Between July and August 2010, Family Policy Council Community Health and Safety Network members and partners we invited to submit to an inventory of services changes based on the Adverse Childhood Experiences Study, brain science, historical trauma and resiliency research. During the past decade emerging research about the impact of toxic stress on the brain and body has been disseminated through the Network system and for many members and partners, this information has supported the use of asset based models when working with individuals, family and communities.

In two months we received over 100 responses to the request for inventory and the results are stunning. With these results we are confident that we are on the right track; that the experts are in the system; it is possible and effective to see this work in different frameworks; and you can broaden your imagination regarding how to apply this information.

**How do we know you are on the right track?**

1. Network members and partners have infused this information across disciplines with diverse populations including:

(Which programs?)

CPS assessments, Family Home Child Care Providers; Methow Valley Schools; Children’s Administration; K-12; Early Learning; Voluntary Youth Organizations; Nurse Family Partnerships; Everett Community College; Anger Management & Aggressive Driving Classes; Center for Children & Youth Justice; Department of Corrections.

(Whose lives?)

Children; families; those returning from prisons (ex-convicts); infants & pre-toddlers; each other (staff); prevention professionals; community partners; volunteers; nurses; counselors; administrators; extended family; social workers; neighbors; providers; low income pregnant women; child care recipients / providers; clients impacted by addiction; birth parents who have maltreated their children.

All of these programs and people are directly influencing and improving the lives of our youngest adults.

1. We have examples that learning and sharing this information leads us into a virtuous cycle. When changes are made, the responses seen are positive and reinforce the need to expand improvement.

Example:

Both clients and clinicians are influenced. The combined shifts of orientation, and behavior create a different overall environment that influences how services are delivered , the expectations, and promotes the use of different strategies when problem issues are persistent or meeting goals are elusive. (Q4, A29)

You have created learning communities that respond to those in need with greater creativity and personalization.

Example:

The change affects staff, adults, and children in all programs. A perspective that allows greater understanding of the origin and purposes of behavior allows us greater creativity in responding to these behaviors in healing ways that promote new learning. Staff and adults are challenged to consider the origin of their own reactive behaviors and to be more open to trauma responsive methods and techniques when working with either adults or children with such traumatic histories. (Q4, A19)

 You have expanded your supports and expanded leadership.

Example:

Staff have been trained in the effects of trauma and neglect and in the principles of trauma-informed care. Service recipients, abused and neglected children from the foster care system, are now receiving screening for trauma, assessment of cognitive skills, flexible and individualized treatment, and are being engaged in collaborative problem solving by staff when conflicts arise. This replaces a fairly rigid, rewards and consequences system of behavior modification, which basically ignored the underlying factors driving problem behavior. The identified permanent caretakers for these children are also now trained in the effects of trauma and neglect on brain development, and they are trained in the same techniques used by program staff members to manage problem behavior. (Q4, A35)

1. You are no longer the few. This way of knowing and acting is moving from “early adopters” to the “early majority.” In Roger’s Innovation Adoption curve we see that trying to convince the masses of a new way of thinking is useless. You must convince innovators and early adopters first – and you have!

Examples:

I grew tired of dropping all of my students, including the at risk ones, off at school and hearing them flounder. I banged on the principal's door and made him listen. It took 5 years for him to hear me. Now we have a relationship. (Q5, A22)

I began talking with our staff, our consulting psychiatrist, our therapist, my supervisor and anyone who would listen about the subject. There were initially mixed reactions. The ideas appealed to some people immediately, as they had to me, while others were very skeptical. I incorporated the new ideas into our regular trainings, and we began to attempt some program changes. We went through some very difficult growing pains. Nearly three years later, we're still evolving our program model. We have a lot still to learn about how to most effectively serve this very deserving population of children. I do want to note that the Family Policy Council Summit at the Great Wolf Lodge in 2008 was a HUGE morale booster for me personally. I had been feeling pretty alone in my small, local effort to push for change, and it was incredibly refreshing to be in an environment of like-minded people for a couple of days, learning from experts in brain research and trauma. I returned to my program afterwards and shared what I had learned. The presentations by Teicher, Anda, Boss and Medina were especially influential. (Q5, A27)

1. We are seeing evidence in the results that it takes a 3 – 5 year investment.

Examples:

Listening to Dr. Felitti some five years ago started a journey towards changing practice. Linking about the population based evidence and the neurological / brain development research helps people connect with the framework in ways that make sense to their way of looking at the world. We have consistently adapted our service delivery in family support, early learning, and child and family counseling since that time. (Q5, A6)

We became aware of the ACE Study from Dr. Rob Anda at the Sun Mt 2007 conference and have been simmering with these ideas. Changes to school staff has brought in a principle and superintendent more receptive to the information and implications. We are beginning to examine our discipline policies and hope to change then by 2011/2012 to create an ACE informed progressive discipline approach that will be tailored to the individual and less punitive. Compassionate Schools has been useful. We are changing the culture of our school. (Methow Valley) (Q4, A14)

1. As these changes are taking place, they are occurring in the most sustainable order. Pattern:
* Introduce new knowledge;
* New partnerships emerge;
* New practices develop;
	+ Majority of responses express core practice changes. *Which of the following have you or your organization changed?*

59% Changed our **theory** about how to improve our system or services.

66% Changed the **methods** we use in direct service programs.

21% Changed the point of contact.

18% Changed programs.

* Money flows: United Way; Drug Free Communities Grants; local non-profits fund to capture local ACE data; DOH; Federal. (*Have you found new cash or non-cash resources that became available because of, or at the same time as this change?)*
1. The experts are in the system: *Do you measure outcomes (results) from your work?*

61% Yes – We have formal qualitative measurement methods, and have worked to make sure data is valid and reliable.

58.3% Yes – We have indicators of results that we track to get solid clues about whether we are effective.

45% Yes – We use standard instruments that were developed by the program developer, or used in basic research from a discipline related to our work.

1. Amazing expansion, attracting attention. This requires us to broaden our imagination about what, how and who we can influence:

Examples:

The presenter that talked about ambiguous loss really spoke to the lives of a majority of our residents who live within our housing properties. It helped us focus on helping them build on the connections and community that is within our public housing to help deal with the ambiguous loss/grief. It validated our work of building community and positive relationships and memories with these groups. (Q5, A19)

SEIU Union

(Q5, A20)

**Systems of positive adaptation, key components of resilience, are impacted.**

1. Capability

Examples:

Recipients of service. My perspective on serving this population has changed based on my understanding of adolescent brain development. I attempt to use techniques that allow for a students' developmental stage. In addition, I utilize techniques that foster resilience and make note of a students resources and strengths. (Q3, A7)

We have integrated a parent leadership component in several of our teams in order to reach families who have a history of negative experiences with the schools, incorporated the brief ACE inventory and score in our interview process in order to best structure our direct services approach, used brain science as an intervention with students and families who have a history of trauma, and we have incorporated strategies in our staff trainings for working with individuals with high ACE scores. (Q3, A26)

1. Attachment and belonging

Examples:

Influencing is a teaching methodology for learning be it a better way or new way to approach a next step up for everyone. Volunteers, tribal youth services staff, family services staff, child welfare staff, homeless family staff, department of law enforcement, and ourselves are influenced and taking our next step to see who we do and remember those who helped up get there. Joining hands is not a scary moment anymore-it is one we reach out to our neighbor to either side with a smile and join together, move together, and take another step when we reach the end of the phase of where we are in life. (Q4, A55)

I teach anger management courses and Child Abuse Investigation for Everett Community College's Criminal Justice Program. In the Anger Management, I have incorporated a) what I have learned to more effectively "connect" with students; b) provide an abundance of more, relevant information to students about how their issues can affect children's brain development. I present the information in depth to all students of the Child Abuse Investigation class at EvCC. (Q3, A12)

1. Community , Spirituality & Culture

Examples:

I supervised felony adult offenders for the Washington State Department of Corrections. Staff usually give instructions, (bark orders) to offenders to "come back next Tuesday at 10:15, with the name and appointment time of your substance abuse evaluation, the name of the evaluator, and verification information about how you will pay for it..." The ACEs and other information helped me understand that emotionally abused boys, (read: adult male offenders) have a 10% smaller auditory cortex. They often have other problems with comprehension as well. I am far more careful giving instructions, in order to make sure they understand and really know what to do. Because if they don't, they often don't report, and get arrested, resulting in valuable community resources being wasted, (i.e., taken away from programs that benefit needed children.) The work of Rob Anda and Vincent Felitti most influenced me most, though I often think also about Martin Teischer's work on the brain as well. The change is that I have been far more effective in helping offenders comply with requirements. When offenders succeed, everyone benefits, because offender success simply means they did what they were supposed to. (Q5, A23)

Today our contact with our Community allows the voices heard from the eldest to the youngest. All is important. We make the changes to fit the needs of our local Community members known as bridge building that helps movers moves and builders build. (Q3, A22)