

Trauma champions: Recognition that with appropriate supports and intervention, people can overcome traumatic experiences. With an increasing focus on the impact of trauma and how service systems may help to resolve or exacerbate trauma-related issues, trauma champions challenge service systems to revisit how they conduct their business under the framework of a trauma-informed approach. Furthermore, they recognize that...

- No one approach to the treatment of trauma is able to help all people all of the time.
- Post-traumatic growth emerges out of satisfactory affective–cognitive processing.
- There are many points of therapeutic intervention.

Trauma Informed: According to SAMHSA, “trauma-informed” refers to the delivery of behavioral health services in a way that “includes an understanding of trauma and an awareness of the impact it can have across settings, services, and population. Borrowing from SAMHSA’s concept, we define trauma-informed as an individual, program, organization, system or community as one that:

- 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;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.

Trauma Sensitive: Having an informed appreciation of the role of adverse experiences and toxic stress in the development of or changes in an individual’s cognitive, emotional, relational, behavioral make-up. A trauma sensitive individual is perceptive of the need to insure that those with whom they interact enjoy a consistent sense of safety, physically, emotionally and relationally.

Traumatic experience; An event, series of events or set of circumstances that is experienced by the individual as physically or emotionally harmful or threatening and has lasting adverse effects on the individual’s functioning and physical, social or emotional well-being.

Universal: Affecting, or done by all people or things in the world or in a particular group; applicable everywhere or to all cases. Relating to, affecting, or accepted by the whole world. Knowledgeable about or encompassing extensive skills, interests, activities, or subjects.

Ways in which specific groups are affected

disproportionately: Because of circumstances rooted in economic disparity, structural racism and other forms of discrimination and marginalization, some groups are often subject to sustained toxic stress and, therefore, more vulnerable to negative impact from adversity.

What’s wrong with you?” to “What’s happened to you?” Moving from a place of “blame”, to a place of “understanding.”

Developing a trauma-informed community is a long-term process of development and change. Like all social change, it can start with a few committed, passionate people and/or organizations that raise issues and take the first steps. Success of the early champions will help convince others to join the work until eventually a tipping point is reached and the community as a whole is fully engaged.
(CTIPP Framework)



Envisioning a Healthy & Resilient Community

A brief history. In 2011, Crawford County Human Services (CCHS) hosted a county-wide training entitled, “Understanding the Effects of Trauma on the Lives of Those We Serve.” The training was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) and approximately 150 local service professionals attended. Despite widespread interest and enthusiasm for the subject matter, however, nothing much happened afterwards.

Fortunately, two years later CCHS was selected as a Pennsylvania System of Care (SOC) Partner. The SOC framework in Crawford County developed as a collaborative effort for the purpose of creating a seamless, integrated, and coordinated system of supports for children, youth, and families that is family and youth-driven, strength-based, and trauma informed. The SOC Partnership identified childhood trauma and recovery as a county public health, cross-system priority and made the strategic decision to partner with Parkside Psychological Associates to begin a public awareness campaign about Adverse Childhood Experiences (ACEs) through comprehensive overview trainings.

In September of 2013, CCHS, Parkside, and SAMHSA sponsored a two-day conference launching the Crawford SOC and an overview of trauma-informed care across service systems. Approximately 170 service professionals, family members and youth attended. Afterwards, the movement to become a trauma-informed community began.

One year later, Crawford County Human Services was awarded a PA Commission on Crime and Delinquency (PCCD) grant to contract with Parkside to facilitate creation of trauma-informed organizations. Crawford County Drug & Alcohol Executive Commission, Juvenile Probation, Meadville Area Middle School, Titusville Area High School, Women’s Services, and CCHS participated in organizational workgroups, self-assessments, and ongoing trauma-informed practice implementation planning. This project prompted the Crawford SOC to create the Peace4Crawford committee in 2015 to lead the county’s trauma-informed community initiative.

In the ensuing years, several other initiatives have emerged:

- Value Behavioral Health provided scholarships for therapists to receive Trauma Focused Cognitive Behavioral Therapy (TF-CBT) training to serve those with severe trauma related issues. TF-CBT school-based services are now available in many schools across the county.
- An ACEs overview Train-the-Trainers was launched. Nineteen volunteers completed the ACEs training program certifying them to present the ACEs Overview Training to community and organizational groups. To date, over 7,000 Crawford County community members have received the ACEs Overview training.

Peace4Crawford Strategic Planning Committee Members:
Joe Barnhart, Audrey Smith, Harry Nelson, Bruce Harlan, Jason Nesbitt, and Mela Calomino.

Frank Coppola, Consultant
Coppola Enterprises, Inc.

- CCHS, Erie Human Services and Edinboro University partnered for the past four years to present the Annual Trauma Informed & Resilient Communities Conferences at Edinboro University. More than 1,200 service professionals, educators, students, family/youth members, criminal justice system staff, and medical professionals attended the conferences.

Today, Crawford SOC and the Peace4Crawford committee meet regularly to develop and support training, programming, and leadership for Crawford County’s trauma-informed initiatives.

A few notes about the plan. Imagine a place where people ask, “What happened to you?” instead of “What’s wrong with you?” Imagine a place that understands that traumatizing events can be re-triggered. Imagine a place committed to supporting the healing process while working to reduce the sources of **toxic stress**.^{*} That place is Crawford County where the Peace4Crawford movement envisions a healthy and resilient community where everyone feels valued and respected.

The Peace4Crawford movement is modeled after the Peace4Tarpon (P4T) movement in Tarpon Springs, FL. The P4T Trauma Informed Community Initiative is a grassroots effort and the first of its kind in the nation. P4T looks through a “trauma informed lens” to seek the root causes of its most challenging issues rather than addressing symptoms. They are working to create a peaceful and thriving Tarpon Springs. Other Peace4 movements have begun in various communities around the country. All of these movements trace their origins to the pioneering work of Dr. Vincent Felitti, chief of Kaiser Permanente’s Department of Preventative Medicine in San Diego, CA. Back in 1985, Dr. Felitti was trying to

understand why half the people in his obesity clinic dropped out year after year despite the fact that they were losing weight. The mystery turned into a 25-year quest involving researchers from the Centers for Disease Control and Prevention and more than 17,000 members of Kaiser Permanente’s San Diego care program. The research would reveal that adverse experiences in childhood were common, even in the white middle-class, and that these experiences are linked to every major chronic illness and social problem (including obesity) that the U. S. grapples with and spends billions of dollars on.

Locally, P4C committee members began asking the question, “What if all Crawford County residents together with businesses, community, faith, and governmental organizations,

health care providers, and schools had a basic understanding of the lifespan impact of adverse childhood experiences and trauma that would inspire them to be more trauma sensitive in their interactions with others while encouraging them to use trauma-informed practices in their lives and activities?” The question was so provocative that the committee immediately embarked on a strategic planning course of action to devise a plan that could realize this vision. Laid out in this report is the culmination of two years of work by the strategic planning subcommittee in conjunction with the P4C committee. The plan is both revolutionary in scope yet practical in its application. It seeks to transform our local communities through education and training on ACEs, prevention and advocacy, screening, assessment, and intervention. It supports further inquiry and understanding of the multi-dimensional causes of trauma while supporting efforts to build a more restorative and resilient community.

^{*}Terms highlighted in red are defined in the Glossary beginning on page 10.

SAMHSA’s Concept of Trauma: Decades of work in the field of trauma have generated multiple definitions of trauma. Combing through this work, SAMHSA developed an inventory of trauma definitions and recognized that there were subtle nuances and differences in these definitions. Desiring a concept that could be shared among its constituencies — practitioners, researchers, and trauma survivors, SAMHSA turned to its expert panel to help craft a concept that would be relevant to public health agencies and service systems. SAMHSA aims to provide a viable framework that can be used to support people receiving services, communities, and stakeholders in the work they do. A review of the existing definitions and discussions of the expert panel generated the following concept:

- *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.*

SOC: The Crawford County System of Care (SOC) is comprised of the leaders of child serving system (Crawford County Drug & Alcohol Executive Commission, Crawford County Human Services, Early Childhood Intervention, Children & Youth Services, Intellectual Disabilities and Mental Health, Crawford County Office of Juvenile Probation, Conneaut School District, Crawford Central School District, PENNCREST School District and Titusville Area School District) who partner with youth and family members, community organizations and the faith community to coordinate all of the moving parts of the “system” to ensure it is family and youth driven, individually focused, culturally sensitive and trauma informed.

Socially Vulnerable Groups: In its broadest sense, social vulnerability is one dimension of vulnerability to multiple stressors and shocks, including abuse, social exclusion and natural hazards. Social vulnerability refers to the inability of people, organizations, and societies to withstand adverse impacts from multiple stressors to which they are exposed. These impacts are due in part to characteristics inherent in social interactions, institutions, and systems of cultural values.

Specialized Providers: In this context, the term “specialized providers” refers to agencies/entities that have the requisite training, experience, and/or licensing to ethically conduct in-depth assessments and treatment with individuals identified as trauma-endangered. These agencies may also possess the capacity to provide broader psychological evaluations and offer trauma specific treatment.

Toxic Stress: This form of stress can occur when a person experiences strong, frequent, and/or prolonged adversity, such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship, without adequate support.

Trainers: In August 2016, 19 individuals took part in a “Train the Trainer” program where they were given an in-depth review of the ACE Study materials. These volunteers were evaluated to insure their ability to effectively communicate the materials and provided with training materials and support. Since 2016, trainers have fanned out across Crawford County and conducted numerous trainings on ACEs to community members.

Community resilience originates from buffers in communities and families to protect individuals from the accumulation of stress due to adverse childhood experiences. When these exposures are experienced in adverse community environments (ACEs), characterized by violence, racism, or poverty, for example, the effects are compounded and often lead to multi-generational stress and poor health outcomes.

BCR Model

Glossary of terms:

Adversity: A state or instance of serious or continued difficulty or misfortune. A condition marked by misfortune, calamity or distress.

Adverse Childhood Experiences describes an adverse experience in a person's life that occurs before the age of 18 that a person remembers as an adult; Childhood abuse, neglect and other forms of household dysfunction that a child experiences before the age of 18.

Advocacy: We publicly and actively support implementation of programs, practices and policies that implement and sustain trauma informed practices at all levels of the public and private sectors of our communities, organizations and governmental entities.

Holistic plan: When assisting a family in development of a plan that is comprehensive, taking into account a variety of concerns rather than only specific items.

Intervention: The act of offering assistance or support to address a concern or problem. Encourage use of professional and other community supports (including peer support) and services.

Multi dimensional: Involving several dimensions or aspects. Multidimensional thinking is thinking about a problem from multiple dimensions, rather than simply adopting one approach. It is desirable because it allows for greater intellectual penetration, and also because being an able multidimensional thinker allows one to think without relying heavily on framework.

- Critically assess the situation, understanding the multiple points of views
- Be able to hold multiple conflicting and contradictory views together in his mind
- Figure out the inter-dependencies between the actors/variables
- Develop the full picture of the situation at hand from the multiple dimensions

Peace4Crawford: A group of community-minded individuals representing a wide array of interests in Crawford County who get together once a month and solve the problems of the world... *or at least in Crawford County.*

Peer support: Individuals who share the life experiences of others who are seeking assistance in addressing trauma, either directly or as family members or significant others.

Recovery: A return to a normal state of health, mind, or strength. The action or process of regaining possession or control of something stolen or lost. SAMHSA has established a working definition of recovery that defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.

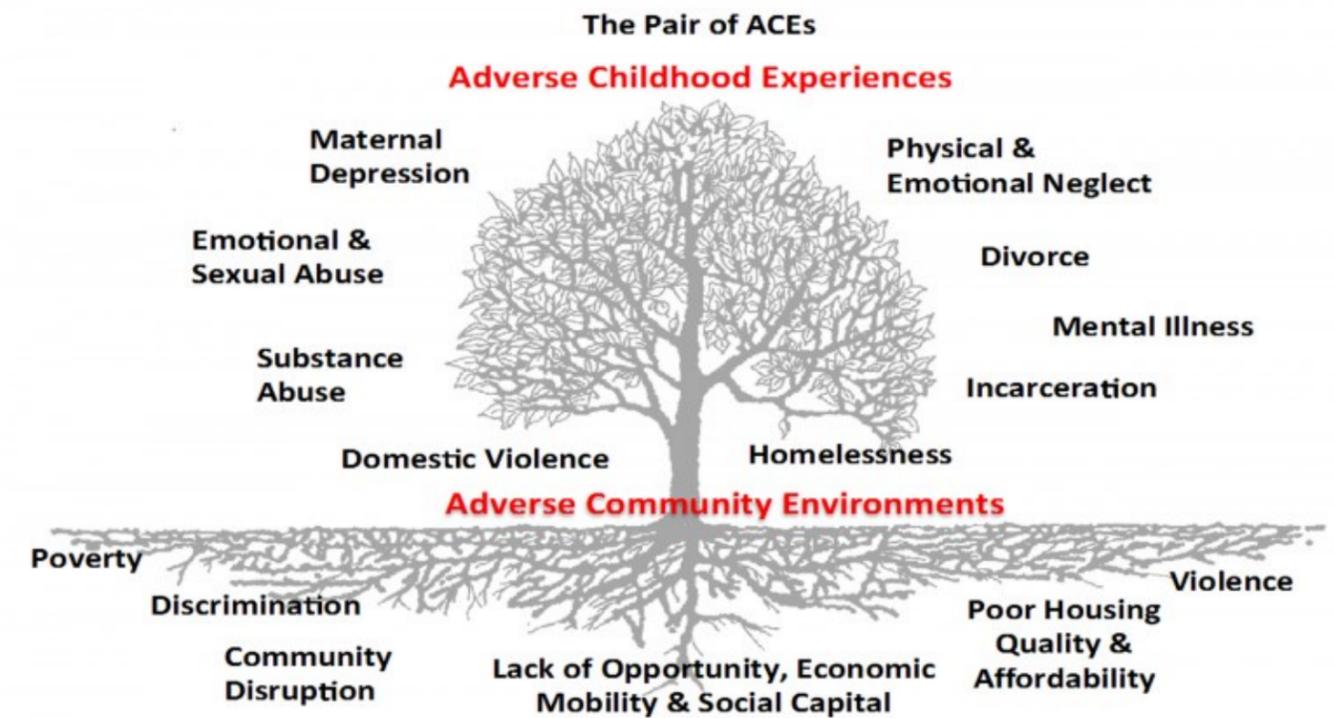
Resilience: The ability to bounce back from adversity; the ability to become strong, healthy or successful again after something bad happens

SAMHSA: Substance Abuse and Mental Health Services Administration. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA addresses the impact of trauma on individuals, families, and communities as a behavioral health concern that requires a healing and recovery process.

A trauma-informed community (TIC) is not, however, an attempt to relieve individuals and groups of their personal responsibilities regarding their actions. Everyone must answer for the outcomes resulting from their choices and behaviors. Rather, the TIC movement is about improving the health and wellbeing of communities through trauma-informed approaches that foster resilience and speak to interventions and treatment strategies that are more effective.

*The Pair of ACEs tree pictured below illustrates the influence of a community environment on the lives of children and families. Specifically, the Pair of ACEs tree depicts the interconnectedness of adverse community environments (ACEs), the soil in which some children's lives are rooted, and the adverse childhood experiences (ACEs) of their family environment, or branches on which children bud and grow. The leaves on the tree represent the exposures to adverse childhood experiences that are easily recognized in medical, educational, and social service settings, such as a well child visit or a preschool classroom. Adverse childhood experiences increase a person's risk for poor coping mechanisms and can result in lifelong chronic illnesses, such as depression, heart disease, obesity, and substance abuse. Physical or sexual violence and abuse or neglect, for example, can exist as **toxic stress** for individuals and families.¹*

Tasks remaining to be completed by P4C workgroups include activities for implementation of our enumerated goals and objectives with quantitative and qualitative data to measure progress and impact. As with any plan, ours is fluid and subject to change over time. It has been designed to easily adapt to changing community needs and dynamics. If successfully implemented, however, individuals and families will reflect the transformative power of a trauma-informed community.



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

Environmental Scan: In 2017, the P4C strategic planning committee conducted an environmental scan to assess the current strengths, limitations, opportunities and threats (SLOT Analysis) facing the P4C committee. Although the response to the survey was limited, the information was deemed valuable and summarized below.

Strengths: The people involved in the P4C movement are truly committed to this process and its implementation. The number of cross-systems collaborations is truly remarkable. These partnerships are rooted in collegial relations, mutual respect, and a collective desire to make our communities more resilient.

Limitations: Our focus is too expansive. How do we actually reduce ACEs for everyone? How do we actually build resilience for everyone? On the other hand, we are currently too focused on Meadville and its surrounding area. Subsequently, how do we take this plan and implement it county-wide?

Another limitation is governance. How do we manage initiatives, and action steps on such a large scale? How do we “control” the message so that core concepts are faithfully translated to community groups? How do we obtain feedback from the people who are actually affected by adverse conditions such as poverty, drug abuse, and crime? How do we create linkages and referral processes that are effective?

Opportunities: We have an opportunity to create action-oriented committees to build community involvement, provide context and information for trauma and ACEs, and to grow resiliency within Crawford County at the personal and systemic level. We can offer youth-oriented efforts (programs, mentorship, education and leadership opportunities) to build and maintain supportive relationships that are the cornerstone of individual resiliency.

This movement has huge implications for professionals in the field. For example, what does it mean for police officers, correction officers, judges, and school principals to conduct their work from a trauma-informed perspective? What would our communities look like if everyone was practicing trauma-sensitive behaviors and attitudes?

We have an opportunity to engage more partners in this work. Also, we can think about engaging non-traditional partners such as businesses and members of the faith community. Once engaged, we should have the collective power to change systems in a way that reflects a trauma-informed community.

Threats: The biggest threat to any new innovation or movement is that it becomes “systemized” to the extent that it simply becomes another box to check when conducting business as usual. Another threat comes from our unwillingness to listen to the people most affected by ACEs. Would these people recognize current activities and would they find them helpful?

Perhaps the biggest threat comes from a lack of personal investment from enough community members and groups. It is possible that not everyone will see the value in this approach and endorse it as needed to truly transform our communities.

GOAL III: Screening, Assessment, and Intervention Goal

Crawford County residents who have been impacted by traumatic experiences will have individualized opportunities for growth and recovery.

A. Screening:

1. Identify and implement tools for brief and focused inquiries to determine whether an individual has experienced traumatic exposures and/or impact.
2. Promote universal screening for traumatic experiences and/or impact.
3. Identify and offer opportunities for strengthening resilience.
4. Develop initial referral process.
5. Offer referrals to **specialized providers** for further assessment.

B. Assessment:

1. Promote use of best practice protocols for assessing impact of trauma exposure and the need for intervention.
2. Use assessment results to inform **holistic plan** and/or strategies for intervention.
3. Identify opportunities for intervention.
4. Develop referral process.
5. Offer referrals and opportunities for interventions.

C. Interventions/Treatment:

1. Assess and expand capacity for **intervention** and treatment as needed.
2. Ensure the availability and accessibility of trauma proficient supports and services.
3. Develop and encourage use of formal and informal (**including peer support**) community supports and services.
4. Encourage and promote holistic, family/individually driven recovery plan and/or strategies.

GOAL IV: Prevention and Advocacy Goal

Crawford County organizations and residents will build resilience while marshaling its resources to reduce, mitigate or eliminate adverse experiences.

A. Using an integrative approach, co-create solutions to address multi-dimensional family and community challenges.

B. Support local initiatives that foster individual and community resiliency in Crawford County.

C. Promote and encourage strategies at the federal, state and local levels that support our “Mission.”

D. Promote a shift in mindsets from “**What’s wrong with you?**” to “**What’s happened to you?**”

E. Develop communication strategies for effective messaging, branding, framing, skill-building, and calls to action.

GOAL II: Training Component

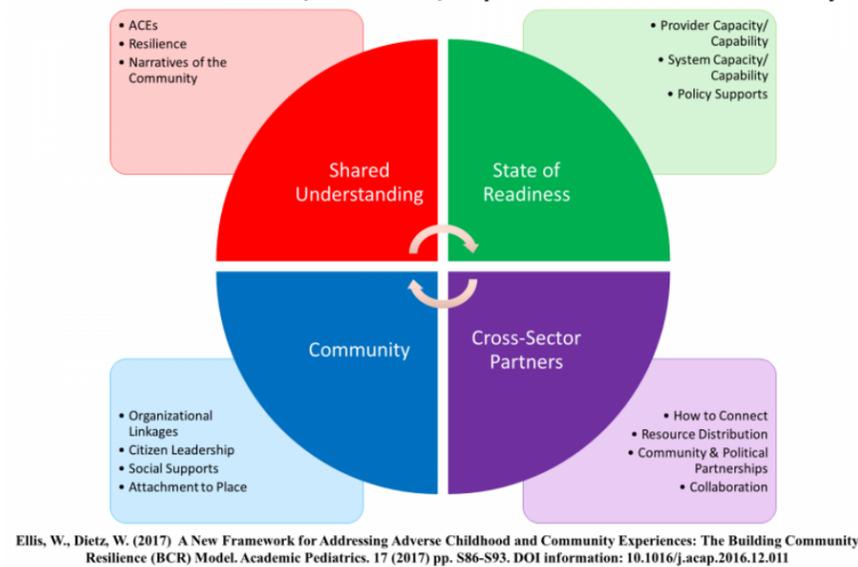
Crawford County residents and organizations acquire knowledge and skills to be *trauma sensitive* in their lives and activities.

- A. Identify and prioritize individuals/professionals/systems/communities for training.
- B. Train all individuals/professionals/systems/communities on SAMHSA's four strategies for a trauma-informed approach.
 1. **Realization:** all people in all roles have a basic realization about trauma and its effect on individuals, families, groups, organizations and communities.
 2. **Recognition:** all people in all roles possess the ability to recognize the signs of trauma.
 3. **Respond:** all people apply the principles of a trauma informed approach to all levels of functioning.
 4. **Resist re-traumatization:** all people develop skills and strategies to build resiliency and resist re-traumatization.
- C. Identify new trainers, partners and update training components.
- D. Expand county youth & adult mental health first aid trainings.
- E. Develop, implement and maintain a process for organizational trauma informed care initiatives.
- F. Assist organizations in developing continuous trauma informed quality improvement processes.
- G. Identify and evaluate what other communities and states are doing (see BCR model below).

Building Community Resilience (BCR):

The Building Community Resilience (BCR) model at the Redstone Center seeks to improve the health of children, families, and communities by fostering engagement between grassroots community services and public and private systems to develop a protective buffer against Adverse Childhood Experiences (ACEs) occurring in Adverse Community Environments (ACEs) – the “Pair of ACEs.” For more information on this model, go to...
<https://publichealth.gwu.edu/departments/redstone-center/resilient-communities>

Process of Assessment, Readiness, Implementation & Sustainability



Our Identity. P4C is **focused** on communities and its members who are at risk or have experienced adversities or trauma directly or vicariously including organizations, businesses and systems in Crawford County that interact with survivors of ACEs. (Note: Everyone is impacted including those that provide services).

At **issue** are adversities and traumatic experiences that negatively impact health and behavior.

P4C **envisions** a healthy and resilient community; a community where everyone is valued, respected, safely cared for and treated compassionately.

In support of this vision, P4C's **mission** is to advocate and support the development of resources and programs that are culturally and linguistically competent to identify, address, and prevent adversity and traumatic experiences while fostering individual and community resiliency in Crawford County.

P4C understands that adversities and traumatic experiences are at the heart of the most challenging issues facing our community. Within this **context**, P4C seeks to work with multiple systems that intersect with our focus of change and has developed the following **strategies** to influence social change:

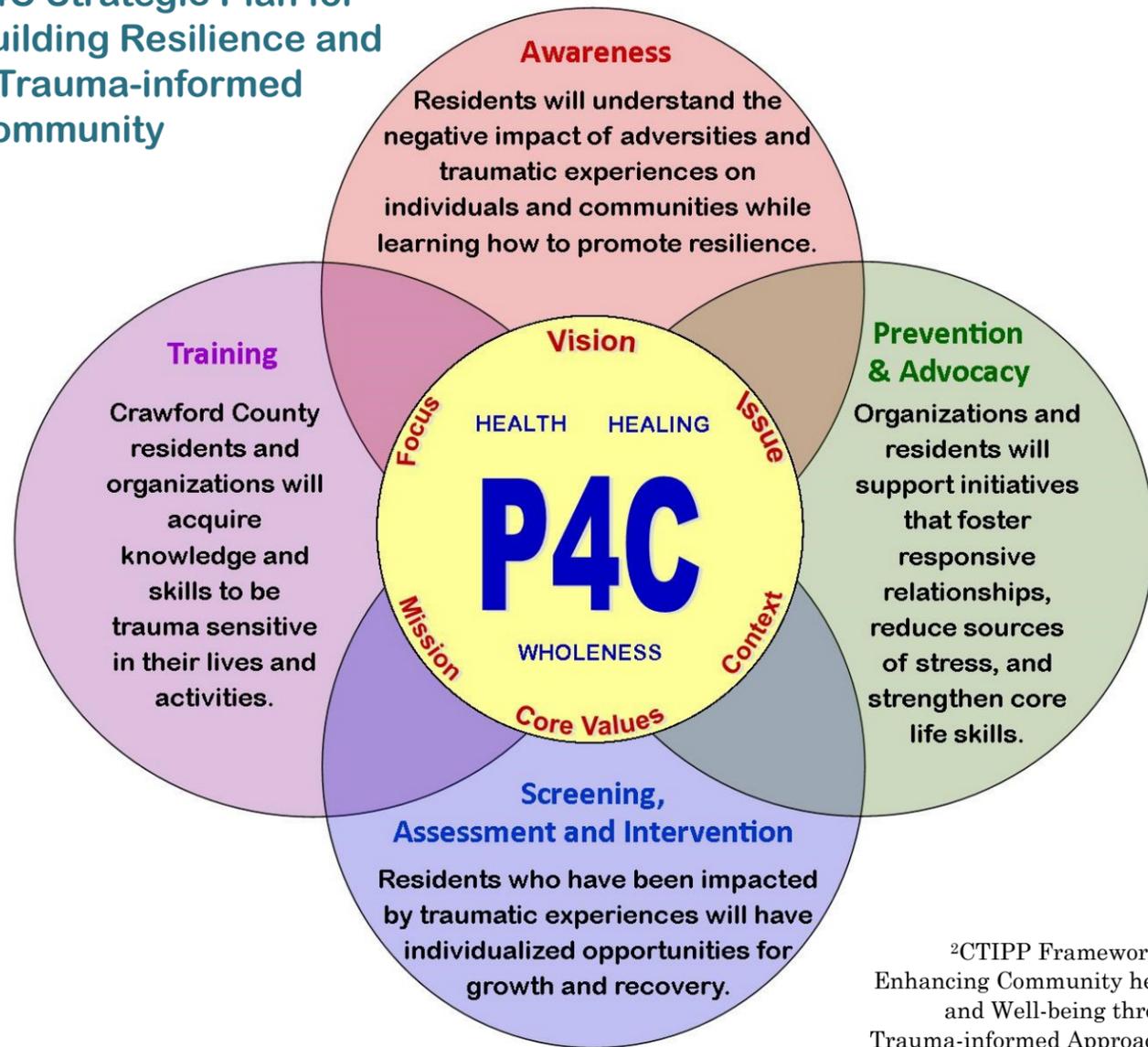
- Create awareness of the impact of adversity and traumatic experiences on individuals and communities.
- Support inquiry and understanding of the relationship between trauma and community adversity, the impact on **socially vulnerable groups** and identify opportunities for building community resilience.
- Support inquiry and understanding of the multi-dimensional causes of trauma and adversity in our community and the **ways in which specific groups are affected disproportionately**.
- Create an informed community that recognizes and understands the protective factors that promote prevention and resilience.
- Build a restorative and supportive community that promotes health and well-being for all.
- Encourage universal access and utilization of programs, services, and interventions that reduce the impact of adversities on individuals and communities.
- Create lasting partnerships within the community to prevent and reduce adversities.

Our Core Values. These values form the foundation upon which we perform our work and conduct ourselves. Our core values are not descriptions of the work we do or the strategies we employ to accomplish our mission. Rather, these values underlie our work and determine how we choose to interact with each other. Furthermore, these values clarify who we are as a committee, articulate what we stand for, and inform our decision-making process.

- **Collaborative:** We focus on working with and strengthening a wide and diverse range of community organizations, service providers, individuals and other entities.
- **Integrative:** We believe in addressing the root causes of adversities in a holistic manner.
- **Preventative:** we believe in proactive measures that reduce, mitigate or eliminate adverse experiences.
- **Generative:** We marshal community resources to generate healthy communities by co-creating solutions for **multi-dimensional** family and community challenges.

A Trauma-informed community realizes the widespread impact of trauma and chronic stress and recognizes the signs and symptoms of trauma in themselves and others. They respond by fully integrating knowledge about trauma in their daily activities, and work to resist re-traumatization. In addition, financial and human resources are re-directed to build resilience, remedy structural violence and injustice, and prevent and address trauma. As such, resilient communities identify, strengthen and utilize their assets to improve the physical, behavioral, and social health of their residents. When assets are cultivated and residents are strong, healthy and connected, communities can better withstand, adapt to, recover from, and grow as a result of adversity and/or disaster faced.²

P4C Strategic Plan for Building Resilience and a Trauma-informed Community



Goals and Objectives:

GOAL I: Awareness Component

Crawford County residents will have a basic awareness of the causal/contributing factors of adversities and traumatic experiences, their impacts on individuals and communities and an understanding of factors and tools to inspire, promote and create the transformation to a trauma informed and resilient community.

- A. Create a plan to implement and sustain on-going awareness and alternative marketing activities for local, state and national exposure.
 1. Develop metric(s) for monitoring awareness campaign.
 2. Analyze current state of awareness about impact of trauma on individuals and communities and their readiness for change..
 3. Target and prioritize individuals, community groups, businesses, organizations, and other agencies for awareness campaign.
 4. Utilize SAMHSA and other technical assistance resources.
- B. Develop, implement and maintain the Crawford County System of Care (SOC) Shared Resource Library (<https://crawfordcountysoc.omeka.net> and Peace4Crawford (www.peace4crawford.org) websites, Facebook and other social media.
 1. Identify and retain a “Media Manager.”
 2. Upload research and resources-ongoing (ACE’s Connection Group).
 3. Upload information re: trainings completed, evaluations, etc., and include cumulative counter of number of participants trained.
 1. Establish site management team and process.
- C. Create and sustain a group of community ACE’s introduction trainers.
 1. Update presentation and process for approval of alternative training modalities.
 2. Identify trainers.
 3. Establish certification requirements for trainers.
 4. Use available technical assistance.
 5. Develop monitoring schemes (quality and quantity metrics).
- D. Conduct annual trauma informed community conference-ongoing.
 1. Develop subcommittees for implementation of annual conference and local presentations.
 2. Develop a process for sustaining engagement and translating it into practice.
- E. Identify local “Trauma Champions” to sustain awareness and further understanding.
 1. Create process to identify Champions.
 2. Create process for continual engagement of Trauma Champions.
 3. Identify activities of Trauma Champions.