Welcome to the ITRC Training Program

Overview of Organizing, Facilitating, Staffing, and Funding Community-Based Mental Wellness and Resilience Initiatives

February 23, 2021

Many Thanks To Our Co-Sponsors
Agenda

Provide an overview of how to organize, manage, staff, and fund community-based mental wellness and resilience initiatives

Presenters

• Bob Doppelt, ITRC Coordinator

• Laura Porter, ACEs Interface and Self-Healing Communities
Resilience Moment
The Threats & Stressors Produced by the Traumacene Have Evolved Faster Than Our Anatomy: Effects of the “Traumacene” Without Building Population-Level Resilience

**Stress Reaction From Release of Cortisol & Adrenaline**
- **Physical Reaction:**
  Increased blood pressure, pulse rate, difficult breathing, cold sweats, muscle tension, aches & pains, sleep disorders
- **Mental Reaction:**
  Excessive fear, worry, guilt, lost trust, shattered assumptions and lost meaning

If not discharged, what began as helpful adaptive reactions can become harmful

**Maladaptive Coping**
- Self-numbing via legal or illegal substance, abuse
- Seeking relief via diversions like overworking
- Seeking relief by inflicting our distress on others via aggression or violence
- Dissociation, denial, reenactment
- Less ability to cope, problem solve, and enhance wellbeing

**If It Continues**

**All Encompassing Personal Breakdown**
- Physical health problems (e.g. cancer, heart)
- Psycho-emotion problems (e.g. anxiety, depression, PTSD)
- Spiritual problems (e.g. hopelessness)
- Cognitive problems (e.g. memory loss)
- Behavioral problems (aggression or withdrawal)
- Less ability to cope, problem solve, and enhance wellbeing

**Relentless Threats and Stressors**

**Social Breakdown**
Trauma-Organized Communities & Societies
- High distrust, despair, meaninglessness
- Low empathy and compassion
- More authoritarianism and extremism
- ‘We vs. Them’ polarization
- Racism and other systemic oppressions
- Aggression, violence, crime
- Less ability to cope, problem solve, and enhance wellbeing

If many people experience these reactions
Accelerating adversities will continue for decades, so **personal, family, and community distress** will be **ongoing** and have no **resolution, fix** or **closure**.

**Ruptured meaning** in life will cause millions to feel **hopeless**—”spiritual distress”—which is at root of many **mental health & psychosocial problems**.

 Millions will consequently show **symptoms** of **anxiety, depression, grief, anger, aggression & more**, but these will be **NORMAL reactions to dysfunctional external conditions**, not always symptoms of pathology.
The “Traumacene” Requires Us To Re define How to Prevent and Heal Mental Health and Psychosocial Problems

While They Will Remain Important Clinical Treatment and Direct Service Programs:

- Assist a **small number** people only **after** they develop symptoms/problems rather than preventing them.

- Are seen by many as only **for the mentally impaired or weak**, a **luxury for the rich**, **conflicting** with **religious or spiritual beliefs**, or they **fear stigmatization**

- Do not build the **social connections, skills, strengths, and resources** that **prevent** and **heal** mental health and psychosocial problems during adversities.

- Do not change **unsafe, unhealthy, inequitable** and **unjust cultural norms** that **promote** harmful responses to adversity.
Four Levels of Impact

1. Single-person clinical treatment & direct service
   Addressing the immediate needs of individuals, families, or communities.

2. Scaled direct service
   Reaching lots of people or communities with a direct service approach.

3. Systems Change
   Creating systems that build population-level capacity to prevent and heal MH and PSYS problems by proactively building individual and collective resilience.

4. Mental Model Shift
   Altering core assumptions, beliefs, and perceptions about mental health problems and solutions.

Adapted from The Iceberg Model for Systems Change & Ashoka Systems Change Crash Course
Basics

“The antidote to much anguish is sheer connectedness.”

(Dr. Pauline Boss 2011)

• When distress is caused by external forces that have no end point, resolution, or cure, the priority must be to build resilience to push back against those external stressors—not diagnosing & treating symptoms.

• Because EVERYONE will be impacted, building population-level resilience is essential—not just single-person treatment or direct services approaches.

• When people experience continual distress, they need family, friends, their faith/spiritual community, recreational group, peer group, and others—their COMMUNITY—to provide emotional support, purpose, and hope.
When people develop good resiliency skills and connections with others, their distress may not end—but they can hold it in ways that allows them to function well and find positive sources of meaning, purpose, and hope.

“When such skills are widely disseminated within a community, their impact is comparable to that of vaccines. In this case they serve to increase personal and collective resilience that reduce the risks of mental health and psychosocial problems and help heal those that do occur.”

(ITRC steering committee member Dr. David Pollack, OHSU).
How the ITRC Community-Based Resilience Building Approach Was Formed

1. We examined **U.S. federal, state, and local** mental wellness and resilience, disaster response, and other **initiatives** in urban and rural communities.

   e.g. Self-Healing Communities***, Communities That Care, PROSPER Coalitions, SAMHSA’s Strategic Prevention Framework, FEMA’s Whole Community Approach to Emergency Management; SF Neighborhood Empowerment Network; Community-based ACEs, violence prevention, and other programs (some are led by ITRC members).

2. We examined **international** family, community, and disaster response, and other resilience building **initiatives**.

   e.g. Israeli Trauma Coalition’s Community Resilience Centre approach, Promoting Alternative Thinking Strategies (PATHS) program in Croatia and the Netherlands, the LINK Model to Community Resilience in Kosovo, IASC Guidelines, USAID Community Resilience Initiative, and others.

3. We found **MANY successful approaches**—though few/none focused on the “Traumacene” per se—so **wove together the key elements** to form the approach.

4. Members of a team of 20 resilience building professionals we organized then offered recommendations, helped refine, and edit the approach.
Building Community-Based, Culturally-Grounded, Population-Level Mental Wellness and Resilience Goals

1. Give **everyone** means to **manage their distress** so they can respond **constructively** to what they experience—we call this “**Presencing**”

2. Help **everyone** find ways to learn, grow, and find **new sources** of **meaning, direction, and hope** in life—we call this “**Purposing**”.

3. Create a local **culture** of Transformational Resilience by changing **cultural norms** and **institutionalizing** the principles and practices in local **organizational protocols and public policies**.
Achieving These Goals Requires the Formation of a Broad and Diverse Network in a Community (or Region in Rural Areas) We Call A

Resilience Coordinating Council (RCC)

Each community should give it a name that resonates locally

Pleased to Introduce Laura Porter

A pioneer in the field, and one of the experts on how to organize and operate a local network
Helpful Resources


• One-hour introductory webinar about the Self-Healing Communities Model at: [https://www.youtube.com/watch?v=edP2C92Z4Ak](https://www.youtube.com/watch?v=edP2C92Z4Ak).


• *Building Resilient Communities: Making Every Contact Count for Public Mental Health*, (2013) Mind for Better Mental Health and Mental Health Foundation, UK.

Helpful Resources


• Communities That Care: Building Community Engagement and Capacity to Prevent Youth Problems (2019) Fagan et. al.


• ITC Resilience Centre Model, Israeli Trauma Coalition obtained at: http://israeltraumacoalition.org/


• Starting Your ACEs Initiative: https://www.acesconnection.com/blog/organizing-your-aces-initiative-steps-to-growing-a-resilient-community

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Please Remember to Complete Session Evaluation

Next Session: Next Tuesday March 2, Same Time

Dealing with Racial and Ethnic Biases When Facilitating an RCC

With Kevin McCloud, Trauma Resource Institute