Welcome to the Final Session of the ITRC Training Program

Dr. Theopia Jackson on addressing the intersectionality of traumas to build resilience within BIPOC communities

and

Bob Doppelt closing comments on building a local culture of mental wellness and resilience in communities

April 6, 2021

Many Thanks To Our Co-Sponsors
Resilience Pause

You create your own calm.
Addressing Intersectionality

- BIPOCs experience many types of historic and ongoing traumas and pileups of toxic stresses that feedback and intersect with each other.

- The intersections between adversities are aggravated by the climate emergency, which will produce altogether new types of traumas as well.

- Intersectionality makes building wellness and resilience more important than ever.

It is my honor to introduce Dr. Theopia Jackson
We Are In the Midst of a Civilization-Changing Event:

“The Traumacene”!
Left Unaddressed, the Traumacene Will Produce
Societal-Altering Type and Scale of Individual and Collective Traumas

**Mental Health Impacts of Traumacene**
- Anxiety and depression
- Post-traumatic stress disorder (PTSD)
- Complicated grief
- Vicarious trauma
- Compassion fatigue
- Increased suicidal ideation
- Personal hopelessness

**Psychosocial Impacts of Traumacene**
- Relationship problems/breakdown
- Spousal and child abuse and ACEs
- Drug, alcohol, and tobacco abuse
- Racism and other systemic oppressions
- Crime, aggression, and violence
- Community and societal trauma
- Collective hopelessness

**Stress-Aggravated or Caused Physical Illnesses and Diseases**

**Rising Costs to Families, Businesses, and Governments**

**Fear-based Reactions that Threaten Society’s Ability to Cut Emissions and Limit the Traumacene**
What Have We Learned?

• Our mental health and psychosocial support systems are crisis and illness systems.

• They do not foster the individual and collective wellness and resilience required for repetitive, cumulative, intersectional traumas and toxic stresses.

• No society has ever promoted health and wellness with individualistic approaches alone, which is why our current systems cannot prevent or heal today’s psychological, emotional, and behavioral problems – and have ZERO CHANCE of addressing those of the Traumacene.
A New and Expanded Approach is Urgently Needed That Builds Prevention-Focused, Community-Based, Culturally-Accountable, Population-Level Mental Wellness and Resilience
Greater leverage for change

Common Focus

Like an iceberg, the big important structure is hidden below the surface

Daily events & crisis

Patterns and Trends (Reenactment)

Systemic Structures: (Hard: policies, infrastructure Soft: norms, trust levels, communication styles)

Mental Models: (Assumptions, Beliefs, Myths, and Attitudes That Shape How People Think and Act)

Experiences: (Past and Ongoing)
At any moment in time certain mental models may dominate—and today it is the **crisis and illness approach** for addressing traumas and toxic stresses.

But cultural change is a matter of **conscious choice**.

When we make the **choice** to **examine** and **alter** our assumptions and beliefs, **change can happen rapidly**.

This can lead to **new systems** and **policies**, which will produce **new patterns and trends**, which will generate new types of **daily events**.
Launching Change: The Hierarchy Of Choices

- Fundamentals Choice
- Primary Choice
- Secondary Choices
- Third Order Choices
- Fourth Order Choices
- Fifth Order Choices
- Sixth Order Choices

Why? (Purpose)

What? (Vision & Principles)

When/Who? (Action Plans)

Which? (Tactics)

How? (Strategy)

Where? (Embed)

From What? (Learning)

Sequence of Choices

Adapted from Robert Fritz: The Path of Least Resistance
The “Wheel of Change” Offers a Model For Building Community-Based, Culturally-Accountable, Population-Level Mental Wellness & Resilience

- Organize RCC composed of diverse group of uncommon partners
- Embed in local organizational and public policies
- Continually evaluate, learn, and improve
- Empower residents to take responsibility for resilience
- Strengthen and connect social support networks
- Assess climate traumas & stresses, local strengths, and obstacles
- Create vision, goals and strategy for population-level resilience
- Educate all adults and youth in mental wellness & resilience skills

Build Local Culture of Mental Wellness and Resilience
To Start: Determine The Extent to Which Your Community is “Trauma-Organized”

- Inequitable and unjust practices and policies leading to poor health, jobs, and incomes
- Self-serving leadership, poor decisions, and poor communications
- Failure to acknowledge and correct abuses of power and authority
- Inability to grasp problems, admit mistakes, learn, grow, and change
- Lack of trust among residents, officials, and stakeholders
- Constant physical or psycho-emotional violence & low sense of safety
- Lack of good emotional self-regulation
- Rigid and often punitive or retaliatory rules and regulations
- Siloed systems and programs leading to conflicts, gaps, overlaps, and poor performance
- Constant Groupthink and conflict

Adapted from Destroying Sanctuary & Restoring Sanctuary (S. Bloom); & Leading Change Toward Sustainability (B. Doppelt)
Then Form a Small Core Group

and Educate Local Leaders About How Traumas and Toxic Stresses Are Already and Will in the Future Affect the Community
Don’t forget to include the existing and likely near and long-term, direct and indirect ecological, social, economic, health, and other impacts of the climate emergency.
Creating Sanctuary
In The Dalles, OR

Trudy Townsend North Wasco County School District, The Dalles, Oregon
Signs and Symptoms of The Dalles Being a Trauma Organized Community

- Knee Jerk Policies
- Crisis Driven
- Left Field Law Suits
- Overwhelmed
- Personal Threats
- Valueless
- Stuck
- Hyper-sensitive
- Yard Sale Sign Campaign
- Negative Outcomes
- Fragmented
- Public Petitions & Fits

Trauma Organized
Small Group Confirmed. . .TRAUMA IS THE CENTRAL PROBLEM –

Big training on trauma-organized communities
Awareness of Being Trauma-Organized Led to Courageous Conversations in The Dalles . . .
Question

How can you help your community realize the extent to which it is “trauma-organized”?
Seek to ‘bring the entire system together’—people representing every population and sector—to co-create, implement, and continually evaluate and improve age and culturally-accountable actions to build and sustain mental wellness and resilience.

Examples of who to reach out to and involve:

- Civic groups (the ‘Y’s, Rotary, United Way etc.)
- Neighborhood leaders
- Religious and spirituality leaders
- Leaders of grass-roots marginalized groups
- K-12 and higher education professionals
- Business leaders
- Youth programs (4H, Scouts, camps etc.)
- Senior programs
- Climate and environmental groups
- Behavioral health professionals and direct service program providers
- Social justice and equity groups
- Disaster management organizations
- Police and security officers
- Other types of public agencies
- Many others
What individuals and organizational leaders might you ask to participate in an RCC in your community (or region)?

1.

2.

3.
Governance Structure of an RCC
When Possible Use Some Version of a “Ring Team” Approach:
Board, Co-Chairs, Executive Committee, and Then Form Mental Wellness & Resilience (MW&R) Innovation Teams
Finding an Organizational Sponsor for a Resilience Coordinating Council (RCC)

• **An existing** behavioral health or social service organization can serve as the RCC sponsor.

• This will succeed **only** if the organization is committed to **expanding** beyond a **crisis and illness** programs to prioritize building **prevention-focused, community-based, culturally-accountable mental wellness and resilience** within the **entire population**.

• Due to their mandates, funding streams, training, and mental models this will often **be difficult** for mental health and social service organizations.

• A more effective approach will therefore often be for an **existing non-profit, network of non-profits, or a local philanthropic organization** to sponsor RCC.

• If these organizations are unwilling/unable to expand their focus and membership a **civic group** unaffiliated with mental health issues should **take the lead**.
Can you think of an organization or agency that could sponsor an RCC in your community (or region)?

1.

2.

3.
Some RCCs function well as an all volunteer group. But this requires a committed skilled person willing and able to devote a great deal of time to the group.

Whenever possible, it is best to hire a full time coordinator. Without this projects might not be completed, the mission can drift, and interest can peter out.

It usually takes time to find the right person to coordinate an RCC. They must posses a range of skills—especially exemplary interpersonal and conflict resolution skills.

The Coordinator must also be “humble”: committed to serving others and making sure the RCC functions well rather than their own funding, fame, power, or future ambitions.

Hiring a coordinator will require funds.
Funding a Resilience Coordinating Council (RCC)

- First step is to **develop a budget** that includes salary and benefits for coordinator, overhead, materials etc.

- The RCC co-chairs & steering committee can then **begin by** asking for **donations** from **RCC members** and local **residents, non-profit, private** and **public organizations**.

- Before those requests are made a **fiscal sponsor must be secured**. Try to find a local non-profit or government agency that will do it **at no cost**.

- As soon as possible, a **fundraising subcommittee** should be organized to develop a **plan** and “**pitch**” to secure funds from **local donors, organizations**, and **public sources**.

- Funds can also be raised by **partnering with local universities** doing research, asking multiple local agencies to **pitch in**, and grants from local **philanthropic organizations**.
Creating Sanctuary
In The Dalles, OR

Trudy Townsend Became Staff,
North Wasco County School District Became the Sponsor,
Funds Were Raised from Variety of Sources
What ideas come to mind about how an RCC in your community or region could be funded (e.g. donors, private firms, public agencies, foundations)?

1.

2.

3.
One of First Actions of an RCC Should Be To Complete a “Community Assessment”

- An RCC will need to build on the “Trauma Organized” determination to gather baseline information to create an ideal vision of success and establish goals, strategy, benchmarks and an implementation plan.

- RCC members can do the assessment on their own with involvement of staff, board members, and volunteers.

- Information can be gathered using formal and informal discussions with residents, focus groups, online surveys, and other methods.

- When possible seek help from an academic institution as the assessment takes time and requires data gathering and analysis skills, which is often a great project for grad. students.
The geographic, demographic and cultural makeup of the community.

How different populations and the community as a whole responded to past and current adversities.

Population and community-level skills, strengths, and resources, that help foster and sustain mental wellness and resilience.

Factors that prohibit/block the influence of those skills, strengths, and resources including (e.g. racist policies or systems, harmful social norms, social narratives that promote and reinforce harmful norms).

What individuals are accepted and trusted by different populations that can be asked to engage in the RCC (LINCs).
RCC Members Should Use This Information to Create an Inspiring Ideal Vision of Population-Level Mental Wellness and Resilience Using “Ends-Planning”

Start by describing the ideal end goals

Then move backwards and compare the end goals with the current situation

Then move forward again & determine the closest approximation to the ideal that could be achieved in the near future.

You should never achieve the ideal as the closer you get, the more you should learn and continually update the vision.
Courageous Conversations. . .

Motivate People to “Re-Script” the Future of THE DALLES.

Which Led To Big Hairy Audacious Goals
The Dalles Used the Sanctuary Model to Form their Ideal Goals

The Four Pillars of Sanctuary

- Trauma Theory
- Sanctuary Commitments
- S.E.L.F
- Sanctuary Toolkit
Another Option: Use This Vision of the Ideal for Population-level Mental Wellness and Resilience

- Healthy sense of safety among residents and stakeholders
- Residents and officials embrace learning, growth, and positive change
- Emotionally well regulated individuals and groups
- Policies, regulations, and norms that foster trust, health, and safety
- Integrated policies and programs leading to coherent and consistent high-performance
- Embrace and utilize criticism and contrary ideas for improvement
- Commitment to just and equitable practices and policies including ecological justice and sustainability
- Constant vigilance to prevent abuses of power and authority
- Servant leadership, democratic decision making, and open communications
- Strong trust among residents, officials, and stakeholders

Adapted from Destroying Sanctuary & Restoring Sanctuary (S. Bloom) and Transformational Resilience (B. Doppelt)
Key Interrelated Elements of an RCC’s Strategy and Action Plan
Led by community members – not “task sharing” with mental health professionals

• Teach all adults and youth simple, self-administrable, age and culturally-accountable “Presencing” and “Purposing” mental wellness and resilience skills.

• Build, repair, and connect “bonding”, “bridging”, and “linking” social support networks across geographic, economic, and cultural boundaries.

• Help residents take responsibility for mental wellness and resilience in their neighborhood (via resilience hubs or pods).

• Identify and change unsafe, unhealthy, unjust, and inequitable social norms and the social narratives that promote them.

• Motivate local voluntary, civic, non-profit, private organizations and public agencies to adopt wellness and resilience principles, practices and policies (see below).
The initial actions of the RCC are likely to be less successful than desired and some populations will likely not engage.

Continual evaluation, learning, growth, and improvements will therefore be essential.

When people learn they actually change their mental models in some way.

Learning must meet personal, RCC, and neighborhood/community needs and recognizing this enables you to evaluate whether the evaluation & learning has been worthwhile and successful.
After Sufficient Progress
Engage Local Organizations of All Types by Asking Them to Make Commitments & Sign MOUs

Informal Approach Used by Walla Walla Wash.

Community Resilience Initiative

I commit to implementing trauma-informed practices!

- I ask, “What has this person experienced” rather than “what is wrong with this person?”
- I commit to creating a safe environment physically and emotionally for myself and others.
- I commit to fostering connection through relationship in all my actions.
- The safe environment I create invites opportunities for learning.
- I learn to recognize, validate and own my experiences and my self-regulation.
Formal Approach

MEMORANDUM OF UNDERSTANDING

Between the Children’s Resilience Initiative and Community Partners

PREAMBLE

VISION: All young people thrive and parents raise their children with consistency and nurturance to develop lasting resilience in the community as a whole.

MISSION: Mobilizing the community through dialogue to radically reduce the number of Adverse Childhood Experiences while building resilience and a more effective service delivery system.

DEFINITIONS:

TRAUMA: Trauma is the negative impact of experiences of events that happen to children, adults and communities as a result of physical, economic, psychological or environmental assault. Trauma may include physical, emotional and/or sexual abuse. Trauma may be caused by family dysfunction such as domestic violence, alcoholism or substance abuse, incarceration of a family member, mental illness, community violence, war, loss, natural disaster, long-term exposure to maltreatment and other conditions. Developmental trauma may begin before birth and continue across the lifespan. Trauma may be predictable or unforeseen.

The results of trauma may include severe injury, feelings of helplessness, inability to cope, stress, relationship difficulties, health problems, mental health issues, behavioral challenges, and many others.

THIS MEMORANDUM OF UNDERSTANDING (MOU)

This MOU is entered into this 9th day of September 2013, by and between the Children’s Resilience Initiative and its partners:

WHEREAS, there is a definite correlation between the experience of trauma and resulting behavioral and health problems when the effects of trauma are unrecognized and unaddressed;

WHEREAS, the community recognizes that the cumulative effects of trauma over the lifespan are detrimental to individuals and society, and consequences of ignoring trauma exist for the individual as well as society;

WHEREAS, Walla Walla has made a commitment to address the causes and consequences of trauma through a coordinated comprehensive community effort; and

WHEREAS, the parties involved desire Walla Walla to be a trauma informed community that cares for its citizens by providing trauma information, education, prevention, resources and assistance.

NOW, THEREFORE, the parties agree as follows:

Partner pledges:

Children’s Home Society as a CRI partner will embed ACE and Resilience principles in the following ways:

- Include the trauma-informed material into Nurturing Parenting classes and use the tools CRI developed in working with parents.
- HomeTeam Parent Aide Program will continue tracking ACE’s outcomes as a mechanism to track CPS involvement and ACE score with parents in the program; partner with CRI to include the trauma-informed material and use the tools CRI developed in working with parents and children; incorporate trauma-informed material into Volunteer Parent Aide Training; all volunteers will be trained on using the tools CRI developed to utilize as a resource in working with parents and children.
- Share evaluation questionnaire used to document outcomes from parents involved in the HomeTeam Parent Aide Program with others.
- Include the trauma-informed material into counseling sessions with parents and children.

Duration; Termination: This MOU will remain in effect for an indeterminate period. Any party may terminate this MOU upon written notice to the other party.

SIGNATURES of COMMITMENT:

Community Partner/Member

__________________________  ________________________
Signature Date


Gather Proclamations from Local Governments and Enact Public Policies

PROCLAMATION

WHEREAS, there is compelling scientific evidence of a correlation between negative childhood experiences (known as Adverse Childhood Experiences [ACE]) and the resulting lifespan behavioral and health problems when ACEs are unrecognized and unaddressed; and

WHEREAS, the cumulative effects of such experiences over a lifespan, if ignored, are detrimental to individuals, families and communities; and

WHEREAS, the Community Resilience Initiative of Walla Walla envisions all young people thriving and all parents feeling safe and connected in raising their family within a community focused on building both individual and community resilience.

NOW, THEREFORE I, Barbara Clark, Mayor of Walla Walla, do hereby proclaim October of 2019 to be the seventh annual Resilience Awareness Month in Walla Walla

and urge all residents to become informed about ACEs, their impact on development and long-term health outcomes, how to create a community conversant in resilience strategies benefiting ALL individuals; integrate these principles into our everyday work and practice; and otherwise support the work of the Community Resilience Initiative as a community of hope and healing.

Barbara Clark, Mayor
Our goal was to “RESCRIPT” the future of our community to be more positive and resilience enhancing.

Named One of 10 Best Cities to Live in Oregon
Research Shows Community-Based Mental Health Prevention Programs Are Very Cost Effective

- Available research finds that every dollar invested in community-based mental health prevention yields between $2 to $10 in savings in costs of health care, criminal and juvenile justice, economic productivity, and other factors. (National Academies of Sciences, Engineering and Medicine, 2012)

- As Judith Landau said, research on the LINC approach to community resilience found that 5 ancillary supports are needed to replace every single (1) family/close friend support.

This shows how difficult and expensive it is to rely on clinical treatment and direct service programs.
Imagine the Benefits of a Resilience Coordinating Council In Your Community—and In Communities Worldwide!
Questions

1. How can you make a difference in your community?

2. What initial actions are you willing to take to make that difference?

3. Who can you ask to help you with this endeavor?
MANAGEMENT

A set of processes that keeps complicated systems of people and technology running smoothly:

- Planning
- Budgeting
- Organizing
- Staffing
- Supervision
- Controlling
- Problem Solving

These Are Qualities of Control
LEADERSHIP

A set of processes that helps a human community shape its future and embrace and sustain significant change:

• Helps define what future should look like.
• Mobilizes the forces to align people with that vision.
• Inspires them to make it happen despite obstacles.
• Encourages and role models good emotional management
• Responds to crisis by motivating people to use it to learn, grow, and greatly increase wellbeing.

These Are Qualities of Influence
Management and Leadership are Both Necessary

But most mental wellness and resilience building initiatives are vastly

*Over-Managed* and *Under-Led*

We cannot manage our way to Population-Level Mental Wellness and Resilience

**Exemplary Leadership Is Required!**
Remember

The choices we make today will determine the future.

What new and different choices are you willing to make?
Thank You
for Participating in the ITRC Training Program on Building Community-Based Mental Wellness and Resilience!!

This was our first go-around and we want to greatly improve the program.

*Please* complete the final course evaluation---

and

offer any *quotes* you feel comfortable with that we can use in the future.