



1 TRAUMA-RESPONSIVE TEACHING TIP #1

Seeing and Accepting Participants Just as They Are

“Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.”

BESSEL VAN DER KOLK

*The Body Keeps the Score: Brain, Mind, and Body
in the Healing of Trauma*

Because trauma can interrupt feeling safe enough to connect with others, an open-hearted, welcoming invitation for everyone, no matter how they are feeling, to participate in our group is essential for creating a trauma-healing environment. When sharing trauma-responsive mind-body practices in crisis mental health settings, it is important to continually extend this simple invitation: “You are welcome to join us just as you are and in whatever way feels right for you today.”

FOUNDATION

We know unresolved trauma can disrupt feelings of safety long after the original event. This is why continually observing how participants are responding to the strategies shared during a session is so important in allowing them to feel seen and heard. Watching for signs of stress or distress, giving participants other choices, or changing activities if needed is key when creating an environment that sees and accepts them just as they are.

Not feeling safe enough to connect with others often leads to isolation from peers, which compounds mental health concerns. As Bessel van der Kolk states, “Trauma is when we are not seen or known,” reinforcing the importance of welcoming everyone to join the group just as they are.¹ Letting participants leave the group whenever they need to and inviting them to come back when (and if) they feel ready is essential. In this way, everyone gets to decide how and when they participate. No matter how they are feeling, how much they want to participate, or whether they believe in the benefits of mind-body practices, everyone is always welcome. Validating the inner wisdom of each participant’s mind and body is an important component for healing trauma because it welcomes everyone to show up in whatever ways feel right.

STORIES

Let’s look at some real-world examples of **Seeing and Accepting Participants Just as They Are** from teaching experiences in crisis mental health environments.



“This is such a great reminder that even a patient with the most emphatic “NO!” can shift when they are invited and welcomed to join in at their comfort level.”

A new patient, Annie, was sitting off to the side of the room on an adult mental health unit. I asked if she would join us for group, and she emphatically said, “NO! I DON’T DO YOGA!” I smiled and said, “I get it. Would you just stay here, though? Sometimes if you just hang out with us, you might end up feeling a little better. You might also notice this group doesn’t really look like what you expect it to.” She agreed, though she still seemed reluctant to stay. Wanting her to feel included, I offered her some **essential oils**, explaining that sometimes just smelling something different can change how we are feeling. Then I started our group.

As we moved through the session, I kept looking over at Annie and smiling, occasionally pointing out the science of why we were doing different activities. It seemed to catch her attention when I asked if anyone bounced or jiggled their feet when they were anxious

¹ The Myth of Normal: Trauma, Illness & Healing in a Toxic Culture, Gabor Mate, MD with Daniel Mate, p. 23

and explained how **tapping** can help us release anxiety during the day. We tried several different strategies, at times standing up, although Annie (along with a few others) stayed seated the whole time. I made sure to offer options for both standing and seated versions so that all the participants felt included.

As we ended the group, I approached Annie again and asked how she’d liked the session. She said she’d liked it and had found some new ways to manage her anger. Her response totally surprised me, so I asked which practices she liked. With a big smile, she said, “All of them!”

I thanked her for sharing that and said, “That is exactly why we have this group! To see if you can find a few simple mind-body strategies you can use during the day to feel better.” Annie was so positive and engaged by the end of the group—it was a complete 180-degree shift in her attitude. Simply because others listened to and validated what Annie thought about the group, she felt safe enough to stay. This is such a great reminder that even a patient with the most emphatic “NO!” can shift when they are invited and welcomed to join in at their comfort level.

Story Update

When I was back on the unit the next day, Annie was very engaged in the group. She even nodded along while I explained when we might use different strategies outside of the session. At the end of our time together, I asked everyone to take a few slow breaths, with the option of placing **a hand on their heart and/or on their forehead**, since these **neurovascular holds** can be settling for the nervous system. I invited everyone to **choose a word to describe how they would like to feel the rest of the day** and gave a few examples of feeling words, stating they could choose anything at all—including *safe*, *energized*, *calm*, or even simply *good*. I asked if anyone wanted to share what they came up with. Annie immediately said, “Excited!” So, we sent out a **Heart Breath** with her intention to have an exciting day. We went around the room and got other patients’ words—*wellness*, *comfort*, *energetic*, *joyful*—sending out Heart Breaths for each feeling.

As we were finishing up, Annie shared that she was discharging that day—that was why she was so excited. I asked if we could send out a Heart Breath with all our positive wishes for her when she discharged from the unit. She liked that idea, so we all sent out our positive wishes for her health, well-being, and continued healing with a Heart Breath. Annie really liked the Heart Breath and the positive wishes she received from us all. It was hard to remember how reluctant she had been to participate in the group the day before. She even asked for more support to continue with these practices once she was at home, so I pointed her to the **mindfully** website for more resources. What a positive outcome for someone who was so opposed to joining the group at first!



“By not making assumptions based on how patients initially present, we are able to form a connection—and connection is vital for healing trauma.”

One Saturday, as I walked onto the adult acute mental health unit, staff greeted me by saying, “They’re all watching a movie and napping. I don’t think they’ll do yoga today.” They weren’t being negative; they were just being honest. I paused and asked if I could simply check in with patients and see what was going on.

When I sat down with some patients as they watched *The Princess Bride*, everyone avoided making eye contact with me, so I didn’t invite them to group or request that they turn off the TV or dim the lights for our session. Instead, I quietly greeted everyone and started to watch the movie with them. After about five minutes, I asked one of the patients watching the movie, “Do you think we could pause this and do a little stretching?” She surprised me by saying, “Sure.” As we set up for our group, another patient quietly came in and sat on a mat.

We ended up having a full session and used up all our group time. Simply by allowing myself to be a part of the environment, not pushing or demanding anything, the energy within the unit shifted. It would have been easy to barge in, loudly state, “Time to turn off the TV for group!” and immediately get shut down. The welcoming and nonthreatening way we show up is a key element in creating the safe and inclusive environment needed for this work. That first patient even looked relieved when I asked if we could

do some stretching, almost as if she needed that extra encouragement to engage. By not making assumptions based on how people initially present, we are able to form a connection—and connection is vital for healing trauma.

This way of connecting can further be understood as **attunement**. Clinical professor of psychology and mindfulness expert Dr. Daniel J. Siegel defines attunement as “[allowing] our own internal state to shift, to come to resonate with the inner world of another.”¹ In my experience, attunement has been particularly important when working with individuals who feel “othered” by mindfulness and mainstream yoga. This feeling of exclusion may be due to gender identity, age, body size, physical ability, religion, and/or race. When met with reluctance and/or resistance, responding with an open-hearted welcome for each person, just as they are, can create just enough space for people to feel safe, seen, and accepted.



“By simply accepting her as she was and allowing her to express her discomfort and disbelief, something very interesting happened.”

When I came in to start our session on another adult mental health unit, a woman eating breakfast nearby was in near tears from agitation. Watching our session, she would often frown and shake her head in annoyance at me. At one point, she stated loudly, “I don’t believe in this!” Each time she interrupted, I would acknowledge her by saying things like, “That’s okay, I get it. Your mind and body are really smart. That one might just not work for you today,” then continue to teach the different breathing and movement strategies to the group.

Toward the end of our session, when we were **massaging our jaws** to release stored stress, she angrily said, “What if you have no teeth?” A little caught off guard, I paused and replied, “You can still massage your jaw if you’d like—we’re just trying to help tense muscles relax a bit.” A few moments later, she loudly said, “Bullshit! Bullshit! This is bullshit!”

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¹ Mindsight: The New Science of Personal Transformation, Daniel Siegel, MD, p 27

I didn't even have the chance to respond this time—before I could, the other patients began to say quietly, “I think this really works,” and, “This is my favorite group.” One woman, who had joined the group by saying, “I'm just going to drink my coffee and watch today,” even piped in with, “I feel a lot more relaxed. I really liked this.” As the patients chimed in with what they liked about the session, I chose not to say anything, because the upset woman's feelings were still completely valid.

By the end of the group time, the woman who had been so vocal about not “believing” in the “bullshit” session was still visibly more regulated than she'd been when I came onto the unit (although still cantankerous!). By simply accepting her as she was and allowing her to express her discomfort and disbelief, something very interesting happened.

Story Update

The next time I led group, the same woman was there, yet she participated fully in everything I shared. She even asked questions: “Can I massage my legs when they are swollen?” “What if I can't massage my arms because they are too big?” Each time she raised questions or concerns, I simply acknowledged what she was saying and feeling and reinforced her power to choose which practices she tried. I suggested she only massage her legs if it wasn't painful and let her know that she could massage her legs as lightly or as firmly as felt good for her. I also pointed out that often people feel uncomfortable **massaging different parts of the body** for various reasons, and that she got to choose if massaging felt helpful for her or not. By the time she was discharged from the unit, she was a faithful participant in our groups and shared that she intended to keep using some of the strategies she learned once she returned home. By being welcomed just as she was, she shifted from calling the practices “bullshit” to building her own tool kit of practices to use once she left the unit.



“Sometimes, outward appearance does not fully reflect someone's ability and/or desire to participate.”

This key message can also be seen in an experience I had teaching on the geriatric mental health unit. A man named Lou had just come back from electroconvulsive therapy (ECT). It is not unusual on the units for patients to be fairly disoriented following an ECT treatment, with very low energy and difficulty tracking. Staff stated that Lou could be in the group but might not be very engaged because of the treatment. I still invited him to participate and gave him some lavender essential oil as I welcomed him to our group. As the session continued, I noticed that he was doing some of the movement, albeit a bit delayed and slightly differently. For example, when we did **cross-body tapping** (which is helpful for integrating the right and left sides of the brain), Lou was only able to tap on one side of his body. However, by the end of our time together, he had tried several of the practices and was looking a little more alert.

As I closed the session and asked each participant who they wanted to send a Heart Breath to, I almost decided to skip Lou. Thankfully, instead I asked him, and after waiting for a longer-than-typical pause, he said, “My son!” in a loud, clear voice. We sent a Heart Breath to his son. Lou's response affirms the importance of always inviting participation, even if a patient seems disengaged. Even when someone states they don't want to join the group, we always continue looking for opportunities to include them in the session. Sometimes, outward appearance does not fully reflect someone's ability and/or desire to participate.



“For the group to accept Peggy exactly as she was feeling and still send her a Heart Breath for a good day reminded everyone that they will always be welcomed and supported.”

Also on the geriatric unit, there was a patient named Peggy who reacted quite negatively when asked who she might want to send a Heart Breath to. Peggy had been getting more and more withdrawn and frustrated over the past several sessions, and while she still joined the group, her level of engagement had significantly decreased. At the end of one session, I was careful to ask not only who patients might want to send a Heart Breath to, but also if they didn't have anyone in mind, whether we could send a Heart Breath out for them.

This was important, because when I asked Peggy who she might want to send a Heart Breath to, her response was, “No one, nothing—there is no one I want to send a Heart Breath to.” So, I followed up with, “Could we send you a Heart Breath today?” When she responded, “No! I don’t want one,” I paused and gently asked, “What if we send a Heart Breath out that you have a good day today, Peggy?”

She stopped, looked at me, and said very quietly, “Yes.” Together, everyone in the group took a Heart Breath for Peggy to have a good day. The group’s ability to be present for Peggy’s discomfort, frustration, and anger, yet still offer her a Heart Breath for a good day, felt good for the group as well as Peggy. For the group to accept Peggy exactly as she was feeling and still send her a Heart Breath for a good day reminded everyone that they will always be welcomed and supported.

author’s note

Inclusion is particularly important when working with individuals who are experiencing disrupted cognition due to trauma, emotional stress, age, sleep disturbances, medication, and/or developmental disabilities. I have found it never hurts to include everyone when asking questions of the group. If we wait long enough to allow each person to process and understand the question, whether they answer it or not is irrelevant. Sometimes, I will ask a participant who has not engaged in the session at all the same question I am asking the group. The worst that can happen is they completely ignore me or get irritated and remind me that they aren’t participating. While that is slightly uncomfortable, it is tolerable, and still shows that they are always welcome and valued by the group. Sometimes, however, the complete opposite happens: a person who did not participate in the group shares something unexpected, and everyone benefits. For example, I recently asked a geriatric mental health patient with very low affect who they would like to send a Heart Breath to, fully expecting him to ignore me. Instead, after a long pause, he quietly said, “My wife.” It is stories like this one that give me the incentive to always include everyone.



“I was so grateful I’d chosen an activity that matched their energy instead of trying to lead a more typical group. The way they showed up led me to what was going to be most regulating for them.”

One day when I was working on an adult unit, I entered a room to see the program therapist was leading a music therapy group. Patients were picking songs and singing, dancing, or simply enjoying the music. Everyone seemed higher energy than usual and disappointed when the group ended. One patient, Crystal, seemed particularly disappointed. We did our usual beginning of **tapping** and stretching while slowing down our breathing, but it was hard to engage Crystal, and there was a lot happening around us on the unit—conversations, people walking through our space, etc. I realized that everyone was just too high energy for me to do our typical group that day.

I then said, “I usually don’t do this activity with adults, but I am wondering if you would be open to trying something new that I often do with adolescents.” This seemed to pique their interest, so I continued, “Using your mat as your boundary, you can take **four steps forward and four steps back** to the music any way that feels right for you while we listen to a song together.” Immediately, a patient named Diana suggested the song “Tusa” by Karol G and Nicki Minaj. I put the song on, and Crystal, Diana and I all began to take four steps forward, then four steps in reverse on our mats in time with the music.

Immediately, Crystal and Diana started moving with big smiles on their faces. They were laughing and really enjoying themselves. The few patients who were sitting in chairs around us began to tap their feet with the music or slowly **sway**. As the music continued, everyone got into a peaceful rhythm. I was particularly struck by the settling of Crystal’s energy. She was not so giggly and outwardly focused but more regulated and peaceful. I also noticed the incredibly peaceful expression on Diana’s face as she moved with the music. The most impressive part was that we were all getting so settled and regulated in the midst of the continued chaos around us on the unit.

When we finished, I asked what they thought of this activity. Diana shared that she loved it and felt so much better afterward. Crystal said, “I just feel so peaceful and relaxed at

the same time!” Much of the song was in Spanish; since Diana spoke Spanish, I asked if she could share with us what the song was about. She explained, “It’s a song about loving someone and losing them and finding the strength to go on—like the queen you are.”

I was completely taken aback by this—both her translation and the look on her face as she shared it. Placing my hand over my heart in awe, I said, “Diana, I don’t know if this will make sense, but I feel like that is so profound for all of us here today.”

She smiled and said, “That is why I picked it! We all have gone through something really hard to end up here. Yet we are all finding the strength to go on, and we are all so much better because of it.”

Her words left me speechless. I thanked her and the group from the bottom of my heart for sharing that amazing experience with me. I told everyone that I thought they were so brave to try this activity because it was quite different from what we typically did together. I was so grateful I’d chosen an activity that matched their energy instead of trying to lead a more typical group. The way they showed up led me to what was going to be most regulating for them. I left still blown away by what I had just witnessed.



“This patient’s experience is a great reminder that individuals don’t have to actively participate in sessions to experience the benefits.”

One final story relates the importance of inviting everyone to participate in whatever way works best for them. As I was finishing teaching a session one day, a patient I had seen but only briefly spoken to called out my name. He was a very quiet man who always sat outside our sessions, choosing to just observe. I still interacted with him each day, greeting him, offering him **essential oils**, and checking in to see if he felt a little more settled or peaceful by just staying in the room while the group was going on.

When I walked over to him and said hello, he asked me if I taught anywhere else; I explained that I teach several different places, including another hospital. I assumed he was going to ask about other places where he could participate in groups like ours after he was discharged. Instead, he said, “That doesn’t surprise me—you really seem to know

what you are doing!” This made me and the other unit staff within earshot laugh, because it was so kind and unexpected. What I noticed was that, while his affect up until then had been pretty low, his face really lit up when he said this. My takeaway from this simple exchange was that even without actively participating in our groups, he appreciated the strategies that we shared and was impacted just by what he saw and heard.

This patient’s experience is a great reminder that individuals don’t have to actively participate in sessions to experience the benefits. Watching and listening to the sessions introduces patients to useful information about how strategic breathing and movement can help them regulate and feel better during the day, and helps them identify other healthy ways they can take care of themselves—like exercise, prayer or meditation, etc. Hearing the key messages reinforces the mind-body connection and affirms their inner wisdom: “I can do simple things to take care of myself.”

author’s note

Essential oils can be a wonderful way to help participants feel more comfortable and included at the beginning of a session. Aromatherapy changes how you feel because scent molecules travel from the olfactory nerves to the brain and have a quick impact on the amygdala. Having a few essential oils for participants to choose from can be an easy way to invite them into the group. I often say, “Just smelling something different can change how we feel.” I explain that spearmint might be energizing, lavender can be calming, and orange might feel grounding. I spray the essential oil (diluted with water) on a washcloth or on the participant’s clothes. Using pure essential oils mixed with water (no chemical additives) reduces the risk of allergic reactions. If the participant doesn’t find spearmint energizing, lavender calming, and/or orange grounding, I always affirm that their mind and body are very smart.

INNER RESOURCE

We often incorporate cards from the **movemindfully Inner Resources Card Deck** into our sessions to help identify qualities we can focus on when navigating the opportunities and challenges each day might bring. In situations like Annie's, where she expressed strong emotions about not wanting to participate, I've had success drawing on my own understanding of the **Inner Resource NO!**

My best experience with this Inner Resource occurred once while working on an intensive mental health unit for children. A young boy, Carter, was really struggling and expressing a lot of frustration about not getting to play video games. Carter was the only participant in our session that day, and he really did not want to be in our group. I pulled out my Inner Resources (both literally and figuratively!) and started arranging cards on the floor. I explained that I was organizing them for the next group and wondered if he might want to pick one to look at. He immediately said, "NO!" to which I replied, "Oh, here you go," handing him the NO! card.

He then said, "No! I don't want one!" I replied, "But you are using this one right now! See, you are using NO! It says [reading the front of the card], 'Stop! No more! Not now!' That's such an important skill to be able to be clear about what you want and need right now."

This simple affirmation of Carter's ability to communicate his wants and needs to me completely shifted our dynamic. He slowly started to look at the other cards, and we tried some different activities together.



*See the appendix for more information about Inner Resources.

PRACTICE

Now that you've read some real-world examples from **movemindfully** groups in crisis mental health settings, it's time to experience some of these practices for yourself. The stories in Trauma-Responsive Teaching Tip #1 illustrated the power of creating a welcoming and affirming space for individuals to explore mind-body practices by really seeing and accepting each person exactly as they are.

Since empathy is an important part of healing trauma, introducing mind-body strategies with empathy can counteract limiting beliefs like "I can't do this right." **Self-empathy** is also important, especially in the presence of our own self-criticism and self-doubt that may get in the way of creating a safe space for group work.

Seeing and accepting ourselves, with all our imperfections, grows our self-empathy. If you would like, try this simple practice to be with your **Inner Resource EMPATHY** as you prepare to create a space for others that feels welcoming and affirming:

1. Notice what may be preventing you from accepting yourself just as you are, including any feelings like stress, self-doubt, self-criticism, and/or overwhelm. Breathing slowly, acknowledge any feelings that come up for you with kindness and compassion.
2. Invite Inner Resource EMPATHY to support you as you think or say to yourself quietly, "I see you. I feel you. I'm here for you."
3. Standing or seated, place your **hands on top of your head** (like an athlete does to catch their breath), or try **Brain Break** with hands on the front and back of your head (so you are holding your head). Just slow down your breathing. Do this for about five breaths as you think or say to yourself quietly, "I am safe and supported when I am with Empathy."
4. Next, slowly **sway** from side to side (either seated or standing). Rock or sway for another five to ten breaths with this wish from your Inner Resource: "May you feel self-compassion with Empathy."
5. End by lightly **tapping** or massaging across the top of your rib cage or chest. If tapping or massaging doesn't feel right for you today, act as if you are tapping or simply visualize that you are tapping the top of your chest. Do this for five to ten breaths.
6. Breathe slowly. You can think or say to yourself quietly, "When I show up for myself and others with Empathy, I can experience compassion and heart-to-heart connection."

Take a moment now to notice how you feel, then journal about this experience through writing, drawing, or a recording (voice or video).

REFLECT

Sharing movem**indfully** strategies with patients/residents/clients/students/family members will be far more authentic and comfortable when you take time to practice them yourself and experience them in your own body. Consider the journal questions below to support you in this process.

1. How did **Hands on Head, Brain Break, swaying, and tapping** feel for you today? Did you notice any shift in your energy level? Did these practices impact your overall level of stress in any way during this practice?
2. How might you introduce **Hands on Head, Brain Break, swaying, or tapping** to people who are reluctant to try mind-body practices? What can you share about your own experience trying these practices to encourage others to feel safe enough to try them for themselves?
3. When can you use **Hands on Head, Brain Break, swaying, or tapping** for yourself and/or your patients/residents/clients/students/family members? Create a plan of action (see TEACH section below).

TEACH

Now that you have experienced movem**indfully** practices for yourself, it's time to create a plan for how you might share them with your patients/residents/clients/students/family members. **Consider the following questions to help you adapt these strategies for your unique setting:**

1. **Hands on Head/Brain Break** – How would you introduce these moves to an individual or group you are working with? Try out some language describing these moves as you do them. Create a sample script in your own words.
2. **Swaying** – How would you share swaying/rocking with an individual or group you are working with? In addition to the language you would use to share this activity with participants, consider adding affirming phrases. For example, you could suggest participants think or quietly say an affirming phrase like “I am safe” or “I can do this” to themselves while slowly swaying.
3. **Tapping** – How would you describe tapping to an individual or group you are working with? In addition to the suggestions above, consider asking if anyone bounces their knee or taps their foot when they are anxious.

WHY?

When working with individuals who might be reluctant to try mind-body strategies, providing the “why” can be really helpful. Here are a few tips for increasing buy-in of the suggestions, practices, and information offered in Trauma-Responsive Teaching Tip #1:

1. **Ask if anyone ever finds themselves doing these activities naturally during the day.** If so, point out that their mind and body are really smart and know how to help them settle and regulate.
2. **If not, ask if anyone has ever seen an athlete put their hands on their head** to catch their breath, seen someone rock a baby before bed, or seen someone tap their foot when they are anxious. Share that each move you just taught is based on things that bodies naturally do to relieve stress during the day.
3. **Share findings from research on how tapping improves physiological markers for health.** Research finds that tapping can decrease cortisol; is a helpful intervention for anxiety, depression, and PTSD; and can increase happiness and immune system function.¹
4. **You could also share information about professional athletes who use mindfulness strategies** to improve their performance. Athletes known to meditate daily to elevate their game include LeBron James, Derek Jeter, Michael Jordan, Carli Lloyd, Russell Wilson, and Kerri Walsh-Jennings. The late, great Kobe Bryant was huge on mindset, meditation, and mindfulness.²

3 Donna Bach, Gary Groesbeck, Peta Stapleton, Rebecca Sims, Katharina Blickheuser, and Dawson Church, “Clinical EFT (Emotional Freedom Techniques) Improves Multiple Physiological Markers of Health,” *Journal of Evidence-Based Integrative Medicine* 24 (Jan–Dec 2019), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6381429/>.

4 Athletes Unheard, “Can Meditation Help You Become A Better Athlete? These Superstar Athletes Do It Every Day,” Athletes Unheard, February 20, 2021, archived from the original at <https://web.archive.org/web/20230306071619/https://athletesunheard.com/can-meditation-help-you-become-a-better-athlete-these-superstar-athletes-do-it-every-day/>.

STRATEGIES

Here's a list of the Moves mentioned in this chapter which are included in the **movemindfully** Therapeutic Card Deck, **movemindfully** Elder Card Deck, and the **movemindfully** app:

- Tapping
- Hands on Head and Heart
- Heart Breath
- Swaying
- Hands on Head
- Brain Break

The following additional practices were mentioned in Trauma-Responsive Teaching Tip #1:

- Essential oils
- Neurovascular holds
- Choosing a word to describe how you want to feel for the rest of the day
- Attunement
- Massaging the jaw
- Massaging different parts of the body
- Cross-body tapping
- Four steps forward, four steps back (to music)
- Inner Resources

HEALING INSIGHT

One thing I've learned through teaching in crisis mental health environments is that you can't take someone else's behavior personally. While our natural instinct might be to become defensive when someone is angry or argumentative, it truly is not about us.

This insight came in large part from an Ethiopian friend of mine who works on a mental health unit. One day during our group time, a patient spoke to her using xenophobic and racist language. While I made a blanket statement about how we have to be respectful of each other or we will be asked to leave the group, I felt awful that my dear friend was treated that way and that I didn't do more. When I spoke to her afterward and apologized for not knowing a better way to handle that language, she said something I'll never forget: "Oh, Chrissy, he is so sick. I get to leave here today. He does not."

My friend's words continue to inform every interaction I have with a person who is dysregulated. I maintain firm rules about appropriate behavior, such as, "Everyone must treat one another with kindness and respect." Yet, since hurtful behaviors often come from those of us in the most pain, I strive to always meet everyone with the same kindness and compassion that I learned from my friend.