

Transcript of Dr. Susie Wiet

Interviewer

Tell me your name and how to spell your name and your title. All of the things that you're doing at the University School of Medicine.

Dr. Susie Wiet

My name is Dr. Susan Wiet. Actually, can I change that? Dr. Susie Wiet. And that's spelled S-u-s-i-e. W-i-e-t. And I am the... the Medical Director of Psychiatric Services for Odyssey House. And I am adjunct faculty at the University of Utah Department of Psychiatry.

Interviewer

At the School of Medicine?

Dr. Susie Wiet

School of Medicine, correct.

Interviewer

Say at the University of Utah School of Medicine.

Dr. Susie Wiet

At the University of Utah School of Medicine.

Interviewer

So we're just going to jump right into it. What is the ACEs study -- Adverse Child Experiences study and neurobiology behind it and why it's important? Like I just read last night in the New York Times that ACES is the biggest study that we've never heard of.

Dr. Susie Wiet

You're absolutely right, the ACEs study is the biggest study we never heard of. I'm not sure why it has not been as well publicized and understood to date. But what the ACEs stands for is Adverse Childhood Events. And this is a body of data that was collected back in the 1990's -- so it's a 20-year-old study. The body of the study was from Kaiser Permanente and roughly about 30,000 people were assessed for adverse childhood events. And then what long-term outcomes were for those folks whether it be medical health issues, psychiatric issues, substance abuse issues. And what the study found is profound links of bad things happening in early childhood that are now linked to very significant physical, psychiatric and addition outcomes.

Interviewer

So if you're talking children zero to five, first 1,000 days -- because this is what

the show is about -- the first 1,000 days are critical for development, says Renee Olesen, pediatrician. Can you talk about that age period?

Dr. Susie Wiet

Sure, the neurodevelopment or the developing brain in particular, during the zero to five is absolutely critical for longer-term outcomes, for lifelong outcomes. And there is such a myriad of extensive changes that happen in the brain during that brief window of time. And actually, more evidence even suggests from zero to three years old now, that really the essential connections that we need later in life for best outcomes, best cognitive outcomes really is in that formative period of time, from zero to three, and then extends really zero to five. Our brain certainly is developing over time and most evidence suggests that our brain is fully developing still through 20 to 25 years old, but those early years are really most essential.

Interviewer

So can things be repaired later?

Dr. Susie Wiet

Things can be repaired later. And what we definitely understand these days is that the brain is very plastic. There is neuroplasticity which means that the brain can change over time. And we see that with stroke victims who recover from their strokes, people with head injuries who recover. But we also know from those stroke victims and from brain injury folks, even if they recover they don't fully recover all the way to usually what their baseline was. That's more of the rare exception. And the same is true, if there's injury that happens in those early developmental years and they are not fully developing, people can do a lot of intervention later on to do reparative work, but one would suggest that it wouldn't be to that maximum level that they may have been able to achieve if they had that rich, nourishing environment in those zero to five years.

Interviewer

So talk about the types of abuse. It can go into all ages of childhood, but zero to five... what's happening in the brain.

Dr. Susie Wiet

So with the ACEs, the Adverse Childhood Events that can occur from zero to five, that can include a substantial number of adverse outcomes or adverse events that happen during those years. What I mean by that is that can include anything from physical abuse, sexual abuse, severe emotional abuse that causes humiliation, that can be severe neglect. That could be a severe medical condition where a child is traumatized by the actual medical interventions. The list can really go on and on. What starts changing neuro-biologically is pretty profound that we are only really beginning to understand, especially within this last decade. What we see is happening is there is a significant alteration to a very long name that I'll condense into HPA. And I'll define that -- it's the

hypothalamic pituitary adrenal axis. That is a very complex cascade of hormones that is involved in regulating our stress. And we definitely need to have that in order for us to regulate normal stress. Like if we almost get into a car accident and we have that chilling feeling, that's produced by an adrenaline drive. And then we have a dampening effect that occurs right there after from cortisol. When a child is exposed to a single severely adverse event, say like sexual abuse, or they are chronically exposed to high degrees of stress, say constant humiliation by their parents or through maybe even bullying starting in kindergarten age, that can then almost predictably start altering that cascade. What ends up resulting from that is an initial increase of the cortisol, of the adrenaline drive. And that starts shaping then how the brain is going to be responding to that -- basically like that overload. As we mature, and that cycle continues, that HPA is just up regulated, that, over the course of time is what ends up really changing the trajectories or the pathways in our brain. And that results in different outcomes then in brain physiology or how the brain functions. And getting more specific, how the brain adapts over time then into adulthood, again, originating in childhood, is that the brain wants to conserve as much energy as possible. And what we end up typically seeing is a hyper-responsiveness, or a highly sensitized receptor system. And we have very minimal amount of those hormones that end up causing severe reactions.

Interviewer

It sounds like post-traumatic stress disorder. Is that exactly what happens to them in their adult brain?

Dr. Susie Wiet

That's pretty much what we're talking about. PTSD, within the veteran population, that can be related to single event or multiple event traumas related to war, and we can see a very similar cascade and shift that occurs. When there has been a history of childhood adverse events and they are then in a war zone area, those are the military folks who are at most risk for severe PTSD.

Interviewer

So if they're coming from homes of abuse and neglect, and then they go to war, they end up with more serious results.

Dr. Susie Wiet

Yes, that's most predictable.

Interviewer

Where did the term "toxic stress" come in? Prolonged trauma and the effects of the development of the child and can you talk about the epidemiology, the epigenetic.

Dr. Susie Wiet

So with toxic stress, toxic stress is a term that really the pediatric community has used to identify what the psychiatric or the behavioral health side terms as chronic stress. So those are really interchangeable words or they're synonyms really. And what toxic stress means is that there is such an overload of stress that we have that change in that hormonal cascade. What happens as a downstream effect from the dysregulation of that HPA is at the cellular level we now have scientific proof demonstrating it's not only changing the brain pathways and how the brain functions, but it makes sense that it's changing actually how the cells in our body function. And what I mean by that is taking it down to the chromosomal level, when a chromosome unwinds in order to produce anything that our body needs, when there's toxic stress, there are almost what -- I'll call handcuffs -- that are placed on those chromosomes that disallow the unwrapping of the chromosomes and therefore the genes can't be transcribed appropriately. When that happens then we have a dysregulation or an imbalance of what would be normal in our body. So for instance, a certain part of the chromosome that transcribes for a protein like one of the insulin-related hormones or insulin-related protein -- if the body is not able to transcribe that appropriately, that then puts that person at higher risk, perhaps, for diabetes. And we clearly see a connection at the clinical level of ACEs and later onset diabetes. So perhaps that's the mechanism that's at hand.

Interviewer

What other diseases then, prolonged trauma, can occur with toxic stress?

Dr. Susie Wiet

Sure, so the physiological results from ACEs has been linked to some of the top killers in our society. That includes heart disease, it includes cancers and it includes diabetes. Diabetes is part of an autoimmune process and we also see a number of other autoimmune disorders that are probably going to be linked eventually to ACEs, but we clearly see a link right now to diabetes. And mostly Type 2 diabetes.

Interviewer

How were you introduced to toxic stress families? When did you become interested? Do you have any stories?

Dr. Susie Wiet

Oh, gosh, I became interested in toxic stress -- I didn't know that it was toxic stress. That was actually first working with the veterans and I learned from them that as they were diagnosed with PTSD and I started probing into a trauma history, rich trauma history, that there was a lot of childhood abuse that had happened that they had never really resolved. So that was my first introduction and really peaked my curiosity about the relationship there. It was in my fellowship training with Dr. David Corwin where I was introduced to the original

data from Kaiser Permanente and Felitti's study, his original data that was later teamed up with Dr. Andom, looking at these correlations not only of PTSD, but also the other psychiatric and medical health issues. That was so profound of a finding to me, I've subsequently been doing a lot of self-study on the neurobiological changes that occur there. Through my work with addiction, I have come across repeatedly so many severely addicted people who have, at the origin, trauma. And I would put forth that an addiction specialist also needs to be a trauma specialist because of those early developmental underpinnings that really end up driving addiction.

Interviewer

Don't we all have toxic stress in our lives? Divorce stress, highly-charged emotional moments, dysfunctional families. What's the distinction?

Dr. Susie Wiet

I think that's such an excellent question. What is the determinant that causes adverse childhood events and these cascades that we're talking about versus a person just doing life and having a lot of stress? The primary difference is when there's unresolved trauma, when there's unresolved issues that drives that HPA to become dysregulated. If a child has been subjected to very significant stress and it's never addressed, it's never talked about, it's never identified and that child has never been validated by their experience, that's what really drives that toxicity and that causes so much of that neurological damage. So for instance, if we are going through a bad relationship but we have other resources -- we're talking about it with our friends, we go into therapy, we get our self kind of on a better trajectory in life -- then it's probably not going to result in toxic stress. But it's not addressing those core pieces that drives that toxicity.

Interviewer

So treatment, so it's more like being acknowledged, being able to communicate about it. I mean that simply can change the biology of things if you do that?

Dr. Susie Wiet

Yes, I would put forth that that is what the -- the beauty of being able to identify these toxicities that have occurred in our life that have never been addressed. Once those are identified, that just opens up a whole new pathway of possibility for healing. I think there's never been an appreciation in our society about the importance of emotional psychological development. And when we look at the principles that Erick Erickson established long ago, each of those stages of Erick Erickson's work has a psychological goal. When those goals are not met because there's been some kind of injury, if you will, during that time, it really leaves a hole in that person's development. By going back and doing reparative work, emotional reparative work, and what I mean by that is learning how to regulate emotion appropriately, we see profound impact and profound improvement then on neurobiological functioning.

Interviewer

Let's look at a three or four-year-old in preschool. I know that your symposium included educators and people in juvenile justice, but educators of small children, how would they become aware of and how would they apply a therapeutic approach to a child who has been traumatized?

Dr. Susie Wiet

Working with younger children, we definitely need to have many more experts in that area. It's a very underserved population. Having programs like Head Start is so essential for that enriching environment that actually builds resiliency around the emotional regulation piece. That is absolutely essential in development. Now if a trauma happens to a child during those early developmental years, but they have had a very rich environment, that is protective for that child's development. So they may not have as big of an impact if they have that enriching environment, than a child who has perhaps been neglected and now has yet another trauma occurring. Being able to identify disruptive behaviors -- so kids outside the normal behavioral pattern -- those are probably kids that have had some kind of issue that needs to be addressed much sooner rather than later. They may not have the words for it because they may not have developed what we call declarative memory or ability to talk about their memories. They may be exhibiting non-declarative memory or just reactive behaviors that we see as reactive -- but they experiencing something at a deeply emotional level. Being able to sort out those pieces by people who have expertise, getting them the interventions that they need, we can really have a profound effect on the long-term outcomes.

Interviewer

Educators, social services, DCFS, right? Talk about that. Who would be servicing the small children?

Dr. Susie Wiet

Well, in those very early years we probably aren't talking about educators unless they are specialized in pre-K. So that would mostly include therapists or people linked to different social services. But a pediatrician may be a really great point person to be able to start identifying maybe not what specifically is going on, but be able to identify this is not normal and then refer to different services.

Interviewer

So you were mentioning Head Start.

Dr. Susie Wiet

I don't know in detail about Head Start but what I do know is that Head Start has consistently, consistently demonstrated I believe it's a seven to tenfold improvement for every dollar that's spent. By investing in Head Start we see a

significant savings with lifelong trajectory. The difference is statistically that we see is in a Head Start program they have enriching requirements which is, again, is so important for those zero to five years to develop those brain pathways that we need later in life for higher cognitive development. Without investing and giving our kids the best possible chance at life, we are losing out not only on their productivity, but we are banking then on spending a whole lot more money down the road on folks because they will need additional services lifelong.

Interviewer

So Head Start really looks at the whole child. And toxic stress is not just happening in low-income families, this is happening in our middle class and upper class families.

Dr. Susie Wiet

So what I want to really emphasize is that ACEs is not -- it's not relegated only to the lower class, middle class, this is across all socioeconomic classes. Any child is at risk for ACEs. Do we see a greater percentage of ACEs happening in the lower SES? I would say there probably is a higher percentage because those parents have probably been subject to their own ACEs and have naturally experienced a decline in their own SES. So we see a higher percentage there, but ACEs clearly happens across all SES. There is emerging cultural phenomena now with very wealthy kids who have been more or less emotionally neglected from those parental relationships, enriching parenting relationships who are failing to launch now. So I don't know if that's something to do as a comparison.

Interviewer

Yeah, let's talk about it.

Dr. Susie Wiet

So this happens not only in Title 1 schools and Head Start programs, this happens even in the wealthiest neighborhoods. And there are some emerging trends of very wealthy children who haven't perhaps had that nurturing, enriching, emotional experience, that bonding with their parents -- perhaps because they've been so busy and they've been transferred from one nanny to the next, to the next and haven't really built that solid attachment. We are now seeing a significant trend of failure to launch adults because of not having those enriching emotional relationships early on. That is also a form of a toxic stress because it's not natural where they're missing that attachment piece very early on. So as I mentioned, it is across all socioeconomic classes.

Interviewer

What do children need? What do children zero to five need from their parents and communities and families? And what do they need throughout the six to eighteen, six to adulthood, whatever? What do they really need to thrive and be resilient?

Dr. Susie Wiet

So when we talk about building resiliency, building really strong emotional health which of course links to physical health, kids need the basics. They need to be able to be raised in a safe environment and safety means within the household, within their community, within their branching activities as they grow older. Safety is at that core. Without safety, we can't learn how to trust. We can't learn how to become autonomous, we can't learn how to become independent and develop a true sense of self. So safety is where it begins. And then learning the skills of emotional regulation. Learning how to identify how we feel about things and how we interact with our environment. That is how we develop a sense of self and can go on to lead very productive lives. Does it mean that we should never experience adversity? Absolutely not. It means that we learn how to tolerate adverse circumstances in a very positive manner and have very fruitful outcomes from that.

Interviewer

And it makes us better citizens, better people, happier.

Dr. Susie Wiet

So when we have very strong emotional development that's been, again really enriching and we learn about who we are and what we can bring to society, we bring our best self forward then. And by bringing our best self forward, we are able to really enrich our society and the whole culture around us. So it's a win/win for everybody.

Interviewer

Extreme poverty, food insecurity -- what does that do to the brain developmentally?

Dr. Susie Wiet

So poverty has a very impairing effect on the brain. When we go back to the basics -- if a child doesn't have the nutritional needs to fuel the brain for normal developmental growth, we are going to see a brain that's impaired. And that, in a lot of ways is not so fixable. There may be parts that are fixable down the road, but if it gets past a certain window that brain is not going to really have much of a chance for further development. So nutrition is absolutely essential. When we look at the enriching environments -- so hearing words, seeing pictures, having interaction with other people, having other adults express their views of the world or their responses to the world -- all of that is really essential for brain development for lots of different reasons and lots of different parts and all the complications that are occurring all at one time in a developing brain. The developing brain, if you will, kind of is like a conglomerate. It's just a huge stretchy ball that is learning to expand and learning to develop different really important centers in our brain. All of those branching out pieces are what we call aberration -- all of that is so important in the developmental period of time

because what happens in teens and through early adulthood, our brain starts pruning all of that back and it makes the most -- leaves the strongest connections there. Without having all of that aberration happening at the beginning, when the brain starts pruning back, there's not much left there. And that's why it's so essential to have as much stimulation for that brain in a very healthy environment to produce the best possible outcome for the brain.

Interviewer

Do you cover intergenerational trauma at all in your symposium?

Dr. Susie Wiet

We touched upon it in part, yeah. Sure. Actually I just read a phenomenal article on it just last night looking at the epi-genetics that we were talking about before. One of the saddest things for me to see is the intergenerational effect of ACEs. What I mean by that is when a parent has experienced adverse childhood events and now has never been identified -- has never known to even work on these problems or maybe even refused to work on these problems, they are transmitting -- transferring their effect on their own chromosomes to their offspring. And this has been demonstrated scientifically now at the genetic level. And with PTSD studies -- so a parent who has been diagnosed with PTSD, we now have evidence demonstrating a change in the neurobiological expression of genes meaning different proteins are not being expressed that need to be expressed in the offspring. We clearly see that that child now is at risk right from the womb, at risk for PTSD. If they are now introduced to an adverse event in their life right out of the womb or possibly neglect because the parent is now incapable of really forming those important bonds during that early childhood because of their own toxic stress, we clearly see that that child is at very high risk to develop PTSD.

Interviewer

But they still have room to recover?

Dr. Susie Wiet

Recovery is definitely possible. And I think that's why this community who understands what the implications of the ACEs are so determined to bring more awareness about this very important study because we do know that the earlier a person intervenes in their life to address these adverse outcomes, we see that there's partial or significant normalization of all of these brain trajectories, of all these brain pathways. But the work has to be done and they have to be identified.

Interviewer

Who are first responders? Who recognizes this in a child? How is this identified?

Dr. Susie Wiet

This is identified really it could be anyone. It could be the surrogate grandmother next door who notices that a child is really distressed. It could be the pediatrician who notices that the child's behavior is really off. It could be a Head Start teacher or maybe even a teacher in second grade who notices that this child is really sullen and just is never really happy. There can be intervention at so many different levels. And intervention doesn't have to be full-blown therapy. The intervention could be as simple as saying, "Wow, you look really sad, you look really distressed, tell me what's going on." And it's that child being validated that somebody cares, that somebody notices. And that may sound so simplistic, but that's the beginning seed that can really help a child grow into a much more productive adult.

Interviewer

Psychological research has taught us that motivation, self-control, and resilience are together as important as raw IQ. I thought that was interesting. Who is trained to really identify this? You, and child psychologists -- talk about that.

Dr. Susie Wiet

In children, okay. The people who are most trained, the most highly trained are really at the Children's Center. They have expertise in working with children until age six. I think they sometimes go up to age seven, but it's really from about three to six years old where they are highly trained to understand development and have really excellent therapeutic interventions for young children. They do a lot of didactic work, which means that the parent and the child working together to form those really important bonds and form that attachment piece that's essentially for brain development. So those are really the experts in our community. There are definitely other therapists who have expertise in those younger years, in the latency years. But in all honesty, we have very few people trained to really handle the... what the community needs are. Now again, does every child have to be in intensive therapy? No, they don't. But it's having that one child identified maybe as a more brief intervention earlier on can prevent that child from needing higher level of services down the road.

Interviewer

How do we recognize this as a community, how can we help? The second part is why should the community care?

Dr. Susie Wiet

How do we recognize this as a community? It's really raising our own awareness, opening up our eyes and taking the chance of being able to recognize a child. Maybe we have to do some work on our self to understand where we are at and do we have things that we need to clear up too in order to maybe see another person? Why the community needs to do this is because our communities are falling apart. We can see that by the transgenerational effect of ACEs. We see that with rising costs of our medical care that are completely out of control. We need to start caring about this, otherwise we're going to fall apart

as a society.

Interviewer

Talk about the medical piece. How are we paying for this later?

Dr. Susie Wiet

Without identifying ACEs or these terribly troubling toxic events, we are paying for this through the nose downstream. We have exorbitant medical costs and that shows up in the cost that we're paying for addiction treatment, for the cost we're paying for medications. The medications alone, when we look at psychiatric meds that are prescribed or even medical medications that are prescribed to children and adults have a dramatic increase compared to non-ACEs or non-toxic stress kids. So we're paying for it on all levels. We're paying for it in the judicial system, in the medical system, hospitalizations, doctor's visits, ER visits. So much of this can be reduced dramatically by intervening early on. And I would put forth also, combining mental health and primary care at that front-door level would be an excellent and most efficient way of really identifying and intervening. There's a movement of... oh, my gosh.

Interviewer

It's okay.

Dr. Susie Wiet

There's a movement of primary care integration that has demonstrated very effective outcomes by combining a behaviorist -- so like a social worker -- who is efficiently is checking in with patients at the primary care clinic. That to me makes sense because you have basic level care provided right up front and that's preventative. Unfortunately, we don't have billing codes yet to pay for those services and that's the biggest determinant right now that needs to get fixed.

Interviewer

So why should we care?

Dr. Susie Wiet

I feel that if we don't care as a comprehensive community, then we're shutting ourselves out. We're going to become more and more insular. We'll become more and more isolated from each other and that just goes against basic humanity. We're created, we developed as people, as emotional beings. And to not respond to a person at an emotional level and to reach out, we're defying the basic core of our humanity.

Interviewer

And policy wise, what needs to change? What could the state do to help? What do you need to make this awareness grow?

Dr. Susie Wiet

What I would love to see in our state is that Utah becomes a trauma-informed state. What I mean by that is any policy that develops has to include an awareness piece about toxic stress. Or we could rephrase that as building health and resiliency. I don't care which side of the coin we use, but we need to have policy that really identifies parameters of how we're going to go about doing this. I believe if we all came to the table together, from different facets of society, and came up with core principles that had to be included in any policy development, it's a slam dunk. We're all aware -- and we shut down toxic stress.

Interviewer

So you're talking at the state level like day cares, preschools --

Dr. Susie Wiet

All across the board. Yes, I'm talking about all across the board from the judicial system to educational system to Department of Health to policy around big business. Big business is really affected by this. When we look at that economical piece, there are so many employees who miss work probably because they are dealing with the long-term after effect of ACEs. And we have great statistics on days of work that are lost. Big business needs to care about this, and if they did, they would see improved productivity.

Interviewer

What are the best practices for parents to create resiliency in their child?

Dr. Susie Wiet

Some of the best ways to create resiliency and great health for children in that optimal environment with parent and child is simply by talking with their kids. By developing a nurturing relationship. Are we perfect at it? Absolutely not. But being able to say, "Wow, I'm really sorry that I just yelled at you, that was not right." And continuing to work on developing that relationship and having that child learn how to see them self through an emotional relationship is absolutely essential for developing identity. When we are able to develop our identity in a really healthy way, that creates resiliency, and that creates health.

Interviewer

When a community clearly sees abuse and neglect, is it our role as members of humanity to expose that?

Dr. Susie Wiet

I know that that can be a really tough -- for a neighbor to report another neighbor abusing a child or just reporting suspected abuse, I recognize that that can be a really hard decision to make. However, not doing so prevents that child from having a chance. And whether or not that abuse is actually happening, that piece is not so important, but clearly there's something distressing going on

there. And just picking up that phone to make that report, first of all, it remains anonymous so the neighbor is not at risk for being identified. But that can be absolutely instrumental in a perhaps outcome for that child.

Interviewer

What can patients do to help themselves? Nutrition, exercise. What are other healthy behaviors?

Dr. Susie Wiet

So for adults who perhaps have been exposed to ACEs earlier on or just for general health purposes and principles, the real basics of healthy nutrition, exercise, good sleep, good amounts of water a day -- these are the absolute essentials of being able to be healthy. When we take the time, when we prioritize our self to take care of those basic needs, which actually becomes very difficult for a lot of people who have struggled with ACEs, because they never learned to really prioritize them self perhaps -- just putting those basic pieces in place can be very helpful for reducing that burden of toxic stress. You know, can I put something in about inter-partner violence?

Interviewer

Anything you want.

Dr. Susie Wiet

I'd like to emphasize the importance of understanding about domestic violence or inter-partner violence. Inter-partner violence has a very profound effect on children that has really never been fully appreciated. For a child to witness a parent being beaten, a parent being demeaned, or just hearing those kinds of noises, those kinds of arguments, that creates such a sense of fright for a child and that has as much of an effect on their outcome as any of the other forms of abuse.

Interviewer

I would imagine that's incredibly prevalent. That could be a very loud argument ... to physical abuse, right?

Dr. Susie Wiet

Yes. Witnessing physical abuse creates a sense of uncertainty also for that child and also a conflict of how to protect that parent which of course a child should never be placed in a role like that. And yet there are so many children in our state who are affected by that, and Utah is unfortunately one of the leading states in inter-personal violence or domestic violence.

Interviewer

I didn't know that.

Dr. Susie Wiet
I just learned that yesterday. And actually homicides.

Interviewer
Inter-personal homicides?

Dr. Susie Wiet
Yeah, inter-partner. Yeah. Homicides.

Interviewer
And children witness this?

Dr. Susie Wiet
Uh-hmm. Oftentimes, yeah.

Interviewer
Does that child go to the Children's Center?

Dr. Susie Wiet
Into custody, who knows.

Interviewer
Who tracks the child who is witness to this kind of abuse?

Dr. Susie Wiet
That's a great question, I have no idea.

Interviewer
Any stories of resiliency that you want to share with us?

Dr. Susie Wiet
Across my career I have worked with so many people who have been traumatized, often originated -- mostly originating in early childhood -- who have gone on to have train wreck lives. And being able to help them identify the origin of all these dysfunctional behaviors rooted back to a time when they had no control over their life, in childhood. Helping them to identify that origin has been so freeing for them, that they are able to go on to really repair their lives. And what I have personally seen and feel honored to have been a part of watching the process happen is a train wreck life turned into a very productive life, and with sustained resiliency, with sustained recovery both from addiction and no longer being engaged in dysfunctional and disruptive behaviors; and for that matter destructive behaviors. I have seen this over and over and over again. And sometimes those folks have not wanted to address these issues, but constantly inviting them and meeting them where they are, in order to build that trust so that they can start on that trajectory of healing, is one of the most beautiful things of therapy. Those are the people who have really been

devastated and really need higher level services. What I would love to see happen is that be eradicated, that we no longer have to provide those kinds of services. That we can intervene so much earlier in their lives to prevent all of that badness occurring.

Interviewer

I'm dumbfounded that two or three or four-year-old observing mom or dad beating each other up or perhaps homicide, we don't know what happens to that child.

Dr. Susie Wiet

Maybe someone tracks that, I don't know. I don't believe I've ever come across statistics on that.

Interviewer

I'm sure DCFS.

Dr. Susie Wiet

But those kids are in and out of the system then, or maybe they get adapted out and then they're no longer tracked, you know?

Interviewer

Anything else you want to share with us? Talk about the symposium.

Dr. Susie Wiet

So yesterday, on October 15th, there was a symposium entitled "Health and Resilience: Growing a Trauma-informed Community." I couldn't have been more overjoyed to watch the interactions that started occurring across all different disciplines from agencies to different divisions at the state level, with them just starting to get on that same page of realizing, wow, we do need to do something about this problem. We do need to get the same lingo and start talking in the same vein so we can all come together. There were so many people who said, by the end of that symposium, that they had already made a few appointments with different agencies at the public, the private sector -- it was all just starting to create a web of safety so we can create more resiliency. It couldn't have been more successful.

Interviewer

Wonderful. The survivor panel.

Dr. Susie Wiet

The survival panel was amazing and everyone was on the edge of their seats listening to these survivors who have survived inter-personal violence, sexual abuse, domestic violence, community violence, the list went on and on. And what they shared with the community was how the community could've better responded and perhaps could've changed the outcome of their lives. But these

were people who were amazing in their own recovery and want to encourage others to do the same.

Interviewer
Perfect.