At the 2019 Pinetree Resilience Conference, held on May 3, participants were asked to discuss several questions related to the topic of how the knowledge of ACEs and trauma-informed care impacted our way of thinking about what we do and how we work in the community. Laura Porter, one of the featured speakers, posed some challenging questions for various groups to consider.

For the first set of group discussions participants were asked to meet by professional "affinity" – individuals with similar jobs or roles – discussing questions on the impact in their field. The second set of group discussions asked participants from similar geographies to discuss with others across all professional groupings. A note-taker from each group prepared a summary of the discussion which the Pinetree conference organizers reviewed for key themes and findings.

Not surprisingly, many of the same themes emerged from all the groups. Some groups had an emphasis on specific aspects of an issue – but the overall issues shared were very similar. The summary below highlights the themes shared among the discussion groups and highlights particular issues that were emphasized by specific groups.

Affinity Group Discussions.

For the first set of discussions participants were grouped by six professional fields including: education, mental health, addiction and recovery, social services, medicine, and community leaders / concerned citizens. Laura Porter challenged the groups to address specific questions related to how the knowledge of ACEs and trauma impacted their work.

What is radically right about the way we are working currently?

- Passion and caring. Nearly every group acknowledged that the people in the room that day were passionate about the work they do and cared deeply about these topics. Professionals working in the field are doing it because they feel compassion and care deeply, despite many institutional challenges to being able to work the way they would like to. Community members highlighted that their sense of caring drove their participation and commitment to this work.

- Whole family view. For the most part individuals taking part in this conference already feel strongly that the entire family must be taken into account and that understanding ACEs helps to support that view.

- Desire for learning and creating change. Nearly every group discussion mentioned the desire of participants to continue their own learning and to be a source of change in their own group. This desire drives their work and drives their participation in conferences such as this.

How might the way we work be counterproductive given what we know about ACEs?

- Rigid policies and procedures. Every group mentioned that rigid and inflexible policies made it difficult for them to respond to some of the deeper needs of individuals who have experienced trauma. This rigidity showed up in different ways for different groups:
  - For teachers it is an overemphasis on test scores and purely academic results.

- o For mental health practitioners and medical professionals, it is time and service standards and a rigid adherence to diagnostic criteria which may be too limited.
- o For social services and addictions counselors it shows up as overwork due to a rigid adherence to time and service allocations.
- o And for community members it is the overly rigid silos of all services that make it difficult to interact across agencies and service providers.

Regardless of how it manifests in a particular role, rigid policies that do not take into account the impact of ACEs and the need to address issues of trauma that cut across all services, places a handicap on workers trying to do a good job.

- Inflexible "silos" and boundaries across sectors. Every group mentioned that the barriers to cross agency collaboration made it very difficult to do the kind of integrated service that is essential to address the true underlying issues of trauma. Funding structures, organizational policies, lack of geographic proximity and underfunded infrastructure all work against the goals of effective collaboration.

- Punitive approaches that reinforce shame and stigma. Every group also mentioned that there is a persistent culture arising from stigma that tends to shame and blame as opposed to engage with compassion. Even though people in this session feel deep compassion it is difficult to work against a culture that supports punitive approaches which suggest that it is the person's fault that they need help and blaming them for bringing problems on themselves. These approaches manifest differently in different settings, from discipline approaches in schools, to harsh eligibility standards in services to the way that access to service is made difficult to navigate. These approaches are often justified as a necessary way to provide structure and preserve resources, but participants noted that they often work against being able to provide the kind of long-lasting help that is truly effective.

How are we uniquely positioned to interrupt the progression of adversity?
- Education and training for everyone in the organization. The number one response from virtually every group was the desire to share this information with others – not just professional staff but everyone in an organization that interacts with the people being served. The entire organization needs to have a culture of caring that can be developed only when everyone shares the same beliefs and attitudes.

- Providing education for individuals and families. In addition to helping professionals, groups highlighted the need for individuals and families to understand the impact of ACEs and trauma. For individuals affected by ACEs it helps them understand how best to address some of their own concerns. For families it helps to build the kind of support and help that is known to boost resilience in all family members.

- Building on professional expertise to support the community. Many groups discussed the fact that their professional expertise and commitment to this issue placed them in a unique position to provide assistance to the community and to reach out to others to share knowledge and best practices.

- Making a personal commitment to reach across boundaries. A number of groups noted that often big change starts with individual actions and that people in this conference had an opportunity to reach across organizational, social and cultural boundaries to engage others in the dialogue. Having taken part in this conference and interacting with people from other groups helped with that process.

Geographic Group Discussions

Following the group sessions for individuals with similar roles, participants were asked to meet in geographic groups that would bring all roles in a particular area together. Six geographic groups were identified: Greater Portsmouth, NH; Rockingham County NH; Strafford County NH; other New Hampshire counties; Southern Maine; and participants living outside of NH and Maine.

Geographic groups were also asked to respond to several questions. Many of the issues raised in the geographic groups echoed the concerns of the affinity groups.

How would other groups be impacted if we implemented some of the suggestions of the affinity groups?
- More flexible policies and procedures. Some of the more rigid policies and procedures adopted by various groups would have to shift to respond to the demands of more flexible approaches to care.

- More community focus, less "agency" focus. A shift in the kinds of approaches described would mean that everyone would focus more on the community and the people being served as opposed to the needs and requirements of their own agency or service. This would engage families and communities instead of just individuals in need.

- Services would be required to work together on shared issues. Addressing such issues as access to services, transportation and requirements for multiple types of services would require agencies and organizations to share information and work together more effectively

Where is there potential for synergy?
- Common framework and terminology. As the understanding of ACEs and trauma-informed care grows, individuals from a variety of perspectives can share a common framework and language. This facilitates having a common purpose and focus.

- Sharing of data and information. Even if specific client information cannot be shared there is a potential for sharing data that highlights opportunities for everyone across the community to understand and address issues arising from ACEs and early trauma.

- Expanding the conversation. There is a huge opportunity to expand the discussion to business leaders, community leaders and policy makers who may not yet see themselves as part of this dialogue.

For All Groups: Actions we can Begin Right Away

Both the Affinity Groups and the Geographic Groups were asked to identify actions they could take right away. The responses from both types of group were very similar. They included:
- Share our knowledge. Nearly every group mentioned something about taking the knowledge from this conference back to their organization and the people they work with.

- Make access to services easier. Many of the groups identified actions they might take that would make access to their services easier for people who find the current system challenging. This ranged from teachers thinking about how to engage families more effectively to service providers thinking about rules and hours of service. Many groups identified concrete steps they could take right away.

- Reach out to other groups. Nearly every group discussed ways in which the dialogue across geographic areas and professional fields could be continued. Some groups discussed continuing to meet – especially for geographic areas.

- Support community-wide education initiatives as they are developed. Many of the groups mentioned a desire to take part in the proposed Master Training program that Pinetree is developing to extend this knowledge throughout the community.