

Exploring Community Resilience Through Trauma Informed Practices

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<http://marc.healthfederation.org/>

<http://www.philadelphiaaces.org/>

<http://communityresiliencecookbook.org>



Objectives

- Increase understanding of trauma and ACEs and its impact
- Learn about the principles of trauma informed and responsive practices
- Discuss what “community” means
- Discuss resilience and identify resilience supports in your organization or community
- Discuss “Next Steps” for integrating trauma informed practice at the community level



GUIDELINES

YOU are encouraged to:

- Make **CHOICES** that will help you stay well-regulated (get water, stand up, have a snack, take a break, use a fidget toy, doodle, take deeper breaths, remember something positive in your life).
- Participate, but it is **100% voluntary**. No judgment.
- Have a **GOAL** for today...and focus on getting there.
- Know what you can do or whom you can **ASK for HELP** if you need it.

CHOICE, CONTROL, EMOTIONAL MANAGEMENT



People gain so much hope when they know they are not experiencing something alone.

-Joyce Rupp



How can we build opportunities for
CONNECTION?



Find a Person You Don't Know....

- Introduce yourselves.
- Briefly describe your work and the system where you work.
- SHARE at least one reason WHY you are here today.
- Describe ONE GOOD THING that's happened over the last 7 days.
- *Share business cards if you think you can collaborate.*



COMMUNITY

- A group of people living in the same place, or having a particular characteristic or interest in common.
- A feeling of fellowship with others, as a result of sharing common attitudes, interests or goals.

-From Merriam Webster



REFLECTION

- Brainstorm all of the communities you are connected to in your personal or professional life.
- Which ones are MOST important to you and WHY?
- Where do you hope to influence with the trauma informed work?

How can we decide on a **FOCUS**?



More than **TWO THIRDS OF CHILDREN** reported at least 1 traumatic event by age 16.¹Potentially traumatic events include:

PSYCHOLOGICAL, PHYSICAL, OR SEXUAL ABUSE

COMMUNITY OR SCHOOL VIOLENCE

WITNESSING OR EXPERIENCING DOMESTIC VIOLENCE

NATURAL DISASTERS OR TERRORISM

COMMERCIAL SEXUAL EXPLOITATION

SUDDEN OR VIOLENT LOSS OF A LOVED ONE

REFUGEE OR WAR EXPERIENCES

MILITARY FAMILY-RELATED STRESSORS
(E.G., DEPLOYMENT, PARENTAL LOSS OR INJURY)

PHYSICAL OR SEXUAL ASSAULT

NEGLECT

SERIOUS ACCIDENTS OR LIFE-THREATENING ILLNESS

SAMHSA

www.samhsa.gov



<http://www.cestudy.org/>

Kaiser Permanente Medical Group

Centers for Disease Control and Prevention (CDC)



ADVERSE CHILDHOOD EXPERIENCES (ACE)

- The largest scientific research project of its kind to date
- A decade long ongoing collaboration led by:
 - Vincent J. Felitti, MD
 - Robert F. Anda, MD, MS
- Analyzing the relationship between multiple categories of childhood trauma and health and behavioral outcomes later in life.

[Resilience Documentary](#)

5-Minute ACES Primer/Resilience



Study method

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No _____
If yes enter 1 _____
2. Did a parent or other adult in the household often or very often...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No _____
If yes enter 1 _____
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No _____
If yes enter 1 _____
4. Did you often or very often feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No _____
If yes enter 1 _____
5. Did you often or very often feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No _____
If yes enter 1 _____
6. Were your parents ever separated or divorced?
Yes No _____
If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No _____
If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No _____
If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No _____
If yes enter 1 _____
10. Did a household member go to prison?
Yes No _____
If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

0024069A4CR

17,421 members of the Kaiser Health Plan in San Diego County from 1995-1997

Confidential survey asking questions about childhood trauma and current health status and behaviors combined with physical examination

Demographics:

- primary care setting
- educated
- middle class
- predominantly white

People with 4 or more ACEs
compared to those with 0 ACEs:

RISK FACTOR	% INCREASE
Smoking	242%
Obesity	222%
Depression	357%
Illicit drug use	443%
Injected drug use	1,133%
STD	298%
Attempted suicide	1,525%
Alcoholism	555%

As the number of ACEs increases, so does the level of risk for each health issue

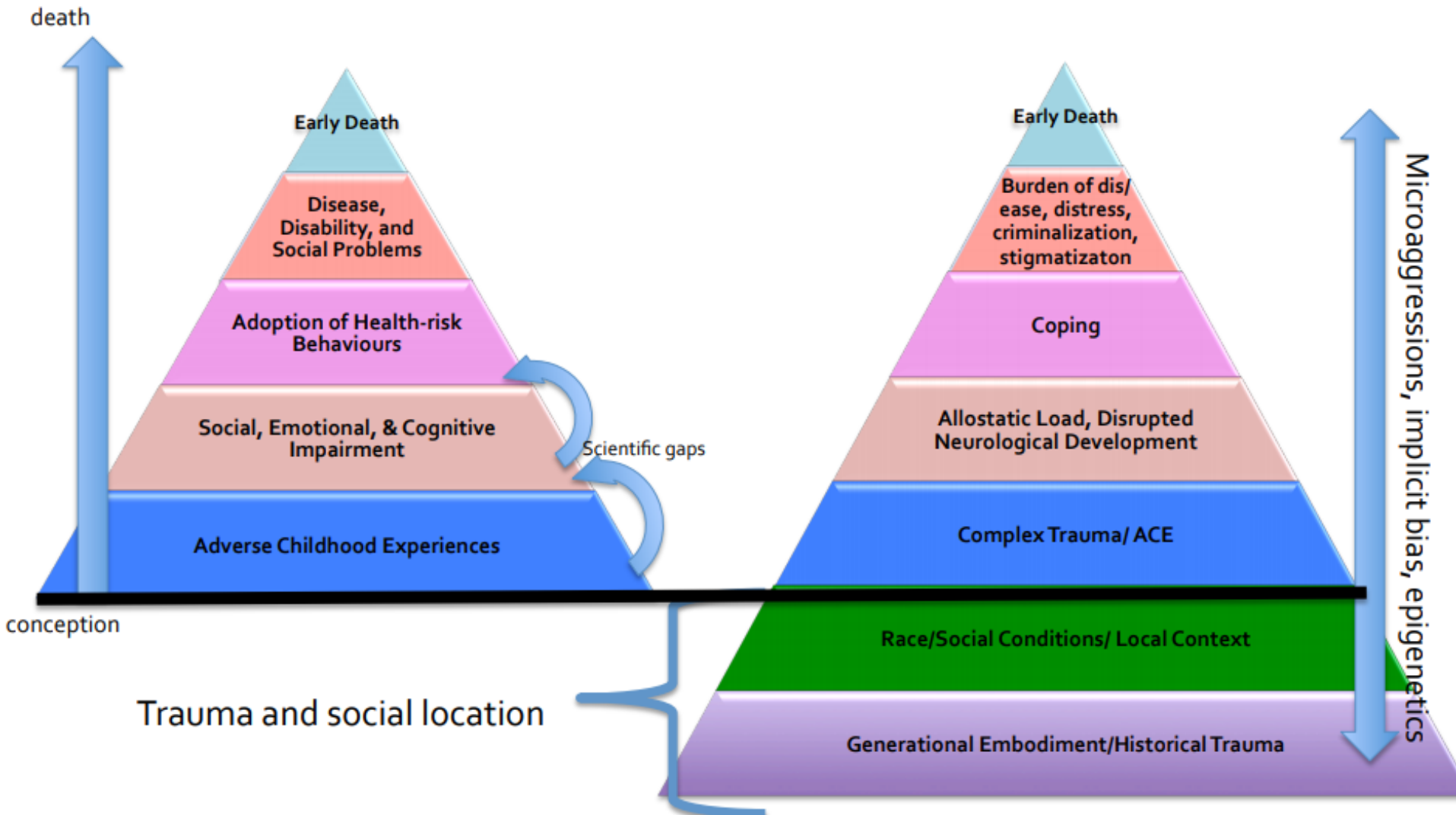




Trauma and Social Location

Adverse Childhood Experiences*

Historical Trauma/Embodiment



*<http://www.cdc.gov/violenceprevention/acestudy/pyramid.html>

ACES and Trauma

- Trauma is common and pervasive.
- The higher the number of ACEs, the greater the risk for a host of learning, social, behavioral, relational and health problems across the lifespan.
- Perception of threat and past experiences set the baseline for all interaction with the world in the future.



It's all about PERCEPTION...

- And our biology
- And our environment
- And the responses of the people around us





Positive

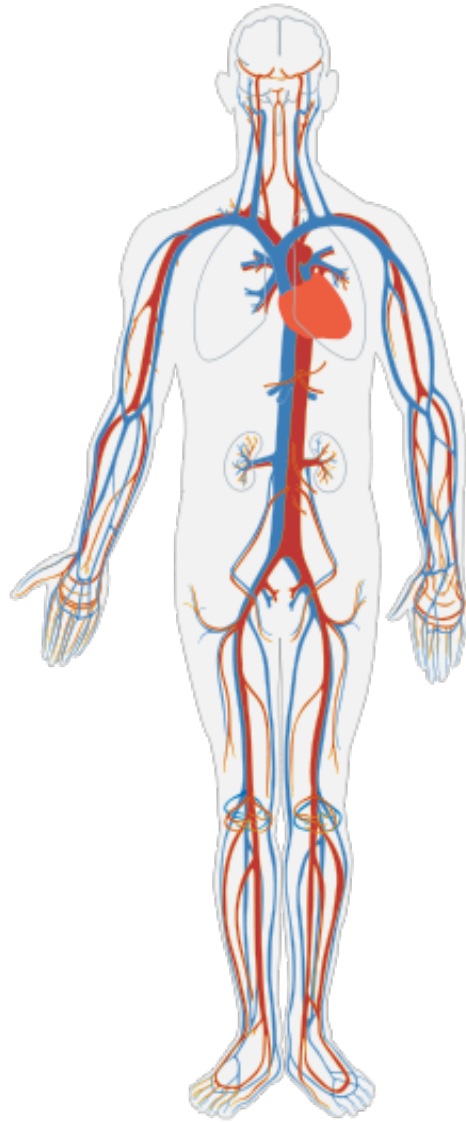


Tolerable



TOXIC





**All of Our
Experiences are
Embedded in the
Way our Bodies and
Minds Function.**

***It's BIOLOGY, not
PATHOLOGY....***

The Body Keeps the Score
Bessel Van Der Kolk



External Trigger

Internal Trigger



Visuals
(people,
places
& things)



Sounds

Internal body sensation



Muscle tension



Headache



Stomachache

Memory Capsule
pain, numbness, dizziness,
trembling, paralysis,
nausea, palpitations,
anxiety, terror, shame, anger, rage,
flashbacks, nightmares or
intrusive thoughts



Explicit Memory

Consciously storing information like facts and events (Declarative Memory)

LANGUAGE BASED

Accessed by our intention

- ❖ Facts
- ❖ Life history on a timeline
 - ❖ There is a sense of self & time
 - ❖ Develops between 18-24 months of age

Implicit Memory

Largely SENSORY in nature

Includes body memories like sensations associated with traumatic memories

Cues trigger implicit memories

- ❖ Does not have a sense of self & time
- ❖ Develops before birth
- ❖ Can be triggered out of the blue



The Impact of Trauma

Trauma shocks the brain, stuns the mind, and freezes the body'. -Peter Levine (Waking the Tiger, In an Unspoken Voice)

PHYSICAL HEALTH

MENTAL HEALTH

BEHAVIOR

SOCIAL EMOTIONAL CAPACITIES

EXECUTIVE FUNCTION SKILLS and LEARNING

RELATIONSHIPS AND INTERACTIONS

SELF-CONCEPT and SENSE OF AGENCY



Historical Trauma and Unresolved Collective Grief

- Historical trauma - Cumulative emotional and psychological wounding from massive group trauma across generations and lifespans. The SOUL WOUND...
- Historical trauma response (HTR) is a constellation of features in reaction to massive group trauma, includes historical unresolved grief (Jewish Holocaust survivors and descendants, Japanese American internment camp survivors and descendants, Slavery survivors and descendants, war survivors and descendants, Genocide survivors and descendants)

(Brave Heart, 1998, 1999, 2000)



EPIGENETICS-ABOVE the genome (DNA)

The study of changes in organisms caused by modification of gene expression

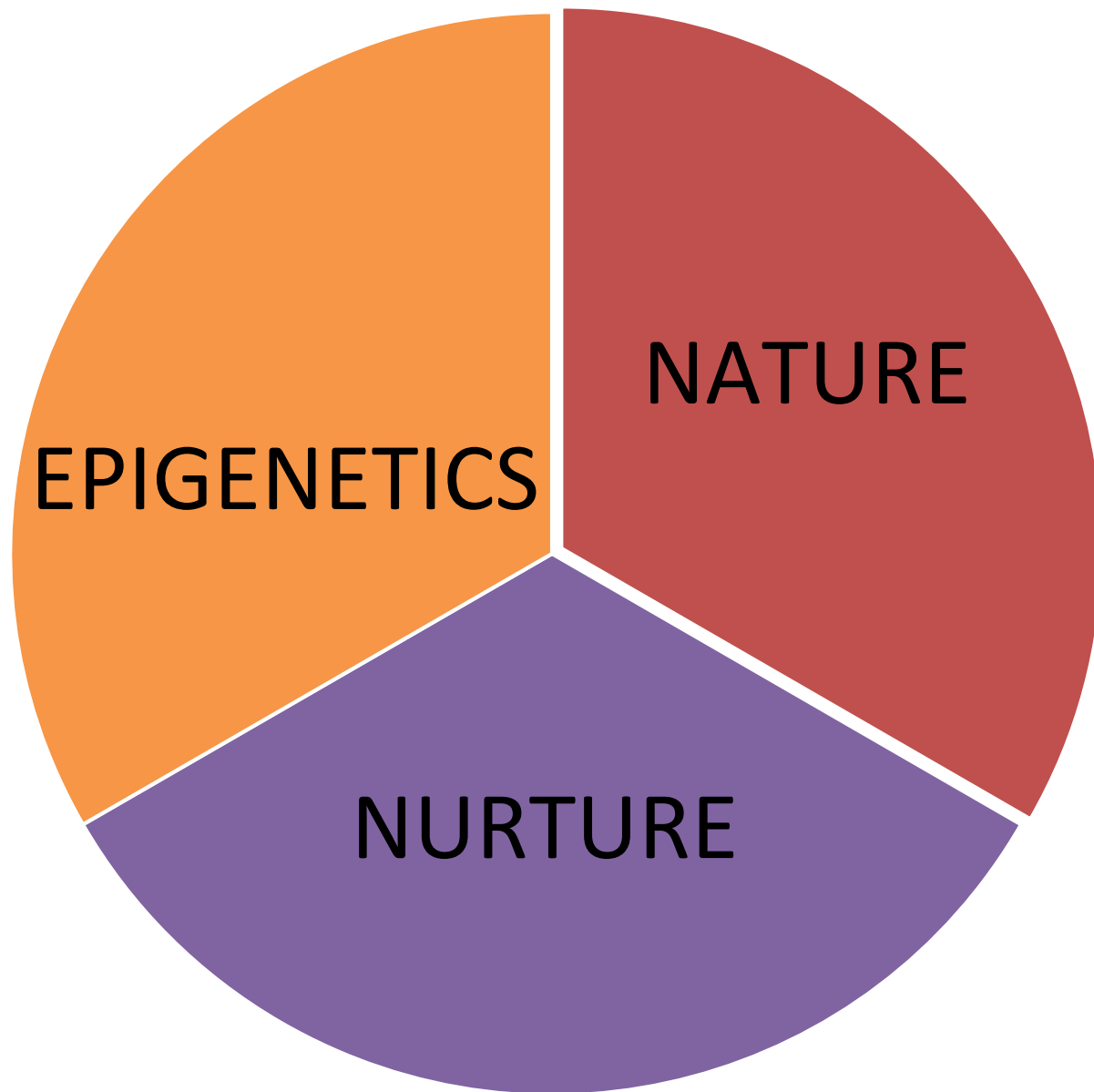
- Chemical markers that impact whether a gene is expressed or not expressed
- Changes in telomere length (caps at the end of the chromosome-act to maintain the integrity of the chromosome)
- Result is the multi-generational transmission of trauma

[Epigenetics: SciShow](#)

[What is epigenetics? - Carlos Guerrero-Bosagna](#)

[Epigenetics: What Makes Us Who We Are?](#)





CARRYING a 100 pound BACKPACK



What's In YOUR PERSONAL BACKPACK?



Protective and Promotive Factors

Feeling

- SEEN
- HEARD
- FELT
- VALUED

Stable home life
and enough
resources

Supportive Adults

Environmental
Opportunities for
Growth

PERSONAL
CHARACTERISTICS

Healthy Coping Skills

Sense of Agency



COMMUNITY BACKPACKS

Get into GROUPS by County

1. Brainstorm all of the trauma and adversities (stressors) impacting the community
2. Identify the Protective and Promotive FACTORS that are in the community?
3. WHERE and HOW can we (on the community level) support healing and recovery?



Resilience is the GOAL

- Being resilient is the ability to manage the ups and downs of everyday life with the skills and tools we have available to us.
- Being resilient is not just surviving, but thriving after difficult or challenging times.
- Being resilient is being able to bounce back after tragedy and loss.

VIDEO: Resilience, <https://kpjrfilms.co/resilience/>



Trauma-Informed and Responsive Practice

“Trauma Informed and Responsive Practice is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

Hooper et al. The Open Health Services and Policy Journal, 2010, 3, 80-100.



**There is so much AGENCY taken from
marginalized groups to mute their voices and
mask their existence.**

-Joy Cox

Part of building community resilience is reclaiming
that AGENCY and VOICE.

**How can we BUILD OPPORTUNITIES FOR
AGENCY?**

*How Children and Adults Can Build Core
Capabilities for Life*



Trauma Responsive Framework

- **SAFETY**
- **EMOTIONAL MANAGEMENT**
 - CALMING the dysregulated nervous system
 - STRATEGIES for SELF-REGULATION
 - Social Emotional Learning
Every day....ALL day...
- **BUILDING STRONG CONNECTIONS**

-Howard Bath



SAMHASA's 6 PRINCIPLES of a Trauma Informed Approach

- SAFETY
- TRUSTWORTHINESS
- EMPOWERMENT
- COLLABORATION
- PEER SUPPORT
- HISTORY, GENDER, CULTURE



Community Collaborations

Pottstown Trauma Informed Community Connection (PTICC)

PTICC is a group of community organizations committed to a culture of safety, understanding and responsiveness to Adverse Childhood Experiences (ACEs) for children, families, and our community.

Linking individuals to resources and each other to create solutions for more compassionate, healthy lives for all. Provides educational opportunities for all.

<https://pottstownmatters.org/>



It Starts With US...CHANGING OUR PERCEPTION...

“What’s wrong with you?”

TO

*“What’s happened to
you?”*

(Foderaro 1991, Bloom 2007)

AND

*What’s **RIGHT** with you?*

**INDIVIDUAL RESPONSES...VERBAL , PHYSICAL AND
NON-VERBAL MATTER...**



LEVELS OF ENGAGEMENT:

- **Individual**

(Increase knowledge through training and study, build self-awareness and develop skills and tools for responsiveness)

- **Organizational/System**

(Connect with like-minded colleagues, create safer and healthier environments, change policies and practices, have many tools and skills to support the work)

- **Community**

(Assess the needs with community input and involvement, choose a direction, have a vision and set small and larger goals)

WHAT CAN WE CONTROL, SHAPE, OR IMPACT?



SAFETY



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 VanDerKolk



FIND A NEW PARTNER

Discuss ways you already promote safety...

Identify ways to increase a sense of safety...



TRUSTWORTHINESS

- Fosters positive relationships among residents, government, police, schools, churches, other service agencies

EMPOWERMENT

- Ensures opportunities for growth are available to all.

CROSS-SECTOR COLLABORATION

- Promotes involvement of community members, partnerships among agencies, and cross sector collaboration.



PEER-COMMUNITY SUPPORT

- Engages community members to work together on issues of common concern

HISTORY, GENDER, CULTURE

- Respects, values, and supports history, culture and diversity

WHERE DO WE BEGIN?



Community Collaborations

The Porch Light Program

Collaboration Between DBHIDS and Mural Arts Program

VISION:

- Strengthening community engagement
- Promoting a recovery perspective in behavioral health
- Addressing social and economic factors in the community

<https://www.muralarts.org/program/porch-light/>



The Four R's

SAMHSA'S TI Approach

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.



Community Collaborations

Philadelphia ACE Task Force

Initial collaboration among 24 health and human services agencies. Created workgroups to support collective community action.

VISION:

- Educate the community about ACEs, trauma, and resilience
- Understand the practical interventions presently utilized in Philadelphia to address childhood adversity and trauma
- Prepare the workforce with the information and skills needed to incorporate trauma-informed practices into their work
- Utilize the Philadelphia Expanded ACE Data to better understand the impact of community-level adversities

<http://www.philadelphiaaces.org/>



COMMUNITY COLLABORATION TIPS

- Plan an event to JUMP Start your collaboration (Host A Screening of Resilience)
- Cross sector leadership must be at the table.
- Community representation must be at the table.
- Use an assessment tool to gauge readiness and current state. ([Standards of Practice for Trauma Informed Care-Oregon](#))
- After assessment, choose a FOCUS.
- Have a way to evaluate and monitor.
- Create a path to financial sustainability for the work.
- Network with other communities doing similar work



Community Collaborations

Mobilizing Action for Resilient Communities (MARC)

Robert Wood Johnson funded effort through HFP:

VISION:

- Bringing together communities around the country actively engaged in joining the movement for a just, healthy, and resilient world.
- Create a collaborative where communities can share, discuss, and learn from each others' successes and stumbles
- Support the work of each of the 14 cross sector collaboratives participating in the learning community.

<http://marc.healthfederation.org/communities>



WHAT ARE THE NEXT STEPS?



TED Talks

Nadine Burke Harris: How Childhood Trauma Affects Health Across the Lifespan

Dr. Allison Jackson: Making Childhood Trauma Personal

Dr. Robert K Ross: When Time Doesn't Heal All Wounds

Vicky Kelly: The Paradox of Trauma Informed Care

Courtney Griffin: Epigenetics and the Influence of Our Genes



Trauma Sensitive Care Resources

Community Connections – Roger Fallot, PhD

<http://www.communityconnectionsdc.org>

Community Works – Sandra Bloom, MD

<http://www.sanctuaryweb.com/>

Community Resiliency Model—Elaine Miller-Karas, LCSW

www.communityresiliencymodel.com

www.traumaresourceinstitute.com

National Center for Trauma Informed Care

<http://mentalhealth.samhsa.gov/nctic/>

National Child Traumatic Stress Network

<http://www.nctsnet.org>

SAMHSA

<https://www.samhsa.gov/children/awareness-day/2018/resource-list-traumatic-stress>

ACES Connection Network

www.acesconnection.com



Resources For Schools

Making SPACE for Learning: Trauma Informed Practice in Schools www.childhood.org.au

The Heart of Teaching and Learning: Compassion, Resiliency, and Academic Success *Washington State Schools*

Calmer Classrooms *State Government of Victoria, AU*

Helping Traumatized Children Learn, MA Advocates for Children, <https://traumasensitiveschools.org/>

Trauma Smart, www.traumasmart.org

