INTERNATIONAL TRAUMA SUMMIT –
WORLD FEDERATION FOR MENTAL HEALTH

Houston, Texas, USA
28-30 November, 2018
These sessions were conducted using a meeting process called “Open Space Technology”.

As such, they were convened by individual participants based on their interests related to the theme of the retreat: “Impacting Trauma: Issues and Opportunities”.

In keeping with the Open Space process, the proceeding notes that follow were also prepared by the convener or participants of each session.
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2. **FACILITATOR**

Susan Coleman
3. **BREAK OUT SPACES**

- Harris
- Hidalgo
- Navarro
- Travis
- Nueces

4. **WELCOME AND OPENING REMARKS**

Welcome from Dr. Alberto Trimboli and Dr. Octavio Martinez

5. **OPENING THE SPACE**

Susan Coleman facilitates the creation of an agenda.
6. SESSIONS

WEDNESDAY, NOVEMBER 28TH

10 am
1. Emotional Neglect in Childhood = Significant Trauma | Cathy (Nueces)
2. Processing Trauma Safely and How to Facilitate that Process | Victoria Ingham (Travis)
3. Using Mindfulness | Paige Seymour (Navarro)
4. Resiliency | Janet Paleo and Arushi Sethi (Travis)

11 am
5. Removing Trauma From Policies and Procedures | Lisa Yates (Hidalgo)
6. Spreading Simple Energy Practices to Address Stress and Trauma | Rachel Michaelsen (Navarro)
7. Creating a Trauma Informed and Social/Emotional Curriculum | Caren Howard (Nueces)
8. School mental health | Anureet Sethi (Harris)
9. Processing Trauma Safely & Facilitating That | Victoria Ingham (Travis)

1:30 pm
11. Supportive and therapeutic communities/ environments for people living with mental health issues and complex trauma | Julie Millard (Navarro)
12. Intergenerational Trauma following events such as Genocide | Diane Brown-Demarco (Harris)
13. Childhood Sexual Abuse and Increased Awareness for Real Impact | Brenda Vezina (Hidalgo)
14. Identifying and Integrating Trauma-informed Principles at MH Centers to Educate Staff and Create a Sensitive environment for those we serve | (Travis)

3pm
15. Re-traumatization- Mental Health | Eva Dech (Harris)
16. Processing Childhood Trauma | Lauren Hargrove (Travis)
17. How Do We Connect People to Nature to Help Them Become Aware and Build Resilience to the Impacts of Climate Change | Dena Sneed (Hidalgo)
THURSDAY, NOVEMBER 29TH

10 am
1. The Intersection of mental health, trauma, and intellectual disabilities | Colleen Horton (Nueces)
2. Mutuality Healing through shared stories | Mike McGinnes (Harris)
3. Retraumatizing a person during a crisis | Tami Delmark (Hidalgo)
4. STIGMA strategies for abolishing stigma | Cathy Wield (Travis)
5. Love and be loved | Yoram (Navarro)

11am
6. Sex Trafficking | Priscila Lydia Martinez (Nueces)
7. Beyond trauma building resilience from disaster | Chueh Chang and Bernadette Solorzano (Navarro)
8. Healing: A relaxation session: Body, Breath & Mind | Arushi Sethi (Travis)
9. Passionate in capacity building MH [●] professionals become healers in trauma | Michael K (Hildago)
10. Idea how to identify coping skills to deal with trauma w/o retriggering the substance abuse - Don’t take away coping skill w/o giving another | Patricia Wattington (Harris)

1:30pm
11. Trauma of Loss | Jeffrey Geller (Hidalgo)
12. Growing a trauma informed and responsive workforce in your community | Rhonda Saenz (Harris)
13. Trauma - We know what it is, now what's the solution on a macro level? | Rachel Michaelsen
14. Building resiliency in children | Mary Tolle (Travis)
15. Trauma to Transform Childhood to late 30 | Janet Chen (Nueces)
16. The power of trauma informed peer support in behavioural health | Sharon Jenkis Tucker (Navarro)

3pm
17. Childhood trauma/Restoring an innocent mind/Recovery | Sarah Tushemereirwe (Hidalgo)
18. WFMH Peer Support Section | Michael Burge (Nueces)
19. Trauma informed alternatives in MH and SA services | Sherry Jenkins Tucker, Roslind Hayes and Eva Dech (Navarro)
20. Spirituality | Mary Tolle
21. LGBTQI | Cathy (Circle)
22. Social and spiritual quotient: Raising your Q to handle trauma in life | Anureet Sethi (Harris)

Evening
23. Movie | Your Story Making You Sick
FRIDAY, NOVEMBER 30TH

1. Brief announcements
2. Grounding, witnessing, centering
3. Group subdivides into 7 groups of about 7 persons. Each subgroup is demographically representative of whole group
4. Each group has facilitator, note taker and is answering this question: what has this group been saying, whether you individually agree with it or think it’s most important, about how, best ways to impact trauma - at individual, small and large group level of system
7. **SESSIONS NOTES**

7.1. **TOPIC: Emotional Neglect in Childhood = Significant Trauma**

**CONVENER(S):** Cathy

**NOTETAKER:** Cathy

**TIME & PLACE:** Wednesday, November 28\(^{th}\) at 10am in Nueces

**PARTICIPANTS:** Caren, Cathy, Charlotte, Patricia, Ingrid, Tami, Diana, Michael

5 others who missed their names

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

Summary of Ideas of how to approach emotional neglect:
- Narratives to raise awareness
- Help parents to recognize their absence matters
- Being non-judge mental to kids or parents sharing their stress
- Providing one on one emotional support
- Creating safe spaces and being able to cope
- Reinforce family over money- Families now dream now to make money so kids are not getting emotional support
- Single parent families- older children are supporting other children
- Get off the screens and pay more attention
- Community support- where do we get this
- Family training on how to help children- how to teach children with peers on how to understand MH issues-School of medicine
- Safe space for parents for a place to talk
- Family partner programs
- Parenting Journey- Recognize and realize how behaviors relate to their children’s behaviors. Outcomes families seem closer are more “in tuned” with each other
- Gender differences in raising children- Girls have more social norms while boys are left to figure things out. We’re parenting girls more. Our girls are left to teach our future boys in how to be a man. We need to reintegrate more social norms for childhood males. Boys need more access to male role models.
- Rethink what success means. Does success mean you have to make a lot of money or does it mean you are surviving, does it mean you raise a healthy family. “If you are successful but all alone” how successful are you. How many lives can we touch and how many people can we help. Teaching values
- Breaking what we think success is supposed to look like and recreating our own definition of success.
- Speak up if you have complaints Don’t wait for someone else to speak up. Speak up for yourselves and others in your community to build up values and morals
7.2. **TOPIC: Processing Trauma Safely and How to Facilitate that Process**

**CONVENER(S):** Victoria Ingham  
**NOTETAKER:** Victoria Ingham  
**TIME & PLACE:** Wednesday, November 28th at 10am in Travis  
**PARTICIPANTS:** Melanie Clark, Jane L. Chen, Roslind Hayes, Sharon Jenkins Tucker, Chuck Clay, Ingrid Daniels, Diane Brown-Demarco, Tracey Bone, Eva Dech, Mike MaInnis, Priscila “Lydia” Martinez

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

*Discussion and Ideas:*
- Processing should be trauma informed
- There should be an element of “peerness”—relationships facilitate healing.
- Trauma is bitter but good can come from the processing of it. Standing up for yourself in telling your story is healing.
- Processing is a self-determining process.
- In many cases people are ready to talk; they're just looking for a safe space to do it.
- Mental illness is a survival reaction to trauma.

*Conclusion and ideas for action:*
- The mental health treatment system is broken when it comes to treating/addressing trauma.
- Clinicians must begin to listen to peers and become trauma informed.
- Power differentials between those providing care in the medical model and those seeking to receive it prevent healing and impede progress toward wellness.
- Peers must take their power into their own hands and demand better services from those who provide it.

7.3. **TOPIC: Using Mindfulness**

**CONVENER(S):** Paige Seymour  
**NOTETAKER:** Colleen Horton  
**TIME & PLACE:** Wednesday, November 28th at 10am in Navarro  
**PARTICIPANTS:** Paige Seymour, Colleen Horton, Mary Tolle, Tracey Bone, Bernadine, Phil, Yoram, Rachel, Anita, Justine

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**
“The day you become more interested in being aware of your thoughts than the thoughts themselves, is the day you set yourself free.”
- Michael Singer

- Helps you become aware of your emotions. Can you label your emotions.
- Same thing typically comes before anger - often fear of shame.

- When we can come to the middle - understanding increases.
- Awareness is important to healing trauma.
- Being aware of thoughts helps you control them.
- Yoram (from trall) believes laughter and love are the most important.
- Mindfulness - important topic to incorporate in mental health treatment / support.
- Providers must take care of themselves.
- People get stuck when they are traumatized.
- Important to incorporate mindfulness in schools - Britain doing a lot on this; “Mindful Learning”.
- Need to move to Mindful Leadership - policy movement.
- Mindful of own worth. Being present and more judgemental (guilt, fear).
- Confusion about what mindfulness means - needs to be inclusive of many ideas; not one thing.
- How do we message the concept of mindfulness so as not to scare people away. Broad and global.
- Being aware in the present moment without being judgemental.
- “Me” Mindfulness - be used to “fix” people - Quick attitude missing the whole point!
- Trauma informed = peacemaking communities.
- Traumatized communities (nations, Israel) - try to make things better; better education, peace, improve daily life.
- How do people deal with extreme trauma they experience every day?
- People heal in relationship.
- Western society is very distracted - need to work toward presence.
- Mindful listening is critical when working with people who have experienced trauma.
- How do we introduce this into treatment?
- DBT - based on mindfulness; fundamental component.
- What are first steps?
- How do we create mindful communities? (Communities suffer trauma, not just individuals)
7.4. **TOPIC: Resiliency**

**CONVENER(S):** Janet Paleo and Arushi Sethi

**NOTETAKER:** Arushi Sethi

**TIME & PLACE:** Wednesday, November 28th at 10am in Travis


**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

The session began with the circle introducing themselves and what they do:
- A lot of them came with and from their own experiences of trauma.
- Topic was picked: Hurt at a very young age
- Took 45 years to realize life is worth living.
- How do we thrive? once we teach ourselves and we teach people how to be resilient.
- Tools for support – not to affect you for the rest of your life
- Multiple faces of Trauma – Healing – Training

These below are the thoughts that were shared and discussed through the course of the session:
- Refugees having resilience
- Wall of my trauma: want new strategies – shared own lived experience.
- Chi chang – professor -retired president for association of mental health in Taiwan advocacy. Beyond trauma – Fighting resilience
- Different people think differently
- Resiliency in the adult world
- Prevention – all are going to get traumatized – shooting – air – Pollution - abuse
- Give hope too the mentally ill and loved ones back home – Trauma informed
- Making trauma informed communities
- Life happens – We all are born resilient imp for us to recognize that. Something we all are capable of
- What is trauma informed?
- Acknowledge every bodys strengths – humans – you’re a person!
- Cultural barriers and resiliency – Get up and take what you have
- Factors that impact resiliency – cultural nuances
Heartaches – things will continue to happen – hiding from the world – stand on top of that trauma

A lot of prayer – I can – Period I can do it – the inner me – whatever that looks like part of resiliency – it doesn’t matter what am I gonna do next – what happened has happened

Pendulum theory: If you keep moving between the past and the future you will be like a pendulum, but you are a person, so wake up be in the present the now, your time is now to make a difference to your self.

What can I do to make it better – if it does break you – do you get past it? Does it make you stronger?

Resiliency – definition -communities and resiliencies – incredible pain and incredible loss – using the self knowledge they had – community support – trauma informed training the worry – what we naturally have that maybe ignited – Be aware – relationships that heal that what we need –

Term resiliency comes from – It’s a term that comes from physics and it has to do with the hardness and resistance of metal – So resiliency has to do with the capacity of hardness -because we are strong – and trauma is not always is it a negative thing -Many come out stronger

Surrounding yourself with people who give you hopefulness will help create the aura

What is it that you need. Connecting with people from their world view.

What is it that you want – I don’t know – what if you did know.

Powerfull tools – Talking about the present situation – beginning with how do you feel today! And what are your concerns that can deal with right now. Then to short term goals, then long term goals – then the journey.

Essential to put out certain goals – Why are you feeling like that – what are we planning to do about this – then moving with the journey of dealing with trauma.

When people are asked questions and answer with : I don’t know – people know this could be a way of numbing – where are you going what is the footprint that you wanna leave in the world.

One you see the goal - That goal – then you can go every where – purpose of my life – Positive affirmation I am women. Wisdom born of pain – look I have paid the

Breath and the relationship with breathing – instilling resilience and connection with self through breath.

Really about the individual – the environment – support system – service prevision support sercives – Ask people: Are you okay? every day.

Trauma informed and practicing it – not make the trauma the focus.

Un learn thing to learn new ones

Refreshing activities – hope / something something group , join something that makes you feel a part or just join something to feel a part

Physical trauma that causes mental trauma

Its not physical it’s the mend that has caused this – your problem it’s the mind

Breath and mind the connection between the two.

Medical system and trauma –informing the client and considering client needs

Tiny traumas: Alone and lonlieness – politically – magnification of trauma
7.5. **TOPIC: Removing Trauma From Policies and Procedures**

**CONVENER(S):** Lisa Yates

**NOTETAKER:** Patricia Watlington

**TIME & PLACE:** Wednesday, November 28th at 11am in Hidalgo

**PARTICIPANTS:** Brett Rowlett, Charlotte Buchanan, Lisa Yates, Patricia Watlington, Cathy Wield, Jeffrey Geller, Zach Mickey, Rhonda Saenz, Laura Van Tosh, Anna, Elizabeth Reger

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

Re-traumatizing people when trying to tell their stories. Being admitting to hospitals is traumatizing or can re-traumatize. Staff members have a preconceived Idea of what the problem is. Therefore, not really listening to person’s individual problems or issues. Potentially putting more problems on the person and creating a new issue by re-traumatizing the person.

Solution: More time to be with clients, raising awareness of how to treat people being affected by trauma; (ex: make sure front desk people and signage match). Creating a more person centered approach.

The most traumatizing people in the hospital are the “line staff” the ones that get the most “abuse” from clients such as getting spit on, hit, etc. They seem to not respond well to the abusive patients. Addressing both sides. The trauma that the mental health worker is experiencing and the trauma that the patient is experiencing in return. The idea that people with serious mental illness that have been treated very badly in the world, will act out more in a hospital setting.

Staff coming into the profession come into this profession for a reason. They may unfortunately may be re-traumatized by working with clients with mental illness. Staff not getting time to accurately work with clients, being overworked and in their own crisis.

Solution: Training staff, Trauma informed care, debriefing: how to do things differently, support staff members, making sure self care is implemented. Staff members who may need to get away not be judged when needing a break. Provide resources for staff to have a break. Provide a more supportive and nurturing place to work.

People who receive services from us don’t want to feel unwanted or unwelcome at our facilities. This may cause more trauma and prevent them from coming into services.

People who enter the system via CPS, criminal justice system

- technique of – non-transference : How to be empathetic but not consumed or effected by the misery of another or that exists in the world.
Solutions: Raising awareness of how to treat people being affected by trauma; (ex: make sure front desk people to the signage to the doctor match). This means that the person should be treated with respect across the board. Peer advisory committee. Treat clients as individuals. Laughter and Cheer Committees, showing staff that everyone may be going through things even our directors, shows them with videos.

How do we approach trauma in policies without effecting culture and still make it effective. Problems with placement of facilities. We need to be more aware of other agencies around ours so that it does not traumatize people to come in because of location. Example: if MH office is right next to cps office and the client has had negative experience with cps, will that traumatize them?

Solutions: Standard Training and assessments to keep trauma informed care without it becoming just another check mark on the assessment.

Using universal Precautions with people that have experienced trauma. Culture makes this difficult but the idea that people experience trauma differently and react differently but still treating them the same. Making resources available to people as a person not an experience. This would enable people to get services to deal with trauma even if they did not score high on any given qualifying assessment tool.

How to we not re-traumatize people with assessments just because that’s what our center needs to have from people.

Side Ideas Taken Away: Trauma and crisis are two very different things. Psychosis may be trauma induced. People with traumatic events have a higher correlation with health issues. Suicide is still so criminalized in many areas. People still think the person is a criminal or very wrong for suicide. They may not have a person to talk to without being judged. They may be stuck in a state hospital or behavioral health unit by force. And again this is re-traumatizing these people. People need to stand up and say this is not okay.

Cycle continues with moving people through the system. System is not recovery and person centered. Example: housing facility for people who have an illness don’t move through fast enough in fear of losing the services that are keeping them well. In turn if they are released, all progress is lost and cycle back into crisis.

7.6. **TOPIC:** Spreading Simple Energy Practices to Address Stress and Trauma

**CONVENER(S):** Rachel Michaelsen

**NOTETAKER:** Dena Sneed

**TIME & PLACE:** Wednesday, November 28th at 11am in Navarro

**PARTICIPANTS:** Rachel Michaelsen, Phil Wiel, Paige Seymour, Adrian Yam, Colleen Horton, Mary Tolle, Yoram Cohen, Lauren Hargrove, Bernadine Williams, Dena Sneed
SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

Peacefulheart.se
Began with introduction to simple energy practices/calming exercises, self-regulation

▪ Overenergy connection
▪ Connected Heart Breathing
▪ Tapping technique

How do we spread these techniques?

▪ Train first responders
▪ Schools-train teachers/school s.w./school psych to teach children – obstacles with teacher time for training
▪ Learn techniques yourself, practice them yourself and then teach 5 people – connect with your friends, families, colleagues
▪ Be mindful about how to craft a message. The message is important – talk about the benefits/logic → know your audience

How do we get SYSTEMS to pay for these types of tools, techniques for healing?

▪ Policy
▪ Take these techniques out of mental health realm and get them into the public domain/general public
▪ Connect with local legislators – find and influencer who can try it, feel it, and advocate for it

7.7. TOPIC: Creating a Trauma Informed and Social/Emotional Curriculum

CONVENER(S): Caren Howard

NOTETAKER: Caren Howard

TIME & PLACE: Wednesday, November 28th at 11am in Nueces

PARTICIPANTS: Caren Howard, Anita Correnti

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:
• formulate a board to informing curriculum creators
• develop a program to present to schools
• Empower PTA orgs to get on board
• Kids should have time to explore, process, assess and just “be” with their emotions in G
• Safe space at school - daily or weekly
• Community-built Education that incorporates:
  o parents
  o employers
  o educators
  o employees
  o commu. leaders
  o academics/researchers
    in a process to bring curriculum + system into 21st century operations that put social/emotional learning + teaching as a core objective of school system
• Improve: parenting, peer relationship btw students
• individual + small group, large grp format
• sharing-intergenerational experiences
• cross curricular - science, social science, art-expression, literature, religion
• bias - children learn what they live
• Changing social concepts starts in family
• Employers have a role
• Relationships may be explored in every class subject as “human development” incl. conflict btw man + self
• Teaching sense of self + worth + pitfalls to avoid manipulation
• Where do the resources $, time come from?
• Taking time to identify, assess + challenge “truths”

7.8. **TOPIC: School mental health**

**CONVENER(S):** Anureet Sethi

**NOTETAKER:** Sarah Tushemereirwe

**TIME & PLACE:** Wednesday, November

**PARTICIPANTS:**

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

Sources of trauma that need to be addressed
• Trauma is on the rise in schools because children are going to school at a very young age than before. Trauma for school going children can begin from the first day of school as they are separated from their parents
• Examination fear
• Media abuse vs substance abuse vs exclusion
• Trauma at home

Enhance mental health in schools

• Curriculum for parents, students and teachers
  These help to understand and create awareness and bring understanding to mental health. They do not help to diagnosed.
• Education in emotional and social quotient. This includes topics such as learn how to cope well how to love,
• Main stream education as much as possible
• Train teachers to identify high risk students

What is Trijog doing in India?
Inclusive education cell
Activities for general school
Teacher observation forms to identify students at risk
They address trauma at home

What should be done?
Develop programs that will enable children to have internal healing
Wellness for parents

What can I do?
Create awareness by holding free workshops with general topics like;
Today my child does feel like going to school
Self-love is not being selfish
How to build interpersonal
How to deal with bullying
Healthy boy girl relationship
Art based therapy for children like; how do I feel

Check out
Trauma sensitive development system of wiskosia

Call for action
Ask the right question
Environment at home
Build emotional sensitivity for teachers
Holistic approach Charlie
Media abuse

▪ Encourage use of books in school and avoid tablets
▪ Schedule Screen time

Overuse leads to abuse

Teach children

Self-control, self-conscience

Enjoy free time learn boredom is good

Depending on the need of a child screen can be extended but for child 1 to 2 hours, adolescents 2 to 4 hours.

Encourage physical activity

Explore make schedule routine management for parents

Holistic approach

For high risk children, visit homes and help the whole family

Resilience in children

It comes from support system around them whether from parents, teachers or fellow students.

Teach children to be aware of feelings and how to express them, and how to deal with emotions I am feeling especially in preprimary kids

Teach parents how to identify children’s emotions

**Mental Health in Schools**

▪ It is important to teach children how to build internal healing and resilience along with interpersonal relationship skills
▪ We need to teach our children how to communicate effectively using/expressing/verbalizing their feelings and emotions
▪ First, providers and professionals must deal with their own traumas and develop emotional intelligence (specifically the staff and teachers in the school)
▪ The implementation and practice of peer support as a way of healing trauma
▪ Shifting language and bringing mental health out of the medical model and normalizing it can be the key to getting people to engage in services
▪ It is never too early to talk children about “mental health” we can do start by teaching them how to express themselves in a healthy manner and to speak up and feel empowered to use their voice
▪ Holistic approach. Trauma is not only attending to the child but also the family and their environment. You must understand and engage their family, culture and history to create and begin change and healing
7.9. **TOPIC: Prevention of Violence: Domestic, School and Community (evolution)**

CONVENER(S): Anita Parentee

NOTETAKER: Patricia Watlington

TIME & PLACE: Wednesday, November 28th at 1:30pm in Nueces

PARTICIPANTS: Charlotte Buchanan, Lisa Yates, Jeffrey Gellar, Chueh, Patricia Watlington, Patricia McGinnis, Barbara Rypinski

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

Understanding Trauma: The person going through any of these trauma’s may not feel worthy or have lack of self respect

Prevention of trauma is to help people understand their worth. How do we get there?
Getting rid of negativity and replace with positive people

How can we prevent trauma against others

Spreading awareness about the impact of trauma

How did the behavior manifest into causing such trauma, what is the underlying issue

What can we do when someone is causing trauma against others

Talk to the person about what you are feeling

Sometimes the bully is being bully so finding what is going on with that person is important

Address fairly all aspects of the situation.

Training school personnel to handle situations of bullying to identify deeper issues

Feeling powerless is a feeling of trauma. It could range from a bully situation in adulthood or childhood to a threat to life.

There has to be a sense of safety to help begin to repair the trauma.

Teach emotions. How to deal with all emotions and react appropriately. Teach parents how to teach children to express their emotions effectively.

Us and Them mentality

If we are all on the same team, we can experience the same and therefore prevention of violence against others. Eliminating fear based responses.

Be comfortable in your own skin. Be yourself. Who should teach this?

Home/families, scouts, mentoring programs

What does this even mean? Society has become very polarized. Fear of the unknown? Fear of change?

Finding role models can help learn to be more comfortable.
Role identity - the struggle to keep roles as “normal” as possible

How does someone protect themselves in becoming the victim?
Raise awareness of boundaries
Teach about mixed messages. You teach about you should give to charities but also teach to say no. How to differentiate when to say yes and no. How to balance needs vs generosity.
How to know when to trust others
How to learn how to be affirmative yet not too bossy
Gender differences by telling girls and boys differently. Ex: Girls are taught to be polite and quite and put into situations as young ladies that they don’t know how to react
Boundaries should be taught as what is healthy adult behavior in all cultural aspects
Values and rules across the board should be respected. Right and wrong is universal
Understanding their trauma to understand what boundaries have been taught

Would it help for special guest lecturer going to the schools as a common thing to happen.
Problems arise when different values from different people. Who’s values are most important. Polarized society is hard to identify what values are correct. Politics are prime example of polar opposites and not identifying who’s values are right.
Giving exposure to different ideas from a variety of people. Kids Conferences

Overcoming mental illness identified needs:
Empowered, having role models, positivity, surrounding yourself with like-minded positive people, having purpose, courageous

Replicate how to overcome and recover from mental illness and traumatic events to help others.
Role modeling: what we believe and show our strengths. Show support to others
When being diagnosed with a mental illness, you need support. The stigma needs to be addressed and readdressed and talked about more often. Not being afraid to tell people and expect them to be supportive.
Removing the stigma of mental illness; (ex. Broken leg does not take 80+ years to heal. Same with depression, you can recover from mental illness!)
Modeling helps reduce stigma

Quote: “Believe you can or believe you can’t, you are right” -Henry Ford

7.10. **TOPIC: Supportive and therapeutic communities/environments for people living with mental health issues and complex trauma**

**CONVENER(S):**  Julie Millard, Australia

**NOTETAKER:**  Tracey Bone, Canada
TIME & PLACE: Wednesday, November 28th at 1:30pm

PARTICIPANTS: 16

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

Question posed to group to begin conversation: What would be the best type of community for people living with complex trauma?

Suggestions:
- Peers - General agreement of the value of peer support. Peer movement affects every aspect of life, should be recognized for its value to people living with a mental illness
- Important that staff understand how to utilize peer supports
- Interest groups important: to change philosophy from the negative impact to the positive impact of peer support

Resource: Create non-medical model-based community center – distinct from institution – as a resource. Similar to Clubhouse Model. Part of continuum of care. (Variety of examples shared. In Australia – Clubhouse model was traditional drop in center, now morphed into facility that is both supportive and respectful of the needs of its members. Most importantly it is based on open dialogue and meeting the needs of members. Still includes work ordered day, WRAP courses, various recovery and skill development programs, but is client directed. Suggestion is to combine or create modified model that is integrated but not as formal or restrictive as the Clubhouse model.

Suggestion: Would be useful to have hands on support that is residentially based. Would include closely connected members, integrated health care.
- i.e. Flourish Australia in Australia has run consumer operated services for past 20 years and employs a third of its workforce as peer workers. Not complex trauma services
- i.e. step-up, step-down model.
- i.e. MIND Australia – for high support needs, but not complex trauma

Example: in Trieste Italy. Country closed institutions in one city and opened homes for people living with mental illness to live with families.

Suggestion: mental health apps? App with content could help some though this is often difficult for people with low income to access due to cost

Suggestion: create space for mentors to be available to assist with participants in communities.

Suggestion: create a ‘philosophy of hope”

Suggestion: create mobile support unit (e.g. Houston Family service)

Suggestion: Use of telehealth services. Create capacity for support through video conferencing capacity.

Comment: Stigma and discrimination is high, higher in some countries than others (i.e. Uganda, Africa, India). Question posed how to break through the stigma? Where to start?

Other: Attitude of staff is fundamental. General consensus was this is fundamental to a positive community. To see all as part of ‘us’. Person first language important.
Variety of terms used – ‘lived experience of’, ‘people living with…’,

Question posed: Can we use philosophy of drug addiction rehabilitation program as template for this community?

Example: Odyssey House, in Sydney Australia. Is peer run residential program 6-12 months. Supports people with substance use and mental health problems. Clinicians provide co-facilitation of groups and assessments. Provides opportunity for the helping of others to be therapeutic

- Is important that attendance be voluntary not mandated

Recommended: community could be two-step: both immediate crisis and long-term support.

Campaign – in Africa. ‘Speak Up Campaign’. Based on philosophy of: to be aware (of mental illness), speak up about it, and end stigma.

Campaign – in India. Helping people with lived experience of mental illness

Recommended: 24-hour help lines and social media support, acknowledging that not everyone has social media access.

Conclusions:

There was consensus and support for the creation of supportive and therapeutic communities/environments. Variety of suggestions forwarded as to how to facilitate this environment. Consensus that for any such community to be successful requires peer workers, better trained clinical staff - both direct and allied health staff as well as others working in the field of mental illness/mental health (emergency medical staff, doctors, social workers, and peer supports). Also need for country wide support for importance of mental health and wellness – without country wide support, view of mental illness unlikely to change.

Recommendation to learn from successes of existing programs and incorporate. Is fundamental for people to be acknowledged as people with intrinsic value and strengths separate from their diagnosis.

7.11. **TOPIC: Intergenerational Trauma following events such as Genocide**

**CONVENER(S):** Diane Brown-Demarco

**NOTETAKER:** N/A

**TIME & PLACE:** Wednesday, November 28th at 1:30pm in Harris

**PARTICIPANTS:** 8 members

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

Summary of Discussion: events around the world have created situations where whole communities or populations of people have experienced trauma. Stories expressed included South Africa where Apartheid was experienced by the majority black population and generations of people experienced discrimination and persecution. In Canada, the White settlers sought to eliminate the Native culture by taking children away to residential schools where they were abused and this impacted a whole generation of people who lost...
their culture, language and ability to be effective parents and community members. In America, there still exists the impact of slavery where African Americans continue to experience racism and the impact of generations of trauma. The Holocaust is another example where families fled persecution and lost connections to culture. In America, currently many children have been separated from parents trying to enter the US claiming asylum. These children and parents are experiencing trauma. Trauma changes a person and these changes are passed down from one generation to the next through biological factors and environmental factors. Biologically, the impact might be a parent’s health and inability to effectively parent children. Environmentally might be the loss or suppression of spirituality, language, customs, and ability to connect with culture. This is the way trauma impacts future generations.

Acknowledging the Truth is the first step. Unless societies, governments, communities, populations can admit to the trauma people have suffered, healing will not be possible. It is not possible to simply move forward and forget. The only way to never repeat is to never forget. We need to educate people and not hide the traumas that have happened. The concept of Forgiveness is difficult. It is possible to state the truth. Forgiveness does not mean anything that was done is acceptable or OK. But it allows a person to move forward without need for vengeance. “I will not become you” Healing from trauma starts with TRUTH

- Written, documented, told, and taught.
- Whether individual, group, family, culture
- The only way to stop the generational impact is to acknowledge the truth and take responsibility. This involved leaders, governments, societies, communities to then change laws, policies, and even constitutions to ensure trauma is not repeated. An example is the development of democracy in South Africa where now a generation of people are able to live and grow without experiencing the trauma and persecution of Apartheid.

As a world of caring people we need to call on governments and societies to identify at risk populations, and “force” the truth to be told.

For the victims, we need to proactively put supports in place to address the trauma in the population of victims so it is not perpetuated over generations.

Supports must be trauma informed and culturally appropriate and aimed at the specific impact. Restoring culture, spirituality, family, community. We know healing happens through relationships.

We all need to be activists and when we see trauma at a macro or micro level, we must be vocal and ensure the truth is told.

7.12. TOPIC: Childhood Sexual Abuse and Increased Awareness for Real Impact

CONVENER(S): Brenda Vezina

NOTETAKER: Jillian Aucoin

TIME & PLACE: Wednesday, November 28th at 1:30pm in Hidalgo
PARTICIPANTS: Mike MacInnnis, Jillian Aucoin, Melanie Clark, Victoria Ingham, Lydia Martinez, Elizabeth Reger, Lauren Hargrove, Bernadine Williams

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

Brenda: How do we infiltrate what is an epidemic?
O - issue and solution
Brenda: It feels heroic to have survived and to come together to create change
WE NEED TO TALK ABOUT IT!!!

▪ INFLTRATE THE TRAUMA SYSTEM
▪ Curriculum/Education
▪ Adult to trust
▪ Compartmentalizing life
▪ Boundaries
▪ Committed ‘Outside of the family’ adults
▪ Children’s books
▪ Uncomfortable conversations
▪ Distracted/overworked parents
▪ Cultural connections
▪ “What happens in this house, stays in this house”
▪ Cultural/Norm
▪ Breaking the cycle
▪ Good secrets: XMas gifts
▪ Bad secrets: Fear, scary, painful
▪ Teen pregnancies with adult fathers
▪ Telling children to stay silent “seen not heard”
▪ Denial within families
▪ Don’t want to identify w/ the victim
▪ We need to dismantle the patriarchy
▪ Privilege
▪ Finances
▪ Privilege - you can experience harm and have privilege
▪ Privilege can make the idea of trauma and abuse foggy
▪ Fear of exposing yourself
▪ Get into the schools, educate, educate, educate
▪ Be the voice for the children! Create a Movement!
▪ “This is enormous, why do I still feel so alone?”
▪ It’s ok to talk about this, because it is happening more than we think
▪ Reduction!
▪ Listen! Feeling heard can heal
CREATE AN UNSANITIZE CAMPAIGN
This is a public secret

- Build Community *Texas is one of the worst states for trafficking
- Parents need to advocate for their children

**7.13. TOPIC: Re-traumatization- Mental Health**

**CONVENER(S):** Eva Dech

**NOTETAKER:** Patricia Watlington

**TIME & PLACE:** November, November 28th at 3pm in Harris

**PARTICIPANTS:** Jeffrey Geller, Jillian Aucoin, Anita Correnti, Zach Mickey, Brett Rowllett, Lisa Yates, Charlotte Buchanan, Patricia Watlington, Colleen Horton, Janet Paleo, Shea Meadows, Rosalind Hayes, Sharon Tucker, Tami, Laura, Sarah, Edigold, Justine

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

Understanding re-traumatization. Replicate original trauma in all areas of care. People may not recognize this. Spread awareness of re-traumatization

In a system that you are not listened to it feels like you are still being traumatized. Feels like not being treated like a person.

There is a message being sent that if the person comes to services and ends up getting worse, then the service may not be trauma informed.

How to spread awareness about trauma so services don’t end up being more harm.

Preconceived idea about mental health without listening to the client causes more harm.

What happens when someone voices suicidal thoughts?

Seclude them and watch them. Once released, will that person really trust being able to say what they are thinking about suicide. How can we help without causing more harm?

What about asking what is really going on? What can we do to make our voices heard?

There is a problem with over medicating people who experience trauma. Chemical restraints have been reduced.

Understanding how trauma impacts us as a whole; socially, developmentally, neurologically. Teaching resiliency skills.

Eliminated seclusion plus being trauma informed. New York State created a private agency “Justice Center” allows anybody to call a 1800 number to report abuse of people in institutions and had to be investigated. The persons have to go onto a registry that they have been confirmed in an abuse case.

Need to make changes with systems. Use advocacy and legal options. Speak up about issues and making your voice heard. Using world mental health watch. Have to watch out for cultural needs before reporting to avoid more harm to the person.
Educating people on re-traumatization. Bringing awareness if the system is actually re-traumatizing people.

Most of the time, re-traumatizing people is done out of ignorance
Tell people effects to help them understand trauma informed care. To be aware we often times may feel alone. Therefore, it would be helpful to provide peer support to each other to help spread awareness of trauma informed care. This will ultimately help people feel supported in the work they are doing.
Looking at models that are working, what strategies work and build on those to meet your needs. Provide more educational materials such as websites, ideas etc. Have a resource or place to share these materials we have.
Paradigm shift-how? Changing language that has negative effects on people.
Having a more organized guidelines and/or procedures for those who are trying to learn about what works and what doesn’t.
Institutions should be more trauma informed to help prevent further trauma
Goal: Community based supports
World Federation of Mental Health
Spread the idea of re-traumatizing is a bad thing
NASMHPD- training on trauma informed

7.14. TOPIC: Processing Childhood Trauma

CONVENER(S): Lauren Hargrove
NOTETAKER: Rhonda Saenz
TIME & PLACE: Wednesday, November 28th at 3pm in Travis
PARTICIPANTS: Dorothy Light, Patricia McGinnis, Carolyn K. Rich, Brenda Vezena, Anureet Sethi, Edigold Monday, Chueh Chang, Cathy Wield

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

Why I picked this topic:
• Working in Adult Mental Health and having my own children, I have found that processing the trauma can build resiliency.

How far back in your childhood should you go?
What do you do when you identify a trauma?
• Teaching boundaries is part of the beginning to processing the trauma
What are some of the issues causing childhood trauma?
• Neglect and abandonment
Some things that help the process?
• Constant communication about everything – schedules, activities, likes and dislikes, open and honest
• Start processing the trauma early and even with adults communication is key to building resiliency.

How is trauma being assessed?
• Currently TRR is used in Texas.

Would teaching resiliency, trauma, body image and how to ask for help will decrease incidence of trauma?
• It does and can.

What’s out there to help and is working to help processing?
• Kids – play therapy / Adults – CBT
• Boston is using – The painting journey and Family Partners
• PPAL
• Nurturing Parent for parents

How can we identify families before they come into services?
• Community based parenting training, Parent to Parent groups and education. IEP in schools the contact from schools on a regular basis.

How do we get parents to participate?
• Come to them – Many parents work and struggle to maintain the daily needs.

Why don’t parents participate in programs?
• Some are put off by the stigma of needing help to parent or don’t want others to know what is happening in their homes.

In conclusion:
Early intervention, communication, supporting parents and providing education are things that help in processing childhood trauma and building resiliency.

7.15. **TOPIC: How Do We Connect People to Nature to Help Them Become Aware and Build Resilience to the Impacts of Climate Change**

**CONVENER(S):** Dena Sneed

**NOTETAKER:** Mary Tolle

**TIME & PLACE:** Wednesday, November 28th at 3pm in Hidalgo

**PARTICIPANTS:** Mary Tolle, Paige Seymour, Diane Bror-Devarro, Bernadine Williams, Rachel Mochaelsr, Michael Kariosi, Phil Williams, Elsa Roman, Carolyn Rich

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

• There is a disconnect in the U.S. from nature
• Nature is healing to us
• If people had a greater connection to nature they would understand climate change
• How do we connect people to nature?
• What do we do as a people?
One participant said I use my circadian rhythms to take care of myself and I use a blue light that emulates the sun

In Houston – there are parks – most of them are sports recreation centers

Enjoy nature – Trees are hard to come by

In Houston – they sell park space for other purposes

We need more parks

In Houston the vision of nature is blocked by a lot of buildings

In Houston, you don’t see anyone outside – who go for walks – no sidewalk culture

One participant said she had a lot of plants and that is her connection to nature

Another participant said it doesn’t take much to connect with nature – feeling the wind blowing though your hair, hearing birds chirping, seeing the clouds in the sky

Kids use to play outside – buy not anymore – now in many areas – it is not safe enough

How do we bridge that?

We need to make outdoor space safe

Brothers on the Rise – documentary movie or show – teach about nature – kids attended a recreation center in the park – there was a drive by shooting – the kids had to go inside and said why are you ruining our fun

Children need opportunities to go outside

If given opportunities – children will gravitate toward the outside

Caring for Turtle Island –

In land based cultures – there is great spirituality connected to nature – as we heal
  o   Teaching responsibility for our land

Houston – pollution – from petroleum and chemical companies – air awful

Houston – also hot – coast

Hurricane Harvey – Houston is very susceptible to climate change

We need to plant trees and vegetation – it helps pollution

We need to pass our world onto the next generation

One participant said – she used to go outside for lunch – her lunch “time” even though it was the same time, the time felt like it doubled – going outside slowed time down and when she went back in she could breathe again

We need to get kids outside the city into the countryside

Find specialized camps for children to attend

Urban gardens – donation-based - help grow food for the people we serve

Food desserts – most people buying junk food like the food at Dollar Tree because there are no grocery stores there

Homeless garden project – people going through the garden – how healing is that?
  o   Learning life skills and growing food

Inner city kids need to go on river trips, camping, etc.

We need to put money into priorities – turn space in the city into an urban garden – not expensive

Some people grow produce in the front yard. Some Home Owner Associations (HOA)s complain and won’t let the residents do that
• In Kenya – they started planting trees and it changed the air and the soil for the better over time
• A woman from Kenya – won the Nobel Prize – initiated Kenya into becoming green, called the Green Belt Movement
• The government got involved – now clean and beautiful
• The people are trained that trees are good
• Plant a tree together – water it – label it with your name – come back and water it – watch it grow
• In the country there is silence
• One participant visited a monastery – it was completely silent – the sky was completely clear, especially at night and you could see far – there were no lights from the city
• Sometimes children have a disdain for country living
• Sell people on the healthier aspects of countryside
• Hurricanes - destruction – how do you cope with this in Houston?
• The hope of rebuilding
• But there are challenges – start life over – traumatized by loss, insurance companies who don’t pay, contractors who steal your money and do no work
• People wanting to rebuild – lose trust
• Spread the financial strain to your relatives
• There is a difference between the wealthy and the rest of us
• People in a lower socioeconomic status don’t have the same voice
• There are many socioeconomic disparities
• What are we doing? Need to have voices now, while it’s fresh
• Historical trauma – the American Indians and People of Color got the worst land because in the U.S. they took the best land
• It is healing for people to go out into nature
• We need to get away from our obsession with technology
• It is so easy to go out into nature – clouds
• Actual campaigns – move people to the countryside
• There is a movement now- the Prepper movement
• Immigration – many of the reasons people are immigrating to the U.S. have to do with climate change – war, drought, authoritarian regimes
• Climate change has a deep impact on our lives
• Now we are in an arid climate – used to be tropical climate
• PBS Documentary – now they can measure the age of carbon molecules in the air – the vast majority of them are new – since the 1940s and 1950s – this was an excellent show
• WE can’t kill the planet – the planet will live without us and kill us
• Our government is denying – write to senators/representatives – be annoying
• Phone calls to others to get them to annoy their senators & representatives
• You can find out who your senators & representatives are at www.democracy.io
• Get list of your representatives – send postcards
• Netflix – Chasing coral – every 2 degrees of ocean temperature change – kills the coral
• Shawshank Redemption – character in prison wrote 2 letters/week for five years to his congressman asking for a library – eventually – got library
• The Sixth Extinction – Elizabeth Kolbart – each chapter focuses on ecosystem extinction caused by people
• Campaign – flood representatives with mail – will eventually get a staffer to talk to you
• Don’t not write to a representative that disagrees to you
• Technique – ask a question that forces them to say yes, ask second question that forces them to say yes – more likely to say yes to your request
• How make nature into a mental health issue
• Research shows nature is healing – evidenced based
• Transforming rooftops and old highways into green space
• Air more polluted in 1960s and 1970s then now
• Not as much litter anymore
• Sometimes lose perspective – focus on bad instead of progress
• Overpopulation issue – with number of people who can live on the Earth
• Connect people to nature hat messages? Who is the audience?
• What benefits people to get better faster?
• People are self-centered – what’s the benefit to me?
• People consider what benefits me over what benefits the Earth
• Something that may help is sharing our personal stories of nature
• Nature is healing
• If someone is looking for something to heal – nature
• Earthing
• Therapeutic Gardening
• Make climate change into a mental health issue
• Bring sense of rejuvenation back
• Prevention – talk to the world, resilience building after trauma

7.16. **TOPIC:** The Intersection of mental health, trauma, and intellectual disabilities

**CONVENER(S):** Colleen Horton

**NOTETAKER:** Colleen Horton

**TIME & PLACE:** Thursday, November 29th at 10am in Nueces

**PARTICIPANTS:** Colleen Horton, Brett Rowlett, Lisa

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**
The discussion focused on the need to recognize that individuals with intellectual disabilities (ID) experience trauma and the resulting mental health conditions but these are usually overshadowed by the disabilities and rarely do these folks have access to mental health assessment, diagnosis, treatment, support, or trauma-informed care.

- People with ID experience trauma at much higher rates than the general population
  - Abuse (sexual, physical, emotional)
  - Exploitation
  - Isolation
  - Bullying
  - Institutionalization

- People with disabilities experience mental health conditions at higher rates than the general population – 34% for people with ID versus 20% for the general population.
- People with ID receive “behavior management” or “behavior interventions” instead of mental health services or trauma-informed services and supports
- People with ID are not offered the opportunity for recovery from mental health conditions or trauma; the goal of services offered to them is instead focused on control and compliance.
- This population is often marginalized and therefore not seen as important enough to consider their mental health/trauma needs
- There are challenges involved in providing mental health services to individuals with ID including but not limited to:
  - Communication challenges
  - Professional biases
  - Mental health workforce shortage
  - There is a great divide in the service delivery systems between mental health and intellectual disability – little to no collaboration between ID and MH workforce at the local level

Call to action steps:

- Need to change the service delivery paradigm starting with changing understanding of co-occurring mental health and ID
- Need to understand the problem and motivate organizations to change their perspectives on meeting the mental health needs of individuals with ID
- This will require identifying champions, continuous effort, and individual storytelling
- Need to include performance measures in service contracts related to the mental health and well-being of individuals with ID
- Include individuals with ID in the recovery movement.
- Continue building awareness while also focus on building workforce capacity.

7.17. TOPIC: Mutuality Healing through shared stories

CONVENER(S): Mike McGinnis

NOTETAKER: Julian Aucoin
TIME & PLACE: Thursday, November 29th at 10am in Harris

PARTICIPANTS: Zach Mickey, Charlotte Buchanan, Patricia Watlington, Jillian Aucoin, Elizabeth Reger, Lydia Martinez, Melanie Clark, Rhonda Saenz, Phil Wield, Anita Correnti, Anureet Sethi, Edigold Mouday, Caren Howard, Brenda Vezina, Barbara Rypinski, Julie Millard

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

- Seeing the whole person, not just the traumas
- There are power differentials in the WORLD, MUTUALITY BRINGS US AS PEOPLE to a level playing field
- YOU CAN'T PUT OUR Experiences ON A DEGREE, They are STILL INCREDIBLY VALUABLE
- PROVIDERS OFTEN HAVE THEIR OWN LIVED EXPERIENCES OR TRAUMA BUT DON'T IDENTIFY

HOW AND OTHER COMMENTS + CHALLENGES

- WHAT CAN YOU SHARE AS A PROVIDER FOR THE BENEFIT OF THE PERSON RATHER THAN YOURSELF
- WE MAY NOT SHARE THE SAME EXPERIENCES, BUT WE MAY STILL BE ABLE TO CONNECT TO THE EMOTIONS & SENSATIONS THAT GO ALONG WITH IT
- MY HISTORY IS EQUALLY AS IMPORTANT AS MY SHOE SIZE
- JOY CAN LEAD TO HEALING

WHERE ARE WE FALLING SHORT?

- Documentation currently is being done frequently w/o the person it is about. CAN WE WRITE WITH THE PERSON PRESENT?
- IN AUSTRALIA PEOPLE CAN OPT IN/OUT TO SEE THEIR DOCUMENTATION - COMING [●] - ‘My Health Record’
- WITH GROUP FACILITATION, HAVING PEOPLE WRITE ABOUT THEIR EXPERIENCE
- DOCUMENTATION CAN STRUGGLE TO MAINTAIN MUTUALITY AS WHAT IS WRITTEN COULD TAKE POWER AWAY
- WE ARE MORE THAN OUR TRAUMA

WHERE TO WE NEED TO FOCUS OR OTHER THOUGHTS

- WE ARE ALL PEERS BECAUSE WE ARE ALL HUMAN
- WE NEED MORE INPUT FROM SERVICE RECIPIENTS TO IMPACT HEALTH CARE

Supplementary notes by Patricia Watlington:

Sharing stories helps to feel understood. Others may be going through the same thing and if you come together and share our trauma, you may feel better with mutuality. Open groups for everyone to share stories.

Seeing the whole person not just their trauma
Recognizing power differentials in the world and finding what is mutual we can find ourselves being on the same level. Humility brings us as people on an equal playing field. You cannot put a price on the value of people. You also cannot put our experiences in a degree. People have value in their experiences. There is definitely a power struggle going on now. Clients feel less than. We need to find mutuality.

Our voices need to be loud, clear, and articulate. When people share their stories, it helps them and the other person. Sometimes it may help the listener just as much as it helps the speaker. It may be empowering to hear someone else share their story that it gives you the confidence to share yours. People share compassion with each other once stories are shared.

Human beings are made to connect with each other and it's natural to be able to be able to connect with each other.

Problems with mutuality is that providers have a rule of not sharing themselves. It must be appropriate and timely. Must be appropriate in terms of when to share to gain mutuality. Don’t be argumentative in terms of internal values and make sure you are non-judgmental if the person has different values than yours.

We need to be able to connect to the emotions and sensations that go along with it. When someone finally gets through trauma and no longer crippled by it. Joy comes, how does people deal with this new found joy? It’s something that seems good but it’s difficult to figure out how to deal with it.

How can you tell people that you may have trauma in an environment when nobody expects it. It may cause decompensation without someone to talk to. We have to remove the stigma!!! Depression is crazy. Language has to change. Group therapy helps with mutuality; art therapy together, workshops called my sanity is my priority, I am young at 50 (Anureet’s ideas). These groups help people come to specific groups that identify with them personally. When we celebrate together, the joy brings healing.

Taking initiative to begin peer groups; people may feel more comfortable to share their story if they have someone that took the lead as a peer.

Mutuality can mean more than mental health issues. The way we relate to others is mutuality. We are all peers because we are all human.

Allowing others to speak.

Where are we falling short?

Documentation- begin collaborative documentation, be able to view electronic record and put your own notes, let the client write out what they got out of the groups,

Mutuality in the workplace.

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7.18. **TOPIC: Retraumatizing a person during a crisis**

**CONVENER(S):** Tami Delmark

**NOTETAKER:** Victoria Ingham

**TIME & PLACE:** Thursday, November 29th at 10am in Hidalgo
PARTICIPANTS: Patricia McGinnis, Victoria Ingham, Dorothy Light, Michael Keriulci, Bernadine Williams

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

Discussed retraumatizing while a crisis – turning it into an opportunity for advocacy and education.
- What can be done different by cops? They catch bad guys – should they be doing this?
- If not, who should be responding to crisis calls?
- Do they target the same people?
- Their stereotypical view of people with mental illness.
- They didn’t hear her when she told them she was a trauma survivor.
- Do they understand what trauma means in terms of how it effects those they interact with?
- You’re not arrested buy you ARE arrested
- Civilian Review Board – With subpoena power (so you can get the records)
- 911 should be trained differences between crisis vs cops
- MCOT - cops with peers going out on call, system is flawed.
- Police needs to defer to crisis lines.
- Counselors in 911 call room, giving resources and screening calls.
- It needs to start at the police academy.
- Sandra Bland Bill – mental health assessment for everyone going into jail.
- The culture of the police officer – they’re taught to take charge and believe no one. They’re jaded.
- Do police escalates the situation.

7.19. TOPIC: STIGMA strategies for abolishing stigma

CONVENER(S): Cathy Wield

NOTETAKER:

TIME & PLACE: Thursday, November 29th at 10am in Travis

PARTICIPANTS: Cathy, Shea, Jane, Adrian, Justine, Laura

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

The group addressed how stigma is a world epidemic. Some people say that stigma is over and no longer exists, but this is so not true. We need to see more acceptance and not have people not looked down on for having an invisible challenge. No one belongs “in a box” we should be free to live outside “the box”. Words play a huge part of stigma. We need to change our langue and vocabulary. We need to see people for “who” they are and
not as a “consumer”, “client” or even as a “diagnosis”. We do not see individuals with a diagnosis of diabetes or cancer as that diagnosis we should afford the same respect to those that have a diagnosis in mental health. Someone with a physical health diagnosis as their organs becoming ill but we do not give the say empathy for someone who face mental health challenges. There is stigma with individual that have seen war and are turned away by family because of their participation in the war. In the different cultures represented in the room mental health is seen differently from everyone is free and seen as a treasure no matter what to mental health as a continues taboo subject. Also discussed was the fact that someone with a diagnosis when having a bad day is seen as aggressive and scary but someone that does not have a diagnosis is not seen that way when having a bad day. In most cases the person with a diagnosis is more likely to be a victim of aggression rather than harm someone else. The group agrees that a call for action when it comes to truly decreasing stigma in the world. It was shared what one mental health clinic does every year for staff to sign. “Our pledge” I pledge that I will do my part to end the stigma of mental health. I will not define a person by their diagnosis. I will allow their character to shine. I will educate others to not see a diagnosis but to see the individual for who they are. I will support children and their families through their journey of recovery. I will remind them of their strengths and their vision for their family I will empower others to take a stand against the stigma of the world and be a champion for children’s mental health by signing this pledge I will not define others by a diagnosis but ensure that they know their worth, support and assist them in defining themselves. Cathy shared her books that she has written ‘Life After Darkness’ & ‘A Thorn In My Mind’

7.20.  TOPIC: Love and be loved

CONVENER(S): Yoram

NOTETAKER: Bernadette Solorzano

TIME & PLACE: Thursday, November 29th at 10am in Navaroo

PARTICIPANTS: Did not take role

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

- Sometimes everyone is in a situation where they have trauma
- Convener share that he had a situation of trauma and decided to work on himself and not rely on someone else. Concluded it was a good decision to rely on himself and not someone else’s
- He began to find opportunities arose from unpleasant situations and learned to love himself deeply. Very important to love yourself first and support yourself and find something good that works for you.
- He chose to begin writing short stores, although it was hard initially, he eventually succeeded. Each person must find their own process, art, reading cooking – whatever is good for the self.
- Next, he told his family that he loved them. He explained his situation and his family was happy to support him and be a “part of him.”
Next he set a “target” to pursue; a small goal that he knew was achievable. It was something concrete and obtainable.

After he felt good about his family, he moved to his friends. Not work related friend although he enjoyed a group of work friends that made him feel good.

He joined a “country club” and found a b group of friends on “What’s App” and they made him feel good. They wrote each other in the app.

At the country club he began doing gymnastics every day. Everyone in the group were about the same age.

They now meet once a month and have lectures, even funny ones. They serve refreshments after the lecture and men and women break out in separated groups to chat, laugh and share stories. The meetings last about five hours.

On holidays they have a party that everyone attends.

America has a slogan – Yes I can. He said if you believe something that it can happen.

Suggested the book: No Care by Dave Carnegies. Read the book and find solutions. The motto is “If you are in a bad situation, it could be worse.

By the time you love people, you want to support them. If in a bad situation, what can you do to make it better. Shared invitation to the group.

Group member – said she realized that she could look to past successful relationships to help her with her current challenges. She had previously had success with daily affirmations. She wants to figure out a friendship group. So many people are lonely and life challenges and struggles include loneliness.

Wondering how to created friendship groups. Internet?

Morning rituals of gratitude for life, self and nature.

Another participant: Does not matter what others told her – affirmation did not work for her either.

Must love yourself and be your own best friend. Learn to accept compliments.

Group Exercise

Each member of the group shared with each participant compliments and positive impressions with each person and every person in the group did this.

Result

Feel “glory”, loved and positive

People came a long way to help everyone feel the way we do right now.

To love and be loved can come into conflict

Nothing can go back to the same way so need to notice each day something new to love about each other.

Have to create a new image or understanding every day and share good words.

CONCLUSIONS

The othering creates misunderstanding and hard feeling. The “othering” of ourselves because of negative thinking or harsh self-judgment isolates and damages ourself.

Try to be kind to each other and do good deeds to help others.

Be aware of our privilege and remain humble and curious about others’ experiences.

Include spiritual and cultural understandings and be the change we want to be.
Share your process with those who love you and it can create a gift for them as well.

IDEAS FOR ACTION

Each of us decide today a small target of what to do better for ourselves. Wish for success and then create the next target. It is a good feeling to follow your dreams. Each target is a small dream.

7.21. TOPIC: Sex Trafficking

CONVENER(S): Priscila Lydia Martinez

NOTETAKER: Melanie Clark

TIME & PLACE: Thursday, November 29th at 11am in Nueces

PARTICIPANTS: Brett Rowlett, Lisa Yates, Bernadine Williams, Elizabeth Reger, Melanie Clark, Priscila Lydia Martinez, individual from Taiwan (name unknown)

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

- Houston and Dallas are high sex trafficking in Texas in the US
- Human trafficking in profits of roughly $150 billion a year worldwide
- Move the governments globally and it will change
- Largest cohort boys and girls ages 12-25
- Modern day slavery
- In the US, 4.8 million people are mostly women and children are trafficked in the commercial sex trade in 2016 worldwide
- More than 1 million children are victims of commercial sexual exploitation in the US
- National Human Trafficking Hotline 888-373-7888 (legal staff 800-300-2100)
- Text help@humantraffickinghotline.org

Actions and How to break the silence and be the change makers:

- Programs to return to the community
- Moving away from criminalization of sex trafficking victims
- Awareness presentations at churches and schools
- Work with police, hotels
- Advocate with city commerce
- Strong slogans
  - “Save Our Daughters”
  - “Protect the Children”
  - “No Human for Sale”
  - “Not for Sale”
• Symbol of “safe house” or “safe person”
• Steal awareness techniques from Animal rights and Environmentalists
• 5 min radio spot (person suggested)
  o San Angelo
  o Abilene
  o Rural areas
• Guest on local TV show
• Need for translators (ex. Spanish speaker’s outreach)
• Go to editorial boards at newspapers
• Encourage men to be allies
• Workshops in churches
• Students groups for colleges
• Vigils
• Talking circles to raise awareness
• Social Events … provide food and info
• Symbol unique flag like the veterans use for Veterans Day
• “Pair of shoes” symbolizing each victim
• “Promo” cards
• Billboards
• Flash mobs
• Partnership with other groups
• Contact foundations for funding
• Contact electoral candidates to support no human trafficking (follow up after election is over)

7.22. **TOPIC:** Beyond trauma building resilience from disaster

**CONVENER(S):** Chueh Chang and Bernadette Solorzano

**NOTETAKER:** Bernadette Solorzano

**TIME & PLACE:** Thursday, November 29th at 11am in Navarro

**PARTICIPANTS:** Did not take role

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

• Chueh invited everyone to greet each other in the Taiwan Lauhing Qigong fashion of waving to each person, making eye contact and saying Hi.
• She opened the discussion sharing her experience of natural disasters in Taiwan and also man-made explosions that occurred.
• She showed a graph of Promotion and Prevention
Discussed what to build more mental resources and also focus on prevention.

In an earthquake, need to focus on saving your self and helping people in your community because rescues could be delayed. She said this is also the same situation in the case of typhoons. How do you find the resilience to help yourself and your neighbors.

Participant from Wichita Falls, Texas shared her agency’s experience when the fertilizer factory blew up in West, Texas and people not only lost family members but also their homes and their jobs.

Many participants shared their experiences with the hurricanes in the US, Katrina, Harvey, Irma and Rita.

Seattle is now concerned and trying to prepare for eventual earthquakes. Chueh mention about Japanese model of disaster preparedness, from self help, mutual help, then gov help (public help). They are preparing kits to grab and go that include hard hats, water, three days worth of medications, important documents. One participant shared that her step-father organized a neighborhood group.

The aftermath of the Oklahoma City bombing of the Murrow Building and how she helped and realized that she was good working in crisis mode. At that time, not much technology existed to help.

Dealing with people experiencing homelessness has also proved difficult during natural disasters where some communities placed a 72 hour hold on people and placed them in mental hospitals and they became trapped in the system because they could not be released without a place to live.

How to protect people’s rights is an issue.

In Ontario, Canada they deal with forest fires much like has happened in California.

Repeated flooding that destroys First Nations homes in Canada that happen every year. How do people handle that? Is it complex trauma?

How do people cope differently with a natural disaster as compared to complex trauma that occurs repeatedly over time.

Participant who has lived in Houston for twenty years and his home was barely spared from flooding then worked as a volunteer in a shelter. He experience burnout and vicarious trauma

People lost birth certificates, drivers licenses, social security cards, passports, educational documents

Need to address basic needs for survival but then need help to rebuild their lives on every level.

CONCLUSIONS

Need to come together to heal

Help reduce stigma of seeking mental health support. Perhaps relabeling it as something that people will not feel they are being judge if the access.

Collect stores after the disaster to show how people transformed their lives to share with their children

How did the community grow from their resiliency?

Taiwan created a rescue math for the children in the schools so that there will not be a repeat of 1999 when parents could not find their children. They do this drill every year on 9/21.
• De-briefing needs to be individualized and also focus on the person’s strengths and not just their negative experiences.

IDEAS FOR ACTION
• Preparedness needs to happen as a group in terms of helping reduce trauma by planning ahead.
• How do we provide for both the survivors of natural disasters and the responders helping to promote resiliency?
• Create a public policy train police and responders to help facilitate the accessing of mental wellness
• Post-traumatic growth can be introduced to help support people who has gotten out and helped others – acknowledging their strengths.
• Everyone involved needs to be helped
• Create a self-help with a chart that suggests what you need to have ready to go
• Integrative approaches
• Introduce some normalcy like books, sports
• Volunteers to help cook, do massages, give haircuts
• Create plan on how to help the disabled and the elderly

7.23. TOPIC: Trauma of Loss

CONVENER(S): Jeffrey Geller

NOTETAKER: Patricia Watlington

TIME & PLACE: Thursday, November 29th at 1:30pm in Hidalgo

PARTICIPANTS: Victoria, Carolyn Rich, Charlotte Buchanan, Patricia Watlington, Lisa Yates, Brett Rowlett, Bernadine

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

Thesis: There is no trauma without loss
Loss either the basis of trauma
Loss is fundamental
Example: Story about a young girl being sexually assaulted by her father until she gets her first period to avoid pregnancy. She doesn’t tell anyone for 8 years.
Example of resiliency. Outcomes: Person was dissociated and was a people pleaser.
She was elected for president in high school because she did everything for everyone.
In high school she went on a date and got raped by a her date. She decided not to tell anyone. The boy asked her out again in which she said no. He warned her he’d kill himself if she said no and he did complete suicide. Eulogy was supposed to be given by her because of being student president. She didn’t show up.
She later marries and divorces. And marries again. One day she gets lost and has to call husband to get home. She has a breakdown and is put into a psychiatric hospital. Upon
discharge, she says she wasn’t in the planning meeting and was in fact there. So they keep her another week. They don’t find anything wrong.
Loss of a figure that they think is supposed to be trusted. Father sexually assaulted her and mother did nothing about it.

Criteria of trauma is different for everyone
Criteria: does the person have nightmares, flashbacks, alters life functioning, age appropriate reactions to trauma,
Loss does not equal trauma. But the other way around.
Examples of loss
Loss of voice
Loss of innocent
Loss of self
Loss of protective parents
Loss of relationship
Loss of trust

What if the response of the trauma avoids the feeling of loss
Distinction of trauma between the experience of trauma without the experience of loss.

What helps people get through trauma may be different but its one day at a time
Anticipation of trauma is a learned behavior
Brains work by association
some people see trauma as a gain and some a loss

7.24. TOPIC: Growing a trauma informed and responsive workforce in your community

CONVENER(S): Rhonda Saenz

NOTETAKER: Lauren Hargrove

TIME & PLACE: Thursday, November 29th at 1:30pm in Harris

PARTICIPANTS:

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

How do we go back to our communities and build a workforce/group of people who are going to help support people who have had trauma and come out more resilient.
North Texas community LMHA covers 19 counties. We have a lot of people and a lot of area to cover. The challenge is getting information out to all of the people and what they need.
We have trauma such as domestic abuse drug abuse sexual trafficking in our local areas.
In Uganda, our girls are often survivors of trauma. We have developed youth groups to help girls meet with each other and learn from each other. After 35 is when people are considered adults so that has an effect on the services they have access to.
How we help our staff and helper people take care of each other. We provide MHFA as one option. We do ASIST training for employees. Maybe taking that out to the community as well.
Action step ideas:
Trauma table at community events for education purposes.
Partnering with a like-minded organization in the area.
IN Uganda: created the Community resources office to assist others.
IN war affected zones: we have a center that people can come to get assistance. Also those that have been affected by HIV/AIDS crisis.
However, the approach does not seem to be very organized, probably because of stigma. Stigma seems to be a common theme of many getting help everywhere. When people hear the word trauma often people don’t want to hear about it or talk about it. It feels invasive.
The understanding of what all trauma can encompass is sometimes an education opportunity for people. The may be thinking of a specific event when in fact it casts a huge net.
Urge people to have more conversations about it. In general. Finding opportunities.
Maybe if we as professionals are more willing to find opportunities to talk about our experiences it can encourage others and those with life experience to be aware it needs to be talked about.
Tell people it is ok, you have done your best, and tell them often.
Utilize the local crisis response teams if available.
Start educating younger about how trauma can affect people and what you can do to help.
Use church groups/community groups (boys scouts, etc.) to educate where available.
An anonymous hotline for providers to call for help when needed is used in some areas.

Being able to have those conversations in a lot of different places is the general theme of the discussion.

7.25. TOPIC: Trauma - We know what it is, now what's the solution on a macro level?

CONVENER(S): Rachel Michaelsen

NOTETAKER: Rachel Michaelsen

TIME & PLACE: Thursday, November 29th at 1:30 pm in Ballroom

PARTICIPANTS: Dorothy Light, Elizabeth Reger, Phil Wield, Mike Maclnnis, Anureet Sethi, Eva Dech, Julie Millard, Tracey Bone, Sarah Tushemereirwe, Justine Bappenda, Diane Brown-Demarco, Anita Correnti, Dena
SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

- interperson
- systemic - govt
- war/terrorism
- intergeneration
- nature
- timing of interventions
  - immed disaster response
  - emot, support w/i the community
- grass roots engagement/listening to needs Ø telling
- written lit during immed post-discestor
- telling disaster relief orgs need for mental health - gave manual for disaster response
- best practices manual for providers working w/ interpersonal violence
- the blueknot foundation
- government nudging for $
  - need data
  - personal stories
  - benefits
  - risks if services not done or poorly done
- preparedness
- mental health preparedness
- Federation statement: MH needs of population have to be considered & address
- Statement: responsibility to have best practice around MH tx and case recog. service & care can retraumatize people
- Best practices - needs to address retraumatization as a natural MH need
- Refugee Community - work w/ communities to support themselves - organisations can help by working with population
- Best practices - include national/international stance in restraints and seclusion and retraumatization
- After Natural Disaster - Rape, starvation, etc. need collaboration to make sure MH on agenda
- Action: better collab w/ WFMH & Int’l agencies w/ MH on agenda
- packages of care - list of alternative solutions available worldwide
- list of help
  - religious orgs
  - hear about programs that work
  - messaging what trauma is and its impact including economic
global common message which cannot be denied
bill of rights - what people deserve

- tools to capture grass roots engagement
  - self
  - mutu

- yearly recognition of trauma
- trauma informed - make a shift internationally
- seeing people for people - principles of trauma informed
- how to get gov to wake up & respond - need for evidence
- where to get support for research - collaboration
- data - culture bound value
- can use stories to obtain “data”
- state truth about trauma in communities
- change both comes from changing attitude
- who is in the community, who is collecting data
- how data is interpreted - opioid addict sx & trauma
- prisons - trauma
- impact of incarceration
- story good for grass roots
- stats good for governments
- WFMH - section: trauma
- nursing homes promote trauma
- soul injury - help in the form of spirituality

7.26. **TOPIC: Building resiliency in children**

**CONVENER(S):** Mary Tolle

**NOTETAKER:** Mary Tolle

**TIME & PLACE:** Thursday, November 29th at 1:30pm in Travis

**PARTICIPANTS:** Paige Seymour, Shea Meadows, Chueh Chang, Bernadette Solorzano, Tami Delmark, Melanie Clark, Priscila ‘Lydia’, Barbara Rypinski

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

**Questions:**
1. Can we stop or prevent trauma from happening? Completely? Now?
2. What would happen if everyone already had built significant resilience?
3. Where would we start building more resilience?
4. What are some tools for building resilience?
5. How can we change cultures across the world to focus on building resilience and increasing self-care?

**White Board:**
Parenting w/ Love & Limits

**SKILLS/TOOLS**

- **CONTROL** - HEALTHY CHOICES - Life Skills
- **SAFETY** - (to speak, honest)
- Let Kids have a say in classroom rules
- Emotional Wellness | Self-regulation; Physical health
- (list of behaviors they may want to change *real statistics*

**WHAT WE CAN DO**
- Validation (Feelings!)

**RESPECT**

don’t assume they have basic life skills

*MODELING

Ask why for problem behaviours

BE A SAFE PERSON

**Notes:**

Children

When it happens - it makes a difference - how gov are support
cocooning - isolation
taking
positive approach w/ kids
what did you learn from that?
expectation - it took you a long time to get how - it will take you a long time to get better
[●] - integrate personality - break off into [●]
work together as a team - negotiation
mental health field-work respectfully w/ people

**Topic -**

1. Can we
   No
   suicide prevention coalition - 0 suicide
   wanted to have that vision to inform own actions -
   pain is pain
   not all trauma leads to PTSD
   [●]
   supportive
   right after trauma - PTSD can be prevented
resiliency
positive intervention right after - support - less likely PTSD will
brain rewired, body affected, biological basis
wouldn’t know light w/o darkness
metaphor - life like a wheel - top + bottom
- circular
preventing - not create bad people/good people
all [●] power to be good/bad
everyone is capable of both
childhood sexual abuse prevention
protect people from bad -
some good people do bad things
[●] over control
child traumatized by teachers + other kids
resiliency starts w/ parents
parents told how horrible kids are
parents didn’t have skills
compassion, how love shown - restrain
train parents to be OK - what doing that behaviour
he oriented behaviour - get to bottom of environment
change whole philosophy of school [●]
helpful intervention
groups at school
amazing teachers
intervention can happen
child needs 1 stable person in life to be resilient
school - talk to teacher, counsellors
didn’t find self at home
parent + staff education - parenting classes - scares them
[●]
[●] Your Family
Parenting Classes [●] School District
TX Child runs - Whole Health doesn’t partner w/ others than LMHA - need to
vision - instruction - same be LMHA
coping skills - for children
room - relationship - closer as you [●]
antibullying - non-exist on schools part
teach skills - not good at home, build relationship
bully at school - fought back - abuse - felt control
called her into counsellor’s office - sent to principal’s office - [●] to counselor
group - attend - resolution
home - not normal thing - not supposed to be happening - talked about not secret
opened up - put me - thinking different
What's [●] supposed to look like?
not talking about trauma - group - secret
our club - not called support group
about - didn’t - peer support
DARE -
peer support in school

Children
another way to [●] - [●]
teenagers
What is the need? never [●]?
Tools
Safety - [●] - not get in trouble - control - choices
tell me truth - won’t get in trouble
clean your room now or in 10 min - illusion of choice
control in classroom - group rules
do it as a whole -
kids - [●] - buy it from them
Preschool - therapeutic -
open CPS - closed
Kicked out of Headstart
Small kid ratio to teacher ratio
moms volunteer

gratitude trust
complementing each other
[●], [●]
continuing to thrive

families are symptom
First responders - trauma training
build rapport
self-care training
CIT Training - training to police - crisis intervention training
any skills - must be learned early
1 [●] person
What could we do for children in our lives?
validation - doesn’t mean you agree
invalidated - entire life - grew into not trusting emotions

validation - parking - don’t tell you
parked to [●] - just you parked
that's what validation is

Paper [●] - ACES therapeutic school
movie
This is the way you feel - now what do?
ask children
ACES study - to parents

respect - children
forgiveness - parents, [●]

my parents are real people - they had terrible childhoods
how do they know how to parent?

train kids
hurt people, hurt people - understand the bullies/parents

healing people
open w/ children - told what happened to me
don't teach emotional wellness - in school

parents - class - life skills, [●], interview, [●] [●], social skills - high schools
how to parent -

not [●] children learning basic lifeskills things

self regulation
[●] [●] - holistic, nutrition, exercise
It is ok to cry

Life skills -
[●] behavior
parenting w/ loving limits PLL
parents/children participate together
prevention
kids - learn skills
parents - learn skills

parent DBT
kids DBT
- slogans - list behaviors
parents struggling w/
how do you get parents to do this

- every school district
Blackboard - Portal - into
go to [●][●] - raffle - TV
earn points
parents [●] - points + more

[●] Schools - win a dinner -
free family med - centering comes from

Free Yoga

kid would [●] would go - [●] not separately

Feed them, they will come - part of message
Fear - reason parents went to [●]

When a child is acting out?
What do you think the child is trying to tell you?

Kid - not in trouble at school
mom - kid hits her, tells her she wants to kill her - mom being [●][●]

How do you make someone become a customer?

School [●][●] - why is he behaving this way?

Children’s book

7.27. **TOPIC: Childhood trauma/Restoring an innocent mind/Recovery**

**CONVENER(S):** Sarah Tushemereirwe,
With Monday Edigold and Justine Nuwagaba Bagyenda

**NOTETAKER:** Tracey Bone

**TIME & PLACE:** Thursday, November 29th at 3pm in Hidalgo
I am Sarah Tushemereirwe, a mental health advocate, the founder of Free Mind Hive, a non-profit Organisation that envisions a mentally healthy society free from stigma and prejudice. Our mission is to create mental health awareness through education, advocacy and support. With values of accountability, confidentiality, compassion, and hope. As a child, I was emotionally, physically and sexually abused. I was always in and out of hospital. All these traumatic events contributed to the mental disorders that I was diagnosed with at 12 and later started medication at 14. I battled with depression, anxiety, bipolar, self-harm, suicidal tendencies & more.

The mind of a child is so rich and colorful, full with potential. The child can blossom and have a colorful future. The possibilities of who they can be, of how they can impact their communities are immense.

Trauma has the ability to influence a child’s development, their educational achievements and their potential to live a fulfilling life.

Fortunately, even when children experience a traumatic event, they don’t always develop traumatic stress.

But the earlier a child experiences child hood trauma, the harder it is to develop mental resilience. Mental resilience needs to be developed in the earliest ages in order to have our adolescents and young adults coping well with the challenges of the changing world thus promoting good mental health.

Childhood trauma has played a major role in the rise of mental disorders, teen & young adult suicide and Increase in the use of alcohol & substance abuse. According to World Health Organisation, 1 in 4 will suffer from a mental disorder with half of all disorders beginning by the age of 14 and three-quarters by mid-20s.

Impacts of trauma(s) compromises mental health le. There is a need to speak up.

Philosophy (both Sarah’s personal, and that of her non-profit organization Free Mind Hive) is “it’s okay not to be okay” it’s okay to need help. So seek help.

Important for professionals, including teachers, social workers, allied helpers, and helpers to understand the origins of trauma, as behaviours often result from that origin.

Sarah shared her own personal story of multiple and cumulative traumas including early age illness, parental separation (African proverb – When 2 elephants [i.e. parents] fight, the grass [i.e. the children] suffers), emotional distress, neglect [felt unloved by parent caregiver], early age sexual abuse. But lack of trauma therapy, and inadequate training of those around her including family and teachers, symptoms went unnoticed. Referred to the movie “Is your story making you sick?” Comments from Sarah were that if family and surrounding educators, professionals are not aware of trauma or its symptoms, needs of child go unaddressed.

Other forms of childhood trauma:
- forced marriages
- social media abuse (cyber bullying)
- experiences of child soldiers by virtue of civil unrest
- in Uganda and elsewhere—practice of female genital mutilation (FGM) continues. Impact of is traumatizing
- understand impact of re-traumatization
- impact of hospitalization
- school - bullying and other
- substance abuse (again, what has contributed to substance use/abuse. Must understand the contributing factors to the behaviours, not the behaviours in isolation.

Important: Talk about when someone is not okay – it is okay not to be okay. Children must be supported to seek help when their life experiences are causing them harm.

Important, professionals must understand the types of childhood traumas, and their potential impacts, and assist child as needed. Cannot simply “band aid” the symptoms, but rather must seek the traumas underlying the symptoms.

Important for professionals to understand the personal traumas experienced by individual children – must obtain clear background information on individual children – cannot assume all experiences are the same nor are all reactions to those traumas the same.

Professions must receive training in how to identify symptoms of trauma at earliest stage and take most appropriate for needs of that individual child.

Regroup children [based on age or other appropriate characteristic] to offer assistance / support that is most appropriate to that group - while also acknowledging uniqueness of trauma experiences.

WHO statistics – what are statistics around childhood traumas? How can we use that information as developing Action Plan?

Question: How can we protect our children from traumas?

Suggestions:
- 1. Teach children at young age language necessary, as well as skills in how to how to find and use their voices if abuse or trauma begins. Teach skills and enhance sense of self-worth.

2. Educate teachers etc. how to recognize signs of trauma. Move beyond seeing just the behaviours to trying to understand the cause of the symptoms/behaviours.

Design principles: What services need to be developed or implemented to provide a safe and supportive environment for our children, including those who are most at risk?

CALLS TO ACTION (PLAN): Given diversity across countries (high, middle, low income countries) best to create principles that can be adapted as appropriate per country’s needs).
- Addressing trauma at earliest age requires advanced training for teachers and other professionals to be able to assess and recognize trauma-related symptoms. Financial and other support to develop and/or implement support services to identify trauma at earliest age or time possible. Trauma-informed training.

- Teach children it is okay not to be okay. Develop strategies for teaching kids appropriate coping strategies to be able to use their voice if abuses or trauma occurring. (Some discussion about different impact from single time versus repetitive; length of abuse; type of abuse; other. Important to incorporate in training resources.)

- Discussion on ACE assessment tool. Developed by Dr. Nadine Burke. Has been, but may not be currently used in school systems. Discussion on its use in schools.

- Reference made to program – “getting brain ready to learn”. (Not the name but concept of the program). Teaches kids how to identify when they are feeling stressed, and how to talk about it. Brain readiness – teachers teach children how to recognize - normal stress/ tolerable stress/toxic stress. Once children able to identify difference, program teaches kids how to change how they learn. Goal – for children who receive the training then asked to become leaders and help their friends understand the program. For teachers those who receive training then champions to forward the training to other educators.

Principles:
- In childhood trauma – importance of relationships (consensus from group that a single relationship – be it teacher, neighbour, day care worker, or other person – can provide support necessary to reduce impact of trauma). Relationships can serve as buffer against negative experiences.
- Peer support is important – may be in form of children's/teens telephone helpline(s). Must explore topic for helpline, structure of helpline, and resources to support (financial, volunteers, other).
- Afterschool support. Example given from US. After school program developed out of need identified by parents – wanted a safe place for their kids after school. This evolved into parent hotline, parent supports, kids loved their own space and time.
- Meal programs. Breakfast or lunch – children provided one nutritious meal per day guarantees is receiving nutritious food irrespective of family circumstance. Funded by?? Government, non-profit, parents, other.
- In US, one school program provides kids with backpack to take home every day – contains nutritious food items for family.
- Impact of games or gaming on children's lives? Are games to blame? Must understand the root cause of children playing violent games, or excessive time playing games.
- Parenting courses. Must teach acceptance, non-judgmental, unconditional positive regard, unconditional support, etc. Also, teach parents alternatives to violence. Share stats on impact of violence and trauma - risk to children if not meeting their basic fundamental needs.
Examples shared from Australia, Canada, US about telephone help lines; youth peer support programs; hospital support programs, etc.

Conclusion:
An engaging, interactive discussion about the impact of childhood traumas (both detected and undetected) on youth, young adults, and even adults. General consensus that better, trauma-informed education (for teachers, social workers, allied professionals and parents) is needed to help all recognize signs and symptoms of trauma at the earliest possible stage, and support children to receive supports they need. Countries could share information about existing resources, and countries could then adapt as needed per country.

I am just one of the people who have experienced early childhood trauma, but they could be billion people others with my kind of story without a privilege of understanding what is really going on, without having the family and communal support, they need or the privilege tell their story. Millions could be dying in silence. With the right policies and practices, we can raise awareness to the impact of childhood trauma, and offer support and better trauma informed services to the traumatized children, families and communities as early as possible, we will definitely reduce the impacts of trauma. The numbers of individuals with mental disorders, substance abuse, suicide and many more will go down thus minimizing the cost of health and unproductivity.

Dr Caroline leaf one of my role models says, we cannot control life’s circumstances, but we can control our reaction to the events of life. I could not control the events that led me in this wheel chair but I have chosen to empower myself and others and use my experiences to give hope to the mentally ill and their loved ones.

Great minds discuss ideas, average minds discuss events and small minds discuss people. Thank you for discussing the trauma and interventions

Pain is real so is hope.

Fee Mind Hive: Building a Better Future for those Suffering Affected with Trauma & Mental Health Issues around the World

When one looks at developed countries, we see how better established they’re in the management of trauma, mental health, substance abuse and suicide than developing countries. Fortunately, developing countries are on the path to establish most these services.
Isaac Newton once said that, ‘if I have been able to see further, it’s because I am standing on the shoulders of giants.’

Using this analogy, the developed countries are the giants and the developing countries should be Isaac Newton. We do not have to reinvent the wheel. We can quicken the process by establishing networks and partnerships between organisations in developed and developing countries to share their best practises of how they do what they do. Financial and human resources can be offered too.

For example, if ones organisation addresses childhood trauma, they could easily find another organisation that’s already successful in that field and offer their guidance and expertise to the other organization to help improve on their methodology and knowledge base in the said subject area.

In regards to the concluded World Federation of Mental Health Summit, Free Mind Hive proposes the following;

We design a system that allows different organizations to share and collaborate with one another in regards to handling cases of trauma and their code expertise.

World Federation of Mental Health to create a Global Association where organizations that are better established in dealing with management of trauma to share their practices and ideas with other organizations that are just beginning.

Organizations to offer internship trainings to various individuals across borders to better equip them with knowledge on how to deal with trauma cases and much more.

To ease the process of partnerships with other organizations in both developed and developing countries. These will be networks of organisations and agencies that are able to partner with each other so as to offer assistance in financial and human resources for specific periods of time. This will allow us to see the impact of trauma and mental health concerns come to a decrease.

7.28. TOPIC: WFMH Peer Support Section

CONVENER(S): Michael Burge

NOTETAKER: Michael Burge

TIME & PLACE: Thursday, November 2018 at 3pm in Nueces

PARTICIPANTS: 11

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

Objectives

• To increase the number of peer support members on the WFMH website.
To increase awareness of Peer support and the value of utilizing lived experience amongst the WFMH members and leadership.

To explore options to include lived experience stream within the WFMH annual conference.

To increase the exposure of Peer Support / lived experience on the WFMH website.

To strengthen and unite the voices of peer support across the world.

To look at the feasibility of producing a quarterly newsletter on WFMH Peer Support.

**Considerations**

- To develop a preamble, executive statement etc. re having peer as full partners we get stronger together etc.
- To develop criteria for membership.
- To develop criteria for peer representatives on scientific committees. Recommendation to be tabled at a future board meeting by Michael.
- Proposal for separate membership fees to be made as accessible as possible across the world. To be determined similar as for other membership.
- To have a specific Peer Support Facebook page.
- To establish a small working group – already done here at the conference – 11 volunteered and Michael is to email them the first draft.
- To establish Peer Support / Lived Experience Awards recognizing international best practice and new innovations in peer support and lived experience.
- Design WFMH Peer Support T-Shirts, Pens, etc.
- Develop universal Code of Ethics, Values, etc.

**Outcomes**

- Michael Burge to draft a proposal with the above for the WFMH Board by March 2019.
- Acknowledged that we have made amazing strides at this conference by even having these conversations.
- Encouraged more lived experience / peer support people to be involved and participate in the Argentina conference.

### 7.29. **TOPIC:** Trauma informed alternatives in MH and SA services

**CONVENER(S):** Sherry Jenkins Tucker, Roslind Hayes and Eva Dech

**NOTETAKER:** Roslind Hayes

**TIME & PLACE:** Thursday, November 29th at 3pm in Navarro

**PARTICIPANTS:**

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

The RESPITE was the first alternative to be discussed, specifically the Peer Support, Wellness, and Respite centers which are projects of the Georgia Mental Health Consumer
Network and funded through a contract with the Department of Behavioral Health and Developmental Disabilities.

PSWRCs are peer-run alternative to traditional mental health services. All staff are Certified Peer Specialists.

Staff are trained in Intentional Peer Support, which is a trauma informed model of peer support created by Sherry Mead. IPS is focused on building, maintaining, and negotiating peer relationships, with intention on connection and mutual support, using relationship to do something different and deconstructing the concept of being a mental patient.

We are sensitive to the needs of people who have had trauma in their lives. Everyone is treated with dignity and respect.

Adults who come to participate at the PSWRC are voluntary, self-referred, and make their own decisions about which services they choose to participate.

Services offered

Warm line
We have a 24/7 Warm Line where people can call and receive peer support over the phone any time of the day or night. We have a partnership with the Georgia Crisis and Access Line where we can make “warm transfers” for callers who request services that are more crisis-oriented.

Daily Wellness Activities
Activities are focused on wellness, not illness, and moving toward a life of our choosing. Activities are holistic, creative, and recovery orientated, such as Wellness Recovery Action Plan (WRAP), Trauma Informed Peer Support, Art Exploration, and Double Trouble in Recover

Respite
We have three respite rooms that a person can use for up to 7 nights instead of going into a psychiatric hospital. A Proactive Conversation is had when a person is doing well, and it is used to begin to develop a relationship with peer staff before a respite stay is needed.

Other alternatives discussed included
Forensic Peer Mentors, who support incarcerated peers (peers who are returning citizens is the preferred language) with successfully transitioning form jails and prisons back into community.
Peer Mentors, who support peers in transitioning from Hospitals back into community.
The relationships with peer specialist begin while peers are still locked up either in hospital or prison.

Jail and Prison diversion centers were discussed as alternatives to the trauma of getting caught up in the legal system.

The open dialogue model and its success was discussed briefly.

There was discussion about the benefit of having flex funding. We learned of a program that has flex funding to pay bills for peers in emergency situations.

We discussed the benefits of mobile crisis teams that utilize peers (people with lived experience of mental health and/or substance use challenges who have found recovery)

We discussed recovery through the arts and that fact that art in all its many forms is meditative and helps create new neuro-pathways in the brain, directly supporting healing from trauma.

We also discussed trauma informed practices that are seemingly small but make a big difference:
- No touching without permission
- Collaborative documentation
- Not writing notes while a person is talking to us
- Treating everyone with respect and dignity

7.30. **TOPIC: Spirituality**

**CONVENER(S):** Mary Tolle

**NOTETAKER:** Diane Brown-Demarco

**TIME & PLACE:** Thursday, November 29th at 3pm

**PARTICIPANTS:** Colleen Horton, Victoria Ingham, Melanie Clark, Priscila Martinez, Tami Delmark, Diane Brown-Demarco

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

Is there a difference between religion and Spirituality? Yes, they are different. Religion is systemic and Spirituality is individual

- Not all religions address mental health effectively, often people struggling will turn to religion for comfort and answers IE go to church or pastor. Some are traumatized by church and shamed/blamed. This can lead to loss of spirituality. “Pray Harder”
- Churches can be places of love, support, awareness
- It is possible to have church become a safe and supportive place through awareness.
- Church can be a strong link to community, family, and relationships which are critical parts of healing for many people
- In mental health services, providers are encouraged to not discuss spirituality. It has become “taboo” People have been fired from job for discussing religion or “higher power” with clients/consumers
-There is a Mind/Body/Spirit connection. The “Higher Power” can be something to use to carry us through times with we are struggling and need to look outside ourselves. Community/Culture/Spirituality are closely tied.

Gratitude is a big part of spirituality. Also Mindfulness. Exercising mindfulness and meditation is sometimes a spiritual exercise, connecting us to the earth, others, and ourselves.

-Resilience is supported when we know our purpose/spirituality, and we are all connected on this earth in some way.

-When we see the light in someone’s eyes, is that the spirit?

Action: Part of addressing Trauma needs to include considerations of spirituality. It is an individual journey and can be encouraged as part of a healing journey, whenever and however a person chooses. Spirituality should not be discouraged. Spirituality must be embraced.

7.31. TOPIC: LGBTQI

CONVENER(S): Cathy

NOTETAKER: Cathy

TIME & PLACE: Thursday, November 29th at 3pm in Circle

PARTICIPANTS: Rachel, Jessica, Barbara, Cathy

SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:

▪ Being or identifying as LBGTQI results in trauma – physical, mental, spiritual and social
▪ Through discrimination, persecution & stigmatization – economically, housing, healthcare etc worldwide
▪ It is known that rate of suicide and attempted suicide is high in these groups
▪ It is known that rate of self harm is high in these groups
▪ Some individuals and cultures do not care, may execute, and stone, torture and incarcerate people from this group or those who ‘come out’ throughout the world.
▪ LGBTQI is considered a mental health problem as well as a character aberration
▪ LGBTQI is considered sinful by most of the world’s major religions. It may be ‘treated’ by such things as electric shock to the genitals – torture, coercion; denial and suppression are common
▪ Trauma from surgery for transgender happens.
▪ Surgery does not solve the MH problems and there is still a high level of suicide following this.
▪ The group requested a Diversity statement from WFMH
▪ We do not know what research has been done worldwide, particularly since religious groups may not be agreeable to funding.
▪ We don’t know what we don’t know.
There are issues regarding not just identity but experience as well……

**7.32. MOVIE: Is Your Story Making You Sick?**

**NOTETAKER:** Janet Paleo/Anna Gray  
**TIME & PLACE:** Thursday, November 29th  
**PARTICIPANTS:** Unknown  

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

Although this was not a discussion in our typical fashion, the discussion after the movie needed to be captured.

Some observations, when people don't feel in control or shame and angry, being angry gives a person a sense of power and control. Thought point: how can we give people that sense of control and power.

Second point: people used to go out and have harrowing events but upon returning these events became funny or heroic. We used to have the ability to change our perspective because we retold the story around the campfires.

Third thought: Around those campfires, while telling our stories, we celebrated life on a regular basis. We would dance, play the drums and celebrate life. We have lost the sense of celebration and festivities. Does this make us more susceptible to traumatic events.

**7.33. INTEGRATION- SUB-GROUP 1**

**CONVENER(S):**  
**NOTETAKER:** Rachel Michaelsen  
**TIME & PLACE:** Friday, November 30th  
**PARTICIPANTS:**  

**SUMMARY OF DISCUSSION, CONCLUSIONS, IDEAS FOR ACTION:**

Messaging  
How to get money
Educate people about trauma - frequency, types, impact, telling the truth, preparedness, trauma informed versus trauma uninformed

teachers, first responders, medical staff, mental health providers, professional educators

Prevention

Interventions - micro level
non-medical
support in place
energy practices
CBT
paint journey
PPAL
Nurturing Parents
time in nature
sharing stories
group therapy
training copes and first responders in how to intervene in crisis
telling story of trauma
expressing love
partnering with likeminded people
warm line
peers

Adocating with government

local
state
national

Group Notes:

Broad central definition of trauma informed care at every level > Put on WMF website and differentiate between cultures

Traumatization and re-traumatization - how do we prevent in different institutions (micro and macro)

How to intervene in intergenerational trauma - building resilience (tools - breathing, prayer, yoga, peers, etc)
WFMH Peer Section

a informed intervention including timing

Messaging to the audience

Traumatization and Re-traumatization - how do we prevent in different institutions (micro and macro)

Trauma informed and recognizing trauma. > this includes recognizing differences between communities

Community based interventions from grassroots

Educating on trauma so you begin identifying trauma

Educating the traumatized person to recognize and ask for help

Engage traumatized person to address their trauma in a cultural appropriate way

Holding governments accountable to provide services including mental health needs after disaster.

Also call to action for neighbors, governments, employers, schools, families, municipalities

Multisectoral collaborative response (communities, professionals, peers, medical section, special forces, first responders, police etc

-Must be trauma information

-Culturally appropriate

-Meets community needs

-Centralized services

-Timing sensitive for interventions

What are we talking about when we talk about Trauma Informed - central definition

What we mean
What it means to different culturals

Recognizing biology of trauma

How do educate educators

CELEBRATE SURVIVAL & STRENGTHS

Recognizing successful interventions for trauma and document in a manual to provide guidance and assist with preparedness

8. INTEGRATION AND CALL TO ACTION ITEMS

This was a four-step process. First, the facilitator asked the group to subdivide into seven groups that were demographically representative microcosms of the whole. The participants were asked “during our time in the open space process, what did you hear over and over in relation to our theme, whether you agreed with it or not, and whether or not you thought it was important?” Groups spent about one hour in deep and enthusiastic discussion. There were notes taken in each group, but the only ones received are immediately above in 7.33. This is not so important as the intent of these subgroup sessions was really to “prime the pump” for the whole group integration session that followed.

We then came together as a whole community to answer the same question. Topics were offered by individuals and the following list was generated on flip charts.
Third, participants were given 6 sticky dots and asked to place them (in whatever weighting they chose) on those items they personally thought were most important for taking action. Finally, participants were asked to put their names next to those items that they would be willing to take action on and put a star next to their name if they were willing to be a convenor/leader of this action group.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Votes</th>
<th>Volunteer Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFMH - create comprehensive guidelines - define trauma, culturally</td>
<td>33</td>
<td>Julie Millard, Anna Gray, Sarah Tushemereirwe, Shea Meadows, June, Lauren Hargrove, Anureet Sethi, Bernadine Williams, Melanie Clark, Tami Delmark, Anna Gray</td>
</tr>
<tr>
<td>sensitive interventions - Collaborative with all stakeholders</td>
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<tr>
<td>Call for action to avoid re-traumatization</td>
<td>26</td>
<td>Bernadette Solorzano, Eva Dech, Sarah Tushemereirwe, Cathy Wield, Jillian Aucoin, June, Lydia, Tami Delmark, Anna Gray</td>
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<tr>
<td>Voices of people with lived experiences MUST be included as policies</td>
<td>25</td>
<td>Cathy Wield, Paige Seymour, Mary Tolle, Sarah Tushemereirwe, Melanie Clark, Jane</td>
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<tr>
<td>are developed (people must be at the table)</td>
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<tr>
<td>Creation of public awareness campaign at trauma - acknowledges trauma</td>
<td>22</td>
<td>Jillian Aucoin, Mary Tolle, June, Bernadine Williams, Anureet Sethi</td>
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<tr>
<td>is epidemic</td>
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<tr>
<td>All documents should be co-design eg: all stakeholders especially</td>
<td>17</td>
<td>Sarah Tushemereirwe, Mary Tolle, Anureet Sethi, Elsa Roman, Melanie Clarke, Cathye Wield, June</td>
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<tr>
<td>lived experience for collaboration and implementation of ideas - a</td>
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<tr>
<td>multi-sectoral collaborative approach</td>
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<tr>
<td>Alternatives to restraint (hospitalisation) - valuing trauma</td>
<td>16</td>
<td>Elsa Roman, Eva Dech, Jillian Aucoin, Roslind Hayes, Sarah Tushemereirwe, Edigold Monday, Tami Delmark, Jane, Melanie Clark</td>
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<tr>
<td>- information - peer support ie. peer run respites</td>
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<tr>
<td>Start/provide early - Provide supports to build resiliency skills</td>
<td>11</td>
<td>Mary Tolle, Lauren Hargrove, Sarah Tushemereirwe, Melanie Clark, Edigold</td>
</tr>
<tr>
<td>Create a WFMH Diversity Statement inclusive of all diversity and</td>
<td>11</td>
<td>Jessica Gentry, Cathy Wield, Chueh Chang</td>
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<tr>
<td>ensure all documents</td>
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<tr>
<td>The community is the best source of information for trauma and</td>
<td>11</td>
<td>Edigold Monday, Anureet Sethi, Lydia</td>
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<td>must be involved</td>
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<tr>
<td>Clarifying best practices - how to eliminate, restraint, seclusion</td>
<td>9</td>
<td>Elsa Roman, Eva Dech, Jillian Aucoin</td>
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<tr>
<td>and chemical restraints - create INTL N/Work work to focus on this</td>
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<td>Highlighting (education) psychotherapeutic strategies that are</td>
<td>9</td>
<td>Sarah Tushemereirwe, Edigold Monday, Phil Wield, Yoram, Jessica Gentry, Rachel Michaelson</td>
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<tr>
<td>effective in trauma work</td>
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<tr>
<td>Use WFMH as platform to elevate voices and systems that work</td>
<td>9</td>
<td>Chueh Chang, Cathy Wield</td>
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<tr>
<td>Provide support for people to learn how to protect themselves</td>
<td>8</td>
<td>Chueh Chang</td>
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<tr>
<td>Get more funding for resiliency and resilience skills</td>
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<td>Mary Tolle</td>
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<tr>
<td>Integrated physical and mental health services</td>
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<td>Jessica Gentry, Jane, Cathy Wield</td>
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<td>Statement</td>
<td>Dot Count</td>
<td>Contributors</td>
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<td>---------------------------------------------------</td>
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<tr>
<td>Advocates need to come up with common language for advocating - clear,</td>
<td>6 dots</td>
<td>Chueh Chang</td>
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<tr>
<td>concise, consistent *For govt or large systems/funding</td>
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<tr>
<td>Paradigm shift - ASK What happened to you? NOT What’s wrong with you?</td>
<td>6 dots</td>
<td>Bernadette Solorzano, Paige Seymour, Eva Dech,</td>
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<td></td>
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<td>Jillian Aucoin</td>
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<tr>
<td>Teaching resilience at micro level will improve ability at macro level</td>
<td>6 dots</td>
<td>Sarah Tushemereirwe, Melanie Clark</td>
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<tr>
<td>Need for people in authority to validate people’s' experiences</td>
<td>5 dots</td>
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<tr>
<td>See people as people NOT client consumer - Diagnoses</td>
<td>5 dots</td>
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<tr>
<td>Everyone can practice trauma informed care/ SPT - many can...</td>
<td>3 dots</td>
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<tr>
<td>How do we define trauma - need clarity</td>
<td>3 dots</td>
<td></td>
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<tr>
<td>See not as symptoms but adaptations to traumatic events</td>
<td>3 dots</td>
<td>Eva Dech, Jillian Aucoin</td>
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<tr>
<td>All policies have an awareness of poverty, financial means eg: the</td>
<td>2 dots</td>
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<td>social determinants of health</td>
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<tr>
<td>Validation/acknowledgement of people’s experiences</td>
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<tr>
<td>Policies need to be changed - All levels</td>
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<tr>
<td>WFMH policies/statement must celebrating how far we’ve come re. trauma</td>
<td>1 dot</td>
<td>Jane</td>
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<tr>
<td>survivors</td>
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</tr>
</tbody>
</table>
9. **THE CLOSING CIRCLE**

To close the space, the talking pillow was passed around once and all had an opportunity to provide any final comments they desired.