Good morning and welcome to trauma informed care” the importance of the working alliance. This is a one hour webinar and upon completion it will be made available upon demand. We are part of the College of health and public service and we are located within the Department of rehabilitation and health services. For those joining today take a look at the webinar on the right panel screen. Halfway down there is a question mark section. If you see the box go ahead and say Hello so I can make sure that you can hear my voice. This is the section that you will use to make comments or ask questions. If you have technical issues that them in there and I will take care of you. Further down look for the one that says handouts, pop open that and it is a version our PowerPoint slide. Thank you for saying good morning. If you’re calling it by phone make sure that you email you and T Weiss at you and T.EDU. Right now I would like to introduce you to Doctor Justin Watts. Justin Watts PhD. NCC CRC is an an assistant professor at the University of North Texas in the Rehabilitation and Health Services Program. His research centers on interpersonal trauma, bio-psycho-social-emotional impact of child-maltreatment, collegiate recovery, recovery support, the counseling working alliance, and mental health. He is also involved in teaching group counseling, addictions, substance use counseling models, and advanced counseling skills at UNT. We are so excited to have you with us today. The floor is yours.

>> Thank you. I want to say good morning to everyone. Is a second webinar that I have done with everyone. I feel like we are in a very positive space. I want to explain what got me into this area of research. For a long time I was an addiction counselor. When I started noticing story after story and the horrible child incidents. My questions were whited people end up where they were. When I was a doctoral student I received my degree at Pennsylvania State. In response to that the University developed a child maltreatment network that I was able to study with. Through that experience I have been able to focus my research and career an understanding the long-term impact of trauma on peoples emotional development, psychological development and how it impacts disability. What I hope is that you will take one second to take in the information and if you have any questions I am happy to answer those along the way. Through the course of this presentation what I will do is talk about the working alliance. It is a bit more than the relationship between the client and counselor. It has to do a lot with what we actually do an hour sessions. We will talk about the impact of stress and trauma across the lifespan and at the end I will have information on some potential work is accommodations so we can integrate trauma care into our practice. I always start with for me, I see it every day, all day. Is not that I have become desensitized but I want to realize that if this is your first time attending a webinar and listening to the information it can be quite impactful. If you are impact did please reach out for help. There also local resources if you need to seek out support. As far as trauma exposure to complex trauma which we often call toxics track -- toxic stress is much more common in children. Children with disabilities has to do with the nature of the disability. They are used to having assistance with bathing and getting dressed. People are pretty much evading their private space anyway. So it opens the door up for social interactions. When you look at caregiver and people that are caring for the kids they may not have the skills or support to do so so it can be very easy for that parent to act out against the child. That might result in physical abuse, emotional abuse and in some cases neglect. When we look at actual conical samples of people that are seeking treatment for substance disorders around 80 to 90 percent actually have trauma histories. When we look at the rate basically across the population in general around 15 to 25 percent of women will have a lifetime history of sexual abuse. Around nine it to 44 experienced some form of domestic violence and around 20 percent of returning veterans have symptoms of PTSD. About 20 percent of the population will document been exposed to a disaster. When we're talking about what trauma is the best definition I can come up with is an emotional response to a
terrible event such as a rape or natural disaster, shock and denial, flashbacks and strained relationships. We talk about trauma we had to explain exactly what it is. It is not the event that is going to calls, cause that the service it is the persons reaction to it. This is the most of severe expression. With someone experiences a traumatic event or trauma they might be the active -- effective or physical stress. If you start after it occurs and sometimes even three months after it occurs symptoms must last more than one month and they will have an impact on an individuals function. The other important thing to note is that PTSD can be very long-lasting. For some people it may last a couple of months. They may say I'm okay now but for other people is they can last years. When we’re talking about trauma one of the new additions to the diagnostic and statistical manual is that it doesn't just have to be direct exposure but it can be threatened. If somebody is actually injured or threatened or they have had exposure to these sorts of things or witness it, those are important things to keep in mind. What happens is individuals will have one of these cluster symptoms. This may be flashbacks, unwelcome memories of the events, start reliving the experience, nightmares and having trouble stopping thinking about the event. They will have at least one symptom of avoidance. They will stay away from anything that reminds them of that experience and avoid any source of thoughts or feelings related to that experience. When they engage with these triggers is starts to activate their central nervous system and they start to have symptoms. The symptoms are arousal reactivity. They have to have at least two of these which includes issue sleeping, irritability or anger. Last is at least cognition remove symptoms. They may have issues with memory, stigma, guilt or blame related to the event that -- event. This is a diagnosable condition. A lot of people have confusion related to the diagnose and -- diagnosis. What is difficult for the client is that many others may have experienced varied events that and may appear normal. This results in stigma. They believe that they should not be experiencing this. One of the biggest examples is right now we're conducting research on isolating the impact that emotional abuse has on children. In our studies we have found that looking at emotional abuse compared to every other type of abuse, physical or sexual or other lifetime traumas or neglect. Emotional abuse is more significantly related to psychological malfunction later in life. What was interesting is I shared these studies with my students and we work for the longest time on being told to get over it. There is no substantial evidence that it really happened and it is causing a lot of issues later in life. When we are looking at the symptoms we keep in mind that these are symptoms of a disease. Concerning the types of accommodations set up person may need in life for the work place, looking at this list is an important starting point. This is very real and we have to validate that for our clients. It is just like any other form of disability. It is important to remember that the symptoms are not a choice. When an individual experiences an event it is not deliberate or making an active decision to think about the event, talking about it is a form of trickle  the trigger. It is important to keep in mind that we need to help clients balance their symptoms, being reactive in relation to an event and some abuse is quite useful in keeping them alive. Most of the time when you look at being startled, intense her on edge that is how they acted during the event and that is what helped keep them alive. It is that aftermath that activates the symptoms later. There are a lot of things that determine if someone develops traumatic stress disorder. Some of the risk back yours is being exposed or if the trauma itself is involved, is a cool injury, if you saw someone die trauma will be the focus. Feeling helpless, terrified in the face of the event and if they don’t have support is one of the redactors. Extra stress includes were you traumatized [ Audio lost ]&

>> Doctor Watts, can you hear me? I think we’re having some issues. Are you there. We lost all of what you said. I don’t know if anyone else could hear it. I’m sorry to interrupt you but I could not hear you.
Do you know where I need to start back.

I was start with your risk factors.

Okay. There are a lot of things whether or not someone develops PTSD. One think might be being exposed to dangerous events, or traumas. If someone is physically injury that can be a huge impact such as seeing someone die. This issue of helplessness. If someone does not have the skills to adequately deal with the situation, when you look at these situations it is like trying to approach it like having your hands tied behind your back. The other thing is there is no social support. One thing paper the people are turning to do is to buffer the stress response. If you don't have that they are more likely to be exposed to PTSD. Also is the added stress of the event. If you lost a loved one or job and experience daily pain as a result of that or injury that is going to be chronic those sorts of things will determine PTSD and mental illness. Looking at what resources that individuals will have to cope. If they are spending most of their time on other things like coping with their symptoms from mental illness they have less resources to navigate the system. Trauma involves a large element of perception. If an annual perceives an event to be dangerous or overwhelming it is, period. Another misconception is it is all in your heads. It involves a lot of things within the body, sympathetic and parasympathetic nervous system is involved. What happens is the results are chronic exposure or long-term exposure to these events actually do cause structural changes in the brain because changes in the way our transmitters work causes changes in our stress response works. Much like diabetes, if someone has a high sugar diet, don't exercise regularly and there pancreas gets used to process large amounts of sugar it results in cortisol. It is a stress damaging system. If you experience stress your breathing is shallow and quick, blood runs from your muscles so you can excel. When the parasympathetic nervous system kicks in that is basically like hitting the brakes. That cortisol coming in and trying to calm you down because of your body is in that heightened state of arousal for too long that is where stress leads to disease which often leads to disobedience the disability so it is essential that for those experiencing those issues they must learn to develop coping issues. One other thing that is really interesting but sad is individuals who undergo chronic stress, especially in childhood, they have difficulty extinguishing the stress response. Such as insulin becomes resistant to cortisol. You have all of this cortisol going on and it can damage certain brain areas. One in particular is the long-term memory and our emotional memory. When someone is having an emotional response but they can't remember why that is exactly why is because that part of the brain may be damaged or underfunctioning. That can lead to a lot of stress for people where they don't know what is happening in their bodies and it can lead to thoughts of here, panic -- and panic. The support is the biggest. Social support. People that have a positive outlook and making the best of it includes resiliency. Active it be -- expecting that there is a natural disaster and learning how to cope with the situation.

Doctor Watts, someone has a question. I have noticed an increase in clients who have been diagnosed with PTSD. What do you feel has attributed to this?

I think it is awareness. I think that the stigma is starting to decrease. There have been recent efforts of the veteran support networks. The fact that we found out how to cluster symptoms that people have it is predictable and long-lasting. In my opinion it is the public lessening this stigma of up PTSD diagnosis. And to educate people as to what is happened. Has been in uptake on shedding light on the issues which is a good ring. I don't link that more people are traumatized. I don't think that more people are experiencing these things. I believe that more people are believing that these experiences are not normal. Great question. If stress is concerned, I was having a conversation with the student about this.
the other day. They asked the question why can't people just get over it. It happened and it is in the past. I thought please don't ever say that to a client. It is difficult to just get over it. The reason is our brains are hardwired to remember negative situations and experiences. It makes a lot of sense for survival. A lot of the brain that we share as far as our limits we share with other mammals, reptiles and so what we have to keep in mind is these responses are meant to keep us alive. Lots of them come when we were hunting or being hunted in the sub Sahara if we remember a particular location that may be dangerous or something happened to us we are more likely to stay alive. Similar to these experiences if you are in a car accident and avoiding driving for a while would be a good thing. They all have reasons. It is not the someone chooses to be afraid of those things but they have very real purposes in our lives. Registering the stress and keeping them active in our memory is why trauma survivors they alive. Back then that was the case and that is why we have the human species today. The other thing to keep in mind is that is stronger than good. We’re talking about memories research has shown that having good memories or experiences does not offset that experiences. I often hear this when kids grow up and abusive homes. At least the mom or dad was a stable parent that The role. That is a great thing in their lives but it does not operate all of the bad that was possibly done by the other peer and. -- Parent. One interesting thing, John Gottman is a renowned researcher and couples counselor. One of the most influential studies that he did was looking at the impact of interactions. And any instance of the trail -- mistrust was how long did that impact the relationships that we live. There were five positive interactions, mistrust of heard or if a lie happened or they did something to betray the other it actually took five positive interactions to listen he lessened the impact. The interesting thing is the memory stayed. They never forgot. You hear a lot of people saying asking for forgiveness or they have dealt related to what happened. It is imprinted that will stay there possibly for the rest of that persons life. That has a very strong route and evolution meaning that experiences help us avoid the experiences in the future. That is just an interesting piece. When we are talking about child maltreatment what I mean by that is before the age of 18 if someone is abused that can be physically, emotionally or sexually, neglected or exploited by a caregiver in the home environment and it could be another adults as well. When looking at the rates back in 2017 around 683,000 cases of child maltreatment occurred. There were 1400 or about 25 percent of children are going to experience some kind of abuse or neglect. Children are especially vulnerable. Many people who do experience maltreatment develop substitute disorders. We will talk about the rates in one second. It is a given that the more severe the maltreatment someone experiences the greater the likelihood of negative outcomes. One thing that I noticed especially in my clinical work was I could not help but notice that the way they interacted with me was often different from those that did not have trauma. I had to remember that my position as a counselor was that of power and I am also a male and how an individual is viewing my interaction as a counselor is probably based on their previous interactions with male figures. How an integer visual learners and copes with the past events often transcends with their current life, relationships and functions. In many cases premature termination means that the client quits or they stop seeking services. Altogether because the way they are exposed to traumatic experience they may become too uncomfortable and leave. Half of those dropped out prior to engaging in exposure therapy. The other thing is it is an effective intervention. We ask a lot of the clients mean that you have never met me before but I am going to ask you to relive this dramatic material and talk about this painful stuff and to trust me. That is a lot to ask of someone that you have never met. We have to remember where they're coming from and try to learn what is going on. How they are coping before we start any of these processes. One thing I would like to talk about is how early trauma might be different than trauma
experienced later in life. When you look at the rate that the brain is developing over the first 10 years of life there sometimes where you will have a two year period where it is doubled in size. This is white weekends -- when kids come out of the womb there heads are very soft. We are the only species that has the soft head. Our brains are highly adaptable meaning that over the course of our development it is constantly expanding. We have 200 to 500 to -- 200 to 500 trillion identify connections. When you think about how rapidly these experiences are occurring we have to consider that a large part of who we are and our personalities and what we do is formed by experiences. Children are going to adapt to whatever environment they are in. I read a study related to infants who were born, their mothers were pregnant at 9/11 when the buildings collapsed. What was interesting about the study is they follow these kids and to adolescence. They found that they had higher rates of cortisol than their kiss even though they were not physically there. But they came out of the womb prepped to cope with this environment. When you look at and abusive environment and the lack of nurturing, the parent isn't responsive to the child's needs, actively emotionally abuse or neglect it that has a huge impact on not only the persons believes about other people. What happens is the kids start to generalize the early learning to their later adult relationships. When that occurs that has a negative impact on their future relationships and it inhibits anchor Pat -- and hippet there response to developing relationship skills. It is not that it is nurturing or abusive but there is a spectrum. We talk about the overwhelming events that are happening almost all of that is beyond the child's control. We have to keep that in mind so if people are not functioning well or not interacting well that is years in the making. Largely because of abuse that occurs during early development. The good news is that neural plasticity is basically talking about the brains ability to grow, repair itself in response to the environment and experiences. Kids brains are highly plastic meaning that they are highly adaptable and they are growing. Around the age of 25 or 26 is when they are no longer soft. Does that mean that it no longer occurs. I can remember during my education that researchers believe that once you kill a brain cell it is gone forever. That is not the case. It is growing and repairing itself all of the time but it happens slower in development. This is basically an MRI snip of a three-year-old child. One is exposed to a normal upbringing with no issues of neglect or abandonment. This is one that experienced extreme events. An example was a child that was locked in a closet. This child's brain is 33 percent smaller. When you look at some of the key brain structures that were impacted it is pretty horrifying. This is a seminal article that came out the adverse childhood experience also called the ASIS study. There around 15,000 individuals that took part in the study. This is in a hospital in California. What these doctors started noticing is the clustering group of symptoms or diseases were occurring and they started doing research to stay -- say where is this coming from. What they found is pretty shocking with child maltreatment was the history of all of these individuals that were either dying early or exposed to certain types of diseases. What they found was that exposure to at least one adverse experience which happened with at least half of the participants, when I talk about exposure to criteria they ask questions like where you ever sexually abused, I think I have the questions up. Please hold. What they asked is prior to your 18th birthday where you emotionally abused, physically abused, sexually abused, emotionally that the did, physically neglect did. Did you witness interpersonal violence, have appeared with a substance abuse disorder or mental illness. Did you ever have a household member go to prison. Basically what they do is take count of every single one of those adverse experiences of the individual. What they found was a large graded relationship with the more experiences the person had that they were more likely to have negative outcomes. 12 times to have drug abuse, anger, etc. We see more than five events it is 7 to 10 tenfold an IV drug abuse. We talk about disability status these events are significantly correlated to help us out meaning these individuals
develop cancer, liver disease. When you read the experiences and what the author believes contributes to these disabilities they looked at substance use. If you look at cancer a lot of them have lung cancer, liver disease, cirrhosis, heart disease and a lot of these were related to cigarette or nicotine use. High rates of mental health issues, psychological dysfunction is very likely. This is a study that just got published this year. I worked on it with some individuals from Penn State and one interesting and that we found a strong graded relationship between early child maltreatment severity and later disability status. If someone had extreme maltreatment severity they were 66 percent more likely to have a disability later in life. The interesting thing that we found was that their disability was not related to substance abuse. We controlled two years of the use of substances. It is not necessarily how someone chooses to cope with a substance but it is independent coping mechanism. It ultimately results in more stress overall and consequences and limitations and behavior. When we look at it basically, I love pyramids, when we look at these adverse childhood experiences one thing that we’re trying to understand is how those experienced affect the -- affected cognitive this -- impairment. How these risk behaviors relate to disease, social issues and early death. It is important to understand that all across the spectrum regardless of the clients we interact with we need to take a look at how the individual is coping with those experiences and was source of deficits are we saying in their social and cognitive impairment. This is a place where rehabilitation counselors play a big role. Especially during assessment and evaluation and helping these individuals find accommodations so they can have a positive life. I am pausing for any questions between slides to. How these issues impact, this was a publication that came out in January, this was a publication that came out in January 2018. One of the things that I feel responses the relationship between ourselves and the client. It involves the bond between the client and counselor and you can see how some of these past experiences might influence the relationship that the client might have with their counselor. Also we had to consider what we are doing in the counseling relationship impacts the client and the overall goals. For every counselor that I oversee or trained in the clinic they needed to know what are you doing everything related to the client is it what the client needs. The working alliance is probably one of the biggest redactors of sustained change. That goes for trauma counseling, addiction counseling and counseling overall. What research has shown is twice as important to other clients if that makes sense. Statistically it is literally two times more impactful when you are looking at positive outcomes than it is for others. This should be a focus on clients with the source of histories. One of the biggest findings that we had in the study was looking at interpersonal trust. For those with maltreatment histories their level of trust had a huge impact on the counseling and client. This is a personality feature that was development. Basically is doesn’t have a bond with the caregiver. If their needs are consistently met and they know that if I cry and mom brings a bottle or changes my diaper I know that when I do this other people will respond. When that is not happening people learned that other people are not going to respond ever which results in avoidance later in life or people respond unpredictably. I have to do a lot of things to try to get attention in order for me to get my needs and match. If there needs are enduring personality traits what we found is that maltreatment had a very high impact on peoples social and emotional development especially when we are talking about sustaining interpersonal relationships. What was also interesting is that these things happen 20 to 30 years ago. There is still having a profound impact on the way the individual interacts with others in a social environment. It is impacting romantic relationships and relationships in general. That is something that we constantly had to keep in mind is that how our clients are interacting with us. It is not about us but they are looking at us through the lens of the past. When we look at these cognitive disorders or different ways of looking at things from early trauma it does create a challenge in
working with the clients.. We have about 40 minutes left so I want to save some time to see if you have any questions at the end.

>> I think your questions are how will I work with the client, what are the sum of the things that I can do. And I hope I didn’t interrupt you.

>> Those are very good questions. I will throw us some ideas of what I Inc. and -- of what I think. I will give it my best shot and to -- and it your questions at the end I will be happy to adjust those. Assessment is an important part of the risk assessment. I did not put this on your slight but one that I’d like to use that is relatively short is the adverse childhood experiences. They only gave 10 questions and if you go to a CES.com, it has been proven to pick up on whether or not the source of events happen. It depends on how you want to use the information and if it is helping people to connect their past experiences. It can be a good conversation starter. Prep before you get these assessments to people so make sure that you have contact for counseling services or support services because I have had experiences where people don't have a good relaxing to the survey -- good reaction to the survey. The childhood trauma? -- The child trauma questionnaire can be used for research and it is the most widely used. Childhood abused in childhood. I to show you the childhood abuse study. It is really understanding what information you need in your practice and what will you do it with. If it is not needed then you probably don’t need to screen for. If it plays well for the purpose that you are trying to do you may want to consider it. The other thing I wanted to provide was this national symptom for PTSD. This site is through the US Department of veteran affairs and they have some criteria and screening tools that you can actually download. I wanted to make sure that you had to that resource and take a look at multiply useful for you. Here are some quick screeners like the Sprint just to make sure that I am picking up on the presence of any sort of PTSD symptoms. Screening is the first thing. Looking at how is this experience playing into the relationship that I have with my clients. There is one thing call for session rating scale. You can get that off the Internet. It is four items. Some people like it and I like the [ Indiscernible ]. He let me use this in my dissertation and all he asked was every time I publish to let him know and to give him a copy. He is a super nice guy but this is a copy of the working alliance inventory that you can download from the site I gave you. It is a seven point lifer scale. It measures the bond between the client and counselor, and it measures the goals. My counselor agrees with the things we're doing and therapy to help me improve my situation. What I am doing is giving me different ways to deal with my problems and what I am trying to accomplish. You can change the wording on this if you are not necessarily doing therapy and working on and accommodations job or any sort you can reword it. As far as trust, what can I do. I try to warn counselors to be wary. When you look at how clients interpret our behaviors such as if I'm working with a client who had a severe level of interpersonal trauma growing up I made just be checking the time on my watch but how the person is interpreting that action may be that they are not interested or care about me. They are hypervigilant and a lot of cases in looking at these very subtle interpersonal cues or looking at the cough -- clock or appearing disinterested in the session. We had to be aware of these things. One of the big things that I tried to do is the genuine. Using my active listening skills and make sure that I am there with my client. I know this seems small and given but I asked people to pay more attention because when we look at our watches that is fine but I need to explain what I'm doing. I explained that this is something that I have to do because I do 50 minute block so I want to make sure that they understand that. Some other things is really looking at nonverbal behavior. 93 percent of what we communicate is nonverbally. What we say is important but how we say it and go about it actually provides more information to the client and vice versa. Expressing empathy. I
know a lot of empathic people who are terrible at expressing empathy because they don't get feedback from peers. I don't mean sympathy like always you, I mean help me understand you. How to understand the clients role and experiences. We also have to be careful with develop a boundary because you can be too empathetic which results in burnout and cause you to take too much of this home. That is something that I have to learn how to balance for myself. I wish I could give a good boundary there but it will be different for everyone. Be genuine and transparent. When you're not yourself or unapologetically you your clients can pick up on that. Sometimes what I found is I talked through what I am doing. I let them know that if I am thinking about something it is not all in my head. If I have a meeting with someone and they give me a weird response and say that is very interesting or off-the-wall I don't hold back but I am also not a jerk if that makes sense. Showing respect. That is a given. Balance childhood support. We can't pad people on the back and say everything will be okay. Because we don't know but we have to make sure that we are supportive and caring about our clients. When we start challenging our clients that provides a framework to let them know where the challenges coming from. If we're not doing that there will be no movement. Instead of saying you are not doing this what are the barriers to you engaging in X or barriers to employment. What is keeping you from filling out an application. We need to find out what is keeping the person from doing what they want to do and as counselors helping them address their experiences. Do what you say you are to do and when you're going to do it. Show up on time every time. If not give an explanation. When you're a consisting you are mirroring what the individuals have experienced in the past which can be a trigger. If you say you will email to follow up make a note and do it. That is one of the guest ways to lose a client. Provider stigma is a big deal. When we're talking about this instead of looking at the symptoms consider where they're coming from. Why is this person having systems. Largely because of their past experiences and trauma. They don't have the skills to cope. How do we empathize with our clients instead of stigmatizing them. I will try to burn through this superquick. As far as trauma and form systems are concerned, trauma informed care is a buzzword and thrown up -- thrown upon the industry. I want to explain exactly what that means. It is the very lowest tier. Most people aren't expected to be experts in working with trauma and for most rehabilitation counselor and trauma informed will meet the needs of your clients. We need to be referred out to address the symptoms. Realizing the prevalence that you got from the lesson today and recognizing the symptoms and the criteria for PTSD and looking at what are we going to do with this information and how will it inform our policies, procedures and practices systemically. We want to look at how we interact with the clients and job accommodations. Sometimes I question do we need to be screening for the source of issues when we are admitting students into a program. Most people want to go on and help others but they are exposing themselves over again to the stories. Where our clients get employment is another thing that we need to take into consideration. In line with some of those symptoms of trauma some workplace accommodations. There is not a lot of research out there on this right now and I have all this from someone's log but flexibility with scheduling, written instructions and request due to mental issues, getting support, modifying break schedules and providing a mentor, consistent shift schedules. Our claim is he clients may also need treatment addressing their coping mechanisms. You want a good list of service providers that specialize and have a good relationship with those counselors because as we are referring and doing this job side of things these can interfere with that. I have burned through the last very quickly but I want to ask if there are any questions.

>> I know individuals that are watching this we have some from the CRC and employment professionals but some of the questions that we received our employment specialist that are contracted to help an individual find employment. When someone has a diagnosis of PTSD a lot of them say they are on a
timeline so what you stated, giving them time and not having parameters and things of that nature so a lot of the questions are related to that area. Highwood I work with that person. How would I give adjustments. Can you speak to anything like that.

>> Depending on the nature of the relationship that you have with the employer and have options my biggest recommendation is to comprehensively look at the potential barriers to employment. If these things are not addressed well and the individual is not functioning at a level where they can sustain employment it is important to screen for these things and talk to the client individually about seeking counseling or support outside of that. You will be very limited in what you can actually accomplish. I try to take on way too much and I try to meet everyone need and define what is my role. That is something from a systemic perspective that we have to address is looking at your employer's, what is your role because this is an issue. When we look at the workplace and sending individuals out there we have to know what are the potential benefits and what types of information do we have to share with the employer. I think the biggest piece is looking at it from an us -- from an employment specialist view is there anything that would make you say can this individual function in this environment. I think screening and referring out and getting additional support outside of these environments would be the best thing you can do.

>> Thank you. I will add to that. We have post population online. That means our contracted employment professionals need to work hand-in-hand with our VR counselors to identify the barriers and working together to work together. One question is what are some good phrases or statements to help express empathy. I struggle with this.

>> That is great. One recommendation is Renée Brown has a wonderful video. If you go to you to.com it is called empathy versus sympathy. I highly recommend that you watch it. She is a counseling expert and I was say look at some of her stuff. The important thing to say is to never say I understand. That can be a very invalidating statement because even if we have experienced the same as someone else we truly know -- do not know what their experiences are. Just validate it. That must be hard and reflect emotions. Be there and the large part of expressing empathy is nonverbally. The fact that you are actively listening and being attentive shows them that you care about them. That is one of the biggest thing that we can do. I hesitate to give this type of information but you want to know what is going on with the client so you can address it.

>> I was always taught to reflect emotion and observe the patient. Are they crying, are they physically fit and let the client that you know that you see this. That come from my professors, not Doctor Watts. That comes to the end of our time. We had done great today. We appreciate you being here and that your information is fabulous. We covered all of the questions and I appreciate you staying with us a few extra minutes to get those done. I want to remind everyone that this is recorded and it will be placed on on demand. If you need credits they are be based. If you want to share this with your agencies or relevant to your experiences please download it and watch it. Use it as an education source. We will put your certificate of completion within 3 to 5 days and if you are a CRC and you need the form please contact at our email and -- as I'd you and TY.edu. Have a wonderful day and thank you.

>> [ Event Concluded ]