

# TRAUMA IN OKLAHOMA



**What has happened to us and what do we do now?**

Presented by

THE JOURNAL RECORD

Healthy  
MindsOK

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# ROUNDTABLE PANELISTS



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*Oklahoma City Police Department*



**TRICIA EVEREST**

*Palomar and Community Leader*



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*United Way of Central Oklahoma*



**R. MURALI KRISHNA, M.D., DLFAPA**

*Integrus Arcadia Trails Center*



**PAT POTTS**

*Potts Family Foundation*



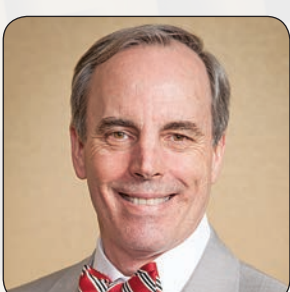
**Hon. KENNETH STONER**

*District Judge*



**COMMISSIONER TERRI WHITE**

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**ROUNDTABLE MODERATOR**

TRANSCRIPT EDITED BY KIMI GEORGE, CSR

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**MR. STREULI:** How do adverse experiences in childhood impact a child at the time and in the future, and why in the treatment system should we be asking ourselves what might this individual have experienced and what might they have or have not received to address the underlying issues?



**COMMISSIONER WHITE:** Oklahoma has really high rates of adverse childhood experiences. And they have significant influences on all of the other negative impacts that we're all trying to fix, address, and prevent.

There's absolutely a direct correlation between the things we experience in childhood and the high numbers of Oklahomans who experience mental health and substance abuse disorders, incarceration, adverse physical health experiences. And when we look at our high trauma rate, it's that emotional impact of being exposed to trauma that affects the course of our life.

So trauma can happen to us when we're adults, but it's much more common in our childhood and our adolescence, and the kicker about that is that's when our brain is developing, and trauma very specifically affects the way that your brain develops.

So, at the time when our brain is most vulnerable, unfortunately, that's when Oklahomans and the rest of the nation are experiencing more trauma.

When I talk about what an adverse childhood experience is, let me talk to you a little bit about what that means. For those of you that aren't familiar with the ACE Study, they were specifically looking at long-term, really awful health outcomes for people, and they were looking to figure out what the root cause was.

The common factor [they found] among adults who were struggling with serious physical health issues and mental health issues, brain health issues, was that they'd experienced profound trauma in their childhood. That was the root cause.

What they specifically looked at was recurrent physical and emotional abuse, sexual abuse. If you were living with someone who had untreated addiction issues, or untreated mental illness or someone

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who had attempted suicide; someone in your house, particularly a parent, had been incarcerated [or a victim of] domestic violence. Parental separation or divorce is one of the factors for adverse childhood experiences; and then emotional and physical neglect.

Now, several studies also directly look at the issue of economic stability in the family because that has a high correlation with trauma.

So knowing that each adverse childhood experience adds up, if you think about it as a score card, each adverse childhood experience being a point, the higher the number of adverse childhood experiences or points that you experience, the more likely you are to have all of the difficulties in terms of long-term health outcomes, mental health outcomes, brain health outcomes, and other things.

For Oklahoma, economic hardship is actually the most frequently reported adverse childhood experience. The second is divorce or separation of a parent. After those two, you see a little bit of difference in what the third most common adverse childhood experience is.

For Caucasian kids, it's having a parent with an untreated mental health or substance abuse issue. For our African-American children it's having a parent who's been incarcerated.

For our Hispanic youth, [it's a tie between] having a parent who's incarcerated or being in a house with a parent who has untreated substance abuse.

So, as we think about these adverse childhood experiences and what we want to be focusing on, I think it's important that we know what our children in Oklahoma are experiencing most often. Approximately one out of three children in Oklahoma experience economic hardship, which is a really high number compared to other states. And unfortunately, we have the distinction of being the state with the highest number of adverse childhood experiences. Period.

So when the national survey of children's health did the measure, our children had the highest ACE scores in the United States.

The 2012 National Survey of Children's Health listed Oklahoma and Montana as tied for the states with the most children



affected by trauma in general, and approximately 17 percent of the children in both Oklahoma and Montana experience an ACE score of three or more.

Ten to 12 percent of our Oklahoma children have an ACE score that's four or higher. So this is not an uncommon issue. We're not talking about a few children in our state. We're talking about a significant number.

Having an ACE score of four or more is associated with elevated risks of developing seven out of the 10 leading causes of premature and early death in the United States.

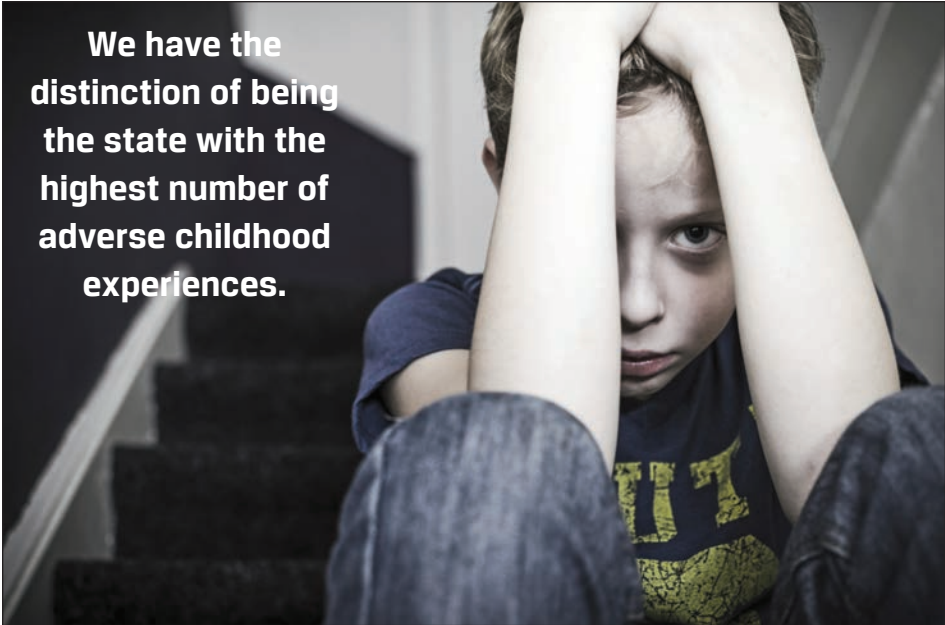
We see the results in all of our systems across our state. When we look at trauma screening for our system, 99 percent of the individuals we treat for mental health issues have experienced trauma in their life.

When you look at substance abuse, half of the individuals or more, depending on the year that it's reported, have experienced trauma.

We also know that it's not just our system. New studies have found that childhood trauma can raise the risk of heart diseases in adults. And that particularly could explain why, unfortunately, we rank second in the United States for the rate of heart disease.

My point is that this isn't a problem that just occurs. We know that these issues are all related together.

I think that's one of the really important parts of framing this question about what happened to you. It's no longer about why.





Because we know what the common thread is going to be. So creating safe spaces where people can begin to talk about trauma — the root cause of so many of the issues we're trying to address — is what's really going to increase our success rates.



**MR. STREULI:** Chief, I'd like you to tell us what is a trauma-informed work force city and state.



**CHIEF CITY:** It's important, especially in our profession, to know what trauma really is and how people are affected by trauma. It's really important in the work force in general because it helps us understand each other, why we may behave a certain way, and why we may act out.

It's important because what we do now and what we react to is based on a lot of the trauma that we've experienced in our lifetimes, and we've all experienced it. Most of us have been touched by drug addiction and a lot of other things, especially in law enforcement.

We don't put anybody in prison that isn't suffering from trauma. Most of those individuals that we deal with have been traumatized, they're probably an eight, nine, or ten [on the ACE scale].

I knew crime was a family affair. It's carried on from generation to generation because those individuals that are abusers now, whether it's domestic abuse or sexual abuse or those types of things, have been traumatized and abused at some point in time in their family.

So many times the old school of thought for law enforcement was, "Well, they made me do it. I'm reacting to how they're acting."

We can't do that anymore because we need to understand why they're acting that way and deal with that person in a way that we treat them fairly, that we treat their issue, not just the person and the threat.

We have a long ways to go because that's a cultural change for law enforcement, but it's imperative that we understand what that is and try to learn what we're dealing with out in the community.

I could go into internally, too. I responded to the [Oklahoma City] bombing, and I noticed officers there were a lot of officers that were crying. And I found later when we did a lot of the debriefings, the officers that were impacted the most were ones that had the least amount of support, that had issues when they were children.



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**MR. STREULI:** Judge, how does trauma affect the justice system and then the people in our jails and prisons?



**JUDGE STONER:** Somewhere around 75 percent of all the cases that we deal with on a criminal basis in our courthouse have addiction [as] an underlying issue. This is not an open question anymore.

Even our surgeon general has declared addiction as a national public health crisis. In my view, it is the public health crisis of our time, and it is in our courts, in our prisons. If we could address that, it would solve most of our problems.

In the last decade, there have been just incredible advances in technology, in the study of neurobiology, neuropsychology, and we've discovered some amazing things. And the effect of childhood trauma literally alters the architecture of a child's brain, and when it does that, it forms in an abnormal way. And those children grow up and they look like adults, but they still have that child brain that's been affected by trauma.

And if you fast forward 20 years, those are the ones that become fixtures in our criminal justice system.

Trauma is not the only driver of addiction, but the studies have shown and I'm persuaded that it's the primary driver of addiction.

What's really underlying addiction? We like to jump to conclusions that this is about the drugs or it's about the alcohol, okay? It's not. Just because someone has a drink of alcohol doesn't make them an alcoholic.

People are prescribed opiates for pain management. They don't become addicted, not all of them. And so it tells us there's a missing piece of this puzzle.

There is a susceptibility to addiction, and there's three or four things at least that cause someone to be susceptible to addiction.

Trauma is the No. 1 thing, especially exposure to childhood trauma.

Mental health issues, and mental health issues and trauma are so closely related, sometimes they're indistinguishable.

The other one is genetics. There's about five genetic markers that create a susceptibility to addiction.

The forth on is a lack of connection. Dr. Gabor Mate called it a spiritual issue ... there's an emptiness inside, a dissatisfaction with life, a constant disturbance of the sense of self. People are just not comfortable.

So these four factors: mental health, trauma, the spiritual issue, and genetics are the driving factors in addiction, and the people that use the substances find comfort in them despite the adverse consequences.

What is the effect of trauma in a criminal justice system? If you look at it in economic terms ... what is the cost of all of our patrol officers running our jails, running our prisons, the prosecutors, the judges, the DHS workers that have to care for the children of people that are incarcerated? The numbers are staggering.

I like to think of the trauma, and the effects in the criminal justice system is an opportunity for us to revolutionize the way that we approach addicts in our system. We've got to get away from the

mass incarceration model, and we've got to move towards a trauma-informed restorative justice model.

When we realize that trauma is where the pipeline of prison begins. I propose that's where we start.



**MR. STREULI:** Pat, I'd like you to address why trauma and resilience — why we should address those things and their underlying causes, and I'd also like you to include in that a little about what the Potts Family Foundation's Resilience initiative is about.

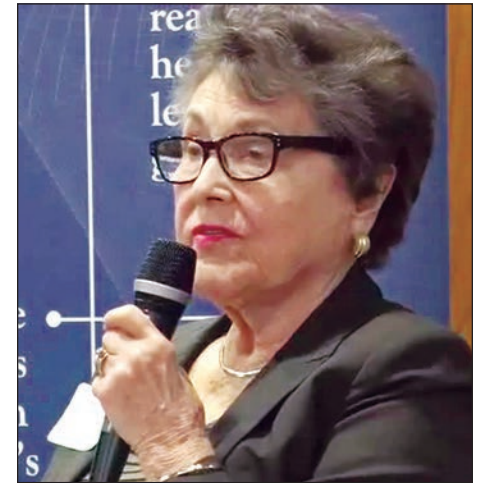


**MS. POTTS:** Our foundation has really been focused on early childhood. We know that some 80 to 85 percent of the brain is developed the first three years of life, and that is when the brain is the most subject to positive or negative growth, and it lays the foundation for what happens later in life.

The return on investment is the greatest there, and so that's a strong piece of what we are focusing on, the when.

But we have three things that we're focusing on that I think fit. One of them is how important education and support of at-risk parents is. If we do a better job of providing that safety net, we will have much better outcomes for our kids.

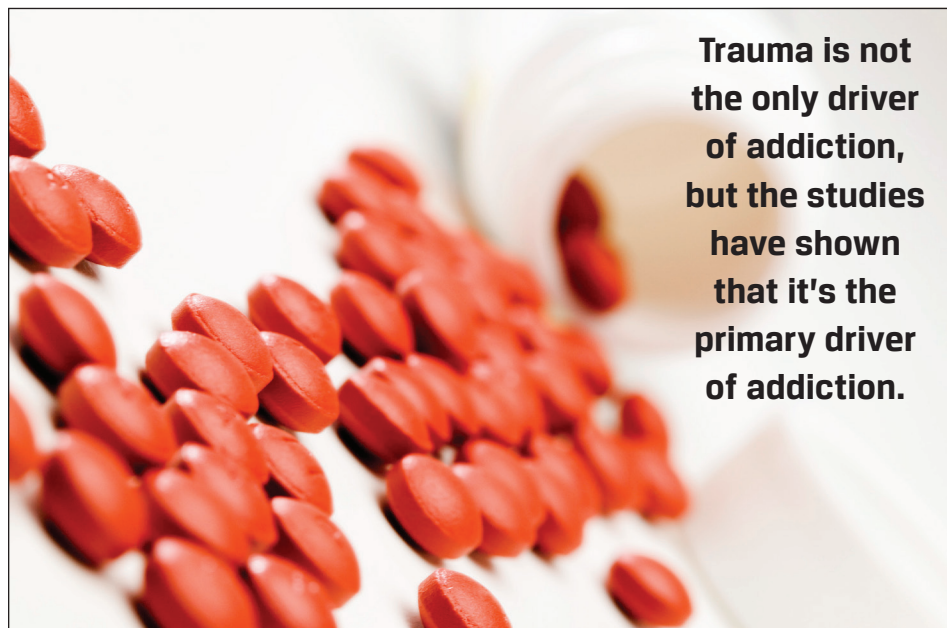
A second one is that we need to really assess and treat early brain and physical health issues, and we know that as early as nine months the beginnings of mental health problems can be observed. Things that have to do with hearing, sight, all kinds of health problems that can handicap a child as they progress into school. If they're caught earlier, they aren't a handicap.



We think that's really important, and the pediatricians in our state are working to be aware of what limitations a child has that can be overcome early and make a difference.

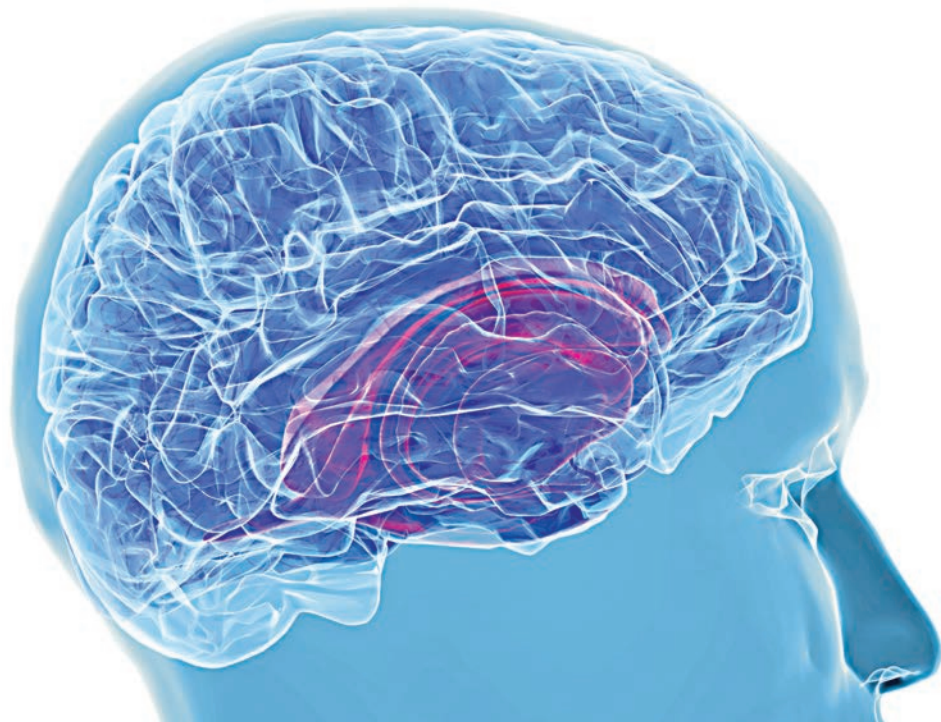
We think the existence of high-quality, affordable child care is critical in our state, and we have diminished the subsidy for at-risk poorer parents for high quality child care. Most parents — both the mother and the father — are working, and they can't afford child care. You look at the cost sometimes, it's very comparable to college, and yet, that's the time when the direction of a child's life is determined.

Not only should our government be doing a better job of subsidizing, but it's an opportunity for public-private partnerships. Businesses can come together, whether it's in a rural community or whatever, to make sure that they do provide





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high quality [child care] in communities where it doesn't exist and make sure it's affordable.

We've been really concerned with the way the safety net has been decimated in the last few years and felt any one group alone can't change things, but together, we're a powerful force.

And so this 25 by 25 coalition began out of a vision that our state, instead of being in the bottom ten on almost everything that impacts families and kids, should set a goal of being among the top 25 States by 2025, and that's based on a lot of measures of what is happening in early childhood.

Then we have a coalition that includes some 50 legislators in early childhood. We just passed a trauma-informed task force that will be studying the most relevant and effective ways to deal with trauma and making recommendations to the legislature on that. So we hope that will have an impact on policies and priorities at the state level.

We have a group of business leaders who speak to civic groups about how important investment in early childhood is. We have some 60 allied organizations that, working together, [add] a stronger voice on behalf of early childhood, and I think they have had an impact in the legislature.

I really like to describe our goal as to prevent, heal, and treat ACEs while promoting resiliency. And although understanding all the things that go wrong in our lives is really important, we also need to be hope-centered in terms of our response, and we have to be able to move past understanding the why to what next and helping people build a sense of their coping skills, of their ability to succeed in life.

I think our state has been so focused on punishment when we ought to be focused on prevention and treatment. All of you have seen how our communities pull together when there's a real crisis, but we've got to be pulling together to prevent crises on an individual and on a group basis.



**MR. STREULI:** Dr. Krishna, could you talk to us about what helps individuals, communities, and schools be resilient and have healthy minds?

**DR. KRISHNA:** Resilience is basically a transfer of skill, like the coal of adversity being transformed into a diamond of beautiful strength.

Human beings have the inner healing strength that we're all hardwired with just like we're hardwired with the stress response. That's the core of trauma, excessive repetitive stress that pertains and persists through a person's life. And that's what causes havoc in a person's mental health, physical health, and in every possible way because how their [emotions] are regulated is affected, and their pasts are disturbed, and the way they relate to people is also disturbed, and their health is severely affected by lowered immunity, increased levels of various abnormal conditions in the body that give them all kinds of physical problems. We need to reverse that, and that is a learnable skill set that every one of us can be taught.

Every thought, every interaction we have, everything we see and hear contributes to changes in the brain and body simultaneously.

For example, ... if you have a happy thought, if you smile, if something silly is pointed out, you have 22 percent circulation increase right away.

Similarly, if Ted started the meeting four minutes late and you are angry at him for the next two hours, your chance of having a heart attack goes up 230 percent.

These are studies done in medical centers around the world. So, can you imagine a young baby born out of this beautiful, protected, air-conditioned, shock-absorbing womb with love and warmth and affection and half-connected to the Man above and half-connected to the earth here, suddenly being thrust into this world that is stressful? On top of that, how they're nurtured or not nurtured, how they're talked with or not talked with, how they're interacted with, whether they are abused or neglected, all these factors have tremendous effects on their inner code of self.

From various parts of the brain like the prefrontal cortex, the nucleus accumbens, the center for reward system and satisfaction and contentment and fulfillment to the amygdala, which becomes hyperactive, exacerbating the dangerous signals from the world [and] keeping the system in a constant state of turmoil and terror, activating the hypothalamic pituitary in the cortical system that pushed all of these hormones. Normally they're very small, but it's a constant fluctuation of these hormones which becomes toxic. The cortisol and the norepinephrine makes the heart beat fast and blood pressure go high.

So the internal turmoil that's been activated — and it's repetitively activated by various traumatic events that a person goes through — causes these changes according to what Commissioner White talked about, what Ms. Potts talked about, what the Chief talked about and what Judge Stoner talked about, and that is creating a major public health crisis in the United States.

You know, with the Ebola virus, a few people died, and the nation panicked. Yet we have hundreds of millions of people affected by this permanent disease, and they die 20 to 30 years earlier than you and I. Why? The stress hormones and the amount of turmoil they go through cuts down the aging process.

What can we do to improve resilience and the capacity to just grow into a more healthy life?

There's hope because we're already hardwired with the healing response. We just need to help people find the healing response at whatever stage they are.

So what are those things? They can translate them to schools, they can translate that into the justice system and the judicial system and the educational system, everywhere. The most important thing is an empathic connection — preferably a loving, empathic connection.



When you have an empathic connection, a loving connection, magic happens in the human brain [and] in the body. You may not even have touched the person, but if the person knows you care, that you're willing to stand by them, that you're willing to guide them and help them to learn the skills they need and help them with problems in their life, magic starts to happen in the body.

A variety of skill sets that can be taught. For example, cognitive reappraisal with therapeutically-trained workers who can help people to reappraise their past and trauma and see them in a different light than what they were before with the assurance that they will not go back there.

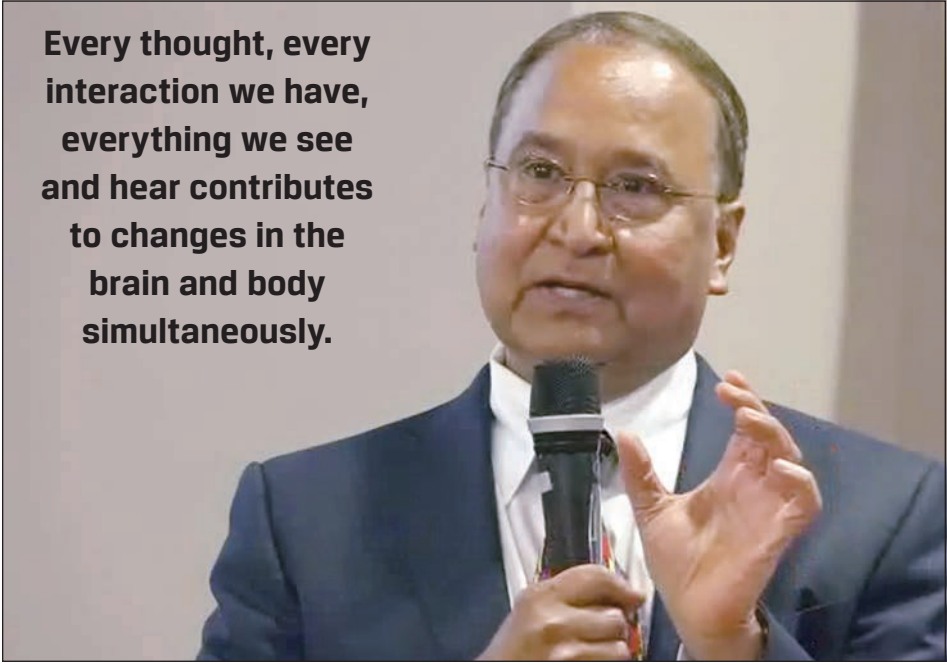
You can activate their inner healing system by simple techniques that anybody can be taught within a matter of minutes.

For example, the vagus nerve, the 10th cranial nerve, starts in the mid-brain and goes all the way through the throat and supplies the muscles here, goes to the lungs and the heart, supplies the liver and the spleen and the kidneys and the intestines, and for a long time doctors and scientists thought this vagus nerve has only a one-way tract. It orders how our stomach should respond, how our heart should respond.

What they found by scientific discovery is some very simple techniques actually reverse that. In fact, 80 percent of the vagal functioning is under your command if you know how to activate it.

When you activate the vagus nerve through whatever mechanism then reversal of everything we talked about starts happening. The hypothalamic pituitary adrenal cortex starts reversing itself into more healing response, more parasympathetic response. That's wonderful.

It starts happening within minutes actually. The telomeres we talked about chopping off and increasing the aging process slow down the aging process instantaneously.



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Similarly, the blood pressure drops down to proper levels, the immune system starts kicking in and saying I want to be able to help you, and I want to get ready.

Similarly, how the tissues heal and repair themselves, start happening right away. Mindfulness education is extremely beneficial to people. It is self-awareness with enormous physiological benefits with cognitive benefits with emotional regulation benefits, impulse control benefits.

The simple techniques that can be taught to people that will save them a lot of trouble at the same time help them to grow into healthy human beings.



**MR. STREULI:** Debby

Hampton, in your career you've had a front row view of personal trauma, of large scale public trauma, and I'm

hoping you'll talk to us a little bit about how we recover from trauma.



**MS. HAMPTON:** Some

of the things that we have to teach people is mental health, those needs, are going to go on for a long time.

As I work with the most recent large scale tornados of 2013, I am still talking to donors that gave to that disaster and they're saying, "What do you mean there's still mental health needs and we're on the fifth anniversary?"

I don't know if any of you noticed today is May 3, and how many of you go back to the May 3, 1999 tornados? And with the weather we were having yesterday, all of that is triggers, and we have to really look at the trauma of disasters.

When I worked for the American Red Cross, your job was to get in and get out as quickly as possible. And we never really looked at the long-term mental health needs. We are starting to do that now.

We have teamed up with Terri's group, but one of the things that I think you're going to see us track is after the 2013 tornados hit, we were able to put counselors in every one of the Moore schools. They're still there today. We're looking at them going to 2019 at this point. Not that the needs won't be met in 2019, but honestly, the resources will have been spent.

That's the piece that I think we need to look at. We have the right programs. We have the right agencies to do the work. We just need the resources.



**MR. STREULI:** Tricia

Everest, we would like you to talk about what we can do.



**MS. EVEREST:** I help

to bring the community together and bring projects out to the community, and to be sitting here with these

leaders in each of their own professions is quite an honor and quite representative of what we can do.

Debby brought up a good point with the Red Cross that you're trained to get in and get out. Well, the Red Cross should maintain that, but not having known that or heard that... It's one thing to keep educating or keep talking about the problem, but if we bring people together, use this type of forum and say, 'this is what I do' and to not look at it as a fight for resources or not look at it as a I am a social worker

and I can't talk to law enforcement or law enforcement can't talk to medical. If we sit there looking at the people you wouldn't think you'd be working with and start working and planning together, then we'll be able to create faster solutions and be able to start changing.

I'll use Rmerge as an example where 25 people, 25 organizations came together under the United Way. They've created a diversion program for mothers [in] prison for non-violent offenses.

We have an average of 50 participants. Their average ACE score as a group is 4.6 to 4.8. Seventy-eight percent of them had grown up in the judicial system – either delinquent or deprived.

We know how to start coming together and recognizing that if we help those women, then we've helped their generation in getting those kids out.

When we built Palomar, we had over 142 different people in a room, all stakeholders coming together that not all had ever worked together.

Palomar [now] has 26 agencies working together under one roof for victims of domestic violence, sexual assault, elder abuse, bullying, cyber stalking. And you look at how these people now that we have agencies working together in law enforcement ... now that they sit together and they're looking at certain cases, there's new solutions being formed just by bringing people to the table. If we start treating people different, start recognizing that all of this is predictive, we can go back to looking at these average childhood experiences, we can keep going higher up the river and start finding those pathways that [Dr. Krishna] referred to.

And if we start talking to each other and sit down and use these types of forums, then we have shared language and we find shared gaps in the service and we're able to start making solutions so that when the task force comes together and when the legislature works on something we as organizations are already showing examples of how it can be done.



**MR. STREULI:** Debby,

you concluded your remarks talking about needing resources, and when I heard that I translated it. It

means you need money, to put it simply, and I wonder if that's accurate, or if



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you're talking about other resources, and if we're talking about money, where does it need to come from?



**MS. HAMPTON:** I was

really talking about money, No. 1, because I can tell you we need that, but we also need the right people. We

need to fund the right programs, and we have those evidence-based programs, but I think we really have to educate the philanthropic community, the legislators. We've got to prioritize what we're doing.

If you look at what we're funding, it's not as much going towards the things that I feel we need, like prevention. I do think that Oklahoma is a state [where] we take care of each other. I know that from my disaster relief days we never had to worry if there were enough volunteers. There would be thousands of people wanting to help. But I do think it comes down to educating, reducing the stigma of mental health and putting our money in the right place.



**COMMISSIONER WHITE:**

If we want to look at reducing adverse childhood experiences, we have to make sure parents are healthy, right?

And so, when you look at the list of ACE scores, one of them is a parent with untreated mental illness in the home; another, a parent with untreated addiction in the home; another is a parent who's incarcerated, and as we heard the judge say, untreated addiction and mental health lead to incarceration.

Not all abuse or domestic violence is because of untreated mental illness and addiction, but if you treat the mental illness and addiction, the rates do go down.

And so there is a huge connection between treating mental illness and addiction and trauma. I'm not saying it's the only answer ... but it is the one that historically has been the most neglected.

It's very different today thanks to so many in the media and other people, but it's hard for me to explain how underfunded it's been for decades. We've got to climb out of that giant hole, and then we can begin to maintain it from there. But that is a big issue.



**MR. STREULI:** A lot of

what I've heard you talk about seems to me to be very urban centric. If you're in Oklahoma City or Tulsa, the awareness

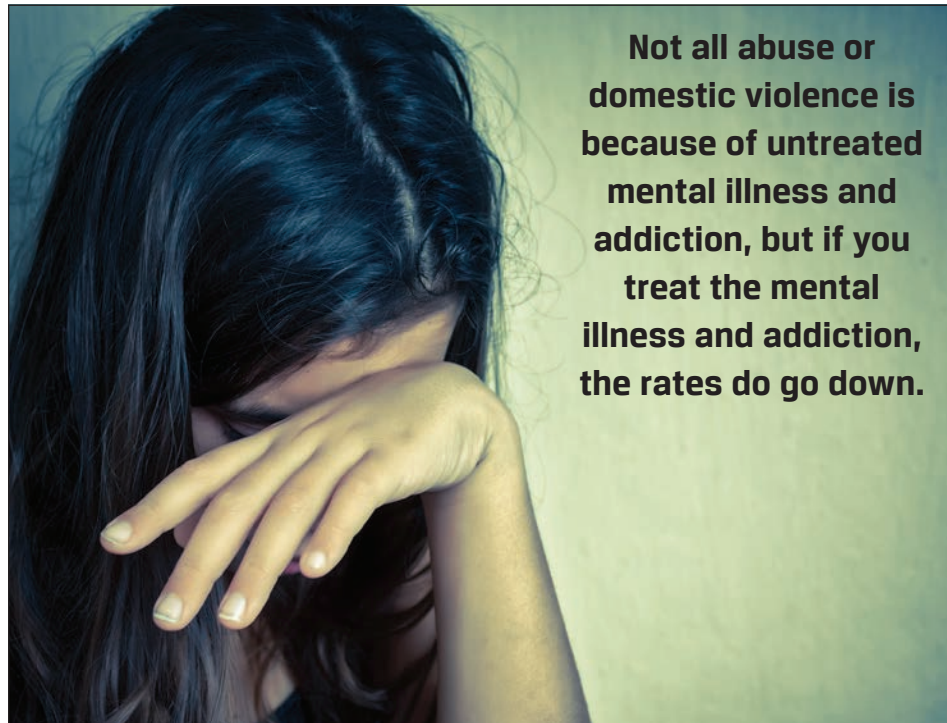
level and the services might be available. That might not be true in 70-some more rural counties that might have fewer accessible services to people who need them. How do you reach the rural part of Oklahoma to educate them and to provide some of the services we've been talking about?



**MS. POTTS:** I would like

to address that in reference to the film, Resilience, which we have been showing. I think there's 31 showings

we've had already, and well over 2,000 people have observed it.



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This Resilience film helps people connect with the experiences they've had or folks they come in contact [with] have had.

And I think rural communities can respond just as well. I have a sense that our reliance on state funding, leadership maybe is overdone, and that communities can come together, and part of the showing of Resilience is bringing together a group of experts that represent law enforcement and the medical profession, schools, whatever, to come up with solutions within their communities along with the business community.

So the resources are certainly fewer. I think technology can be a big help in that, but it ultimately comes down to each of us to work within our communities.

And by the way, that film – we are making it available, it's free, and we take it all over the state.

So it's a way of increasing awareness, but we are so aware of how important it is to move beyond that awareness to being hope-centered and what are the actions that we can take in schools and communities with law enforcement that give hope and opportunity to people.



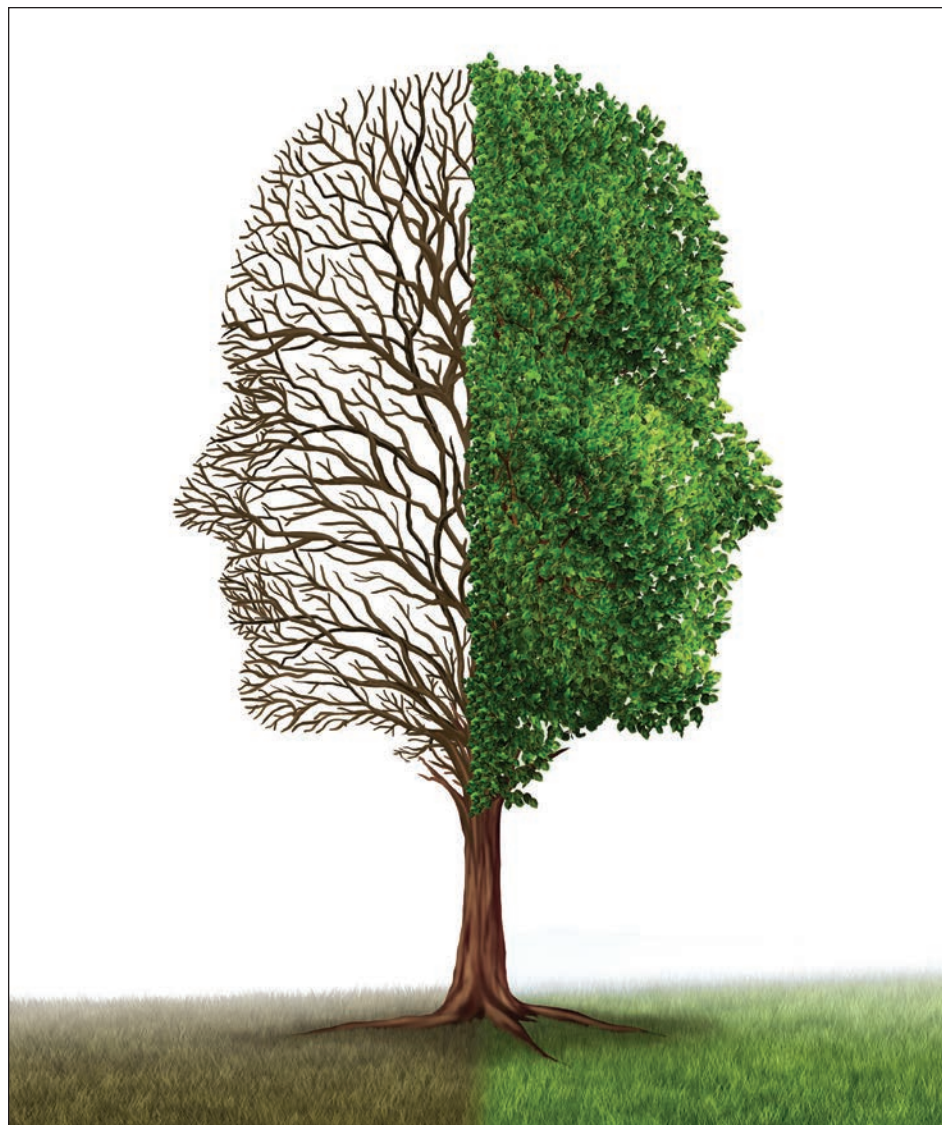
**CHIEF CITY:** We have a program called our crisis intervention teams, and we do a lot with Terri and her staff in trying to teach other rural

areas and other law enforcement agencies, but you're never gonna have enough money to put all the resources in rural areas.

Every rural area will have access to a treatment center, those types of things, but you can make them more accessible.

Somebody from far southeastern Oklahoma shouldn't have to come to Oklahoma City to find a bed. It happens now, though, and it's better now for the work that Terri's done and some of the crisis centers and some of the things that we've put in place. Tulsa used to bring theirs to Oklahoma City because they didn't have enough beds. Well, that's absurd.

So your larger metropolitan areas obviously is where you have a concentration of those issues and problems, but if you have more stringing throughout the state that would be at least more accessible that would be a big, big help in the area of treatment whether it's addiction or mental health.



The other this is [there are] so many great agencies doing so many great things, and to identify what needs to be done, it can be overwhelming and the dollars can be spread so thin because there's so many people doing great things.

I think Palomar is a good example of actually using those resources much more efficiently and bringing groups together. Even the police and legal aid found out they have a lot of similarities, and they work great together where before cops didn't care, legal aid they [didn't] talk to us. When they put them together, all of a sudden, they found out cops do care, and legal aid can really help us. And so you've got cops that want to do a better job, and legal aid that feel, 'we've got these resources right next door.'

One place we have that needs to be addressed is our school system.

We have these institutions where we have our youth captured. But you walk into most schools and they don't have enough counselors. They don't have mental health professionals, somebody that can truly identify what a child's problems are, and it may be the problem is at home and the resources are needed at home. So that kid doesn't go home worried about getting beaten up and have to worry about that on a daily basis.

I've always been frustrated with why those dollars haven't been spent at that level because when I first made chief 14 years ago, the media asked me, well, what can we do to make things better, how can we lower crime, and my response then and it's the same today, is get our kids through

school, get them an education. But they have a hard time doing that faced with all of the trauma that they may be experiencing at home or have themselves. Why we don't put some dollars into that front end is beyond me.



**JUDGE STONER:** Where this begins is if there was a class in school on mood regulation, because ultimately, addiction is not being comfortable with your mood.

Having classes on mood regulation, teaching mindfulness and intentional breath work, these are powerful tools and they're free. You gotta teach them, but these are skills that a child will take with them for the rest of their life.

Intentional breath work is a powerful tool. It's used by the Navy Seals to stay calm in battle.

But this is something we need to be teaching children in our classrooms, and to me, it's on par with a lot of the subjects that we teach kids.

We should be teaching it in prisons. We've got to have a monitor that says this is going to be a very stressful experience for you. Learn how to breathe.



**DR. KRISHNA:** I think most importantly we should remove the stigma. Because in most of the nation people think of mental illness and addiction and trauma as moral failures.

They don't realize these are disorders of the brain ... and these disorders can be treated and prevented.

We need to have more and more activism in promoting the concepts on wellness and the concepts of healing.



**MR. STREULI:** If there is one thought you didn't get a chance to express here today that you were especially hoping to, please take a moment to do that.



**MS. POTTS:** Our schools need to be teaching for life rather than teaching to test and the pressure they have to do the opposite is negative.







What's your score?

find out at:

[HealthyMindsOK.org/test](https://HealthyMindsOK.org/test)

Your **Adverse Childhood Experience** (ACE) score tabulates childhood trauma.

A high **ACE** score increases the risk of:



Obesity



Heart Disease



Diabetes



Addiction



Cancer



Depression  
& Suicide



Broken Bones

Oklahoma's National Rankings

2nd highest  
for **mental illness**

3rd highest for adults who  
experience **thoughts of suicide**

2nd highest in  
**incarceration rates**

There's hope for Oklahoma!

Oklahomans can offset a ACE score with **positive, life-changing habits**

Parenting Skills • Connecting with Others • Mindfulness • Therapy  
Exercise • Screenings • Nutrition • Education



Organizations who care about trauma informed supportive services



INTEGRIS Arcadia Trails Center for Addiction Recovery  
INTEGRIS Mental Health

[integrisgiving.org/the-story](https://integrisgiving.org/the-story)  
[integrisok.com/imh](https://integrisok.com/imh)