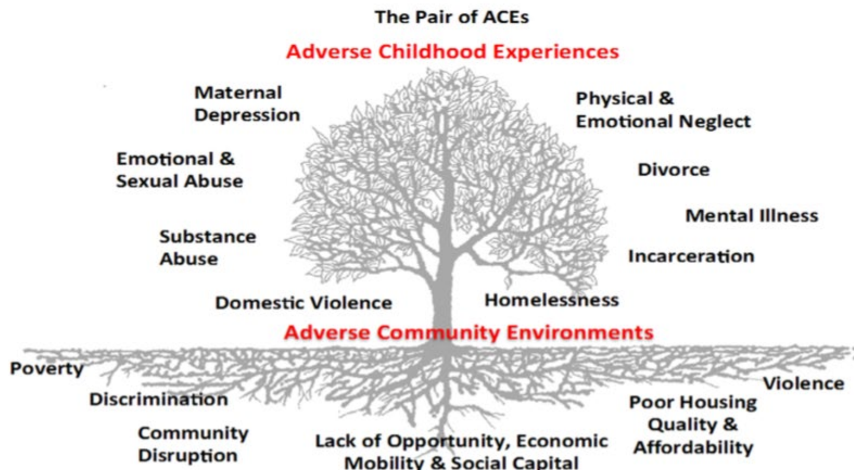
RESILIENCE ALEXANDRIA
INFORM. SUPPORT. ELEVATE.

Location:	Charles Houston Rec Center, 901 Wythe St.
Date:	October 24th, 2019
Time:	10:00-12:00

	Time	Agenda Item	Who
1	10:00	Welcome/Introductions	Chelsea
2	10:15	Summary of September Meeting	Chelsea
3	10:25	State-Level Updates • FACT (Family and Children's Trust) Fund grant application *should be released in the next month or so* • Telling our story. *Action: Submit our Network's highlights for Statewide TICN Showcase*	Chelsea
4	10:40	Committee Work *see pages 3-4*	Small groups
5	11:30	Linking Systems of Care	Laurie Crawford from Virginia Department of Social Services
6	11:55	Thank you/Close	



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

Definitions

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) refers to frequently occurring sources of stress that children may suffer from during the first 18 years of life. If not addressed, they can cause trauma, which negatively affects brain development, socio-emotional behavior, and long-term health. ACEs generally fall into three categories: abuse (emotional, physical, or sexual), neglect (emotional or physical), and household dysfunction (violence directed at an adult living in the home; a household member experiencing substance abuse; a household member experiencing mental illness; parental separation, divorce, or death; a household member who is currently or formerly incarcerated). As the number and frequency of ACEs increase, so do the negative, and sometimes lifelong, effects on children's intellectual, emotional, and physical health. **Source**: CDC

Childhood Trauma

Childhood trauma is stress that occurs when a child is overwhelmed by events or circumstances and responds with intense fear, horror, and/or helplessness. Trauma is a stress-induced state cause by a child's perception of adverse childhood experience(s), causing intense emotional or physical harm; this often impairs executive functioning, making it difficult, if not impossible, for a child to learn, remember things, control impulses, regulate emotions, and work towards long term goals. **Source**: Futures without Violence

Resilience

Resilience is the ability to overcome serious hardship. The single most important factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. **Source**: Center on the Developing Child, Harvard University

Toxic Stress

Toxic stress is excessive or prolonged activation of stress response systems in the body and brain. Without the buffering care of a supportive adult, it can change children's brains and bodies, including disrupting learning, behavior, immunity, growth, hormonal systems, immune systems, and even the way DNA is read and transcribed. **Source**: Center for Youth and Wellness

Trauma

In this text, the term "trauma" refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being. **Source**: SAMSHA

Trauma-Informed Care

Trauma-informed care is a strengths-based service delivery approach 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. **Source**: SAMSHA

Trauma-Informed

A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. A trauma-informed approach will include four key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; (3) responding by putting this knowledge into practice; and (4) resisting retraumatization. A trauma-informed approach can be implemented in any service delivery setting (schools, courts, health care, etc). **Source**: SAMSHA

Trauma-Responsive

Trauma-responsive care goes beyond understanding trauma and its effects to providing interventions that seek to alleviate trauma symptoms and lead to a higher level of functioning. It operationalizes how trauma-informed care manifests in trauma-responsive practices: 1. Screening and assessment 2. Psychoeducation 3. Cognitive and emotion regulation 4. Motivation enhancement techniques 5. Referral to treatment and other services. **Source:** Institute for Child and Family Wellbeing

Committee Work: Committees and their areas of focus and members

- **Awareness/Communications** - Build awareness across community of RAISE. Develop mission statement, common language, a Communication/Engaging Strategy, a Communications Plan. Populate existing groups with RAISE members to ensure they prioritize TIC.
  - **Interested Committee Members**: Emma, Allen, Noraine, Mahlet, Carla, and Erika
  - **Priorities/Focus**:
    - Build awareness across community (parents, people who are homeless, youth, schools, agencies/orgs, i.e. health care orgs) of TICN/RAISE
    - **Communication/Engaging Strategy:** Develop a Communications Plan
    - **Navigating Potential Barriers**:
      - Group Mission Statement
      - Common Language about identifying trauma

- **Training**: Design training for two different audiences (community & professionals) & make it relevant to their roles. Develop toolkit. Work with Awareness/Communications committee.
  - **Interested Committee Members**: Faiza, Tali, Ursula, Cynthia, Asta, Jill, and Lisette
  - **Priorities/Focus:**
    - Design training for two different audiences & make it relevant to their roles
      - community – use relevant language
      - professionals – institutionalize as a part of on onboarding
    - Language around training should focus on resilience (develop toolkit)
      - Communications Committee can identify key audiences, understand priorities, tailor language accordingly; culturally competent
    - Build foundational knowledge for RAISE members to develop basis for external training
    - Survey of what training already exist
    - **Navigating Potential Barriers**
      - Buy-in from people not connected to this work

- **Changing Environments:** Help orgs. create welcoming, safe, and judgement-free space to prevent re-traumatization. Assess public spaces as well as processes and practices, and make recommendations for trauma informed spaces. Help identify areas that could be strengthened.
  - **Interested Committee Members**: Emma, Lori, Rachel, Erika, and Claire
  - **Priorities**
    - Tailoring existing resources for orgs to help create welcoming, safe, and judgement-free space to prevent re-traumatization
    - Assess public spaces and make recommendations for trauma informed spaces
    - **Communication/Engagement Strategy**: Engage general services and relevant staff from agencies, ACPS
    - **Navigating Potential Barriers**: Resistance to change; $
      - Strategy: Identify champions at each agency

- **Healthy Minds:** CYMP Workgroup focused on reducing depression & suicidal ideation among youth while promoting their mental health and wellbeing
  - **Interested Committee Members**: Lisette, Pharah, Allen, Noraine, Rachel, Erika, and Mahlet

TBD Committee

- **Advocacy:** Endorsement/Participation in Campaign for Trauma-Informed VA. Advocacy at the micro (individual/Families) and macro (systems/government) levels
    - **Potentially Interested Committee Members:** Tricia and Magdali
    - **Priorities/Focus**:
        - Micro and Macro levels (individuals/families as well as systems/government)
        - Cross-cultural approaches
        - Self/Group advocacy – R.A.I.S.E.
        - Endorsement/Participation in Campaign for Trauma-Informed VA
        - Permeate a variety of environments/ adults/children, severe/mild, long-term/short-term

Instructions

Use template to develop your committee's action plan around your priorities/areas of focus. If it makes sense for your committee, use one template per priority area. If a certain column within the template isn't necessary, then skip it. If you need to add a column to customize your action plan, then do so.

Below is an example:

Action Step	Action	By Whom	By When	Resources/Support Needed	Potential Barriers/Resistance	Communication
By June 2009, all necessary regulatory permits will be obtained.	All necessary regulatory permits will be obtained from childcare licensing agency, city government, etc.	Danelda Jackson and Tom Glinn, clinic staff	June 2009 in order to open in 2010	Contractors	City staff may resist providing a permit because it may appear to intensify the use of the clinic site.	Clinic staff and patrons and community residents should be made aware of the availability of on site child care at the clinic.