New Hanover County RESILIENCY TASK FORCE

Cultivating a resilient community together

NEW HANOVER COUNTY RESILIENCY TASK FORCE REPORT

FINAL REPORT: September 1, 2020

ABSTRACT

This report provides a presentation of key findings from the Organizational Partner Profile (OPP) survey completed by NHC Resiliency Task Force members.

Report Created by Sabrina T. Cherry, DrPH, MSPH, MTS & Chris Prentice, PhD
UNCW's Center for Social Impact

Instrument created by Josalin Hunter-Jones, PhD , LCSWA, MSW, MPH & Anka Roberto, DNP, PMHNP-BC, APRN, MPH

Table of Contents

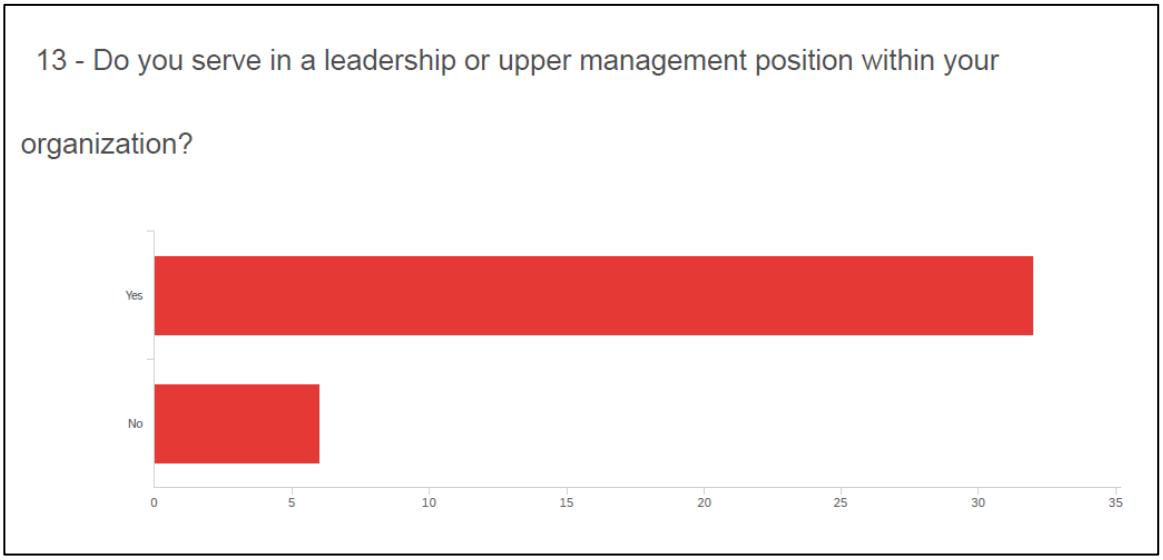
Introduction

Overview: In this report, we provide findings emanating from the Resiliency Task Force's Organizational Partner Profile (OPP) survey. Specifically, we focused on the populations served by the respondents; trauma and resilience related policies and procedures; completed trainings; operational definitions for trauma and resilience informed care; barriers to consistency in programming; ways to sustain current practices; and recommendations for moving forward. Part One of this report summarizes a subset of the survey's quantitative data (pages 1 – 9). Part Two features a summary of key qualitative results (pages 10 – 12). Part Three provides additional information pertaining to key findings in Parts One and Two; offers an overview of pre- and post-Task Force trauma and resiliency activities; and summarizes the screening tools used by respondents (pages 13 – 20). The report concludes with recommendations and items for further consideration (page 21).

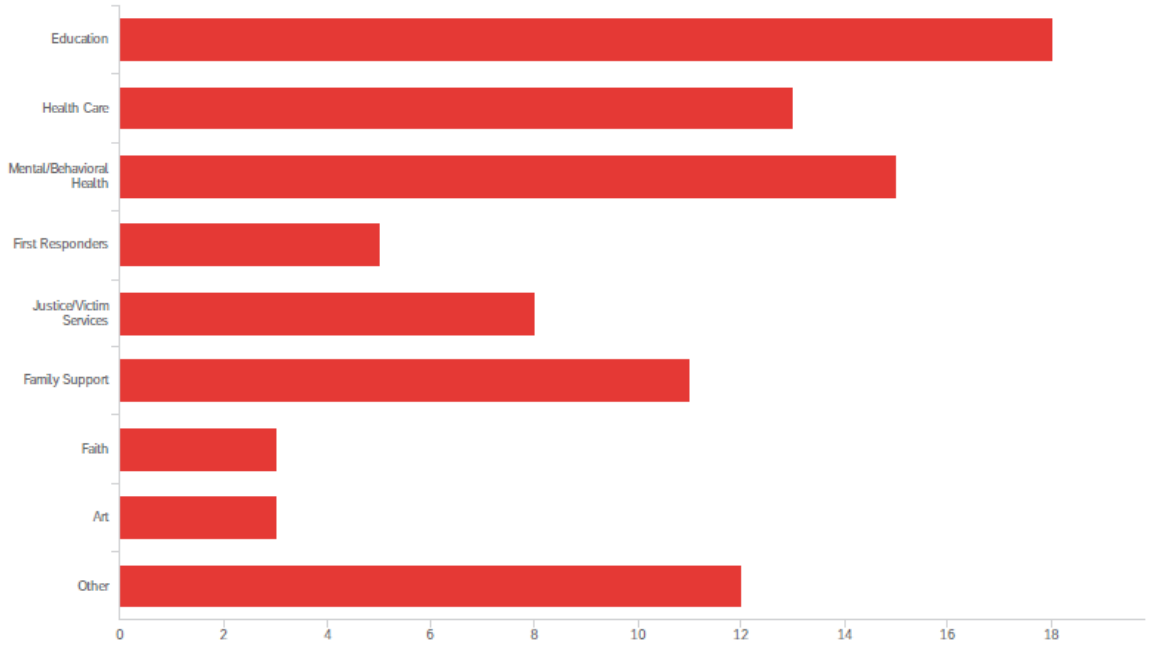
Instrument Overview: The 51-item survey was created by two UNCW professors who are resiliency and trauma researchers as a means for creating agency profiles and capturing the work of the organizations represented on the Task Force. The instrument included questions about: the basic demographics of Task Force members; populations served by Task Force organizations; organizational details; resilience and trauma-informed practices prior to and after Task Force creation; participation in trauma and resilience-related trainings; barriers to participating in trainings; methods for sustaining current initiatives; and members' suggestions for moving forward. There were 40 respondents, with 38 completing the survey in its entirety. The survey yielded 128 pages of data.

Part One

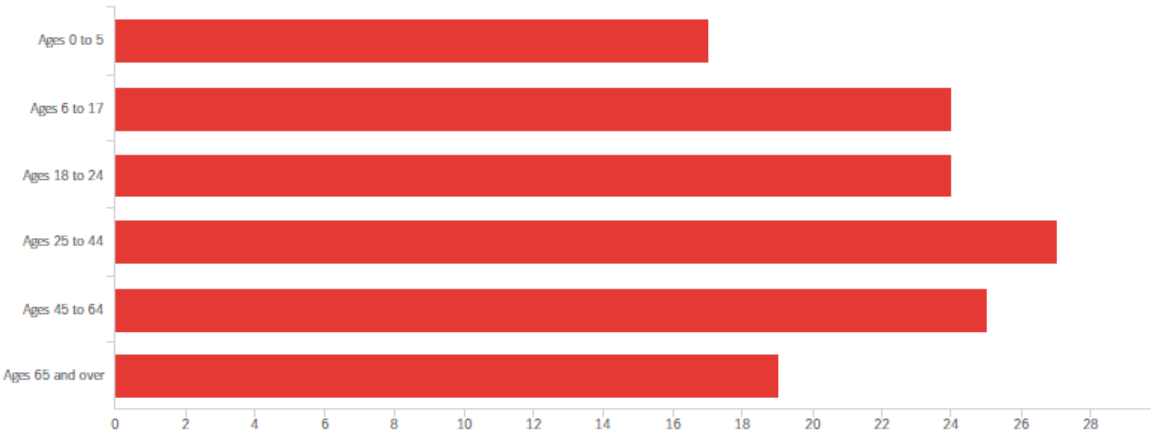
Demographics: Roughly 90% of the survey respondents represent organizations that are members of the Resiliency Task Force (Q10). 84% of respondents were in leadership or executive roles (Q-13). The **top three professional sectors** represented by Task Force members were: **education**; **mental** or **behavioral health**; and **health care** (Q-18). 18-20% of the populations served were between the ages of 25-44, 45-64, 18-24, and 6-17, respectively; 13-14% served children 0-5 and adults over the age of 65, respectively (Q-21).



18 - Which sector does your organization fall into? Select all that apply.

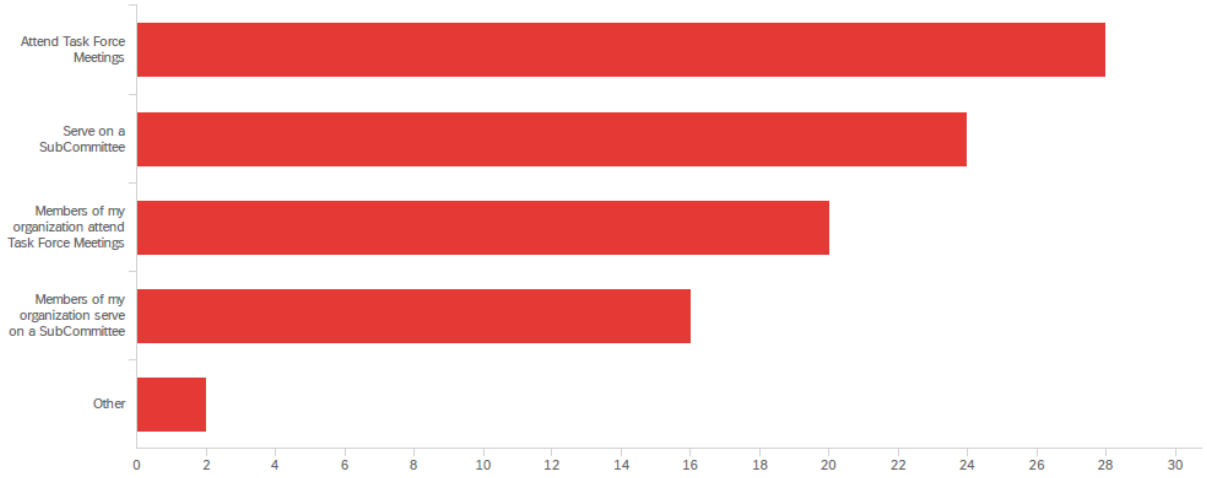


21 - What is the age of the population your organization primarily serves? Select all that apply.

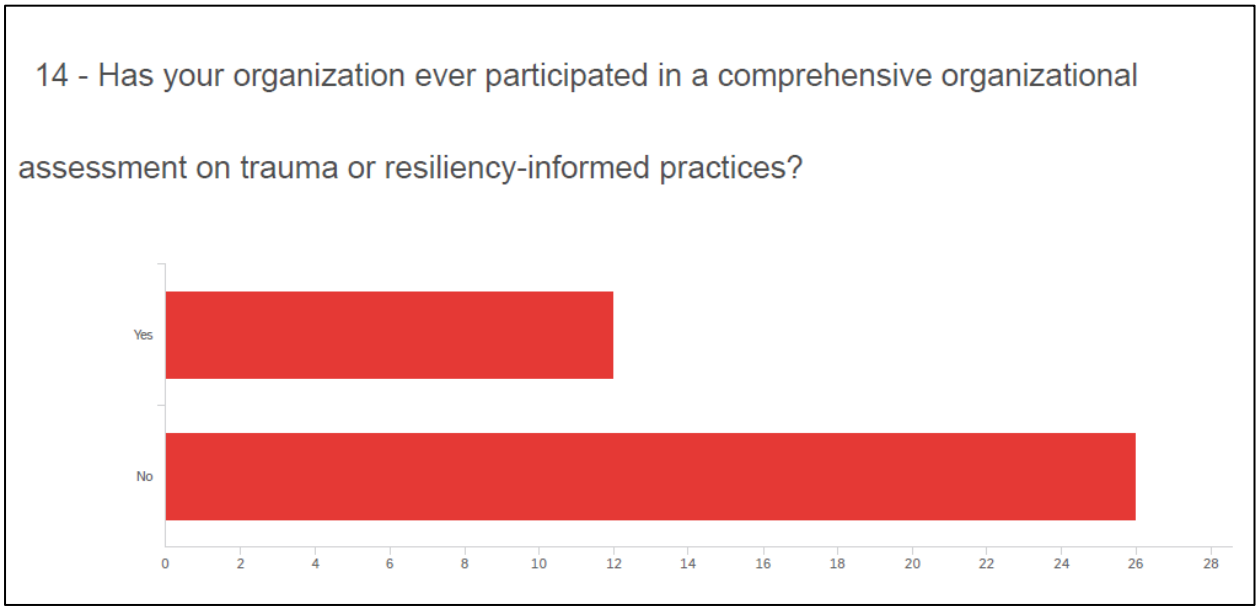


Task Force Engagement: Although nearly all respondents identified as active members of the Task Force (Q-10), survey responses show relatively lower meeting attendance and service on subcommittees. 90% of respondents identified as active members of the Task Force, but only **27% served** on a subcommittee and **18%** had **someone within their organization** who **served** on a subcommittee. **31% and 22%** respectively **attended** Task Force **meetings** or had a delegate within their organization who attended Task Force meetings (Q-11).

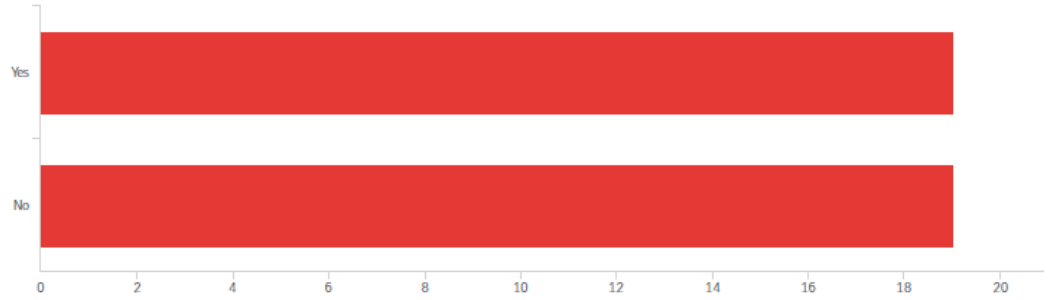
11 - As the person completing this survey, select your role(s) on the Task Force. Check all that apply.



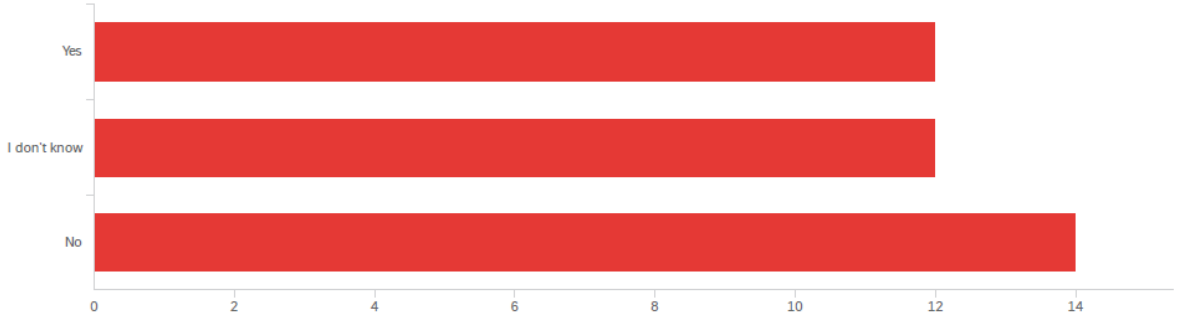
Resilience and Trauma Informed Practices: Although organizations asserted they had trauma or resiliency-informed practices in place, the majority did not assess for ACEs or resiliency. **68%** of respondents indicated they had not participated in a comprehensive **organizational assessment on trauma or resiliency-informed practices** (Q-14). **50%** of organizations had policies or practices in place to support **trauma** and **resilience** approaches (responses were evenly split with 50% that did not; Q-45). **32%** of the respondents had a **Continuity of Operations Plan;** 37% did not have such a plan; and 32% were unsure if they had a plan (Q-15). **74%** of **respondents** indicated they **did not screen for ACEs** (Q-23). Organizations that did screen for ACEs noted between **60% - 100%** of their clients were assessed. **79%** of organizations **did not** screen for **resilience** (Q-26), with a range of **40% - 100%** of clients screened for resilience within organizations that did provide these services.



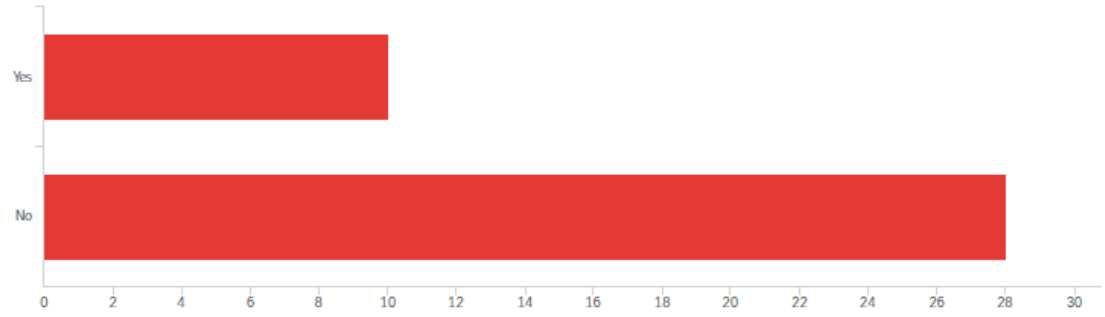
45 - We want know more about policies and practices that support trauma-sensitive/informed or resilience-informed approaches. Having a list of these would be a great guide for organizations. Does your organization have any policies or practices in place that support trauma- or resilience-informed approaches?



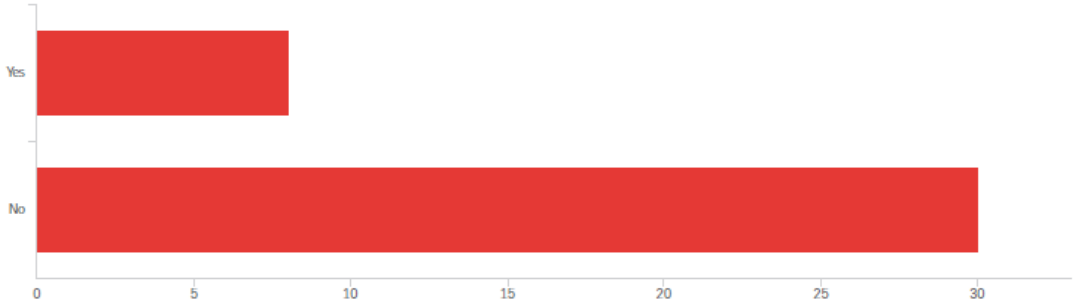
15 - Does your organization have a Continuity of Operations, also known as a COOP, plan?



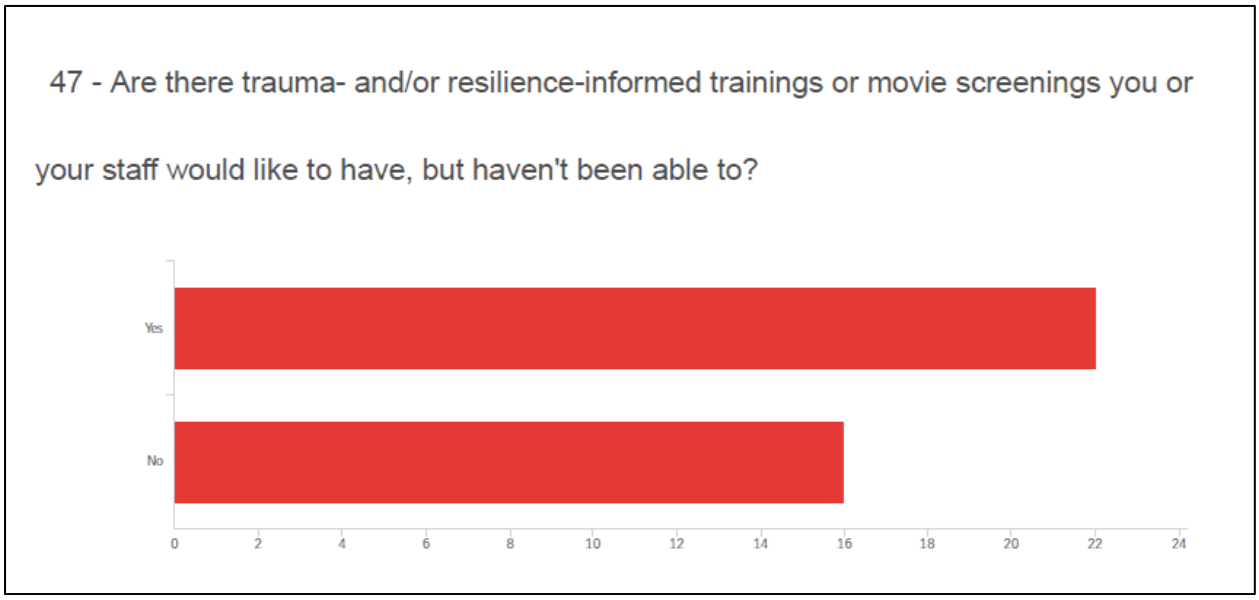
23 - Does your organization screen the people it serves, for Adverse Childhood Experiences (ACEs), also known as childhood trauma?



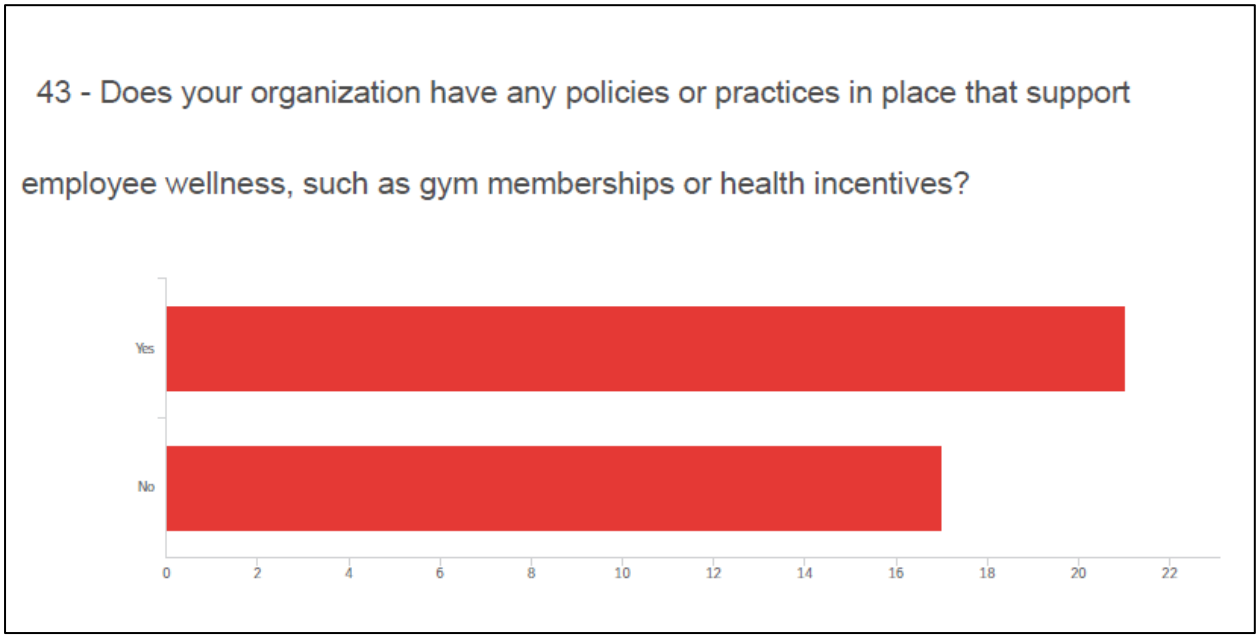
26 - Does your organization screen the people it serves for resiliency?



Resilience and Trauma Informed Trainings: ***Reconnect for Resilience*** was the **least** selected **resilience training** before and ***Connections Matter*** after the implementation of the Task Force. ***Life Is Good Playmakers*** and ***Second Step*** were the two least likely **school-based trainings** completed before and after the Task Force implementation. The number of organizations that completed racial equity training prior to and after the implementation of the Task Force doubled and the respondents who attended movie screenings increased as well. The ***Historical and Racial Trauma*** workshop was the most popular racial equity training. ***Resilience*** was the most popular film screened, followed by ***Paper Tigers***. **58%** of respondents had a desire for **more trainings and screenings** (Q-47).



Other: 55% of respondents had **employee wellness policies and practices** (Q-43).



Part Two

Operational Definitions: Respondents were asked to define trauma sensitive; trauma-informed; and resiliency-informed. Only eight participants responded to the trauma sensitive question whereas 39 responded to the trauma-informed and resiliency-informed questions. Trauma sensitive was defined simply as having a basic awareness – including knowledge of *or* acknowledging – the impact of trauma. Definitions provided by the respondents for trauma- and resiliency-informed were more extensive and are summarized below.

Trauma-Informed: Respondents defined trauma-informed using a wide range of terminology. The overwhelming majority of Task Force members stated that being trauma-informed is **understanding** what trauma is. This understanding included **acknowledging trauma** and **accepting** it as a part of one's reality. However, others extended their definitions to include **policies and practices** to **address trauma**, as well as taking actions to **prevent further trauma**. Finally, some participants noted the importance of not only understanding trauma and having policies and practices in place to address trauma, but being keenly aware of the **impact** of experiencing trauma. Responses that addressed the impact of trauma addressed the ways communities are influenced by trauma (i.e. violence) and wide-scale outcomes related to trauma (i.e. health disparities). Overall, the data show organizations responding to the survey have varying understandings of what it means to be trauma-informed. Perhaps as a consequence of this dissimilarity, the roles their organizations have in addressing trauma or mitigating its impact also varies.

Resiliency-Informed: There was less variance in the terminology used to define resiliency-informed. Although some respondents defined the term as simply having a basic **understanding** or **awareness** of resilience, many others described it to include **acting** and **responding** in ways to **foster resilience**.

These responses highlight the need for Task Force members to have a **shared understanding** of trauma-sensitive, trauma-informed, and resiliency-informed regardless of their respective organization's aims or missions.

Organizational Policies and Procedures: Nearly half of respondents replied to the question asking about their organization's trauma and resiliency-informed practices. Task Force members highlighted a number of ongoing questions, but the majority of the responses were parallel to or synonymous with employee wellness programs, such as employee assistance programs, peer support, and maintaining work-life balance. As there were separate questions about employee wellness programs, it is unclear if the organizational policies and practices identified specifically align with trauma and resiliency-informed practices.

Barrier to sustaining practices: Respondents were asked to identify barriers to providing trauma and resilience-informed trainings or movie screenings for their organization and to explain what they need to sustain the work already underway. Task Force members provided a list of barriers to participating in trainings and screenings. The most commonly noted barrier was **time**. Members also listed staff (lack of adequate staff to provide coverage), buy-in and support, technology, and funding as additional barriers. Not surprisingly, **funding** and **time** were the top needs for sustaining the trauma- and resiliency-informed work they are doing. Respondents also reported that the **integration** of trainings into **existing work culture** and **continuing education** are critical to sustaining current policies and practices. Less commonly noted prerequisites for sustainability noted by the respondents were offering **virtual trainings**, considering the **timing** and **efficiency** of meetings, and finding ways to access archived or recorded trainings.

In summary, a reassessment of organizational practices and policies may be warranted given the overlap of responses with employee wellness programs. Considering how to align Task Force meetings and trainings with existing work responsibilities and gatherings may prove fruitful. Finally, respondents offered that it would be useful to

consider ways to foster buy-in for Task Force initiatives (recognizing the heavy workloads of many members) – e.g., providing additional financial support and incentives to continue (or increase) participation.

Figure 1. Word cloud based on qualitative (open-ended) responses.

This word cloud is a visual display of qualitative responses by Task Force members. Larger words represent terms that were stated with greater frequency. Words such as *organization, health, we* and *our* are most pronounced, suggesting Task Force members are collaboratively engaging in vital and necessary work related to trauma and resilience.

Part Three

In this section of the report, we provide additional information pertaining to key findings in Parts One and Two; offer an overview of pre-and post-Task Force trauma and resiliency activities; and report the screening tools used by respondents. The section concludes with general observations and recommendations for Task Force consideration.

What happened before and after Task Force creation? Data pertaining to employee participation in trainings and screenings is briefly summarized in Part One above. In Table 1 below, we offer a more detailed look at what respondents reported taking place within their organizations before and after Task Force creation. Table 1 reports the number of organizations reporting *any* employees (range of 0 – 100% participation) who participated in the respective training or screening. More organizations reported employees attending movie screenings and participating in community resilience and racial equity trainings after Task Force creation. The number of organizations reporting employees participating in school- and children-based trainings remained the same pre and post Task Force creation.

Table 1. Number of organizations that reported employees participating in trainings or attending screenings.

	Resiliency Task Force Trainings		
		July to December 2018	**2019**
Community Resilience Trainings	Community Resilience Model (CRM) ½ or Full Day	16	19
	Community Resilience Model (CRM) 90-minute	7	10
	Reconnect for Resilience (R4R)	2	9
	Connections Matter	3	4
	Other	3	3
	TOTAL	**31**	**45**
School-Based & Children-Based Trainings	Sanford Harmony	2	2
	Life is Good Playmakers	0	1
	Safe Parenting after Trauma	4	5
	Second Step	2	1
	Other	5	4
	TOTAL	**13**	**13**
Racial Equity Trainings	Ground Water	3	6
	Be the Bridge	3	3
	Racial Equity Institute, Phase 1	3	6
	Racial Equity Institute, Phase 2	1	2
	Historical and Racial Trauma Workshop	4	10
	Implicit Bias Training	3	7
	Other	6	5
	TOTAL	**23**	**39**
Movie Screenings	Resilience	15	24
	Paper Tigers	6	14
	Broken Places	4	4
	Other	2	2
	TOTAL	**27**	**44**

ACEs Screening Tools: Respondents were asked what tools they used to screen for ACEs and resiliency.

Trauma. Three respondents reported having no formalized tools, with screenings occurring via intake forms that include questions about abuse, neglect, or related experiences. Of the seven respondents who listed specific tools, the Child PTSD Symptom Scale (CPSS) and the UCLA Traumatic Stress Reaction Index were the most commonly used. Less commonly deployed tools noted by respondents included the Young Child PTSD Checklist (YCPC), Traumatic Events Screening Inventory (TESI), and the Life Stressor Checklist (LSC).

Resiliency. One respondent listed Scholarcentric and Developmental Assets as their formal screening tools. Other respondents use questions on intake forms and structured interviews to gauge resiliency in lieu of formalized screening tools.

Operational Definitions (Expanded): Respondents were asked to define trauma-sensitive; trauma-informed; and resiliency-informed practices.

Trauma Sensitive. Respondents described trauma-sensitive as being aware of and understanding the trauma one experienced; intentionally seeking to engage in practices that hinder further traumatization; and creating an environment that reduces the impact of trauma. One respondent wrote, “It is important to me that I speak in a tone and using words that do not trigger a **reaction based on experienced trauma**; that I don't make the trauma worse; and that I am aware that virtually every person that I intersect [with], including those I supervise, may have experienced trauma.” While some respondents noted awareness is sufficient, others believed intentional practices must be implemented to address trauma. One respondent stated, “[Being trauma-sensitive is] acknowledging that many of our students come to school every day burdened by negative events within their homes and/or communities, and being mindful of this as we design support strategies tailored to their individual needs, as well as with our everyday

interactions." Similarly, another expressed: "[Being trauma-sensitive is] adopting an approach to working with clients that is **compassion-based** and respectful, with an assumption that … anyone I am working with may have experienced big or little traumas. It incorporates an awareness of developmental trauma as well as particular cultural vulnerabilities. This approach allows all clients served to feel welcomed and supported."

For Task Force members, being trauma-sensitive is grounded in an awareness of trauma and its potential impact. And for some organizations this awareness is a prelude to cultivating environments conducive to healing from trauma.

Trauma-Informed Practices. Responses to what it means to be trauma-informed overlapped greatly with how Task Force members defined being trauma-sensitive. The majority of responses focused on a basic awareness and understanding of trauma, as well as its potential impact. A subset of respondents went further and described the need for organizational policies and practices that **mitigate** or **minimize** the impact of trauma. For example, one member wrote, "People that provide a trauma-informed approach understand the impact of trauma, path to recovery, symptoms in members, families and staff, implement policies and practices to avoid re-traumatization." Another respondent stated, "Trauma-informed means both recognizing the likelihood and symptoms of trauma in an individual as well as acknowledging the impact the experience has had on them and to provide support. It also means using this awareness to direct policies, procedures, and practices." Finally, another respondent wrote: "It means that the individual or organization has a basic understanding that life experiences can be traumatic, that trauma can have long lasting effects on a person's health and behaviors, that **how one or one's organization responds to people** who have had (or may have had) traumatic experiences can serve to help or mitigate the effects of the trauma or can exacerbate that trauma or be re-traumatizing."

Resiliency-Informed Practices. Task Force members' definitions of resiliency-informed practices centered on "bouncing back" from traumatic events. Several

respondents described resilience as one's ability to recover from unfortunate life events by having access to the resources needed to do so. As with trauma-sensitive, respondents offered definitions on a spectrum ranging from a basic awareness or understanding of resilience to organizational policies and practices that foster resilience through teaching life skills, providing tangible resources, or facilitating research-based interventions. One respondent wrote: "It means that the individual or organization has a basic understanding that life experiences can help build the skills to recover or bounce-back from stress/stressful experiences/trauma (or perhaps not experience a stressful event as traumatic), that those skills are both rooted in supportive childhood experiences and can be learned throughout one's lifespan, that how one or one's organization responds to people can serve to build resiliency skills or can exacerbate the impact of previous trauma."

In an effort to offer more systemic operational definitions of trauma, trauma-informed, and resilience we turned to SAMHSA publications, which defines these terms thusly:

Trauma[1]: Results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma-Informed[1]: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

[1] Abuse, S. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach.

Resilience[2]: The ability of a person, family, organization, or community to cope with and adapt to challenges or setbacks.

Employee Wellness & Organizational Trauma and Resiliency-Informed Policies & Practices: Task Force members were asked to list their employee wellness and trauma- and resiliency-informed policies and practices. The list of employee wellness programs included: employee assistance programs; on-site fitness classes; wellness committees; therapy; guided meditation; and employee benefits (e.g., paid time off). Some of these same programs were also reported by respondents in responses pertaining to organizational trauma- and resiliency-informed policies and practices. Of the 19 respondents that provided an answer to the question on organizational policies and practices, half described specific policies and ongoing trainings centered on resiliency and trauma. For example, one member stated, "All staff, Board and volunteers screen and [complete] *Stewards of Children* training. All direct services staff are encouraged to [complete] *Victim Service Practitioner* certification training; all family advocacy staff are required to obtain certification. All direct services staff are encouraged to have youth/adult mental health first aid training." However, the other half of respondents listed programs more closely aligned with employee wellness or those that may indirectly address trauma or foster resilience. For example, one member listed over a dozen employee policies without information on how these policies are enforced or if there are support mechanisms in place to ensure employees are aware of the policies. Other passive programming such as "all-inclusive/all are welcome here" signage and paid time off were reported. These policies and practices may indeed help in coping with trauma and fostering resilience, but they are more indirect.

Differences in the organizational purpose and capacity (see Appendix C) of Task Force members appear to contribute to distinctions in their operational definitions, policies, and practices. This variety precludes "one size fits all" solutions. Figure 2 integrates the information above and provides one possible approach to mapping trauma and

[2] SAMHSA Disaster Behavioral Health Information Series on Resilience and Stress Management: https://www.samhsa.gov/dbhis-collections/resilience-stress-management.

resiliency across this diverse group. The three-tiered approach shows how organizations of varying size can play an active role in addressing and minimizing trauma, while fostering resilience.

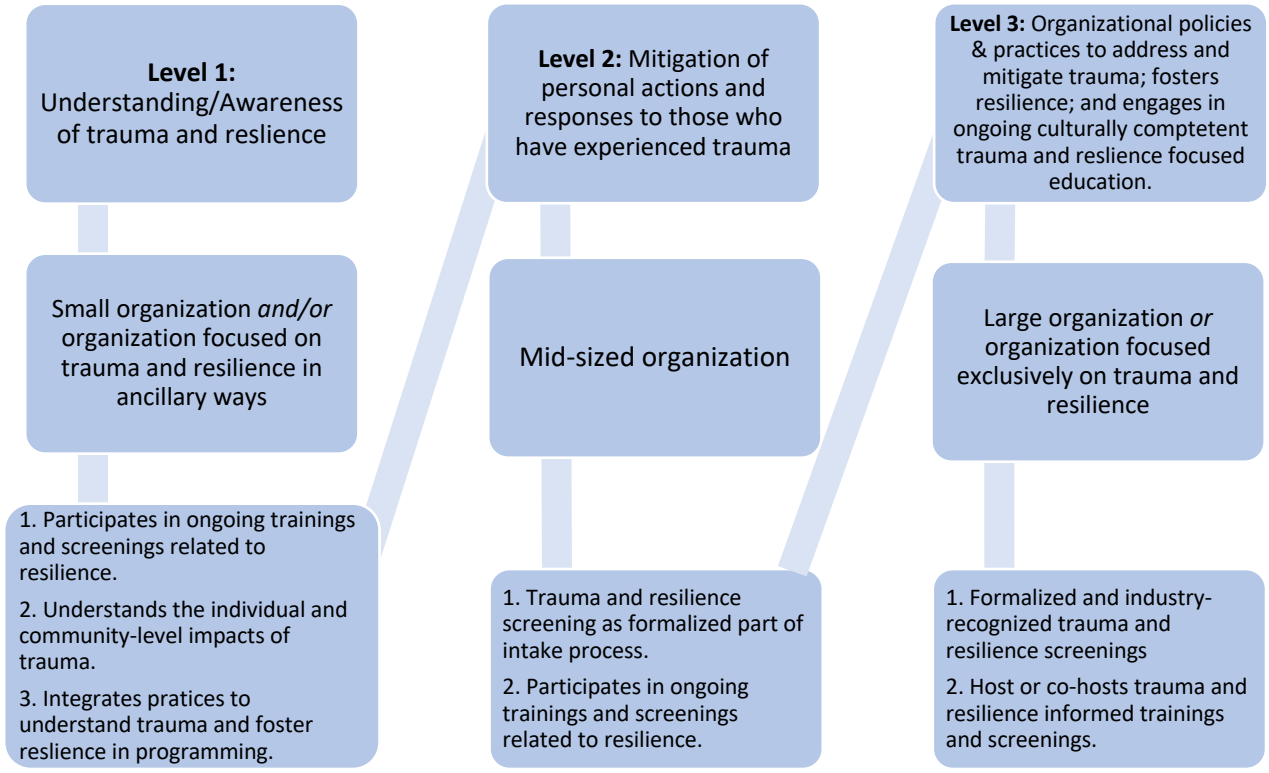


Figure 2. Example of three-tiered approach to trauma and resiliency-informed practices.

Table 2 below offers suggestions of where surveyed organizations may find themselves on the tiered levels detailed in Figure 2 above.

Table 2. Suggested Placement of Survey Respondents by Tier.

	Survey Respondents		
Tier 1	***Nonprofit, for-profit, and public organizations that provide ancillary or educational support, recreation, religion or continuing education to community***		
	Community Boys and Girls Club of Wilmington	YMCA of Southeastern NC	St. Andrews
	Trillium Health Resources	Working Films	City of Wilmington
	DREAMS Center for Arts Education	UNCW CHHS	SEAHEC
	Warner Temple AME Zion Church	SEEDS of Healing	Cape Fear Collective
	Cape Fear Public Transportation Authority	Education Inside Out	NC Courts
	Women's Independence Scholarship Program	League of Women Voters Lower Cape Fear	
Tier 2	***Nonprofits, for-profit, and public organizations that provide hands on supportive services***		
	Guardian ad Litem, 5th Judicial District	The Harrelson Center	Smart Start of NHC
	Community Care of the Lower Cape Fear	Cape Fear Volunteer Center (Big Buddy)	
Tier 3	***Direct clinical mental health care organizations and schools offering counseling services***		
	Made Well Center for Wholeness	NHC School District	NHRMC
	UNCW Counseling Center	Healing Your Almond	Carousel Center
	Domestic Violence Shelter and Services	CIS of Cape Fear	Coastal Horizons Center
	Carolina Complete Health Network	NHC Department of Social Services	

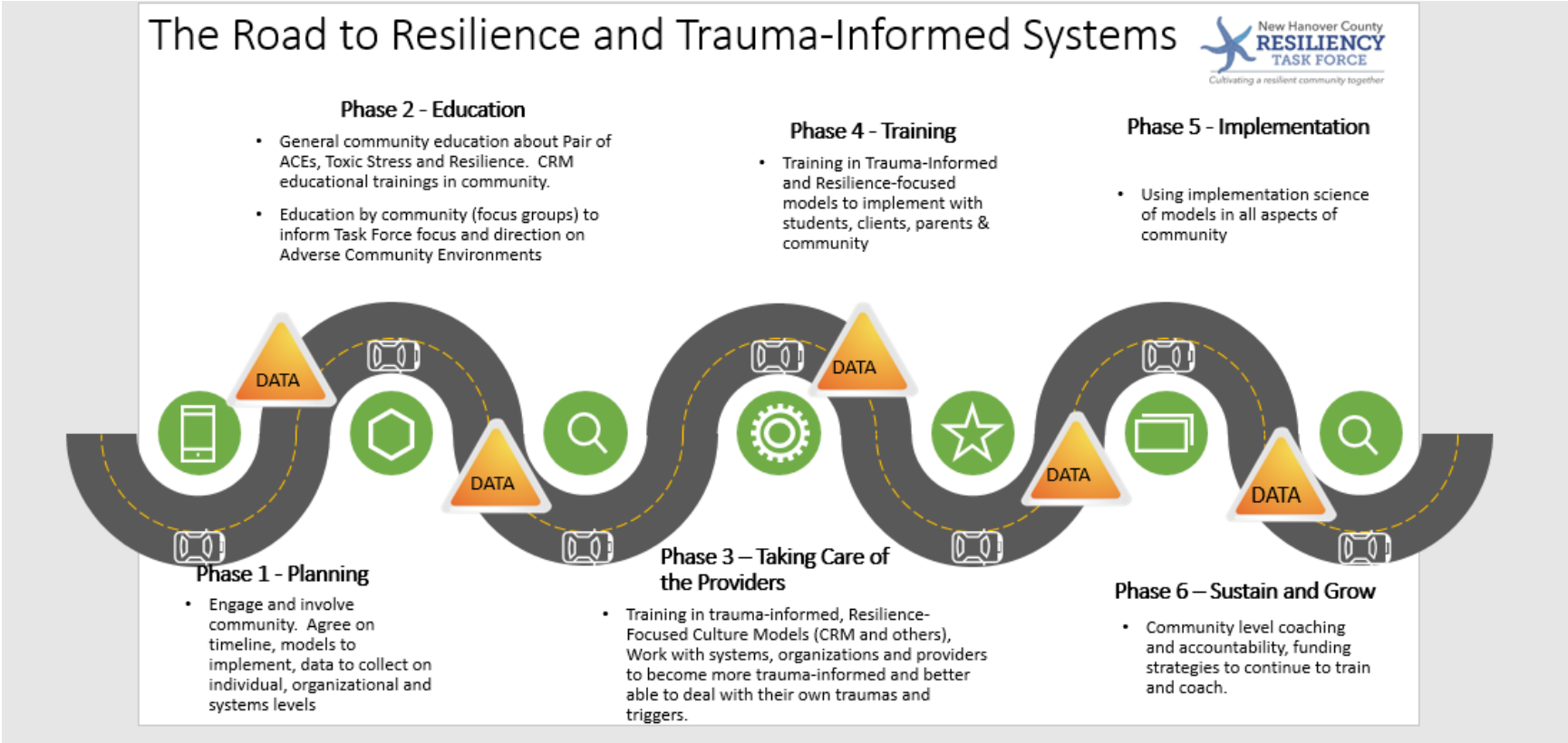
Barriers to Engagement. When asked about barriers to providing trauma- and resilience-informed trainings or movie screenings within their respective organizations, time – including time available for organizations with small staff, competing organizational priorities, meeting times (scheduling of trainings), or limited time for resiliency and trauma-related items on the organization's agenda - was overwhelmingly the most common response. Other respondents listed resources, technological support, buy-in from the organization or decision makers and funds (*Broken Places* was named explicitly) as barriers. Very few respondents suggested they have no barriers to ongoing engagement.

Recommended Next Steps and Items for Further Consideration

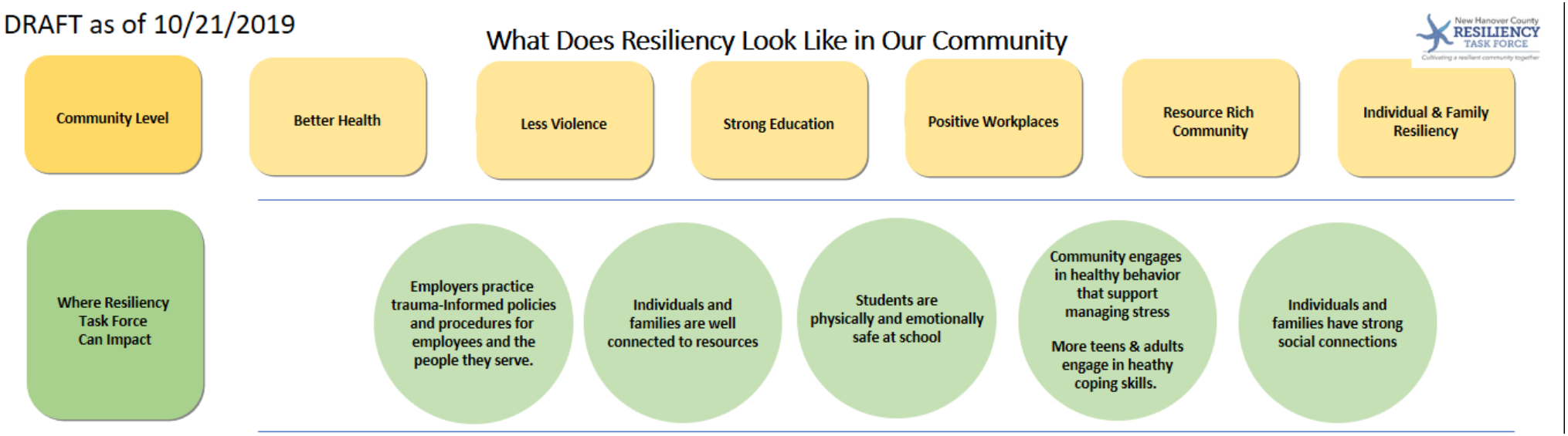
1. Consider how report findings will be used. Develop a set of deliverables and an action-based timeline.
2. Discuss how organizations can continue – and possibly expand, based on capacity – Task Force engagement.
3. Develop a measurable tool to scale resilience across organizations.
4. Discuss screening tools for resiliency and trauma to promote consistency across organizations where appropriate.
5. Develop a consolidated Organizational Partner Profile survey and establish a schedule for future waves.
6. Consider form and function of meetings to increase accessibility for members. For example: continue video/audio recording process for meetings to enable members to remain abreast of discussions and trainings, and send calendar invites for meetings (with Zoom link included) to block the time on participant calendars and facilitate attendance.
7. Adopt action-oriented focus. For example: identify specific tasks for workgroups and create measurable outcomes to align with "What resiliency looks like in our communities" (Appendix B).

Appendix

Appendix A
Road to Resilience with Key Indicators Based on OPP



Appendix B
Resiliency Task Force Action Plan with Sample Tiered Labels for Organizational Engagement



Appendix C

Task Force Member Organization Profiles: No. of Employees

Task Force Member Organizations Profiles: Number of Employees	
1	32
1	7 full time and 25 contracted employees
1	45
1	53
1.5	100
3	7 staff; 185 volunteers
4	210
4	More than 200
5	300
5	320
2 full time, 3 part time	445
7	500
9	1060
11	4000
12	7500
17	*Other Responses*
20	1 with board and volunteers
20	7 full time and a range of volunteers
30	