they activate people based on the you know how they what system they represent and how they may change engagement with folks.

[00:06:57] Yeah it's a really systemic focus now.

[00:07:01] So that being said with those being the two areas that trauma informed Oregon is really focusing on.

[00:07:08] Can you tell us a little bit about how trauma informed Oregon was created.

[00:07:14] Yeah it's a kind of a good story. I always had to make sure keep my date. So so the working in Oregon and I think what's important to start with in this whole movement of trauma informed care of this emerging movement is to remember that a lot of people have been doing this work before we called it trauma informed care. So we want to honor that culture specific programs. You know equity folks have been really engaged in that work have been doing trauma from care it just wasn't called that. So we want to evolve and build on and kind of acknowledge that work ahead of time. Trauma informed organ really started out of in Oregon. There was a policy developed at the state level around trauma care. 2006 was the first policy and that policy has sat for a while. It didn't get a lot of traction and then a group called The Children System Advisory Committee. We can't see that and this is a group that advises the addiction and mental health division of the state of Oregon. Now what's important about that group is that they're

made up of service providers. And more importantly folks who lived experience. So they have advocate voice use voice and adult voice and parent voice on that committee and that group wrote a white paper that basically said we're missing the boat on trauma and we need the state to pay attention to this. And they wrote recommendations from their perspective of what the state should do. That white paper with that voice behind it propelled the state to then kind of revamp the policy so then that policy rolled out in 2014. And that's one of the things I think Oregon is known for which is excited is that we have throughout Oregon Health Authority we have a policy that says anyone receiving funding all of our behavioral health programs that receive funding from the state have to strive to be trauma informed. So that's what the policy says. And so what then happened is the legislator funded and trombone from Oregon to be developed to help those agencies with the resources they needed to kind of comply with that policy. We are working for domains. So one is training and education. So we spent a lot of time since 2014 kind of going around the state providing information training presentations but also we developed a trainer database are really trying to find people who also were trainers in different areas and content expertise in different areas to connect people to those resources across the state. So and then education and for social work this is exciting as we just opened up I think last summer was the first run of a trauma informed care class. And the reason that was important is we hadn't had abuse and trauma class that was focused on trauma specific services. So now I teach a trauma care class which is mezo macro related. So how do we change organizations and policies. So that's education. We also have a partnership with Oregon Health Science University to put this information into residency practice. So we're trying to kind of back up that education into professional training programs as much as we can. The other thing we're working on is online training modules that will be free on our Web site. So really focus on providing access to folks who maybe don't have funds to be able to hire and trainers from. So that's our trained education area. We also started training the trainer then we do kind of community building a resource development for us that's really about our Web site that we really try to keep focus on Oregon's specific efforts because as you all may know when you go on the web and put in trauma care it immediately gets overwhelming. So there are really good sites out there. So what's what's been important to us is to say what's already out there and do we have something to add to that or not. So we really focus when we do a newsletter every couple of months where we really are asking we asked our constituents in the state of Oregon to write about their experiences or their attempts or what they need and then we go out of our deliverable with our contract has to go out in the state and ask people what are you doing. What's working. What do you need from the state. What do you need from each other so that that can be kind of really trying to build community and those kind of emerging field where we don't have any kind of do this and you get those. And then policy and investment is helping to educate our legislators about what trauma and firm care is. House Resolution congressional resolution 33 which basically is you know it's kind of a feel good legislation that says people need to pay attention to trauma. But what's important about that is that we got into that language around systemic oppression vicarious trauma. The workforce that really trying. I think one of our messages is try to elevate this to include not just childhood adversity but to include these other aspects of adversity. Toxic Stress that are important for the whole picture the whole social determinants are structural determinants of health picture. So policy in investment that way and then implementation is really what we're focused on right now. So now you may say you're excited you got it you want to do it. What tools and resources do you need to help. You know you're doing it more importantly we measure any kind of outcome. So that's kind of where we're headed is trying to figure that part out. So those are really are four domains implementation outcome policy investment education and community building.

[00:12:04] That is clearly really expansive work that you guys are doing. So I'm just curious to know I mean since 2014 when you all got started what have you found to be the most successful in the work that you're doing whether it's in one or all of those domains is there anything that just has really resonated with trum informed Oregon and with the communities that you're touching.

[00:12:29] I think a couple of things. I think the way to answer that is to say trauma informed Oregon, I think all of that has been successful to a to a capacity a place like trying to keep up. But I think it's more because it's not a time for worry is doing. I think one thing that's been really important is we try very hard to be responsive to the needs of the citizens across Oregon. And so those community building efforts are really important to go out and say what do you need. And if every so everyone said we're here we're ready but we don't know how to do this. Like we don't know how to say we're doing it. Then we stopped and we kind of prioritize and we worked on developing standards of practice for communities out there that's been really successful. The information the awareness or the awakening of folks across the state has continues to amaze me. And they say that because we have people from health care and child welfare and juvenile justice but we recently had we're having conversations with folks in climate change work we did a great project with natural resource managers so for folks who are restoring habitat but are engaging with folks who are houseless I think what's been amazing is to see so many different sectors industry people connect to the content. Think the reason they're connecting to the content is that it is about a really important message we give us that we can't define it for you like you need to think about those. Like here's this content here is this knowledge. The knowledge foundation and we provide that same information to everybody whether they're librarians custodians natural resource managers or legislators. You all get the same information. But how did you manifest that or apply that is going to be absolutely up to you and your population and your intent and your purpose and all of that. But that's also challenging and chaotic and feel overwhelming and those holding all that complexity has been I think the success is not saying there's a one size fits all because Eastern Oregon looks different than Southern Oregon than Western Oregon right and honoring all of those regional identities population. This is to me what makes it successful and daunting at times. When I think about any type of initiative that is literally statewide regardless of the state is overwhelming almost at its core. I mean that is hugely expansive in saying that in your work again since the beginning of trauma informed Oregon

[00:14:50] What have you experienced as the most significant challenges or the biggest barriers to the work that you're striving to do?

[00:14:58] Well I think one of the biggest barriers is probably what is talked about and probably not a barrier is much of the challenge is holding that complexity is trying to not want to get to a place where it's like this is the answer or not now we know what we're you know that we're learning and we're growing and we're evolving and I feel like at least from a social perspective we talk about kind of being in the middle of the movement and wanting to honor that chaos while also giving people direction. I mean because people need to know what to do next. They want to connect on what's next. They want to be successful to be sustainable. And so finding those ways to say well here's where I here's our best knowledge as of right now I'm just being really transparent and what we know and what we don't know. I think it's a challenge that we need to figure out how to measure those. And as a researcher it's not easy. You know it's messy. And I think we've got I think we need to think innovatively about the methods we have to do that kind of work. I'm looking forward to methods that really engage more real time feedback like what are you doing. And is it working.

[00:15:55] How do you know and find a way to do that across all states and across sectors?

[00:15:59] I think it's challenging and is going to be important. There's capacity and I think what I mean by capacity which is why backing this information into specially the mezo macro intervention level into our schools of social work is critical for me because what I need is a workforce who can do that level work. So you know we train I think social workers historically trained people to do trauma specific services. But if I need someone to be a consultant to a large organization to help them be trauma informed there's not a big workforce for that. Even if I have the money it's finding people who know how to do that work. So I think I think that's probably my biggest challenge right

now is how do we build that workforce who can do that organizational change level work.

[00:16:41] Yeah yeah. Those are even related to barriers that you just pointed out the fact that there needs to be a way to measure both what's happening and the results of that and then also being able to build the skills to just do the work to begin with to get people out.

[00:17:02] And we kind of need to know what's working. To know what skills to target right. I mean that's that relationship. I think the other challenge that's important to mention and that we are working hard and trying to do is to make sure we're intersecting trauma informed care with existing things you know or or with the emerging content as well. So for instance particularly of interest to me is how do we talk about an equity lens and a trauma informed care lens without it being another thing because it's going to be burdensome to organizations it's also just not accurate. If you're doing really solid successful equity work you're doing trauma and firm care work and in my opinion I think you can do trauma informed care work without being equitable or not holding equity wins. I mean I think we I think we have a responsibility to make sure we're having those conversations together. And so what can you add to your equity initiative to then be able to say it's also trauma informed or vice versa. Because first of all people are going to do it have some other thing like the burden on the workforce that's really important to me and because I wanted to be successful I want to pay attention to what can happen in our systems and in our work that we jumped to an easier thing. Right. And so for some people sometimes equity work feels hard. They jump to a trauma informed care feels you know and so then we leave behind equity and you know so we want to not have that happen. You're seeing now people are jumping from trauma from care to say resiliency. And of course all of that is important. All of it is important but let's make sure we're holding all of it together or at least keeping it all on the table even if it's too messy to figure out in a pretty picture.

[00:18:30] I'm curious to hear a little bit more when you talk about the the way in which frameworks can be integrated so trauma informed care and equity work. When you say equity work I'm wondering if we can share with the listeners a little bit of what does that look like and where do you see that natural connection between that and trauma informed care.

[00:18:54] I know if I can answer it to the listeners I'm smiling because this is these are the conversations I think we need to have because it's actually not an easy answer. So I sat down with a person who does who uses the equity lines which is a particular way of approaching equity work and it has the for people's the kind of the questions to ask every time you make a policy decision to make. And it's really focused on racial equity but it's called equity loans. So that particular model I sat down with the person who does that work and I was like OK let's here's trauma from care here is equity. I'm sure they just easily match up and we kind of started laughing. Three hours later I was like oh it's not as easy that they might you know and they you know they do. But we need to get better at articulating about race. So I think trauma informed care right is about acknowledging the impact of adversity and toxic stress on our citizens and how that impacts can alter engagement or success in services.

[00:19:48] That's one way to think about it.

[00:19:49] Equity is making sure that an identity doesn't determine your outcome and so it's interesting because trauma informed care actually kind looks at that more specifically like it does determine your outcome. So it's interesting. I think it's a great conversation. So I don't have an easy answer to say where they fit in. But what I can say is when I look at a culturally specific organization that is you know successful and serving a population that has experienced historical trauma they're doing trauma informed care. And if you if you dive deep in that organization you're seeing tenets a relationship of Trustworthiness you see those trauma informed care principles and you see those principles of equity and voice and choice. So it's there. Academically we have to

figure out how to articulate that. I think.

[00:20:32] Absolutely. It's ironic the way in which they clearly complement one another and fit into one another. And yet it's also hard to speak of them as an integrated whole. So in saying talking about academics and you mentioned our need to train social work students. I'm wondering if you could talk to us a little bit about what skills social work students are going to need to be helpful in this emerging field and what you perceive in your own work in being an educator of social work students.

[00:21:06] They need all the skills so the target and this new course I'm teaching is that it's tricky to teach this because you need to know something about the impact of trauma. So you need to know something about neurobiology and epigenetics and adversity and toxic stress and the impact of those on different types of people and different experiences. Because what we need you to do in trauma from care macro work is to apply that knowledge to our policies and procedures so that you can look at an intake process and say that's going to be to activate him or you know and that and what I always say is trauma from care is like science and art. Right. We're using the science about the impact of trauma on adversity and toxic stress to understand why someone may be not able to engage in a particular way or why are more importantly why our services are activating people. But the art is that. So it may be great for you to put music in the lobby of the bird nonstop because the music is too loud is too much and that's not worth it if it doesn't reduce activation and those accessing services. So that's the art. Right. And so I think the skill that I see most needed and often lacking is to be able to take that knowledge science and apply it on a macro level and not not you know kind of beyond just what does alibi look like but what are those policies what are those practices. And I know and I'm sure some of the organizational business will know better than the words I need people or people need to be able to see the future like see ahead of them to really kind of notice a moment in time and then how it's going to play out and and be able to hold that complexity I think is probably the key skill because you're going to have to hold an organization through that complex feeling that feeling overwhelmed and that big things are happening quickly or big changes are happening but outcomes are happening at the same time to kind of be able to shepherd people through a process. But lots of people through a process a large system through a process and beyond to be kind of that constant that you're you know this is working we're doing this that's happening. So the skill set to be strategic strategic thinker I think and trauma informed care at least in my world it's about connecting really lots of really big systems so be able to think about how do we connect the dots for people so that we're not siloed. I think it's about promoting having skills to promote people to be working together without feeling like they have to be taken over. So it's not always about being in the same room but it's about knowing what you were doing and how do we promote support that. to be able to sit in a room having the skill set to sit in a room and notice what's going on and are personally in that room of stakeholders while also shepherding them to a forward. That's what I need people to know. I don't know with all that it's called but I think social workers. So all of my degrees are in social work so I enjoy the field and I think it's a I think it's a bill that social workers can have because I think it's kind of clinical case manager revery. It's doing the work. But with this lead of also understanding the interpersonal impacts and what's happening while pushing federal and state policy rate those two things can come together and have to come together to be successful.

[00:24:11] I just think about really the model generalist social work practice. It is not just micro practice it is all three layers from the individual family to community and all the way up to societal levels. That's what social work is about and applying our values and principles and education to all of those levels. I think regardless of where we connect as a professional I'm curious you talked about this a little bit. But so obviously trauma informed Oregon got its start because of state level legislation. So I'm wondering if you can speak a little bit about the importance of that coming from state legislation as opposed to federal level legislation.

[00:24:58] Yeah that's a great question and I will say especially for maybe social work that is listening that you know one of the areas I wish I'd pay more attention of my social work education was in policy and legislative for the guys and some of it just that I'm finding it fascinating and I've been kind of thrown into it and it's been a learning curve and yet I am I am realizing the importance of it. So we originally were funded through our legislator and we are now currently part of our Oregon Health and the Oregon Health Authority budget which is kind of a shift a funding stream. But the fact that the Oregon Health Authority kind of has this policy around trauma informed care has no doubt I think been super successful to move people in Oregon to pay attention to want to do this work and to feel supported. But I think an important message for folks has been really successful for all of us to go back to that is that we are university based so trauma informed Oregon is housed at the School of Social Work at Portland State University and the Regional Research Institute. I say all that because the policy is with the state the Oregon Health Authority or the health authority funds us. But what that has done is give some pretty immense credibility to the work. So we are not the state raped we are not the policy or the auditors but we're funded by the state. So basically providers around Oregon can say the state cares about us and in our policy it calls out the need to speak to vicarious traumatization. So that's a big deal. So the state is saying we care about this c section saying we care about those we care about our workforce we care about trauma. And then there's this university based neutral party that can help develop resources and provide assistance as necessary which means all of our materials free. And so those are pretty important dynamics to make it a successful endeavor because we're non-profit based. What's important I think about state policies is that they're more flexible so they allow the state to do what's right for the state. And so I think it's important for every state to look at different policies across the state where those policies that are with public health of the health already a lot of times you'll see them in education. So we have trauma informed care related policies scattered amongst different systems in the state of Oregon. You know usually federal policy can then have sparked things and states or a bunch of states can do things which sparks a federal policy. The purpose of federal policy is usually to have some standard across the country and maybe to have some funding attached to it. And that's important. And you want states to have you know some flexibility to build apply that in the way that works best for that state. Some states are really far. Some states are brand new and so kind of where they need to put the work is going to be important for them to define. So that same thing that we're we're challenged and committed to doing in the state of Oregon which is to say wherever you are is great. And what do you need wherever you are. Hopefully there's other people we can connect you to to help you with the same thing that happened as you know from a national level and recognizing where states are and what issues are important to them how people define trauma informed care. To me is going to I always say I don't care what you call it know if you want to call it building a lot of schools we work with call it building a resilient school that's great building resilient community. Call it hope. Call it whatever it is as long as it's kind of under those same principles and values. And what you call it's important because that's your language. And it's going to have you commit to it so that to me is the reason to push for state policy is because there's more flexibility in it. Now it's interesting just for people to think about where they want those policies to set rate. Again different agencies all have different expectations and policies around that.

[00:28:25] Absolutely. So looking forward in terms of your experience the trauma informed care and the policies that made it come to fruition. What do you perceive it would take to see policy is like the ones that lead to trauma informed Oregon to happen in in more states across the US.

[00:28:46] This is a good question because I would always want to say as you know what is not happening. Like why are they happening because I want to really do find and a lot of different places I intersect with folks is that it actually is happening. So like a lot of states do have these things right. So the one question is What do states have. Is that helping the systems and agencies in that state promote what they want. You know because that's important you have a policy. It may not

be like organs original policy didn't do a lot right. And so it took a couple of rounds. And what's really powerful to remember is that it took the voices of those who lived experience but it but it took multiple time. So I think I think probably what it takes is knowing what's happening in your state currently. What policies have been tried and maybe didn't make it or didn't go through so that they can be revamped so don't start from scratch. It's a really important message because again most likely it's been done somewhere. And also look at what other states have done in which it's been successful. I think it takes probably a coalition you know you got to get people together and it takes talking about it. And I I just firmly believe because it's it's continues to show itself as we just talk about it and we keep talking about it. I think what I would say is what's important as we move those policies forward is that we move them forward in the most inclusive way possible and that we don't allow ourselves to kind of maybe go a simpler route. I mean sometimes strategically you go a simpler route and then you expand the scope of the policy in Oregon right now is geared for behavioral health providers. Now if it works with everybody that particular policy is geared to behavioral health providers so there's conversations now trying to widen that scope. And that's also not a bad route to go either. We can't think about get successful in a small area like what the words mean in the language and get people comfortable and then find a way to kind of expand the scope I think is another way to think about that. But I think it's important to make sure your you know your legislators are commissioners your local officials know what trauma informed care is raise or finding a way for kind of everyday folks which is another important I think message about trauma informed care. From my perspective is that it really when I started doing the work when I started as a clinician and trauma work it was like people who got information about trauma were clinicians and trauma work. And that was it. And trauma informed care has been so lovely because it's been like no everyone needs to know this. Everybody raves. And so I think that's the other thing that we started doing that kind of public health messaging rate around the social determinants of health that will naturally kind of rise up to policy. And then I think those words need to be raised to kind of help advise what the policy should be.

[00:31:14] Trauma informed care and that science based that you talked about use the acronym near the neuro epigenetics aces and resilience that is knowledge that I really think is useful for any sector. I mean like anyone out there and so that's definitely really powerful.

[00:31:33] Yeah and it's really powerful like we work at the school. The ones I'm most interested in other front office staff. And and because you know in most organizations those who see the biggest behavior are the ones with the least access to training. Great. And yet that's the group who was like eyes were wide open. They're like oh this is amazing. I get it now. So that's where kind of real change happens is folks who haven't had the exposure or the access to the information which is why we're pretty committed to trying to have accessible information right. Not everybody needs to be an expert in epigenetics. But you need to just know it exists because you need to understand that what's happening in front of you may be bigger than what's happening in front of you. Right. Maybe be what's happened to a group of people or generations and that's that's as far as you have to go on some level.

[00:32:19] Absolutely. Get a little bit of an idea of what might be underneath the iceberg you know understand the whole huge bottom of the iceberg you know what's beneath the surface bright to understand a little bit. In terms of trauma informed Oregon, just to close us off, do you see anywhere in particular where you're headed with trauma and Oregon and are you alluded to a little bit of the areas that you are really focused on now so when you think about the future of the coming years where do you see yourself.

[00:32:48] So a couple of things we're really focused on from like a task. So what we're focused on right now is the education and training really around the online training modules so that we can increase our capacity. People who train and can educate about trauma informed care with. That is a

real focus in the next couple of years on culturally responsive and linguistically appropriate training and training materials and resources and really dive deep into that training and look difference and how do we do that in a way that's through with equity lens. So paying attention to that is where we're headed. Community models I think is something we're paying attention to because people are starting to look at this from a community perspective. So paying attention to what we know what are those practices look like what does it mean to have a trauma from community. So scaling it up about definitely implementation. So really around the outcome work so focus a lot on how can we measure either an agency's readiness or the outcome of trauma care. So both for low cowl for a city for a community for county or for an organization. So I think a lot of a lot of our interest is there an impulse an investment where we can educate policymakers. To make sure this content is embedded across lots of polls. You don't want just one policy. I want this embedded in all policies and I want to make sure the conversation again is inclusive of you know adverse childhood experiences as well as experiences of systemic oppression and racism and those type of things are staying on the table.

[00:34:17] That's where we're headed. That's where time for an Oregon kind of what we're working on the work on intersecting equity work with trauma care work and restorative justice work. Like how do all of these things kind of come together so. So that's definitely on our agenda to attend to. And I say attend to like we're trying to just figure out can we put it in a graph like how do we just have it in such a way where when you go out and talk about this you're remembering to talk about all of this. I actually kind of can wake up with the whole night thinking about this whereas trauma care in five years and in ten years and is it still a trauma care or is it just embedded in the work that we do. And so so that's why I'm interested in how we're connecting work across the country internationally. Looking at how other countries are addressing this issue and what we can learn from that. I think that's where we're headed.

[00:35:04] That's a lot of work. Yeah.

[00:35:07] And now this has been fantastic thank you so much for sharing about trauma informed care about the work of trauma informed Oregon and all the nuances in terms of how that connects to the field of social work and to federal policies state policies, All of our organizational functioning acts.

[00:35:26] Well thank you for letting me talk about it.

[00:35:28] You've been listening to Dr. Mandy Davis's discussion on trauma informed Oregon. I'm Louanne Bakk. Please join us again in SocialWork.

[00:35:47] Hi I'm Nancy Smyth Professor and Dean of the University of Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history or online and on the ground degree and continuing education programs we invite you to visit our website at www.SocialWork.buffalo.edu. And while you're there check out our technology and social work research center you'll find that under the Community Resources menu.