

# Trauma Informed Hampshire County: A network responding to adverse childhood experiences by building resilience

## MINUTES

Thursday, January 14, 2021

1:00-2:30 p.m.

New THC Email: [HampshireTIHC@gmail.com](mailto:HampshireTIHC@gmail.com) will go to Ruth Ever

**Present:** Ruth Ever, TIHC Staff/consultant; Heather Warner, SPIFFY/CES; Laurie Loisel, Northwestern DA's Office; Jenifer Urff, Massachusetts Association for Mental Health; Rosie McMahan, Optimistic Options; Chase Giroux, Clinical and Support Options; Steve Brown, Traumatic Stress Institute of Klingberg Family Centers; Geoff Naunheim, United Way of Hampshire County; Maya Rege-Colt, Adoption Journeys; Lexi Polokoff, SPIFFY; Susan Cook, South Hadley Drug and Alcohol Prevention Coalition; Naomi Bledsoe - Northwestern DA's Office, Juvenile Unit; Ariane Krumholz, CSO; Dana Mengwasser, CES/Early Childhood; Honora Sullivan-Chin, Northampton Police Department; Kelly Broadway, CCRT/CSO; John Bidwell, United Way of Hampshire County; Caitlin Marquis, CES; Y'aneris Olivencia, Massachusetts Association for Mental Health; Heather Crawford, CES/Early Childhood; Heather Craig, Community Activist

Notes: \_\_\_\_\_

- I. **Welcome and Ice Breaker.** Something you find wearying; find replenishing (see end of minutes for lists)
  
- II. **Video and Discussion (facilitated by Steve Brown):** Roadmap for Resilience. California's framework for cutting ACEs and toxic stress by half in a generation. Video presentation by Dr. Nadine Burke Harris. CA launched a campaign to cut ACES by half, including a program to do early detection of ACES in children and provide resources to reduce longer term impacts. Steve said, when we think about TIHC we can look at what the state of CA has done. Although we are county-wide and have very little funding, it may give us a framework for our planning and fund-seeking. As we watch think about: *what are our priorities? What level of prevention is our focus (primary, secondary, tertiary)? What sectors of the community do we need at the table?* Steve pulled out a section of the video that is most relevant.

<https://www.acesaware.org/events/roadmap-for-resilience-the-california-surgeon-generals-report-on-adverse-childhood-experiences-toxic-stress-and-aces/>

### Notes from Video:

- Science behind intergenerational transmission of adversity
- **Toxic stress is amenable to treatment;** We can interrupt it and break the intergenerational pattern; Treatment of toxic stress in adults can reduce transmission to next generation.
- **How do we interrupt intergenerational toxic stress?**
  1. Responsive caregiving and supportive relationships
  2. Mindfulness/time in nature to reduce activation of sympathetic nerve responsible for "fight or flight"
  3. Mental health care, etc.

- **Relationship between ACES and COVID:** Aces cause chronic health issues; these chronic health issues become stress sensitized—responsive to new stressors that can then react with the current health problems
- **TIC requires prevention at all levels: 1) primary prevention** targets healthy people; **2) secondary prevention** is early detection and screening and preventing negative outcomes; **3) tertiary prevention** is about treatment of people who have already developed a disease or social outcome
- No one sector alone can solve all—e.g., need ED rooms, health care, prevention, law enforcement, schools
- **Examples of successful past efforts:**
  1. Tobacco reduction model. Messaging, policy, treatment, youth prevention. Teen use rate went from 25% 12<sup>th</sup> graders to 5% in 12 graders in 20 years
  2. Look to lead exposure prevention approaches—began routine screening of childhood lead levels. Then remove lead from gas, paint, etc. 1980-2000 dramatic reduction
  3. Maternal mortality 55% decrease in CA vs national rates that continued to rise due to hospital based intervention. African Americans and Latina mothers have the largest decline. Think about efforts for equity—need to be at front with all levels of prevention
  4. HIV AIDS: at first condom and needle exchange to prevent exposure, then testing to provide resources and medication, then tertiary efforts to develop new life saving medications. In 2 years reduced deaths by 85% with largest outcomes to people of global majority.
- **Cross-Sector Work:** Burke Harris refers to FULL REPORT: Cross sector approaches—can access the full report on-line at OSC website including briefs by sector here: <https://osg.ca.gov/sg-report/>
- Example of cross sector TIC work:
  1. **Handle with Care**—first responders give heads up to schools where a child attends, so that educators can respond with trauma informed care rather than harsh punishments. Big relationship between trauma and learning. Also schools can then refer the child to behavioral health services. New Jersey as a state just implemented Handle with Care.

#### **BREAKOUT DISCUSSION GROUP NOTES: Ideas generated after Nadine Burke Harris video**

##### **Group 1: (Y'neris Olivencia and Naomi Bledsoe)**

- Who is not at the table when we talk about creating Handle with Care; one-page
- Coordinating services within the Hampshire County
- Law – Education – Health Services
- Take a look at what is already happening within the county that mirrors the Handle with Care Program
- Do DMH and DCF have a seat at the table? Who isn't the at the table that should be?
  - The need for people with policy power in the conversation
  - Operationalizing
  - Creating a one pager that is used for this purpose, shared between different institutions.
- Beyond this, how do we educate the county?

##### **Group 2 (Laurie Loisel)**

- Need for time and healing
- Handle with Care seems like low hanging fruit – first step is to ask if schools are already doing this, in what variation, still could be good to do a coordinated consistent program like Handle with Care.

- At the same time: Shouldn't educators always be trauma responsive, i.e. shouldn't they always assume a child might have experienced trauma?
- Teacher education and certification – should include trauma in the curriculum – Reach out to teacher education programs to assess if this is happening
- Restorative justice practices
- Primary (prevention with adults, policy and systems changes) stop it from happening in first place, secondary, tertiary
- Care coordinator/interdisciplinary coordinator, a position needed so that sectors work together for the common good of one child/person no matter what system you are talking about. Could be a school
- Need to make time/space for healing in the same way you do cross sector connections between sectors.

### Group 3 (Jenifer Urff)

- More TIC in housing
- Barefoot Psychologists handbook = neurobiological experience. Check out more here: <https://beyondconflictint.org/what-we-do/curent-intitatives/migrant-and-refugee-crisis/the-field-guide-for-barefoot-psychologists/>

### Group 4: (Steve Brown)

- Coordinating multiple sectors with common language, philosophy, framework
- Use the framework of public health model (primary, secondary, tertiary) as organizing principle for our work and help the community understand that model as it applies to TIC.
- People liked the “Handle with Care” program discussed in video. Liked that helped sectors work together on a trauma-informed intervention. Involve early childhood learning centers in this program and include training on TIC.
- For prevention of ACEs and toxic stress, targeting children when they are young is critical. So this could be a particularly important sector to target.
- Convene training or breakfast for local legislators. Possibly go through the Resilience Roadshow. Combine with discussion about how they could help pass (more) legislation around TIC.
- Importance of coordination of sectors – working together.
- One person wondered what are barriers to TIC in a community.
- Work during COVID important because people general are frayed and not functioning well—folks in MH system feeling the impact of COVID and not doing well.

## III. Workgroup Updates

- **TIHC Format for the year:** we will meet regularly on the **second Thursday of the month 1:00-2:30 pm**. Every other month we would have something engaging and educational with discussions and the other month we would do process type work like strategic planning. Do we want a check-out at the end for feedback on the mtgs?
- **Resilience Roadshow Update**
  - Overview: 90 minute training developed by subgroup (thanks especially go to Steve Brown!) that is an introduction to what it means to be a trauma informed community. We offer general/open trainings and do them by request from agencies, organizations or businesses who can request their own training for staff/clients.
  - Next general training is Feb 3<sup>rd</sup> and anyone can come to this if you want to experience the training. Register [HERE](#)

- Now that we have a staffer promoting the training more widely, we are reaching more groups. So far, there are 4 trainings completed, 5 scheduled, and Jeff Harness made introductions for us to the local chambers of commerce and there is interest among them too, with emails and notifications now going out to their large email lists.
- We now have 7 active facilitators and 3-5 more people who are interested but either don't currently have time or need more training. We can pay \$150 stipend for people not doing this on work time, and who would like compensation.
- Caitlin, Kristen and Rossana from CES translated the Resilience Roadshow PowerPoint into an English/Spanish version so that it can be offered in a bilingual format. Caitlin can share a great simultaneous interpretation company she uses and some tips about hosting bilingual Zoom meetings. We will talk about this at the facilitator/planning meeting.

#### **Discussion about Resilience Roadshow Trainings:**

- Adoption Journeys will be coming to Feb training and they would like to start doing the training in their circles. Maya would like tips for doing trainings on Zoom. Ruth offered to help.
  - The training that Steve and Rosie facilitated was recorded so people can request the link to view that. Email [HampshireTIHC@gmail.com](mailto:HampshireTIHC@gmail.com) to request it.
  - Currently there is a request / idea to extend the training to 2 hours to provide more time for discussion
  - Are there groups we want to promote the Roadshow to? So far: 1) United Way would like to have the training with their board plus might be able to reach their grantees. 2) Supermarket staff? Ruth has already tried to reach out but is getting no responses; 3) Kiwanis club-AnneMarie has a contact; 4) Others? Note that blanket outreach emails have gone out through various email listservs, etc.
  - **CONGRATULATIONS** to all of us as a Network for making these trainings happen.
- **Organizational Assessments Subcommittee**
    - Put on hold due to COVID
  - **Policy and Advocacy**
    - National level trauma policy report: <http://www.ctipp.org/wp-content/uploads/2020/12/Combined-File-For-Biden-Administration.pdf>
    - Jeff Harness and Jenifer Urff are starting a policy subgroup. Volunteers? Arianne Krumholz and John Bidwell are interested. Jenifer will follow up with them. **If anyone else would like to join, please contact Jenifer at [jeniferurff@mamh.org](mailto:jeniferurff@mamh.org)**
  - **By-Laws subgroup (volunteers needed)**
    - Jenifer Urff, Chase, Heather

#### **IV. Other**

- Resources from the CHAT:
  1. From Heather Craig: <https://beyondconflictint.org/what-we-do/curent-intitatives/migrant-and-refugee-crisis/the-field-guide-for-barefoot-psychologists/> (also listed in the minutes)

The pyramid locating public health interventions primarily with the folks with Aces the example is children's experience

2. From Jenifer Urff:

<http://www.ctipp.org/wp-content/uploads/2020/12/Combined-File-For-Biden-Administration.pdf>

- **Partner Announcements**

- Peer support for overdose tonight and monthly—contact Laurie L at [laurie.loisel@state.ma.us](mailto:laurie.loisel@state.ma.us)
- Steve's organization does 16-20 month long interventions with organizations serving those with intellectual and developmental disabilities - they are starting a learning collaborative nationally and looking for an organization in our state to participate. Contact Steve if you can help spread the word. [steveb@klingberg.com](mailto:steveb@klingberg.com)
- CSO: did work on cultural responsiveness and acknowledge how things related to race are interactive with trauma. Kelly is championing work on equity and inclusion at CSO.
- Steve Brown - Traumatic Stress Institute does consulting work on trauma for organizations: [steveb@klingberg.com](mailto:steveb@klingberg.com)

- **Upcoming TIHC meetings: Next Network Meeting Feb 11 from 1-2:30p.m.**

**Ice Breaker Notes.** Something you find wearying; something you find replenishing

**Wearying**

Missing smiling at people in the grocery store  
COVID – how it hits home / kindness of strangers  
Everything /overwhelmed  
Lying /cowardice  
Athletic injuring  
Too much zoom / screen time ✓✓  
White supremacy  
Too much sugar and not enough caffeine  
Current administration / politics / checking news ✓✓✓✓  
People sick and dying  
Social media  
Short days  
Overwhelming negativity

**Replenishing**

quiet time  
cooking  
checking things off a list  
walking outside during full moons at night  
Bumper stickers: e.g., I don't remember what anger was like before Trump.  
outdoors  
snow  
women's Qigong class  
Jigsaw puzzles  
hot drink and crosswords (off screen) ✓  
Peloton / home exercise  
taking showers  
kinetic sand  
rag rug / crafts  
being with kids  
singing

talking with friends  
caffeine and exercise  
dancing  
mindfulness