

**From AWARENESS to ACTION:  
Building a Resilient Wake County through a Trauma-informed Approach  
January 15, 2019**

**Questions from participants for  
Becky Haas, Ballad Health and Michelle Zechmann, Haven House Services**

**Questions for Becky Haas**

**1) Are faith communities in Johnson City, TN trauma-informed? How is that manifested?**

In Johnson City there are many types of meetings where it's very intentional to include the faith community – especially related to providing solutions for the opioid epidemic. For example I served on the steering committee for 18 months for the Holy Friendship Summit (it's the collaborative with Duke University I referred to) This mission of HFS was to host an event giving a call to action for the faith community to become engaged in this crisis. After a 2 day summit last year that 500 attended, we had 97 churches respond.

Now we've created a non-profit called the Holy Friendship Collaborative. <http://holyfriendshipcollaborative.com/> At the Summit we provided a brief trauma training for those attending to show how trauma is a significant risk factor for addiction and often at it's roots. There will be more intensive training planned for the churches now who responded. Also we have a ministerial organization locally that has a program called Church Mobilization Network. Their goal is to help the faith community learn about practical ways to serve in the community. We've done trainings for CMN in the past. The way TIC is manifested by the faith community so far has been them offering more empathy towards addiction and thinking less of it as a moral failure – which is huge! Also since faith is an important part of my story, in 2017 I wrote book for the faith community at large and included a chapter on trauma – Treating Your City with Kindness. For Holy Friendship Summit that chapter was recommended reading for all the team including our Duke partners. Here's a link to it: <https://www.amazon.com/Your-City-Waiting-Becky-Haas/dp/1973812886>

**2) How do you approach answering a question about trauma, ACEs and solutions without knowing the answer? For example, if an educator asks you how to solve a problem and offer a solution, how do you approach that?**

Good question. I strongly believe if we are going to make the community aware of ACEs and trauma then we have to provide some solutions even as we are learning. Looking back now over the 3 and a half years we've been involved in this, my depth has certainly grown on the topic as it's something I'm constantly learning about.

AHA, if not already, is likely to be a good resource for providing a resource list where you could send teachers, etc. when the topic comes up. Here at Ballad Health my goal in working with schools is to get buy-in from school leadership, train teachers, provide them with a menu of trauma responsive classroom approaches, develop outsourcing opportunities for mentors for kids and all of this has come by my own learning what is needed for kids to address trauma.

One of my favorite resources to recommended to teachers is the from the National Child Traumatic Stress Network – Educators Toolkit. Here’s a link for a free download: <https://www.nctsn.org/resources/child-trauma-toolkit-educators>

**3) Thank you for being a trauma-informed/resiliency champion! What trauma trainings are you using to train?**

☺ Thank you! I use the SAMHSA Trauma Informed Approach, Key Principles and Assumptions more than anything. This I adapted into the 4 hour version I shared on Tuesday. I also have a 6 hour trainer version. TN has a Building Strong Brains training which I’m a trainer in but only incorporated parts of it into the SAMSHA training and stayed with the original messaging. I’ve been to the SAMHSA Gains Center in Albany, NY for specialized Criminal Justice Trauma Trainings and am listed on the SAMHSA website as a trainer for these. One of the main things in training – don’t over complicate the message. We’ve used trainings to “sound the alarm” so to speak and how to respond.

**4) Always hear about addressing the children. What about the adults? ACEs were first and still are identified in person under ae 18. What do we offer for the adults, the events to increase resilience? What about THAT generation?**

Good question. In Johnson City our community talks address both adults and children. We call it the “book ends” talk ☺ We talk about how like books on a shelf have a book end at either end, so does addressing trauma. We must educate adults in order to break the two and three generation cycle of trauma and it’s very healing for them to learn that experienced trauma was something that happened TO THEM and does not have to define them.

For adults we educate the mental health adult therapists, probation officers, and homeless shelters who are helping to communicate this to adults. Then for the kids we are training pediatricians who are now using the ACEs questionnaire in medical exams with parents as well as schools, after school programs, juvenile court staff and more. The kids are the other end of the book shelf and by mitigating ACEs in the kids our hopes are in the next 5, 10, 15 years in TN we’ll see a decrease in addiction, homelessness, and more that are caused by ACEs.

**5) How do we reconcile the idea of “low barrier shelters” serving families with trauma-informed care trying to minimize traumatic stress. Would love to have a conversation about this!**

Did we speak a few minutes on Tuesday as I remember this question. I think whether in a home or a shelter, reducing childhood trauma is a MUST! I’d start by training homeless service providers who would then consider how their shelters must reduce re-traumatizing those they serve.

**6) I’m worried about the lack of light shown on educators in this work in light of the statement about self care. This is my most pressing concern because teachers spend a huge amount of time with children and often through no fault of their own retraumatize kids. We need that light and energy shown!**

Great point. I wished I’d have taken more time on Tuesday to talk about self-care. We need more professions to recognize this and begin some kind of mandatory practices to remove the stigma of having process our day to day work around trauma in a healthy fashion. In my Strong Starts for Schools program that I’m rolling out here at Ballard for 21 counties in 2 states – it includes self-care for the staff

as a component. I'm about to train 200 health care staff who run the Niswonger Children's Hospital and there is much burnout. I can keep you posted as we learn new practices in this setting!

Some are more comments than questions, but if you can email back replies, I will compile them and include it in our resources that we post on the website later this week.

### **Questions for Michelle Zechmann**

#### **How do you measure your trauma resilience growth in the organization?**

We completed a trauma-informed assessment and from that developed action steps to address some of the things that could be improved. As a part of this we are looking at organizational data, for example, we look at items such as "trust" and "feeling safe" as a part of youth and caregiver satisfaction surveys.