00;00;00;01 - 00;00;21;01

Unknown

Usually, when we talk about a concept like resilience, there's this expectation that it's just a personality trait. Like, you know, you either have it or you don't. Right. Yeah. It gets treated like a fixed binary state. Exactly. You get knocked down, you just pop right back up like a rubber band, stretching and then snapping perfectly back into its original shape.

00;00;21;03 - 00;00;40;18

Unknown

Completely unchanged by the experience. Yeah. You're either tough or you're fragile. You survive the pressure or you just, you know, break. It's a comforting thought. I mean, that we can just armor up and bounce back. But when you look at the real world science of trauma, stress and recovery, that rubber band metaphor completely falls apart. It really does.

00;00;40;20 - 00;01;02;05

Unknown

We're looking at a landscape of human healing today that is so much more complex and honestly, a lot more hopeful than just telling someone to, you know, toughen up. We are taking a custom tailored deep dive today into a stack of sources from the light of Hill Institute for Human Resilience at the University of Colorado, Colorado Springs, or Uccs.

00;01;02;07 - 00;01;28;10

Unknown

We're exploring their Veterans health and trauma clinic and, their milestones Resilience Care Center. And, the institute actually provides a definition of resilience right up front that completely upends that rubber band idea. Right? Yeah. Let's hear it. They define it as a systemic and dynamic process of responding adaptively to adversity over time. And they emphasize that this ability to respond is entirely context dependent.

00;01;28;11 - 00;01;46;14

Unknown

That definition completely changes the game. It really is, because if resilience is a dynamic process rather than a static trait, it means we have to stop treating it like a rubber band. And, start treating it more like your immune system. Oh, that's a great way to look at it. Right? Right. Okay, let's unpack this. Your immune system learns, it adapts to new threats, it changes over time.

00;01;46;14 - 00;02;10;13

Unknown

And most importantly, it requires constant nourishment and the right environment to function. It doesn't just snap back, it evolves. Yeah. And to support the, you know, immune system of the mind, the Light Hill Institute approaches resilience not as a single intervention but as a whole ecosystem, an ecosystem. Yeah. They operate through a three pronged strategy. So that's research healing and community training and empowerment, which is huge.

00;02;10;18 - 00;02;33;10

Unknown

It is. And for you listening, whether you're dealing with the severe trauma of combat or just the slow, grinding, everyday burnout of modern life, understanding this multilayered approach can fundamentally change how you view your own mental well-being. Yeah, it shifts the focus from merely treating the wound to, you know, actively cultivating the environment that allows the wound to heal.

00;02;33;10 - 00;03;04;12

Unknown

Exactly. So let's look at the heaviest part of that environment. First, the real frontlines of trauma. The sources give us a deep look into the Veterans Health and Trauma Clinic or the VTC. Right. The VDC, this is where the theory of resilience is applied in incredibly high stakes environments. We're talking about services for active military members, veterans, first responders like the Colorado Springs Police Department and survivors of physical and psychological trauma or, natural disasters.

00;03;04;12 - 00;03;34;24

Unknown

Yeah. And in those high stakes environments, the clinic leans heavily on evidence based science. They really have to. Right? They do. They utilize specific, proven clinical treatments. So they use eMDR, which stands for eye movement Desensitization and reprocessing. They also rely on CPT, cognitive processing therapy and PE, or prolonged exposure therapy. Okay, wait. I hear those acronyms thrown around a lot in psychology circles, but they often just get lumped together as, you know, trauma therapy.

00;03;34;25 - 00;03;54;12

Unknown

Yeah, they become a bit of a buzzword. Yeah, exactly. Yeah. For you listening, if you've never been through them, they can sound like a black box. Yeah. What are these therapies actually doing to a veterans brain? Well, they are fundamentally rewiring how the brain stores memory. Take eMDR for example. When a traumatic event happens, the brain's alarm system, the amygdala, gets stuck in overdrive.

00;03;54;13 - 00;04;24;01

Unknown

It just doesn't shut off. Exactly. The memory doesn't get filed away. Normally it stays active, visceral and easily triggered. So eMDR uses bilateral stimulation like the eye movement, right? Like having the patient follow a moving light with their eyes back and forth while they briefly focus on the traumatic memory. Wow. This bilateral movement taxes the working memory. Just enough that the brain's alarm system is distracted, and that allows that memory to finally be processed and moved into long term storage where it actually belongs.

00;04;24;01 - 00;04;50;13

Unknown

So it stops feeling like a present threat and becomes a past event. That's incredible. Yeah, it's very powerful. So eMDR is dealing with the physical storage of the memory. What about the others like, cognitive processing therapy? Right. So CPT targets the narrative. The person is built around the trauma. People often develop what therapists call stuck points. Stuck points, beliefs like, you know, I should have known this would happen or the entire world is dangerous.

00;04;50;13 - 00;05;21;10

Unknown

CPT systematically challenges those logic pathways, makes sense. And prolonged exposure is about habituation. It involves gradually and safely confronting trauma related memories and situations, so that the nervous system learns over time that the memory itself is not actually dangerous. Okay, so the intense fear response eventually just burns itself out. Exactly. Okay, so I'm reading about these rigorous, hardened exposure therapies you're describing rewiring the fear circuitry of the brain.

00;05;21;17 - 00;05;42;02

Unknown

But then I look at the clinical materials and they heavily highlight, art therapy. Yeah they do. There's a whole flier for it in the sources. They talk about weekly writing classes for veterans taught alongside local writers by one of their clinical therapists, Aaron Fowler. That's right. I have to push back here a little bit. We're talking about hardened combat veterans and police officers.

00;05;42;05 - 00;06;11;13

Unknown

Honestly, drawing pictures and writing poems sounds a bit, I don't know, fluffy. For a combat veteran dealing with severe PTSD, how is that actual clinical trauma recovery? What's fascinating here is that it sounds fluffy until you actually look at brain imaging during a trauma trigger. Really? Yeah. The hard science of trauma shows us that when a person experiences severe distress, Broca's area, which is the part of the brain responsible for speech and language, can essentially shut down entirely, where it just turns off.

00;06;11;15 - 00;06;34;21

Unknown

Basically, yes, traumatic memories are often stored in the brain as fragments of images, physical sensations and emotions, completely bypassing language. Wow. So that's why trauma survivors sometimes literally cannot articulate what they are feeling. Exactly. The words are biologically inaccessible in those moments, which means traditional talk therapy just runs into a brick wall because the language center is offline.

00;06;34;22 - 00;07;04;05

Unknown

You hit the nail on the head, so relying on the text from the institute, we see that creative expression offers a back door, a back door. I like that art and writing allow individuals to communicate incredibly complex, painful feelings using visual, spatial, and metaphorical processing because it doesn't need Broca's area, right? It reduces symptoms of anxiety and depression and enhances emotional regulation because it gives the brain a way to process the fragmented memory without forcing it through the bottleneck of verbal logic.

00;07;04;06 - 00;07;25;19

Unknown

Okay. Wow. Aaron Fowler's work makes a lot more sense in that context. She's not just running a casual book club. Definitely not. I'm looking at her bio in the sources, and she's a licensed therapist who specializes in complex PTSD and dissociation. She has special expertise in dialectical behavior therapy, which teaches people how to live in the moment and cope healthily with stress and eMDR.

00;07;25;19 - 00;07;53;18

Unknown

Yeah, her qualifications are intense. She even holds a disaster Behavioral Health field response certification. So she brings a massive amount of clinical weight into the art studio. She is actively training and designing new interventions within the arts community.

And that intersection of rigorous clinical training and creative intervention is really a hallmark of the VDC staff. It demonstrates that trauma isn't a monolith, and the treatment cannot be, you know, one size fits all.

00;07;53;19 - 00;08;16;03

Unknown

The sheer variety of their staff really brings this to life. You have Doctor Miranda Shaw, staff psychologist, and her clinical work expands an unbelievable age range. It's pretty wild. She works with patients from two years old, all the way up to 102 years old, 2 to 102. Right? It completely reinforces the institute's core tenet that resilience is dynamic and context dependent.

00;08;16;06 - 00;08;40;07

Unknown

A two year old's context for processing trauma is vastly different from a 102 year old dealing with aging or chronic illness. Absolutely. And you also have Shannon Everett, another clinical therapist with over 15 years of experience. The text mentions she specializes in play therapy. Okay, play therapy, but she applies it to issues related to combat trauma, developmental trauma, and complex trauma.

00;08;40;08 - 00;08;58;03

Unknown

Play therapy for a combat veteran. Again, that sounds almost insulting to a soldier on the surface. How do you apply play therapy to someone who has been in a war zone? It sounds totally counterintuitive until you realize what play actually is at a neurological level. Okay, what is it? Play is essentially a low stakes sandbox for the nervous system.

00;08;58;05 - 00;09;25;29

Unknown

In adults, play therapy might involve using external objects, sand trays, or role playing to project internal conflicts outward. Oh I see, yeah, it allows a patient to manipulate and observe their trauma from a safe external distance, completely bypassing their cognitive defenses. It's just another alternative language for healing when traditional words fail. So we have this intense, specialized clinical work happening at the VTC for acute trauma.

00;09;26;02 - 00;09;46;29

Unknown

The trauma isn't limited to combat or natural disasters. No, not at all. The slow, relentless accumulation of everyday stress and chronic burnout can physically alter our internal systems just as severely over a long enough timeline. It absolutely can. And that systemic burnout is really what connects the FTC's work to the broader approach. At milestones. Resilience care. Yeah, milestones.

00;09;46;29 - 00;10;10;12

Unknown

Resilience care represents a massive paradigm shift in how we think about the quote unquote, patient right. The philosophy explicitly outlined in the milestones source text is radically different from traditional biomedical models. They state flatly. We reject the idea that we have all the answers, and they refuse to see clients as just a set of symptoms that must be eliminated.

00;10;10;19 - 00;10;36;25

Unknown

Here's where it gets really interesting. How often do you walk into a medical clinic and hear the providers say, we don't have all the answers? Almost never. Right? If you picture a typical doctor's office, you probably picture fluorescent lights, sterile waiting rooms, maybe a dog eared magazine. You were treated like a broken car engine. Oh for sure. They plug you into a diagnostic machine, find the misfiring spark plug, swap it out with a prescription, and expect you to run perfectly.

00;10;36;27 - 00;11;01;15

Unknown

But the sources describe entering milestones as a spa like environment. Yeah, totally different. You were offered trauma informed yoga, massage and acupuncture, and I get why they offer psychotherapy. But honestly, acupuncture massage at a trauma clinic sounds more like a luxury vacation than clinical treatment. What is the actual medical utility of that? If we connect this to the bigger picture, it sounds like a luxury until you look at the human nervous system.

00;11;01;15 - 00;11;35;25

Unknown

Okay, trauma and chronic stress are not just cognitive issues, they are somatic. The body literally holds the tension right. The physical body. Yes, the milestones approach operates on the perspective that recovering from trauma or burnout requires the synergy of four things restoring physical well-being, emotional balance, finding purpose and meaning, and connectedness with others. Well all four yeah. You cannot talk your way out of burnout if your sympathetic nervous system, your fight or flight response is constantly locked in overdrive.

00;11;35;26 - 00;11;53;25

Unknown

It's like the body is screaming that there's a lion in the room, and the therapist is trying to calmly ask how that makes you feel. Exactly. That's exactly it. So massage and acupuncture are physical interventions designed to down regulate the nervous system. Okay. They stimulate the vagus nerve and activate the parasympathetic nervous system, which is your rest and digest state.

00;11;53;29 - 00;12;18;21

Unknown

Right. It essentially forces the physical body to lower its defenses. So the cognitive work of psychotherapy can actually take root. That makes the Spa like environment a calculated

clinical strategy, not just a perk. Precisely. And they take this physical integration even further with their outdoor immersion programs. The text details practices like animal assisted therapy and Shenron yoku, which is Japanese for forest therapy or forest bathing.

00;12;18;21 - 00;12;40;29

Unknown

Yeah, and forest bathing is a perfect example of context dependent resilience. It is not just going for a hike. It's not. No, it is a deliberate sensory immersion in nature. Research has shown that the natural compounds released by trees, called fight insides, can actually reduce cortisol levels, are primary stress hormone and lower blood pressure. The trees are literally altering our hormones.

00;12;40;29 - 00;13;09;17

Unknown

Yes, and the fractal patterns found in nature lower the cognitive load on the prefrontal cortex. This gives the brain's executive functioning a chance to recover from the constant directed attention demanded by modern screens in urban environments. That is mind blowing, and it really explains the background of the professionals championing these methods. Like Doctor Tim Dundas, for example, worked with therapeutic wilderness programs before coming to the institute, and he has a deep background in health psychology and integrated care.

00;13;09;20 - 00;13;28;16

Unknown

Yeah, he's looking at the whole picture. He is looking at the patient outside the confines of four walls. This entire milestones approach is much less like fixing a broken engine and much more like cutting a garden. I love that analogy because if a plant is wilting, you don't pry open the leaves and try to manually fix the veins.

00;13;28;19 - 00;13;47;09

Unknown

You change the soil, you adjust the sunlight, you make sure it has water, you create the right environment and you trust that the plant has an inner compass, which is the exact phrase the milestone's text uses to guide its own organic healing. And that's exactly it. The clinicians at milestones view the inner compass as the crucial element of recovery.

00;13;47;15 - 00;14;11;10

Unknown

They see their role as walking beside you and providing the tools, whether that is eMDR, acupuncture or forest bathing. But they acknowledge that the key to your recovery exists within you. You are the one charting your course to health. Tending the garden is brilliant for the individual. We have the VDC handling the acute trauma and milestones offering this holistic garden for chronic stress.

00;14;11;13 - 00;14;35;18

Unknown

But here's the glaring problem we cannot send the entire stressed out population of the country to a specialized clinic in Colorado. No, we definitely care. We live in a society that seems to be manufacturing stress at an industrial rate right now. Burnout is a systemic issue. How does the Lie to Heal Institute scale this up? That is where the Institute's mission expands outward into their research and their community training and empowerment programs.

00;14;35;18 - 00;14;55;06

Unknown

Okay, the other two prongs, right? They are not hoarding this knowledge inside their clinics. They are actively pushing it out into the public sphere. And you see this vividly in the work of Nicole Weiss. Oh, yes, Nicole Weiss, she is a licensed professional counselor and licensed addiction counselor. She oversees both the Veterans Health and Trauma Clinic and Milestone's Resilience Care.

00;14;55;13 - 00;15;16;03

Unknown

But crucially, she also oversees the institute's community trainings. She is the bridge between the clinical bubble and the general public, not exactly the sources mentioned. She oversees programs like First Priority Peer support, the online trauma training for professionals, and the Grit program. Let's look at the Grip program and peer support for a second. Imagine your workplace right now.

00;15;16;05 - 00;15;37;11

Unknown

What would your office or even your family dynamic look like if your peers were actively trained in these resilience principles. It changes the entire landscape of mental health. Peer support training teaches everyday people how to recognize the signs of dysregulation in their colleagues before a stressor turns into a full blown clinical crisis that is so proactive. It is a proactive community approach.

00;15;37;11 - 00;15;59;10

Unknown

It equips a teacher, a manager, or a coworker with the tools to offer immediate, grounded support, effectively creating a decentralized network of resilience rather than waiting for everyone to inevitably crash and require clinical therapy, and to make those community programs effective and to keep the clinical therapy sharp, they need constant data. They need to know what actually works in the real world, right?

00;15;59;10 - 00;16;24;22

Unknown

They need the research. Exactly. Which brings us to the research division and specifically the Institute's trauma Research Registry. The trauma Research Registry is a vital piece of the ecosystem. It is a program where community members can volunteer to participate in research projects everyday people. Yep. The goal is to expand the scientific knowledge regarding the biological and behavioral effects of a broad range of traumatic stressors.

00;16;24;24 - 00;16;47;13

Unknown

Researchers might be looking for specific biomarkers of stress or tracking longitudinal behavioral changes over time. I found this part of the source material incredibly empowering. By volunteering their data, these community members are directly contributing to the development of the new interventions that will be used in the clinics tomorrow. Yeah, it creates an incredible feedback loop. The community informs the research.

00;16;47;19 - 00;17;16;06

Unknown

The research improves the clinical healing, and that healing is pushed back out to empower the community. And it proves that healing in this model is not a passive activity. You don't just sit on an exam table while an expert cures you, right? You're involved. Whether it is a patient engaging their inner guide in a trauma informed yoga class at milestones, or an everyday community member volunteering their time and data for the research registry, resilience is an active, collaborative, community wide process.

00;17;16;06 - 00;17;37;22

Unknown

We are all participants in the ecosystem. So what does this all mean for you listening today? When we step back and look at the entire scope of the Lee Hill Institute for Human Resilience, from the neuroscience of eMDR and play therapy at the VDC to the vagus nerve, stimulation of acupuncture and forest therapy at milestones to the peer support training in the community.

00;17;37;28 - 00;18;06;16

Unknown

The core message is clear, very clear. Resilience is not a rigid trait you are born with. It is dynamic, is context dependent. You requires a holistic approach that treats you as a complete, complex person, mind, body, and spirit. This raises an important question,

though. If we accept the Institute's definition that resilience is a context dependent ability to adapt over time rather than just personal toughness, what happens when the context of our entire society shifts rapidly?

00;18;06;18 - 00;18;33;17

Unknown

Think about our relationship with technology, the changing nature of our work environments, and the constant barrage of global stressors. If the soil of our collective garden is changing so drastically and becoming harsher, does society itself need a systemic resilience care plan? Oh, we focus immense energy on the individual adapting to the environment, but at what point do we need to look at the systemic level of our shared context and ask if the environment itself is what's broken?

00;18;33;19 - 00;18;55;17

Unknown

That is a fascinating thought to live on. If resilience is an immune system, what happens when the whole environment becomes toxic? Do we just keep boosting the immune system, or do we start cleaning up the environment? Something for all of us to mull over as we navigate our own daily stressors and interact with the people around us? Thank you for joining us on this deep dive into the science of human resilience.

00;18;55;19 - 00;19;03;17

Unknown

We hope you'll leave here today with a little more understanding of your own inner compass and we wish you a resilient, adaptable, and well nourished day ahead.