

Washington State ACEs & Resilience Community of Practice Activity Harvest

May 15, 2019 Everett, Washington



Framing the Crossroads of Trauma-Informed Care and Equity



DOH 141-007 June 2019

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Executive Summary

Framing the Crossroads of Trauma-Informed Care and Equity was the inspiring theme for our May 2019 statewide ACEs and Resilience Community of Practice gathering. Equity work is instrumental to reducing toxic stress and creating safe, nurturing, and stable environments for all children. Yet our trauma-informed care models often don't touch racism and equity issues. As a community of practice, we need more skills, capacity, and principles for engaging these essential conversations.

Three key themes emerged from the day:

- 1) As a whole community becomes trauma informed, learning and change accelerates rapidly.
- 2) Racism and inequity are integral aspects of historic trauma and have intergenerational consequences. Our response patterns need to change personally and systemically, rooted in emerging principles and practices for trauma-informed care.
- 3) As we create new conditions, our bodies, brains, organizations and communities adapt and heal. We are epically resilient. We can strengthen resilience around our identities and across identities. Creating more safety, connection, and learning.

Snohomish County, our host community, painted the picture of what is possible as we become trauma informed communities. NEAR Science (Neuroscience, Epigenetics, ACEs, and Resilience) has been foundational to their work. Organizations that wish to become trauma informed name Trauma Informed Leadership Teams (TILTs), and start their learning journey.

By using a cohort model that is across sectors, the county is adopting a systemic trauma-informed approach. The cohort model also builds strong connections and learning across organizations.

And inspiring new partnerships, solutions, and approaches are emerging. For example, when asked what is happening with homelessness. Chad Golden from Everett Public Schools responded, "When we see a kid is not doing well in school, we listen to discover the underlying causes, if it is homelessness, we work with the family to address that. We are building housing on school property in Everett as part of the solution."

The challenges facing our communities are complex and intergenerational. They are much broader than adverse childhood experiences. The ACEs study provides us a glimpse of the impact and cost of prolonged periods of toxic stress, and the disruption to neurodevelopment. Conversely, as we lighten the load, generation to generation more is possible than we ever imagined.

The principles growing from our day build on the platform of understanding adopted from the Community Resilience Initiative and from [Kitsap Strong](#). These foundational documents are included in this harvest summary, beginning on page 18. The intention of the advisory circle is to continue to evolve these principles and practices to guide state level work and learning.

Our harvest report includes the inspiring story and wisdom of Ron Murphy. He has been leading the work across Washington since before most of us can remember! Thank you, Ron, for being an elder in our community and once again pointing the way forward, and inviting us to lead from our hearts.

Community journalists wrote up notes from each of our sessions to make visible the learning from the day for our broader network and community of practice.

Panel Presentation

Speakers:

Liza Patchen-Short, Snohomish County Human Services

Chad Golden, Everett School District

Sadie McHatton, Snohomish County Health District



The panel discussed how Snohomish County has adopted trauma-informed approaches broadly across its systems, from schools to public health and social services.

Liza Patchen-Short said the commitment has led to “an incredible shift in our community,” and improved relationships.

“We are committed to this work, schools and organizations are working together and working to become more trauma informed, recognizing this is a process to form a caring and thriving community,” she said.

Rather than suspensions and expulsions in schools they take the approach of asking “what happened?” not “what’s wrong?”

They then started to ask, “how can we build trauma informed organizations?” So they have brought together almost 50 organizations under one project called the CARE Community, which stands for compassion, resilience, and empowerment.

Trainers come in to work on helping participants become trauma informed. Based on the training, each member organization forms a trauma-informed leadership team and they work on changing policies and procedures in their organization.

With so many groups working together they are able to share a common language and a culture of support of building resiliency across many agencies and organizations.

Snohomish has a children’s wellness coalition that meets every month to talk about how to keep growing their community.

They have an annual children’s wellness fair that offers workshops; this year’s fair had 1,100 attendees and 70 vendors including dental vans.

They also have learning collaboratives for many of their communities and are now thinking about forming a leadership collaborative.

Their Leadership Snohomish County program brings cross-sector leaders together to learn about and serve the community.

In the local health district they trained a prevention services team, then cascaded the training to the rest of the agency, currently the environmental health team. Each has a trauma-informed leadership team (TILT) from frontline staff all the way up to leadership. TILT members function as early adopters and champions so everyone is exposed to training on what trauma informed support is.

“Snohomish County is doing a great job of bringing this work forward,” Chad said. “There is both vertical and horizontal accountability. There’s a lot of excitement.”

Resources: Presentation slides begin on page 17, [Children’s Wellness Coalition website](#), [CityMatCH/NEAR Collaborative](#).

Experiential Exercise - NEAR Teeter-Totter

Kody Russell from Kitsap Strong led our experiential exercise to get people moving, connected, and engaged with the broader understanding of Resilience and Toxic Stress

People were invited to participate in the process of their own volition, if it was comfortable for them.

Step 1: Raise hands, walk the room, find someone you don’t know. Introduce yourself and share in response to the sentence stem, “I thrived as a child because...” Thriving – by being here, contributing to your community is Kody’s definition of thriving.

Step 2: Raise hand, walk the room, find someone you don’t know. Answer the prompt: When you think about thriving what is your biggest concern for children/adults in our community today?

Kody organized responses into areas to grow experience of what resilience looks like:

- Experiences and opportunities: Core individual skills and traits, self-regulation skills.
- Relationships with caring and competent people: that they are loved and people to keep you safe and help get basic needs met.
- Connection to something bigger, sense of belonging: includes family, faith, identity, nature.



Responses for biggest concerns acknowledge other forms of toxic stress than the 10 ACEs. In our groups, ACEs did not come up but other forms of toxic stress did.

These experiences early in life, impact the expression of our genes and the developing brain. If we experienced more toxic stress we will likely need more of the thriving list to have healthy life outcomes, to help things come back into balance.

The teeter totter analogy uses the base of the teeter totter as the brain and DNA strands.

Step 3: Ask - what are the adaptive responses to living in an environment of danger, fear, or toxic stress? What are the characteristics and traits developed to adapt?

Step 4: Ask – what are the adaptive responses for growing up in nurturing, safe environment, what are the characteristics and traits developed to adapt?



We are always adapting to our environments and experiences, epigenetically and behaviorally. As we create new conditions, more resilience, the body and brain adapts and we can support more flourishing.

N is for neuroscience and is for our brain, E is epigenetics, A is ACEs and Toxic Stress, R is resilience. There is a dynamic relationship – symbolized by being able to move the fulcrum of the teeter totter.

If you'd like to see Kody demonstrate how he facilitates this visit

<https://vimeo.com/252719982>

Ron Murphy - Framing the Crossroads of Trauma-Informed Care with Race and Equity

Community Journalist: Ratnesh Nagda

Ron Murphy is Senior Director of Strategic Consulting for Casey Family Programs. He provides leadership of statewide systems improvement strategies for Casey's partnership with Washington State and the State of Nevada child welfare departments. He also works with other Casey partners, such as the courts, legislature, attorneys, other state agencies, foundations and non-profits, to support systemwide improvements through policy and practice changes. Prior to Casey Family Programs, Ron worked for the State of Washington as a Community Services Office Administrator, Regional Administrator for the State's Division of Alcohol and Substance Abuse and was a direct practitioner for the Children's Administration.



Through personal narrative and storytelling, Ron Murphy shared insights from the intersections of trauma, race and equity, and resilience. He spoke about what he referred to as his "racial make-up" not to teach or to represent all African American people, but to provide fuel for additional conversations among members of the Community of Practice on how toxic stress affects African American people and other groups that experience racism, genocide, violence, terror and other means of oppression.

Developing racial resiliency

Ron shared ways in which he, as a black man, has developed resiliency. He spoke about the centrality of family, both his family of origin and family of creation, as places of stability and consistent support. He grew up with both his parents and six siblings, five of whom are still alive. They live close to each other and visit with each other often. He has been married for 40 years, and is strongly connected to his wife and children. Having a place of faith and worship was and continues to be a strong holding place for him.

Another source of resiliency has been identity validation through social movements and social groups. He grew up in a predominantly white area in his adolescent years and felt isolated from his community. He appreciated the black identity movement. Through this larger social movement, he could finally find validation for his skin color, who he was, and not be ashamed of what he looked like; he could look around and say he was proud of who he was. He felt further validated by having friends like him and friends who were not like him but still allies, including his parents.

As a youth he found a sense of belonging in his school with the few other black children; they were together to protect each other, and helped build character and a level of safety.

Education and skill development have been critical in his resiliency. He noted, "Education and skills are something to hold on to; if we don't have that, then we lose hope."

A final source of resilience and healing Ron shared was that of forgiving white people who had caused him and his people harm. While he could not earlier reconcile how people who worshipped the same God could be so hurtful, he had to develop a way of letting go of the hurts that had been stacked upon each other.

Lessons and Emphases

Throughout his narrative, Ron shared important lessons for practitioners. These emphases, compiled here, resonate with a clear theme of "both/and" thinking, which tunes into the complexity of issues and mutuality of communities and practitioners.

1. Be tuned into *both* the unique *and* common experiences of individuals and groups. Different groups have the same trauma but they experience it in different ways. Some people are able to walk away while others are just devastated.
2. Culture makes us *both* societally vulnerable *and* collectively resilient. Know that as part of the daily and traumatic impact of racism, when something happens in the national news, like mass shootings or somebody doing wrong, it causes real fear among black people in that a black person will be found to be the perpetrator or be blamed for it. At the same time, understand that culture (racial, ethnic, or other) is an extremely important resource for resiliency. If disconnected from culture, we have difficulty forming identity and knowing who we are.
3. Know that *both* the impact of trauma can continue *and* that resiliency can buffer that impact. He shared that he recently heard that "Trauma impact does not end. It is daily, even though I may not be thinking about stuff minute by minute, it only takes me hearing something or seeing something like something that hurt before." We should also couple this with resiliency, that is, even though the impact of trauma does not end, we can become more resilient in how we deal with that impact. It is not that trauma ends and resiliency begins, but the two can occur simultaneously.
4. Think about *both* yourself *and* the communities you are working with. As you go and meet with different communities, the historical trauma they experience, and the intergenerational trauma, try to bear in mind that when working with them, they may have responses to your questions that do not fit for them or you. He urged practitioners to also continue their own journeys: "You have to deal with your own stuff. If you have not dealt with your own stuff, then you have to ask yourself how effective you are in working in the communities that you are."

Invitation for further reflection and dialogue

Ron ended his talk with an invitation for all of us to reflect on his journey and then convert that into what is meaningful for each person, our work and how each of us makes sense of our own journey, especially as it affects the issues you have experienced -- toxic stress, families of origins, veterans, levels of violence, trauma, gender issues. Our guiding question should always be: How can I best serve the children and families that I am helping in my community?

Remarks from Community Journalist Ratnesh Nagda

The origins of this invited talk were to bridge what are widely perceived to be two separate fields: trauma-informed care, and race and equity work. Reflecting on Ron's story, it is important to connect his story to what Shawn Ginwright's (2018) proposition of healing-centered engagement versus trauma-informed approaches to recognize historic, persistent and insidious nature of trauma and violence that communities of color face. His fundamental insights for healing-centered approaches are: (a) healing is political not clinical; (b) healing is culturally grounded and has to do with restoration of identity and sense of collective belonging; (c) healing is asset-driven, focusing on wellness we want, not symptoms

we want to suppress, (d) healing-centered engagement supports providers in their own healing. Ron's story connects with each of these insights; gaining identity validation through social movements and affinity groups, having a strong place for family and faith, gaining critical education and skills-building as well as working on forgiveness. All speak to undoing the shackles of racism and trauma to fully come into and live his calling to be of service to children, youth, and families (see <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>).

Morning session harvest in poem

What is Possible?

The stories and experiences of racial inequality are pervasive

Everyone has their own private journey – an entire ethos inside of them

Marginalized communities experience a multitude of micro-traumas vicariously through witnessing acts in the community/media/etc.

I went through similar struggles of racism growing up

Trauma caused through relationships must be healed through relationships

I also believe that cultural trauma must be healed through culture

Teach our children what equity and inequity looks like and how they can make an impact as an individual in our community

Celebrating identity validation – Black lives matter, hip-hop, Juneteenth

Empowerment of cultural identity

Systemic racism still exists

Be the best ally! Overcoming my own insecurities around race.

Listening to people's stories.

We swim in societal waters and can only examine what kind of waters we swim in and how it impacts us when we are intentional in addressing these atonal issues of our country and society.

Trauma-informed care is sometimes too sanitized, it does not really reflect the actual stories and experiences people go through

Telling our story is powerful

It was painful to realize the story/experience of racial inequity has not changed much over the last 20 to 30 years.

To be effective, we need to bring an understanding of the impact and role(s) of all types of trauma (historic, generational, vicarious, etc.) in a situation.

I appreciated the intentionality and structure of our time together today

I am hopeful for future opportunities to work together to support resilience

I was struck by how my white privilege means that my actions only represent me not my "group" and I don't carry the stress load that Ron described

Practice self-care and community care

Forgive one another for our own sake. It is a gift we give to ourselves - a way to process trauma and heal our hearts

Bring your SELF to your work in the communities you serve.

ACEs and Resilience CoP – Small Group Working Sessions

How to Create Conversations on Hard Topics that Bond Us

Convener: Eric Sobotta (Pasco)

Community Journalists: Kristi Slette, Rowena Pineda, and Ratnesh Nagda

The group discussion surfaced the following key themes:

I. Common Language

Creating common definitions is important. Key words that arose include:

- Structural racism
- Institutional racism
- Gender fluidity
- Intersectionality
- Microaggression
- Diversity, inclusion and equity

II. Vulnerability

Vulnerability allows us to engage our hearts, which is not the norm for many. Some participants owned their vulnerability in choosing to participate in this particular conversation: some often feel like they are walking on egg shells, that they do not want to offend others, that they hold back and that they are afraid to ask questions.

We talked about many ways to encourage vulnerability.

- Creating brave spaces. We create safety by being vulnerable (brave).
- Showing up with vulnerability and acknowledging that we don't have answers all the time.
- Needing to be ok with not being perfect, and instead be curious and authentic. One way whiteness or white culture manifests is in seeking perfection. At the same time, acknowledge that one's vulnerability may require engaging in restorative practice to repair a relationship.
- Speaking with open heart, honesty and sincerity.
- Being able to acknowledge strong emotions. Our discomfort towards strong emotions can prevent us from acknowledging trauma or harm. Some examples:
 - * When a school community experiences death by suicide, it will be difficult to heal unless the feelings these bring up for students and school staff are validated. We need to embrace our feelings, to work from our heart and our head.
 - * When we may commit a microaggression, and our realization and discomfort propels us to correct or minimize the situation right away. Instead, it may be helpful to sit with the discomfort by giving space to the person directly impacted by the microaggression, reflecting on how one's actions have impacted someone, and asking for permission to engage further.

III. Each of us has internal work to do

We all have biases that we need to become aware of and address.

- When one has not been a "minority," it is difficult to understand experiences of those who feel marginalized.
- We need to confront our fears of being called out, and instead look at these moments as gifts from others who have taken the time to be vulnerable and share their feelings with us. Promote "gratitude culture" or "growth culture."
- We need to "unpack the invisible knapsack." We have privileges that we may not even be aware of that show up more often than we realize.

IV. White privilege

Underlying the discussion is white privilege, which shows up in different ways.

- Microaggressions take so much energy to address. Everyone has a role in addressing microaggressions including the bystander. It was also pointed out that there needs to be space provided to process feelings about what happened.
- White people relying on people of color to teach, lead, or guide a process that impacts communities of color. There is white abdication when the situation does not impact white people personally.
- Centering whiteness in difficult conversations that takes away from the experiences of people of color.

V. Restorative practices

A guiding goal for our work can be to strive for restorative practices and not punitive practices. Our work with colleagues, communities and clients is based on relationships. While it is imperative that we develop awareness of how harm happens in these relationships (through privilege, microaggressions, biases and more), we also need to think about what happens after that. We need to develop ways of healing and repairing relationships. Some possibilities offered:

- Prefacing questions by stating that you haven't done this before
- Showing desire to engage to open a dialogue
- Being sincere; talking from a distance is usually sensed
- Developing ways of being resilient in our engagement when we may hit a roadblock

VI. Normalizing difficult conversations

This work is ongoing and long-term. One participant shared that during his weekly team meetings, he sets aside 30 minutes to have a conversation focused on race and equity. The team may watch a video, respond to an assigned reading material, or do an activity. The goal is to engage in a difficult conversation in a brave space. Building this into the organizational culture seemed to validate the importance of conversing about issues of race and equity.

Resource: ["White Privilege: Unpacking the Invisible Knapsack" by Peggy McIntosh](#)

How Can We Measure Impact & Success In Trauma-informed and Racial Equity Work?

Convener: Erin MacDougall

Community Journalists: Kody Russell & Ashley McHugh

Group question: How can we measure impact/success for our trauma-informed and racial equity work?

There may be a need to determine our Theory of Change to consider a framework for understanding what we are measuring. There is an interest in examining what relevant health measures (process and outcome) currently exist including what existing systems and surveys are already being used to gather and track data.

Questions that came from discussion:

- What are the common indicators to pay attention to for equity, hope, resilience and more?
- What relevant data is already collected and how can we use existing systems to gather data?

The group mentioned that aligning health measures (both process and outcome) could be beneficial to learn from one another. Agreed that there should be a community of sharing and learning from one another on successes and challenges. The group felt that state level data isn't as beneficial as local-level data and indicators should be community driven not system driven.

Question that came from discussion: What measurements can we look at for studying process, learning, and inspiration to enhance our collaborative efforts?



There was discussion about the purpose of the data. Other times our funders dictate our metrics and define our success. But focusing on community impact may be best and remember to have patience with the nature of doing intergenerational work (ACEs) – it may not function on a funder's (2- to 3-year) timeline. Concerns were expressed that current systems re-traumatize individuals in order to

collect data. The data should be inspirational and should have a healing-centered focus to engage community and cultural factors. Turn the entire traditional approach upside down – most measurement approaches come from white-centered institutions, so let the community decide what is meaningful to measure. It was also stated that there is a need to incorporate feedback loops to improve systems.

Concepts and existing resources that could assist in determining indicators:

- Shared Risk & Protective Factors Toolkit from Centers for Disease Control & Prevention
- Flourish Agenda

- Economic & educational indicators used nationally
- Happiness measures used internationally
- Equity Department: National and Trauma Informed Oregon assessment of staff – May also be altered to measure community
- Trauma Informed Oregon Policy Evaluation Tool
- ACEs Questionnaire and youth health survey could be considered as relevant data sources
- Community Information Exchange from San Diego
- Shawn Ginwright’s reframing of trauma-informed terminology
- TEGA – story capture tool

School District Systems – Focusing on Equity

Convener: Casey Lyons – Evergreen Public Schools

Community Journalist: Rafaela Steen

Creating commitment, engagement and partnerships within the school district system is essential. There are many ways schools are doing this including:

- ACEs and Resilience Task Forces with a mission to educate the community.
- Train the trainer with different agencies coming together (nurses, public health, police, 211, etc.) and meeting quarterly to update, continue to learn and plan.
- Community-based mentoring program for five- to 18-year-olds has increased engagement and connection. Increased meeting with youth up to two hours per week.
- Use pair-share activity to start professional development series for staff based on challenges the staff are currently facing.
- Films and discussions for families such as screening the films “Resilience” and “Paper Tigers.”
- Get to know the gatekeepers and connectors in the community.
- Monthly community meetings asking families and youth about the challenges in the community and working together to address.



- Parenting Wisely and other parenting programs are being used in communities to build connections. Some, such as Parent Academy, are at the district level and include feedback sessions with families.
- Communities Talk is a town hall meeting style program with funds for prevention.

Finding funding to support the work

Some funding is coming from Accountable Communities of Health, Community Prevention and Wellness Initiative grants through the state Health Care Authority and Medicaid system of care. Resources have also been available for suicide prevention.

Engaging Businesses and Workforce Development in Trauma-informed Work

Convener: Delena Meyer

Community Journalists: Rosa Gimson and Rochelle Hollowell

Businesses need to see how using trauma-informed care techniques help to contribute to better employee retention, better attendance, lower health time off, etc. Social services agencies need to reach out to businesses.

Successful businesses are still in business because they learn to work with and for many diverse people. They profit from good customer service and do flexible schedules for employees if they are good workers.

The best place to start with businesses is to listen to them first. What do they do that works, what are the challenges, what isn't working? Listen and offer ideas from a trauma-informed lens for how to improve outcomes. For example: look at healing firing practices, healing employee evaluations.

Some practices that work from a trauma-informed approach include:

- Variable start times and flexible schedules
- Warm greetings/culture,
- Resources such as bus passes
- Promoting self-care training, mental health and well-being, using exercises to reduce workplace accidents
- Job training and compassionate response when not meeting expectations
- Business seeing how trauma-informed care, resilience and ACEs methods strengthen the business and culture while strengthening community.

[Suggested resource: [CDC toolkit: Making the Case: Engaging Businesses](#)]

How Can I Host a Space for Native American Stories to be Heard and Felt?

Convener: Wa'Lynn Sheridan
Community Journalist: Deirdre Breene

When we hear each other's stories, we're able to heal tribal communities, bring wisdom, and communicate through stories. Become familiar with native stories. Make sure we respect the land that we're on. Some Native families express hesitancy to share their stories, not sure of outsider intentions. Their culture has been stripped away and they've been conditioned to keep their stories to themselves.

How do we present ACEs in a culturally sensitive way? How do you talk about historical trauma without shame or re-traumatization?

Does the individual or community want to share their stories with outsiders? How will people interpret their stories?

Have multiple generations present and resources available as elders are invited into the conversation. Tap into what they are already sharing with the public. Understand what they are saying and how they are communicating.

This may not be a space an outsider can host, we need permission and an inside connection/relationship.

Ask very humbly, give it time, and build long-term relationships. Once relationships are developed and mature, ask them if they wish to reach out with stories and follow their lead.

What Does an Organization with Equity at the Center Look Like?

Convener: Kristi Slette
Community Journalists: Kristi Slette and Ratnesh Nagda

Community-building and raising awareness

- Monthly lunch and learn topics, for example, non-binary and gender fluidity
- Consultant facilitated conversations
- Welcome Project--professional development of trauma-informed care, with films and readings
- Community conversations with Latinx and Native American speakers and communities

Organizational practices

- Changing all forms to be trauma-informed
- Equity and inclusion task force
- Developing assessment of "where we are" and "where do we want to be?"
- ACEs subcommittee --what are we going to do to make sure staff deliver trauma-informed care?
- Community coalition building, film screenings

- Equity--policy and procedural change
- Developing ally agreements/shared agreements –welcome mistakes, holding each other accountable, how to do business, educating about race, gender, politics, etc.

Reducing implicit bias

- Attention to hiring practices: How are we announcing jobs? Who is on hiring panels?
- Retract names and addresses to minimize judgment bias
- Reframe resistance of "Don't lower the standards!" to opportunity of "Can we expand the standards?"
- Shift from punitive assumptions/stereotypes and judgments to changing practices, for example, from in-person meetings to phone interviews; giving money for gas

Removing barriers

- Get rid of financial eligibility requirement
- Once a week coffee
- Taking the services to the people, go where the clients and communities are
- Offering childcare, transportation, meals, welcoming babies, cost reduction for services



ACEs Connection

Convener & Journalist: Karen Clemmer



[ACEs Connection](#) is a “social network” designed to support people and communities as they share lessons learned, strategies to grow initiatives, successes and challenges they’ve encountered while working on local ACEs efforts. We support hundreds of local, state and national ACEs initiatives. We also track policy, legislation, trauma-informed laws and resolutions, and states that are doing ACEs surveys.

ACEs Connection puts you in touch with the more than 35,000 people who have joined us, including a few names you might recognize, such as Dr. Vincent Felitti. To join go to www.acesconnection.com. Then look for the list of communities to join, such as Washington State ACEs Action and join your statewide community, too.

Are you or anyone in your community interested in or working on childhood adversity, toxic stress, resilience or trauma-informed practices? It is often just one or two people with a passion for ACEs that

nudge local efforts! If this sounds like you, contact Karen Clemmer at klemmer@acesconnection.com. She is the Community Facilitator for Washington State.

If you or someone you know wants to take the next step and get more organized, we offer a free community site on ACEs Connection. Some use their site as a virtual business card. Others use their site as a place to keep and share materials, resources, presentations, meeting information, and upcoming events. Contact Karen Clemmer to learn more.

Panel presentation

Snohomish Response to ACEs & Resilience

A Trauma Informed Community is Just on the Horizon in Snohomish County

The mission of Snohomish County's Human Services Department is to help all persons meet their basic needs and develop their potential by providing timely, effective human services and building community.



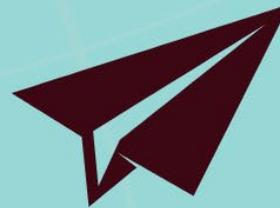
GOALS



- Increase Knowledge & Skills
- Build Cross Collaboration
- Strengthen Community Safety & Resiliency
- Adapt, Adopt, & Align Processes



GUIDING PRINCIPLES



- Safety
- Resiliency
- Trustworthiness & Transparency
- Collaboration & Mutuality
- Empowerment, Voice, & Choice
- Cultural, Historical, Gender Issues
- Continued Growth
- Training



VISION

To equip the community with skills, knowledge, and support to build a resilient and trauma informed community



Snohomish County

- Trauma Informed Schools Initiative
 - 23 Schools
 - Adding up to 10 schools a year
- Annual Youth and Family Wellness Fair
- Resilience Conference, 2018
- Transforming Our Community Conference, 2019

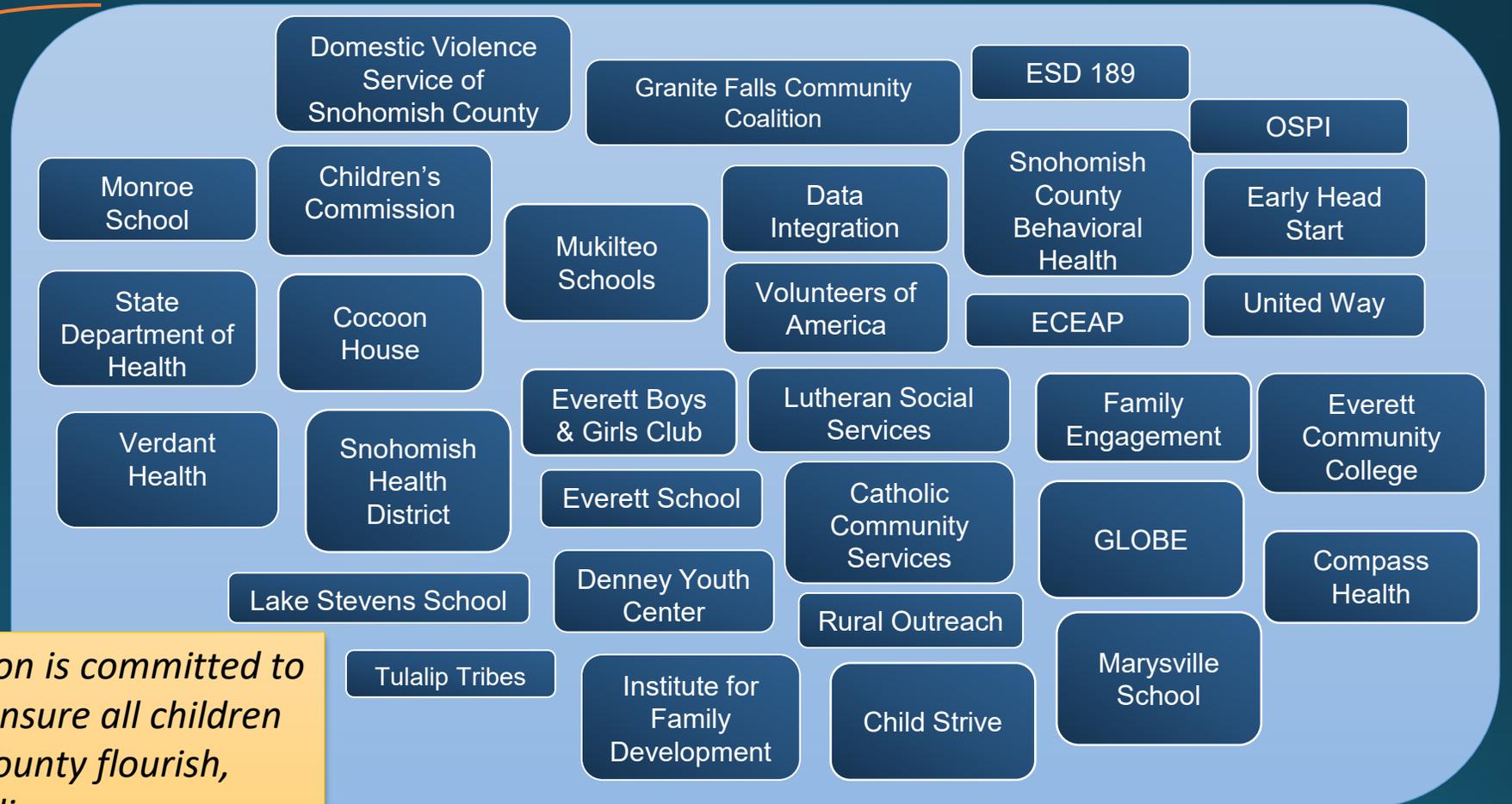
Children's Wellness Coalition



- C.A.R.E. Organizations (Compassion, Appreciation, Resilience, Empowerment)
 - Two cohorts trained
 - 50 C.A.R.E. organizations
- C.A.R.E Community
 - County-wide learning community
 - Meeting monthly

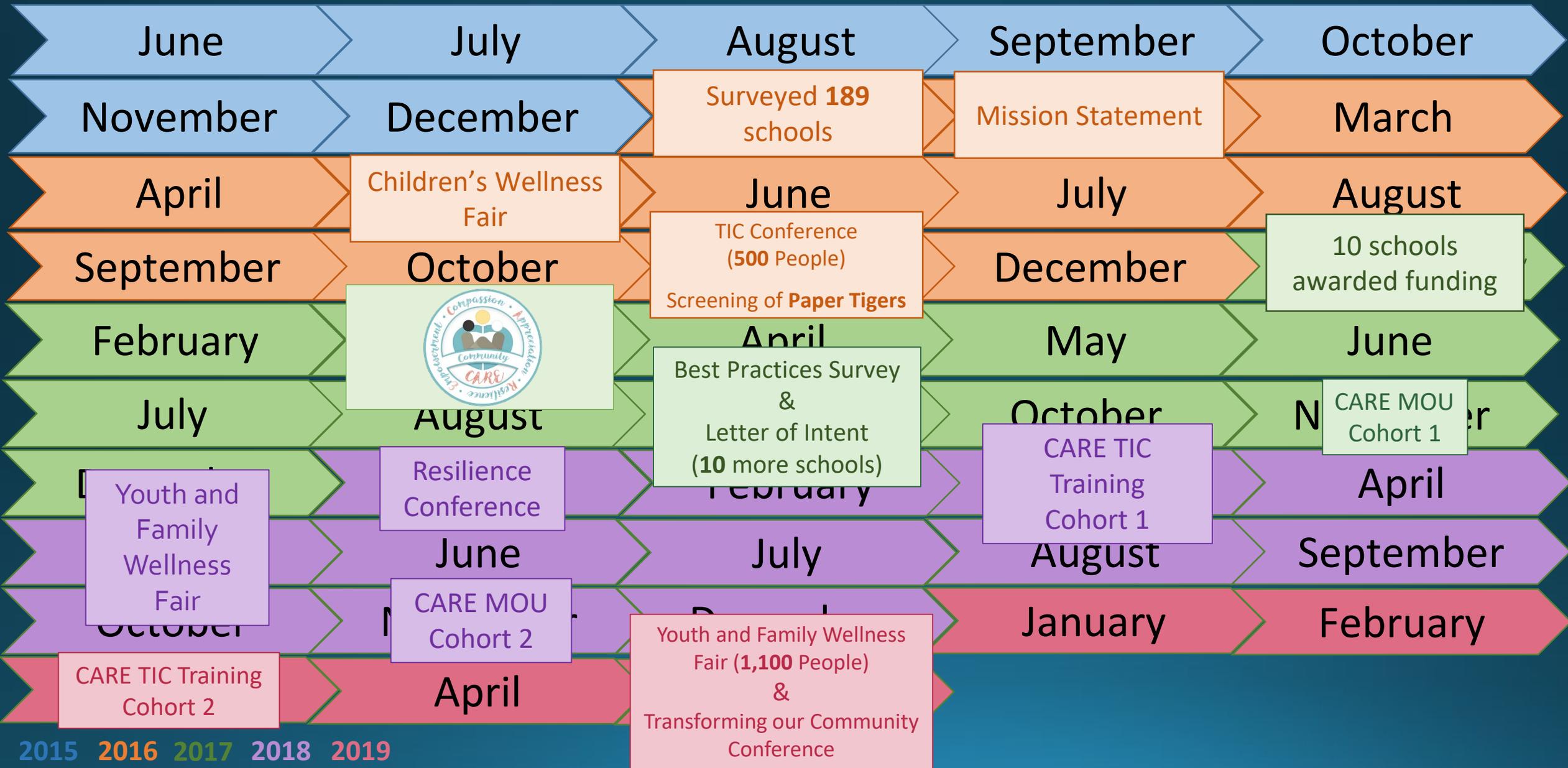
Trauma Informed Communities

Children's Wellness Coalition



The Children's Wellness Coalition is committed to engaging the community to ensure all children and youth in Snohomish County flourish, equipped with resiliency.

Trauma Informed Communities



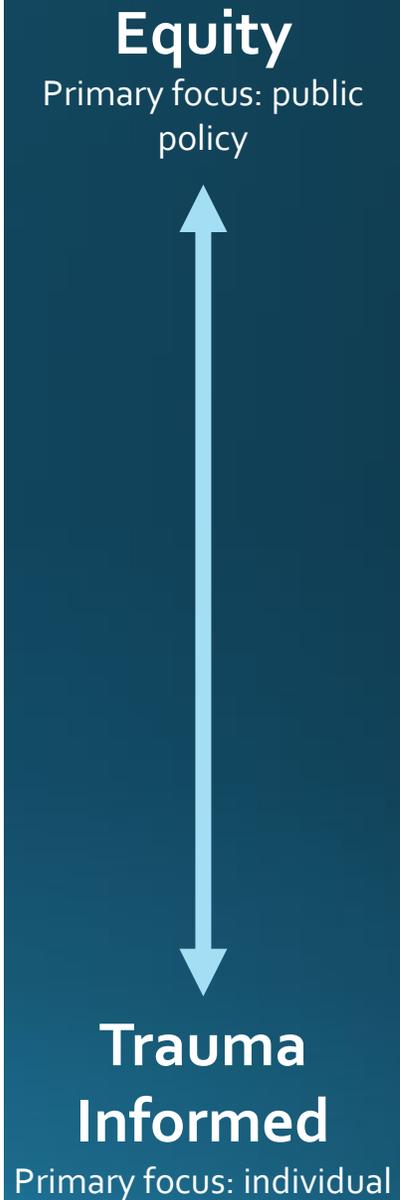
Why do we Need Trauma Informed Organizations?

Trauma is NOT just for others, it's us, our workforce, in our organizations. Trauma is embedded in what we do. We need to take a public health approach.



Trauma Informed Snohomish Health District

- Agency-wide training by program
 - 73 staff trained to date
- Formation of Trauma Informed Leadership Team
 - Early adopters/champions
 - Learning community
 - Internal resource
- Intersection with Equity Committee



Trauma Informed Everett Public Schools

- Early Childhood Education and Assistance Program (ECEAP)
- Trauma Informed Leadership Team (TILT)
 - The purpose of the Trauma-Informed Leadership Team (TILT) is to equip both families and ECEAP staff with trauma-informed care practices and strategies using common language, understanding, and involvement. Our aim is to support and empower families and children with resources, support, and consultation.

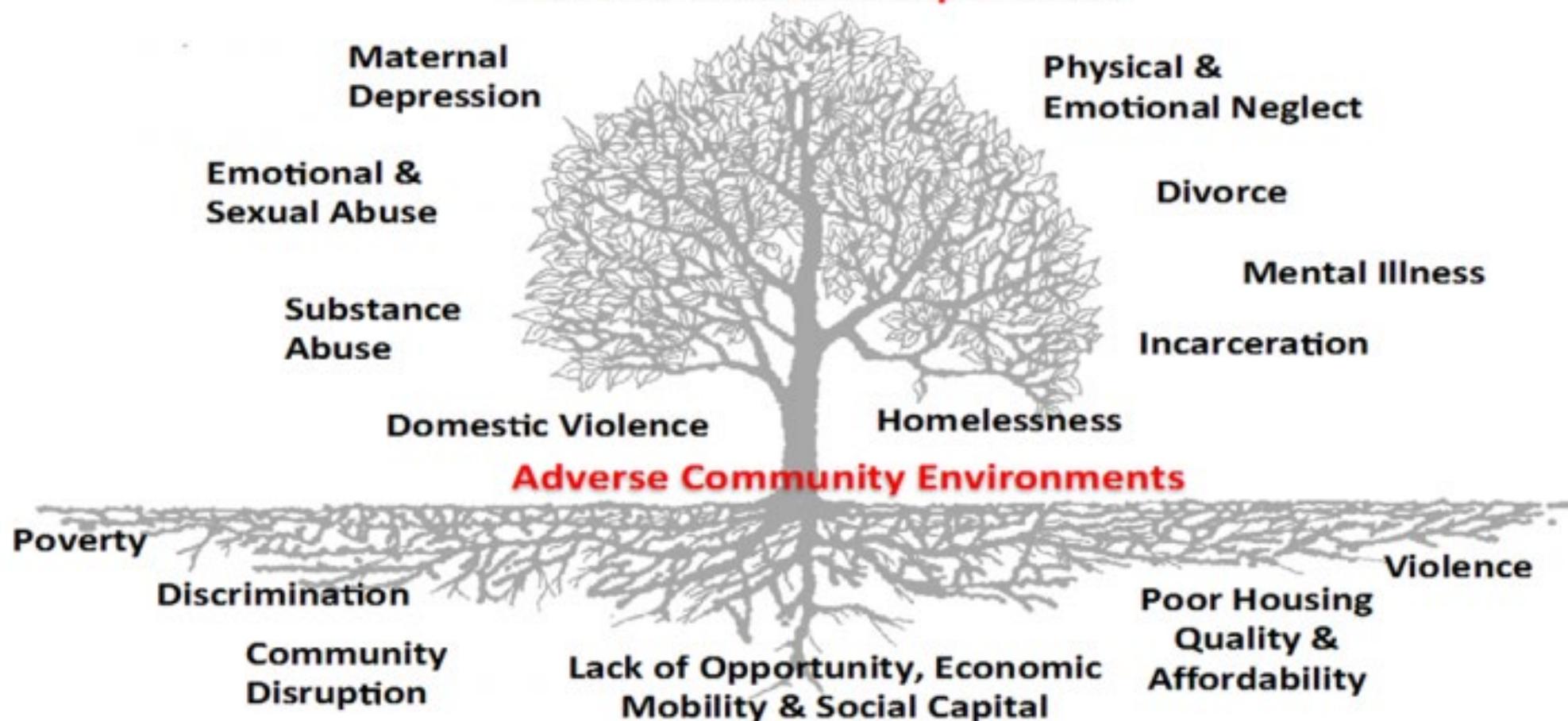


CityMatCH/NEAR Collaborative

- Projects
 - Perinatal Mental Health Community Capacity Building
- Public awareness
 - Public Documentary Screenings – *Resilience: The Biology of Stress and the Science of Hope*
 - ACEs Quarterly
 - “Pair of ACEs” Facilitated Discussion

The Pair of ACEs

Adverse Childhood Experiences



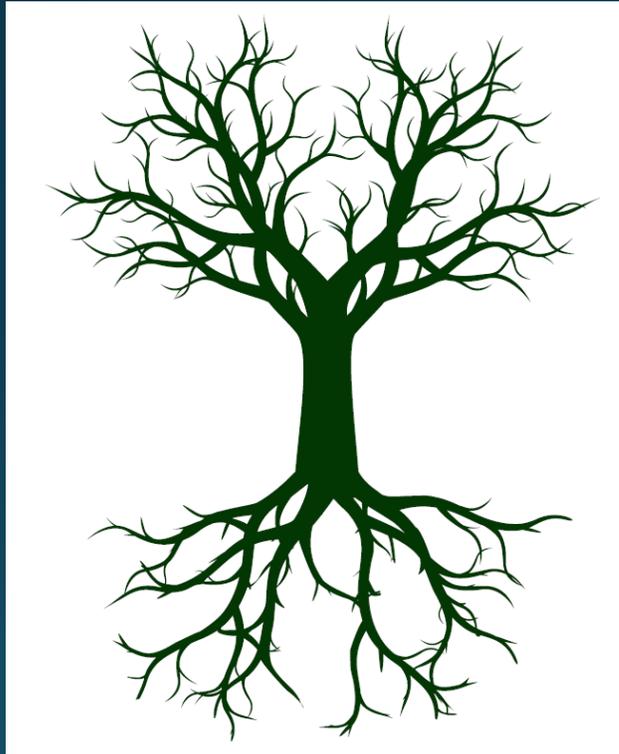
Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



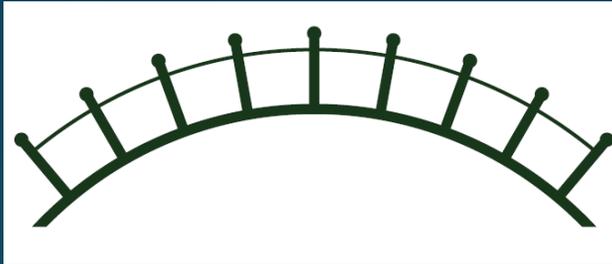
This work is licensed under the CC-BY-NC-SA 4.0 license. To view a copy of the license, visit <https://creativecommons.org/licenses/by-nc-sa/4.0/>. Noncommercial use of this material is allowed, including modification, with attribution to the license holder: Building Community Resilience, Redstone Global Center for Prevention and Wellness, Milken Institute School of Public Health, George Washington University. Visit go.gwu.edu/BCR for the original work.

Pair of ACEs Discussion

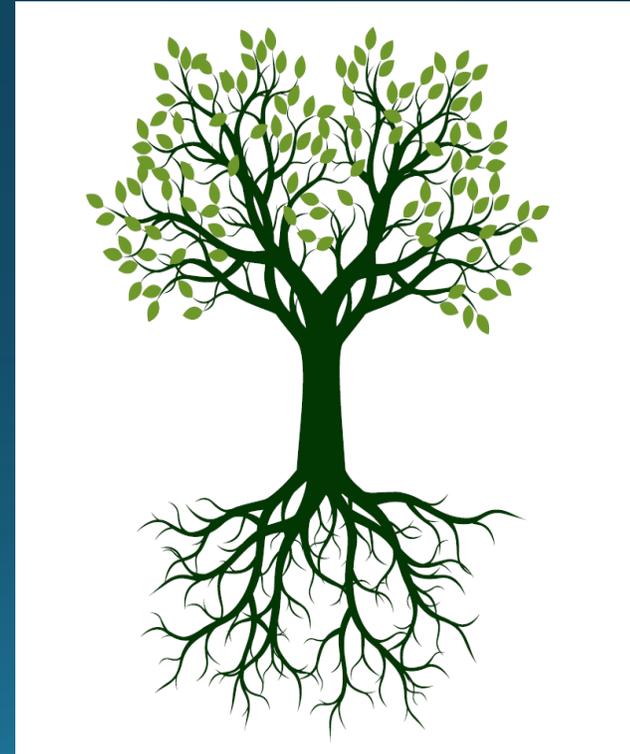
The Pair of ACEs



Bridging



Visualizing Thriving



Working together

- What's working?
- What are you learning? What Insights would you like to share about what helps and what is important in your community?
- What do you see changing? What impact are you noticing?
- What challenges are you facing now? What help do you need?

Community Resilience Initiative material

ACEs

Adverse Childhood Experiences are traumatic experiences from abuse, neglect, witnessing violence to household dysfunction. They can negatively impact our health throughout the lifespan.

Improving the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience.

Epigenetics

The expression of our genetic code can change in response to experiences (positive or negative), and some of these adaptations can be inherited by future generations.

Neuroscience

The study of the structure and function of the brain and nervous system.

Executive Function & Self-Regulation

The set of mental skills that helps us manage information, avoid distractions, and achieve goals; composed of working memory (ability to hold, process, and use information), inhibitory control (ability to control impulses and emotions), and mental flexibility (identify alternative options or solutions to tackle a problem).

Toxic Stress

Prolonged, frequent, and/or extreme stress can alter how our brain/body develop & function

Hope

Hope is one of the top predictors of well-being throughout the lifespan. Requires a future-oriented vision/goal both Agency thinking (motivation, belief) and a viable Pathway (process, plan for obtaining a desired goal).

Resiliency

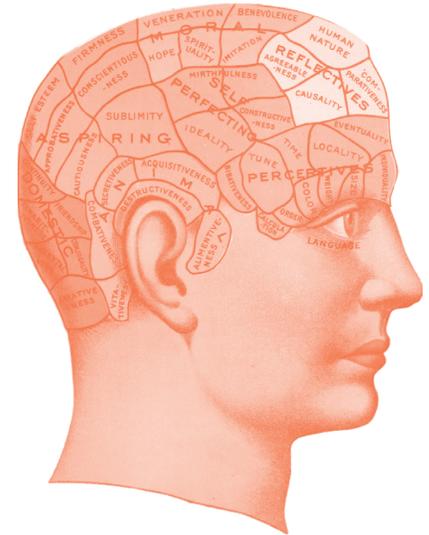
Is built over time through relationships with “caring and competent” people

- can transform a potentially toxic event into a tolerable one, &
- is shaped by our accumulation of experiences, both good & bad, and our continuous development of adaptive coping skills.

Social Emotional Learning

The process through which children/adults acquire & effectively apply the knowledge, attitudes, and skills necessary to:

- understand and manage emotions
- set and achieve positive goals
- feel and show empathy for others
- establish and maintain positive relationships, and
- make responsible decisions.



Safety

Involves setting & keeping appropriate boundaries. SAFETY is taking care of your body and your whole self; physically (safe in your body & in the world), psychologically (safe with yourself), socially (safe with other people), and morally (safe with a guiding value system).

Trauma-informed Care Key Principals

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, & Choice
- Cultural, Historical, & Gender Issues

Trauma-informed Pathway

- Realize the prevalence of trauma
- Recognize how it affects all individuals: customers, professionals, neighbors
- Resist re-traumatization
- Respond by telling everyone, & acting in your own sphere of influence

Positive Stress

Mild/ moderate and short-lived stress response necessary for healthy development.



Tolerable Stress

More severe stress response but limited in duration which allows for recovery.



Toxic Stress

Extreme, frequent, or extended activation of the body stress response without the buffering presence of supporting adult.



Social-emotional buffering, parental resilience early, and/or effective intervention

Intense, prolonged, repeated and unaddressed



NEUROBIOLOGY TAKEAWAYS

By: Julie Rosenzweig, PhD

Trauma Informed Care Regional Research Institute -2013 Adapted by Stephanie Sundborg

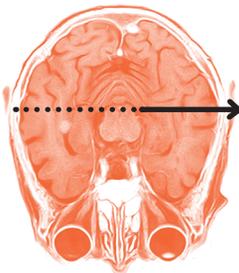
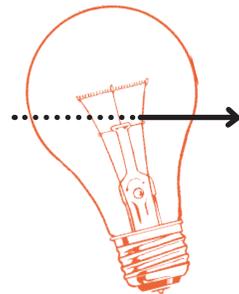
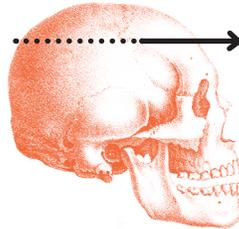
Our brains are malleable. Neural pathways can reconnect or grow. This plasticity is primarily seen in a few brain areas including the hippocampus, which is important for learning and memory.

The areas of the brain focused on survival act first and faster than our thinking brain. One important structure is the amygdala, which as the “first responder” initiates the reflexive stress response.

The amygdala (fight, flight, freeze or appease) in trauma survivors is hyper-vigilant - scanning for danger, seeing danger, sensing threat, reacting to perceived threat or danger. This is (among other things) exhausting.

Memories of trauma are both implicit (activate emotions and senses) and explicit (activate pictures and stories of what happened). Implicit trauma memories are stronger than explicit memories.

Feeling connected and safe using the right hemisphere precedes reflecting and problem-solving using the left hemisphere.



Brain development is use-dependent. What we use gets stronger.

A stress response, although involuntary and automatic, can be based on a learned emotional association, referred to as fear conditioning. The amygdala is a primary brain structure involved in forming and storing fear-conditioned memories.

Trauma stress events, especially layers of trauma over time, strengthen our survival neural networks making them quicker to respond.

Memory involves repackaging fragments of sensory information into a coherent whole. Because the brain areas that provide context are often not working well in traumatic situations, these detached sensory fragments can illicit a stress response even in the absence of threat.

When we feel threatened or scared, our brains move resources away from thinking and towards survival. Trauma informed or trauma specific work is about reducing the experience of threat (emotional regulation) and restoring the capacity of the prefrontal cortex (thinking, problem solving, planning, inhibiting).

Every interaction the survivor has with a provider system (physical space, intake, case managers or clinicians, assessment procedures and questions, rules and policies, etc.) has the potential either to activate the trauma response or not. When we fail to re-activate the trauma response, we invite the frontal lobe back on line and enhance emotional regulation and rational thought/behavior. Positive interactions, which create safe context and connection are foundational to changing maladaptive brain patterns.

PRESENTATION NOTES



How science helps us better understand how and why we function as individuals and in community to address safety, connection and wellbeing as a Trauma-Informed Community

Science validates the impact of our experiences, thus the well-being of our unique selves and ultimately our community.

The N.E.A.R. Sciences

Neuroscience

1. The brain/spinal cord/nervous system integrates internal and external environments, when we understand this, we can apply to all aspects of life
2. MacLean's 1952 original hypothesis of the Triune Brain and overall development of the 3 parts
3. Brainstem & function
 - a. Survival/stress response is hardwired
 - b. Other systems shut down to support brainstem function of survival
 - c. Behavior driven by experience, interpretation of experience
 - d. How basic nervous system works to understand hardwired, not "choice"
4. Limbic system & function
 - a. Limbic is all about connection
 - b. Tied to memory (new & old), smell, sight, threat response system, emotion response system, reward system
 - c. This creates the challenge of seeing triggers that arise from any of those connected memories/experience and interpretation of experience
 - d. Fear/love as basis of response and as source of loss of safety and connection, resulting in defensive behaviors that are often misinterpreted
5. Pre-frontal cortex & function
 - a. Responsible for key organizing, planning, decision-making, focus
 - b. Executive Function mode unhooked when in survival state

Epigenetics

1. Definition: "above the gene", how genes are expressed and adapt (nature/nurture)
2. Good news: reversible; and brain is plastic through life
3. Impact of experience and interpretation of experience, NOT stuck, power of environment to change. This is the exciting news of epigenetics.
4. Internal systems are responding to experience and environment, so choose higher energy focus

PRESENTATION NOTES

ACE Study

1. #1 Chronic Health Epidemic, public health framework, health determinant
2. Original study, Felitti and Anda, population based 17,300 adults, connected adult health to childhood experiences. Still tracking outcomes.
3. Two categories of ACEs/also reference other risk factors/less than nurturing
4. Health outcomes if left unchecked; not a death sentence, that's why so important to bring information forward for everyone to know
5. Prevalence- emphasize how common, pervasive, you are not alone
6. Dose response- the more ACEs, the more likely negative outcomes (but predictive, can change this trajectory, that's why the sense of urgency in knowing this
7. Not your ACE Score, reference Resilience as buffering/not a diagnostic tool
8. New pyramid showing epigenetic mechanism, intergenerational transmission, neuroscience explains outcomes moving up pyramid
9. New lens takes us to positive intent, not judgment/blame

Resilience

1. A trauma-informed approach knows the science to know the brain states (K) to achieve the insight (I) to then move to strategies (S) and eventually structure (S) via policy, process, systems application
2. Definition (develop skills to adapt to adversity to be stronger, healthier)
3. #1 factor is relationship and quality thereof
4. Community matters, circles of influence, concentric circles of individual, family, school, community
5. Language of Resilience- I Am, I Have, I Can
6. Resilience is a developmental process, over lifetime, and must be modeled, taught, promoted.
7. Termed "Self-healing communities" that can reduce major rates when common language, common focus on protective factors and resilience strategies across all domains.
8. Community capacity development shows us what works.
9. We are in this together, together a community approach can move the dial.

