Welcome to Session III
Community of Practice on Using a Public Health Approach In Communities to Build Pop. Level Mental Wellness and Resilience for the C-E-B Catastrophe

February 27, 2024

Many Thanks to Our Co-Sponsors!
Key Message

“Community is Medicine”

Throughout human history our ability to band together has always been key to responding creatively, adapting to, and solving complex problems!

By working at the community level we can do this again now!
So Always Remember

If trauma can be passed
down through generations,
then so can healing
and transformational resilience!

This is Our Mission!

Adapted from Judith Landau 2021
Summary of Last Week

• To achieve our mission we must help transform communities from Trauma-Organized to Resilience-Enhancing.

• RCNs are needed to do it: start by organizing a small planning group and together develop an initial mission, vision of success, and elevator speech explaining it.

• The initial group should then use their elevator speech to reach out to other people, groups, and organizations that might be interested with the goal of continually expanding the diversity and scope of the network.

• After a sufficient number of individuals, groups, and organizations are involved, take the time to further clarify the mission statement, vision of success, operating principles, goals, and objectives etc. and establish a steering committee.
Today’s Agenda

How to begin building community capacity for mental wellness and transformational resilience

We are Honored to Have Presenters From 2 Outstanding Organizations

• Matt Erb, Associate Clinical Director, Center for Mind Body Medicine

• Graham Parker, Director of Systems Innovation and Policy, Rural Opportunity Institute
Resilience Pause

Take a moment to use the “skylight method” to notice what are you experiencing right now in your body, your mind, and your emotions.

Practice “Grounding” (TRI)

Paying attention to your body in the present moment

• Find a comfortable position sitting, standing against a wall, or laying down.

• Now bring your attention to places in your body that are supported by something solid: a chair, wall, or floor.

• Bring attention to all places in your body that feel pleasant or neutral--even small places that feel good.

• Keep your attention on areas of your body that feel pleasant or neutral.
10 Minute Breakout Rooms

- In 1 word share how you feel right now in the present moment

- If you took a “Resilience Pause”, practiced “Resourcing,” and taught it to someone, how did it go?

- If you assessed the degree to which your community is trauma-organized vs. resilience-enhancing, what did you discover?

- If you talked with others about forming an RCN or expanding an existing one to address the C-E-B Catastrophe, what resulted?
A Process For Forming and Operating an RCN for the C-E-B Catastrophe

Step One
Get Organized by Forming an RCC and Clarifying Mission, Values, and Operating Principles

Step Two
Begin Building Community Capacity

Option A
Begin Trauma Healing and Resilience Education

Option B
Develop Asset Maps and Community Resilience Portrait

Step Three
Establish Vision of Success, Goals, Strategy, and Action Plan

- Build Social Connections Across Boundaries
- Create Supportive Built/Physical Economic & Ecological Conditions
- Develop Universal Mental Wellness and Resilience Literacy
- Foster Engagement in Activities that Promote Wellness & Resilience Literacy
- Establish Ongoing Opportunities to Heal Trauma

Step Four
Implement Strategy with Focus on Five Core Focal Areas

Step Five
Continually Track Progress, Learn, and Improve

Step Six
Build on Successes to Plan for Long Term

Last Week
Today
Next 5 Sessions
Last 2 Sessions
Both chronic stresses and abrupt changes can be *stressors*

Adapted from Judith Landau, Linking Human Systems LCC
STRESSORS EXERCISE

Please add up the number of the “transitions” (small and large changes) you and your close family members experienced in the past 3 months and put your number in the chat.

Were some of those “transitions” stressful and, if so how did you and your family cope with them?
Now, think about how many **more** “transitions” occurred in your community in past 3-6 months!

And how different residents likely **coped** with the stresses.
Transition “Task” Exercise

Select **one** of the transitions you identified and **count** the number of **“tasks”** you had to **add** to your responsibilities or **alter** from previous times as a result and **put that number in chat.**

How did the additional or altered tasks **affect you** and/or **your family**—and how did you and/or your family **cope**?
Now **multiply** your **number of tasks** by the **number of your transitions**—
and then imagine what your **community** dealt with!

Now imagine the number of “**transitions**” and “**tasks**”
**required** as the C-E-B catastrophe **accelerates** and the...

**stresses** that result and type of **coping mechanisms** that might be used!
What appear as mental health and psychosocial problems are usually coping mechanisms --- self-protective survival reactions --- gone wrong!

When traumas and stresses are continuous or overwhelming, the mind often cannot distinguish between real and false threats and remains in state of hyper-inflated fear.

This can cause people to fail to consider healthy options and adopt coping methods that end up harming themselves, other people, or the environment.
The C-E-B Catastrophe is the Perfect Storm.

When cascading disruptions to essential systems mixed with blunt disasters impact individuals, families, groups, and organizations.

The number of “tasks” and “transitions” required can create stresses that affect entire communities and societies and lead to widespread maladaptive coping.

Adapted from Judith Landau ©1999-2021 Linking Human Systems, LLC.
One Result is Trauma-Organized Communities

Common Traits of Trauma-Organized Communities

- Little awareness of or concern for environmental impacts
- Constant fear about physical, psychological or emotional safety
- Lack of clarity on what wellbeing means and principles to guide decision making
- Lack of empathy, compassion, trust and social support
- Lack of good emotional management
- Top down authoritarian leadership and poor communications
- Lack of agreed upon acceptable behaviors and practices
- Inability to grieve tragedy and losses leading to cycle of reenactment
- Siloed groups and organizations leading to conflict and poor services
- Failure to acknowledge or correct injustices and abuses of power and authority
- Constant Groupthink causing inability to learn or correct mistakes
- Rigid and often punitive rules and regulations

Adapted from *Destroying Sanctuary & Restoring Sanctuary* (S. Bloom) & *Leading Change Toward Sustainability* (B. Doppelt)
To Address These Struggles, We Need to Help Residents Begin to

Heal Their Trauma

And Begin Building Community-Wide Capacity for Mental Wellness and Transformational Resilience
One Approach:

Engage residents in learning information and skills that begin the healing process by releasing trauma

Introducing Matt Erb

Associate Clinical Director, Center for Mind-Body Medicine
Another Approach

Help residents understand the way trauma is activated and transmitted in their community

Introducing Graham Parker

Director of Systems Innovation and Policy,
Rural Opportunity Institute
Take a moment to use the “**Skylight Method**” to notice what are you experiencing right now in your body, your mind, and your emotions.

**Then Practice “Grounding” (TRI)**

*Paying attention to your body in the present moment*
Q & A With Matt and Graham

Please post in chat
Breakout Rooms

• Share what you gained from Matt and Graham

• Discuss if and how you can implement one of the approaches in your neighborhood or community

• Identify key questions
Please post issues that stood out in chat
Another Approach: Start With a Conference:

In distressed but functioning communities start with a **conference** where speakers describe a **vision** of how the community can begin to **prevent** and **heal** its traumas and engage people in exercises.

**An Example**

The rural community of The Dalles, Oregon
Another Powerful Approach
Engage Residents in “Asset Mapping”

- **After** residents begin to **heal** and/or at least **begin** to understand the dynamics producing their traumas, they can be **engaged in mapping their local “assets.”**

- **Assets** are **Protective Factors** residents believe can be used to address their concerns and enhance their wellness and resilience.

- Asset mapping actively engages residents through a **strength-based wellness** and **resilience lens** that helps them **see local resources** they can use to prevent and heal social, psychological, emotional, and behavioral issues.

- Asset mapping is best done **before** the RCN finalizes its goals, objectives, and strategies because the info. that emerges will **shed important light on them.**
Benefits of Mapping Community Assets

Once community strengths and resources are identified and described on a map, residents can more easily think about how to use those assets, and how to establish additional ones, to address immediate community needs, build wellness and resilience, and prevent future problems.

Identifying and building on assets has **far** greater impact than common approach of assessing and trying to fix deficits or eliminate risks.
Basic Steps Involved In Asset Mapping

• Clarify geographic boundaries

• Engage residents in discussions to surface their key concerns – and how they are related to individual and collective problems and wellness and resilience.

• Then engage them in mapping local protective factors—the assets—they believe exist that help strengthen their capacity for wellness and resilience.

• After maps are complete, engage residents in discussions to identify how to strengthen and expand existing assets—and form new ones—to enhance everyone’s capacity for mental wellness and transformational resilience.

• Then identify pathways forward.
A Sample Community Asset Map

Institutions
- Schools
- Universities
- Community Colleges
- Girls Stations
- Hospitals
- Libraries
- Social Service Agencies
- Non-Profits
- Museums
- Fire Departments
- Foundations

Individuals
- Gifts, Skills, Capacities, Knowledge and Traits of Youth
- Older Adults
- Artists
- Welfare Recipients
- People with Disabilities
- Students
- Parents
- Entrepreneurs
- Activists
- Professionals

Physical Space
- Gardens
- Parks
- Playgrounds
- Parking Lots
- Bike Paths
- Walking Paths
- Forests/Parks
- Preserves
- Picnic Areas
- Campsites
- Fishing Spots

Local Economy
- For-Profit Businesses
- Consumer Expenditures
- Merchants
- Chamber of Commerce
- Business Associations
- Banks
- Credit Unions
- Foundations
- Institutional-Purchasing
- Power and Personnel
- Barter and Exchange
- Corporations and Branches
- Banks

Associations
- Animal Care Groups
- Anti Crime Groups
- Tenants Associations
- Business Organisations
- Charitable Groups
- Civic Events Groups
- Cultural Groups
- Education Groups
- Elderly Groups
- Environmental Groups
- Family Support Groups
- Health Advocacy and Fitness Groups
- Credit Unions
- Heritage Groups
- Hobby and Collectors Groups
- Men's Groups
- Mentoring Groups
- Mutual Support Groups
- Neighborhood Improvement Groups
- Political Organizations
- Recreation Groups
- Religious Groups
- Service Clubs
- Social Groups
- Union Groups
- Veteran's Groups
- Women's Groups
- Youth Groups

A typical Irish Community

Stories
- Of background and personal history
- Of what you like to do and contribute
- Of existing and ongoing skills and capacities
- Of successful community development
- Of economic growth
- Of addressing racism
- Of including those who are marginalized
- Of recognizing the value of everyone
- Of a time when you or your group felt appreciated and valued
- Of a time the community was at its best

(From DePaul University ABCD Institute)
Sample Asset Map With Their Specific Locations

(From DePaul University ABCD Institute)
One outcome of systems assessments and asset mapping can be a comprehensive "Community Resilience Portrait."

However, a written document is not essential -- even more important is to use the processes to build the social connections that are vital for the climate crisis.

There is no one-size-fits-all approach to this work. Each community should use a method that fits their local demographics, culture, and resources.
Q & A

Please post in Chat
Summary of Today’s Key Points

- There are a **number of ways** to help residents begin to **heal** their trauma—each community should choose one that **matches** their **need**, **culture**, and **resources**.

- Whatever approach is chosen, use it as a **catalyst** to actively engage residents in long-term efforts to **organize and operate an RCN** and **build population-level capacity** for mental wellness and transformational resilience.

- Engaging residents in identifying and utilizing **existing** strengths and resources, and **adding additional assets**, is **far** more **powerful** and **effective** than identifying and trying to eliminate risks or fix deficits.
Will You Attend Thursday’s Special Session?

Please post in Chat if you plan to attend the “Special Session” this Thursday, Feb. 29, held from 12 noon—1 pm ET

This will be chance to meet and talk with others in social service field.

If desired will also discuss how to talk about the C-E-B catastrophe and mental wellness and resilience with local residents.
Homework

- Take a **Resilience Pause** daily and this time practice “**Grounding**”—and **teach it** to **someone else**.

- **Share what you learned today** with the people you **previously** spoke with about forming a new RCN, or expanding an existing one, and decide what **method** you can utilize, to help residents begin to **heal** and start **building** community capacity for mental wellness and resilience and **when** it can occur.

**Next CoP: Tuesday March 5:** The **First** Foundational Focus: Build Social Connections Across Cultural, Economic, and Geographic Boundaries in Community
Key Message

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