**What we Learned from the CRI 2021 Conference: Questions and Challenges for Future Ones**

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**Expansion of ACE categories**

In recent challenging traumatic times, due to the pandemic, increasing racial/ethnic divisions, increasing inequality, community violence andwars, the 2021 conference invited speakers that could talk about trauma from different types of ACEs and how resilience could be built to mitigate and prevent them.

In addition to the Anda and Felitti family/household ACEs, CRI proposed the following additional types:

1. Circuitry – neurological variation (e.g., autism, AD(H)D); stigma and institutional betrayal)
2. Cultural – subgroup oppression/discrimination leading to inequities (e.g., race, ethnicity, gender), treatment as inferior, violence, hate crimes
3. Community – e.g., unsafe neighborhoods, poverty, food deserts, food insecurity, lack of access to health care, lack of housing
4. Catastrophic – environmental adversities (e.g., natural disasters, bad air/water), climate change, wars, pandemics (e.g., COVID)

Conference speakers were selected to cover each of these different types of ACEs separately.

**Agreement** **on core mechanisms whereby trauma is generated**

Presenters all agreed with the major insights of the neuroscience framework of chronic trauma, summarized in Lisa Feldman Barret’s 2020 book, *7 and ½ Lessons about the Brain.* This short, concise book identifies the core mechanisms whereby trauma is generated. It was discussed in a briefing sent to all the presenters before the conference:

“**The neurological threat response is the important link to understanding the trauma from events and circumstances at the heart of the adverse childhood experience study.  Comprehending the threat response allows us to recognize the variations in the human experience in different contexts that can lead to trauma.”**

“It is not enough, however, to consider only the brain’s prediction of threat in understanding trauma.  It is also important to consider the brain’s goal in those predictions. The primary goal of the predicting brain is to maintain homeostasis. When the brain predicts threat from events, those predictions lead to allostasis in the body. We identify the outcome of that process as trauma. When the brain predicts safety from events, those predictions lead to homeostasis in the body. We identify the outcome of that phenomenon as resilience. The predicting brain is at the core of both neurological processes.”

Lack of safety is experienced as multiple ‘micro-aggression’ events and fear of major threats, similarly, across different groups:

* By persons with different abilities (circuitry-affected groups) generated by feelings of inferiority and rejection in every-day life due to stigma and major setbacks in health, education and work due to institutional betrayal
* By racial, ethnic and religious minorities and genders (cultural groups) due to historic oppression that makes ordinary life less safe and in peril of life-threatening violence
* By poorer groups (in communities) that are unsafe due to frequent lack of basic food, shelter, health services and therefore are more subject to seemingly random episodes of violence
* By large sets of people subject to environmental, biological threats or wars (catastrophes) where survival is at risk and safety unpredictable

The accumulation of such experiences confirms the brain’s threat predictions and leads to more allostasis and trauma.

**Agreement on main mechanisms that generate resilience**

Conference presenters focused on processes that generate similar positive experiences of safety, though in different contexts, ones generating resilience and the ability to mitigate the negative impacts of trauma.

*Individual – family level*

Teresa Posakony focused on individual, self-regulation practices, based on neuroscience and neuroanatomy, which reveal the intricate connections between the breath, nervous system, bones, and brain. These create safety for individuals and also for groups and communities if practiced together, co-regulating and strengthening the communities themselves.

Tony McGuire extended safety practices to the interpersonal level, ones based on observation, not taking it personally and becoming somebody else’s calm. Rudy Carrasco added more structured ways to increase safety, in apprenticeships, becoming mentors, shadowing leaders and providing mission-critical responsibilities. The Quileute tribe provided examples of how coping skills can be enhanced among their members through patient modelling. In school contexts, Minerva Pardo showed how supporting safety practices among families provided them with protection that buffered stress and trauma.

*Circuitry level*

Teri Barila turned to the first group of expanded ACEs, people with different abilities. She focused on how we are “human first” and we need to revise our thinking on what is “normal” and appreciate diversity and variation, emphasizing that “variation is the norm.” She stressed the importance of developing a common language - about building relationship, mastery, optimism, purpose and community - so that resilience practices can be taught and learned.

*Cultural level*

Rick Griffin discussed how cultural bias is generated by threat and safety predictions among racial/ethnic/gender groups. He explained that threat predictions in the brain lead to fight or flight responses and formation of “out-groups,” while safety predictions lead to trust and expansion of “in-groups.”

*Community level*

Kody Russel focused on the fact that our mindset – our predictive brain model - is based upon our experiences in our community. Communities create environments that enable us to experience each other as safe. “Community members are gardeners that can take actions to improve the soil.”

Suzette From Reed stressed that community safety is increased by (1) basic needs being met, (2) positive relationships (warm, responsive relationships), (3) predictable routines (a structured environment) and (4) a sense of meaning and purpose (making collective action possible).

Laura Porter emphasized that empowered communities are self-healing. Through building connections and shared responsibility, they can have collective impact in their efforts.

*Catastrophic level*

Bob Doppelt concluded the conference with a look toward the future, the growing collective trauma due to climate change, pandemics and wars. (1) These are mega-emergencies. (2) They require community- based initiatives that are both regional and nation-wide systemic efforts with networked communities - that can enhance collective resilience and build greater safety and wellness. (3) The “presencing” and “purposing” required to address collective traumas can motivate many people to help others, restore the environment, and innovate to solve problems in their communities.

**New questions/challenges in building community capacity and resilience**

**Intersectionality of ACEs:** **“Is there a cumulative reinforcing nature of diverse types of ACEs or does surviving one type of trauma help people cope with subsequent ones?”**

We know that people with many adverse childhood family-household experiences have more chronic trauma with higher negative health and behavioral impacts. That is true both for individuals and whole communities with higher rates of family-household ACEs (see papers cited in conference brief).

But what about individuals, groups or communities that have higher levels of combinations of family, cultural, community and catastrophic ACEs?… those impacted by childhood family adverse events and by racial/ethnic divisions, by inequality, by catastrophic wind, water, fire events and by the pandemic?

Preliminary evidence suggests that if a community has higher rates of one category of ACEs - among childhood, community and cultural adverse events - it is likely to have higher rates of the others. Plus, we find that each category of events has negative impacts on rates of health and behavioral problems (see correlations and significant effects in 2021 American Psychologist paper mentioned in conference brief).

For catastrophic events, like the 2011 Japan tsunami, there is evidence of trauma measured by rates of PTSD among survivors. How catastrophic events impact people with childhood trauma is not clear. Surviving previous trauma (like war) with resilience may have helped people survive the catastrophic event with less PTSD (see 2017 paper in the Epidemiology and Psychiatric Sciences journal).

*Future conference discussions of types of intersectionality would be extremely helpful in order to better understand the needs of individuals, groups and communities with different combinations of ACEs.*

**Same resilience buffering different ACEs: “Do the same resilience factors mitigate diverse ACEs, informing a common strategy?”**

In our 2021 conference brief we wrote that: “A common *contextual* resilience factor mitigated the effects of all ACE impacts - familial, cultural and community ones - on all four community-wide outcomes for youth, resulting in improved (1) mental health, (2) physical health, (3) problem behaviors, and (4) school performance.  Youth’s contextual resilience included higher levels of supports from family, peers, school, and neighborhoods in communities where adults had higher social cohesion (mutual help) and collective efficacy (likelihood to intervene for the common good).

A recent (Feb 2022) study by the University of Washington Institute for Health Metrics and Evaluation examining what moderated the effects of the COVID pandemic these past two years among 177 nations found that a very similar *contextual* resilience factor had the most significant impact in reducing rates of infection and mortality: “higher levels of interpersonal trust and government trust.”

Such findings suggest that adopting a *“bottom-up”* community capacity strategy to increase *contextual* resilience, community-wide, may well be very effective.

*Presenters at future conferences, representing different types of communities, could present the ways in which their communities built community capacity to increase such contextual resilience.*

**Types of systemic changes needed to prevent ACEs : “What system change efforts are needed to decrease future cultural, poverty/violence and catastrophic ACEs in a given community?”**

The strategy to prevent future family/household ACEs has been to moderate the effect of ACEs on younger generations in order to decrease the intergenerational transmission of ACEs.

Evidence suggests that this can be done by single communities in a scaffolded way by expanding trauma-informed practices and expanding local leadership and cross-sector initiatives in a process that leads to a self-healing local cultural transformation. Elements of this strategy have been presented by Laura Porter in her Robert Wood Johnson paper and by others in the Walla Walla case study published in 2021 in the Journal of Prevention and Intervention in the Community.

However, a single community may not be able to make the systemic changes required to decrease the prevalence of cultural ACEs (particularly race/ethnic ones), community poverty ones and catastrophic ones (climate, pandemic and war-related ones). Systemic factors outside the control of a given community have large impacts on levels of race/ethnic divisions and economic inequality. What is needed is a local *bottom-up* strategy combined with a *top-down* regional/national one. Our 2021 conference brief discussed this in the following way:

Putnam, in his 2020 book, *the Upswing*, has shown that sources of resilience (based on ‘we’ collective efficacy) increased due to progressive movements early in the century, leading to the period in the mid-1960s when many national policy changes occurred, improving many systemic categories of adverse experiences. These trends reversed in the last 50 years, however, due to a more individually-based (‘I’ based) and culturally-divided society. Following Putnam’s findings, the best strategy is the mobilization of communities locally that cooperate with each other and form a new progressive national movement for systemic, structural change.

Bob Doppelt has named such resilience “transformational” since it includes a vision of a hopefully different, structurally-better society. According to Doppelt, although contextual resilience will mitigate adverse impacts and help individuals and communities survive, only transformational resilience can bring about systemic changes leading to thriving individuals and communities.

According to Damon Centola, in his 2021 book, *Change*, this means not only collaboration across communities but crucial alliances: with other movements (poverty, race, gender equity ones) and with members of opposition parties in order to gain overall national legitimacy. In addition to current community capacity efforts, like those in Walla Walla outlined in our recent 2021 JPIC paper, what needs to be added are:

- collaboration across cultural equity, community and environmental bottom-up movements, and

- crucial alliances for legitimacy in making structural policy top-down changes.

This may seem a daunting task, but the good news is that national leaders have identified *the erosion of social cohesion* as the major future global risk. (See World Economic Forum’s Global Risk Report 2022)

This factor was defined as*:“Loss of social capital and a fracture of social networks* negatively impacting social stability, individual well-being and economic productivity as a result of persistent public anger, distrust, divisiveness, lack of empathy, marginalization of minorities, political polarization etc.”

*Presenters at future conferences may be able to discuss past or present efforts already underway:*

* *partnerships among communities becoming able to learn and work together*
* *experiences of Communities of Practice (POC) organizations within regions or states*
* *initiatives toward forming a national movement (e.g., PACEs Connection) composed of a network of communities, learning from each other and advocating for changes in national policy*