



## Overview

In June 2019, Leaders from Indigenous Communities, Non-profits, SD71, VIHA, MCFD, and parents came together at a workshop to clarify the role they would continue to play with a monthly meeting they had been having through a project called the Lead Action Team that was set up to determine local mental health and substance use goals. At that meeting, in 2 and a half hours, we led the group through a series of exercises that helped to clarify their mission, vision, and top action items that they would support and work towards. One of those action items was to “create a trauma informed community”. While the other main action item “attract a Foundry” has been successful and grown wings of its own, the ACES trauma informed community action item needs more clarification so it can be as successful.

UIWONA and Wachiay have both been involved in this group since its beginning (going back to when it met under the Lead Actions Team) They agreed to sponsor a follow-up workshop to help clarify the mission and an action plan for the ACES Trauma informed community working group.

While the group has been impacted by Covid and has become inactive, some powerful work took place last year. This took the form of a training for doctors that took place with the support of Comox Valley Child Development Association, John Howard Society, Doctors of BC, VIHA, and community members with lived experience. There has also been a successful screening and panel review of the Resilience documentary which brought the community to light about this important work.

Each of the individuals who took place in this work, or expressed interest in the working group, have been consulted in the first conversations for this project. Limitless possibilities and ideas, combined with potential copyright infringement and concern about different philosophies that compliment but may confuse the community have come up. Of particular importance is the great work that Pathways to Healing is doing in this field with new mothers in the region. Andrew McKenzie from this project has been actively involved in the conversation and is eager to support. At this time their organization is unable to take on more as it does not fit within their funded scope of work.

Last year several community members took Touchpoints certified training which was sponsored by CYMCV and Pathways to Healing. They are now able to provide training within our community.

## Suggested Mission and Action Plan

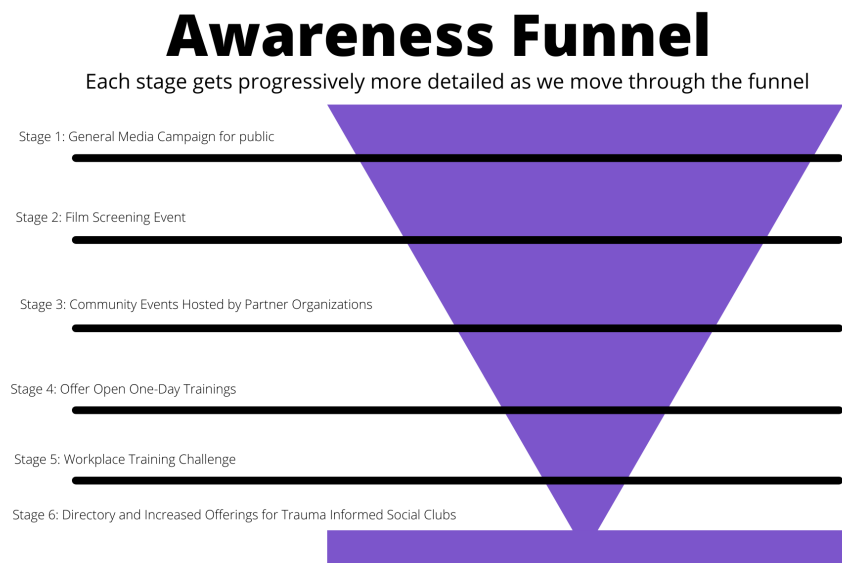
### ACES Working Group Mission. (This is what you are already doing)

*The ACES Working group collaborates to facilitate a Trauma Informed Community. We do this by creating awareness and training events in the Comox Valley.*

### The Awareness Funnel

The term “Sales Funnel” is used in marketing to think about the different levels of information a person needs at various stages. We start with general awareness that something exists, we offer more information to people who are interested in the details of what is available, and from there people are able to zone in for more information about the specific needs they want to address. When we talk about a “Trauma Informed Community” similar concepts apply. The purpose is to break down the amount of information and next steps a person requires at different stages of awareness. While we aren’t selling a product, in some ways we are selling a shift of mindset for the community.

Often in marketing, when there is a lack of conversion from one stage of awareness to the next, it can be because the next step hasn’t been made clear enough. There is no easy way to move on to the next stage. You can imagine it like a triangle. In the case of Trauma Awareness, there are certain levels of awareness that we want for the general public that become



deeper and more service provider focussed as we move further down the triangle.

## Suggested List of Action Items for 2021-2022

While any of these can be done on their own, the idea of a Trauma Awareness Week came up in several conversations. In marketing messaging, an individual must interact with information 30 times before they are likely to act. By targeting a specific week or month for all activities listed below means that all efforts are exponential as we place multiple operations within a specific time span. Timelines here are by weeks over a month, but could be by days over a week.

Event	Date	Participants attending	Collaborating Partners	Scope of Work
<p><b>Pre-work</b></p> <p>Planning and infrastructure to make a Trauma Awareness Week/Month possible.</p>	<p>Starts asap.</p>	<p>None</p>	<p>ACES working group</p>	<p>-Reach out to other groups that might be interested in collaborating.            Examples:            coalition to end homelessness, RCMP, Military Services.            -Establish budgets. What can be donated and what hard costs will exist?            -Find key funding partnerships.</p>

				<ul style="list-style-type: none"> <li>-Set a date that works with partners.</li> <li>-Suggest checking for other national or provincial awareness weeks</li> <li>-Create a Web Presence with key dates and offerings.</li> <li>-create hashtags to share community efforts under.</li> </ul>
<p><b>Stage One:</b></p> <p><b>Media Awareness Campaign</b></p> <p>Leading up to the screening we make personal stories and resources available.</p> <p>Ask partners to promote the film screening and training opportunities.</p> <p>Ask partners to promote the workplace</p>	<p>Weeks 1-2</p>	<p>General public</p>	<p>Library, Art Gallery, Newspaper, Radio Stations, Local Magazines. Partner Social Media Feeds.</p>	<ul style="list-style-type: none"> <li>-Establish Key messaging.</li> <li>-Coordinate press releases.</li> <li>-Conversations with collaborating partners.</li> <li>-arrange for people who can be interviewed to share meaningful stories: Example Suzy Venuta, Grace Johnson have said they would be willing to share.</li> <li>-Establish a resource list for Natalie Catto at VIRL to purchase and offer through the public library</li> </ul>

training challenge.				
<p><b>Stage Two:</b></p> <p><b>Trauma Film Screening</b></p> <p>Screen The Wisdom of Trauma, Resilience, or another film.</p> <p>Host a Panel</p> <p>Invite Partners to display information in the lobby.</p> <p>Promote the Open One-Day Trainings</p>	Week 3	Public is invited	<p>All CYMCV members to:</p> <p>-Promote event.</p> <p>-Create a well-rounded panel. Example, Suzy Venuta and Grace Johnson as people with lived experience, Jan Ference, a teacher, doctor, and councillor</p> <p>-Host information booths that promote next steps/community projects.</p>	<p>-Screening Fee is \$1000.00 (Lindsay Mcginn)</p> <p>-Find space.</p> <p>-Invite broader range of organizations to participate.</p> <p>-Create an activity that can happen in small groups to allow for reflection time.</p> <p>-Suggest The Brain Architect board game or another experiential activity that demonstrates hope.</p>
<p><b>Stage Three:</b></p> <p><b>Community Events Hosted by Partner Organizations</b></p>	Week 3	Stakeholders for a variety of organizations	<p>Any Community Organization can plan and host an event.</p> <p>Examples are book clubs, a conversation cafe style tea party, an exhibit, borrow</p>	<p>-invite groups to host events.</p> <p>-catalogue and promote events on Trauma Month website.</p> <p>-collect stories about events to share on website</p>

			and play The Brain Architect board game, t-shirt silk screen event. Children’s Story circle using books from our trauma list.	and in social media.
<p><b>Stage Four:</b></p> <p><b>Offer Open One-Day Trainings</b></p> <p>Follow up the screening with an invitation to open one day trainings.</p>	Week 3	Professional Service Providers from a range of fields	Jan Ference has done this in the past.	<p>-Find funding and space.</p> <p>-Create event registration.</p> <p>-Promote and execute event.</p>
<p><b>Stage Five:</b></p> <p><b>Workplace Training Challenge</b></p> <p>Challenge our community to make time within their organisations to book some form of professional development around trauma.</p> <p>While various groups might</p>	Week 4 and ongoing	<p>Any group that wants to book an internal professional development training</p> <p>Service providers. As Suzy says, dentists, daycares, RCMP, doctors, massage therapists, teachers, lawyers</p>	<p>Jan Ference</p> <p><b><u>Comox Valley Based:</u></b>          Andrew McKenzie          Vanessa Hitchcock          Sara Sandwith          Theresa Wilson          Jenny Nijhoff          April Staz          Alesha Gurr          Elaine Halsall          Liz Grose</p> <p><b><u>Campbell River Based</u></b>          Bre’el Davis          Tasha Enns          Michaela Arruda</p>	<p>- offer training information on website.</p> <p>-work to get more people trained to facilitate Touchpoints 3 day training.</p>

<p>already have access to internal resources, we can put together and offer the 3 day Touchpoints training or Bruce Perry work.</p>				
<p><b>Stage Six:</b>   <b>Directory and Increased Offerings for Trauma Informed Social Clubs</b></p>	<p>Ongoing</p>	<p>Undoing the damage of adverse childhood experiences involves having at least one caring adult in a child's life. These are trauma informed clubs and support groups for any community member to benefit from</p>	<p>-Partner organisations who are already running clubs for community members where they can benefit from community and belonging</p> <p>-Example: Mars, Dragon Boating, Youth programs, add a post partum depression support group.</p> <p>-Increase offerings through partners for offerings that don't yet exist but could.</p> <p>Example: BGC youth programs in Nanaimo could also run here.          Example: Teacher's Learning Circle</p>	<p>-Inventory existing programs available that have a trauma informed lens.</p> <p>-Find partners willing to add additional programs where there are gaps.</p>



## **Summary of Next Steps, Actions Required**

This is a pretty exciting and audacious undertaking. It has several moving parts and will require a coordinator. This might fall into an existing job description at an existing organisation. It might need a new position. It is also possible that another organization outside of this group is already working on something similar.

- Check with Lindsay McGinn and others for redundancy with other groups.
- Determine CVCYM member support.
- Determine Working group members.
- Determine who the coordinating organisation is so we can acquire funding.
- Determine budgets and find funding.

## About the Workshop

Workshop Information	
<b>Title:</b>	ACES Working group Action Plan Workshop
<b>Date:</b>	May 20, 2021
<b>Location:</b>	Virtual using Gather.town Community Space address: <a href="https://gather.town/i/xDtbJlQz">https://gather.town/i/xDtbJlQz</a>
<b>Primary Contact Details:</b>	Paula Selby and Ingrid Timmermans
<b>Facilitator:</b>	Vivian Vaillant
<b>Youth Facilitators:</b>	Tristan Rendell Sophia Vaillant
<b>Special thanks to table leads:</b>	Lindsay McGinn Natalie Robinson Kris Johnson Elisha Almeida Ingrid Timmermans
<b>Number of participants:</b>	25
<b>Ideas Collected:</b>	343
<b>Time Allotted:</b>	2 hours

<b>In Attendance:</b>	Samantha Christiansen- UIWONA  Lisa Bowie- UIWONA  Tory- Ministry of Mental Health and Addictions  Meredith McEvoy- Hornby and Denman Community Health Care Society  Catherine Browne- Comox Valley Division of Family Practice  Janice McLaughlin- Division of FP/ Foundry CV  Kia Everson- Sasamans Society  Natalie Robinson- Today 'N' Tomorrow Learning Society  Curtis Cameron- MCFD  Sheila McDonnell- School District 71, Comox Valley  Paula Selby- UIWONA  Elisha Almeida- John Howard society  Kat- Sd71 Trustee, & UIWONA  Lindsay McGinn- Comox Valley Community Health Network  Kris Johnson-Comox Valley Early Years Collaborative  Liz Brown-Commanda- UIWONA  Gillian Connors- Vancouver Island Regional Library  Ingrid- Comox Valley Division of Family Practice  Denia- Hornby and Denman Community Health Care Society  Natalie Catto- Vancouver Island Regional Library  Angie Prescott- John Howard Society  Alexis Forbes- Courtenay Recreation
-----------------------	---

	<p>Grace Johnson- Comox Valley Aboriginal Head Start</p> <p>Andrew McKenzie- Pathways to Healing Partnership (CVFDA)</p> <p>Tracey Shepherd-Comox Valley Aboriginal Head Start</p>
<p><b>Completed RSVP Survey,          Sending Regrets</b></p>	<p>Daryle Mills- Wachiay Friendship Centre</p> <p>Ann Milligan- BGC Central Vancouver Island</p> <p>Arzeena Hamir- CVRD Area B Director</p> <p>Karen Love- BGC Central Vancouver Island</p> <p>Craig Rushton- Island Health</p> <p>Jenny Nijhoff- Island Health</p> <p>Esther Shatz- Sd #71 Comox Valley Schools</p> <p>Ming Ow-MCFD</p> <p>Suzanne venuta- Person with Lived Experience</p> <p>Carol Coxon- VIHA. Child Psychiatrist</p> <p>Sarah Dakin- Teacher</p>

## The Workshop

Participants were invited to attend this workshop to help create a mission and three SMART goals for the ACES Trauma informed community workshop. The meeting was intentionally held in the same meeting time as the regular third thursday meeting block the group has adopted. We worked in tables of 4-6, asking each individual to think about the questions and answer them for themselves, and then each person shared their ideas with their table. Together they worked to group similar ideas around the key themes; individuals and their families, greater community, service providers, and logistics.

## Legend of Cards

<h1>Green</h1>	<ul style="list-style-type: none"> <li>• An Inventory of what we know.</li> <li>• What do you already know about ACES and trauma. How does it impact you at work?</li> <li>• What resources or trainings and actions are you aware of in our community?</li> </ul>	<p>75 ideas generated</p>
<h1>Yellow</h1>	<ul style="list-style-type: none"> <li>• When you hear the term: "Trauma Informed Community" what does that mean for you?</li> <li>• How would the community be different?</li> </ul>	<p>75 ideas generated</p>
<h1>Purple</h1>	<ul style="list-style-type: none"> <li>• What challenges do you see for us in creating a Trauma Informed Community?</li> </ul>	<p>78 ideas generated</p>
<h1>Orange</h1>	<ul style="list-style-type: none"> <li>• Close your eyes. Imagine that you are the one person who must decide how we move forward. Knowing what you know now, what three actions would you take could we bring to the table? How could we get more of what we see in our community?</li> </ul>	<p>47 ideas generated</p>
<h1>Teal Blue</h1>	<ul style="list-style-type: none"> <li>• Three top ideas that the table agrees on as a whole.</li> </ul>	<p>15 ideas generated</p>

## Use of Acronyms

Often a community uses shorthand when communicating. When this happens is important to note what the shorthand stands for so that the information can be understood by people unfamiliar with the terms. While this group didn't have many, the following should be noted:

ACES- Adverse Childhood Experiences

SD71- School District 71

MCFD- Ministry of Child and Family Development

CYMCV- Children and Youth Matter Comox Valley

VIRL- Vancouver Island Regional Library

## Top 20 Word Count

Word counts show us which words are used most frequently in a workshop. Because people first create their idea cards in silence, a word count helps us to understand what people are thinking about most frequently. While the context is not evident, the word list gives us clues about what is top of mind.

word	frequency
trauma	67
community	54
training	27
people	25
informed	23
health	23
trauma informed	20
resources	20
support	18
aces	18
work	14
service	13
providers	12

awareness	12
practice	11
impact	11
of trauma	11
mental	11
mental health	11
care	10

## Top Ideas

At the end of the workshop, each group is asked to work together to choose the top three ideas that they believe should be brought forward.

### TOP Ideas

---

Collective Impact Approach to trauma informed care through the community organizations, groups and collaboratives.

---

Community education series that is both broad as well as targeted

---

Ensuring connection between social determinants of health and basic needs are key concerns.

---

Host a Tea Party

---

to practice in our own programs

---

More trauma informed workshops for all programs

---

Fun communication to community

---

Make accessing resources "cool / marketing boost and provide incentives for families/caregivers/individuals to access resources (such as EFFT groups)"

---

---

Provide training for service providers and community as a whole

---

build a Foundry for families and a Foundry for adults (one stop shop community health centre)

---

offer some workshops about the impacts of trauma

---

Policy that informs and supports trauma informed social service that is alive system ( continues to be updated through research, and healing modalities that are working for other communities)

---

find a program or adapt it to deliver that is consistent - train trainers - develop a training package

---

approaching SD/target educational system - for training for teachers with training opportunities

---

develop a community of practice and have monthly meetings to support people/mentorship through a series of workshops etc.

---



## Appendices 1. Resources Offered by RSVP members

### ACES Trauma Informed Community Workshop

#### Shared Resource List

This is a list of resources that people shared in the RSVP. If you have more suggestions please email [vivian@vaillant.ca](mailto:vivian@vaillant.ca)

#### Documentaries:

Paper Tigers and Resilience are two documentaries that follow the lives of teen-aged students with high ACES scores. To see Trailer click here: <https://vimeo.com/139998006>

The Wisdom of Trauma is Gabor Mate's new documentary on Trauma:

<https://thewisdomoftrauma.com/>

#### Websites:

ACES Prevention Strategies: <https://www.cdc.gov/violenceprevention/aces/prevention.html>

Information and training provided for military veterans: <https://woundedwarriors.ca/our-programs/>

<https://collaborativetoolbox.ca/guidelines-and-clinical-support#adverse-childhood-experiences->

<https://developingchild.harvard.edu/>

#### Experiential Learning:

The Brain Architecture Game is an exercise that uses play and collaboration to demonstrate the impact of adverse experiences.: <https://dev.thebrainarchitecturegame.com/>

#### Courses:

<https://www.humanitysteam.org/healing-the-past>

Aces Learning online is a short introduction course that is free and takes 50 minutes to complete.

<https://www.acesonlinelearning.com/>

Ancestral Lineage healing course: <https://ancestralmedicine.org/online-course-ancestors/>

### Intergenerational Trauma Work:

<https://www.karinebell.com/> has information, a podcast, and a link to the unique Trauma Conference that took place this April called Tending the Roots. You can view the full conference for a donation.

### Mass Trauma:

<https://www.heretohelp.bc.ca/visions/indigenous-people-vol11/intergenerational-trauma-and-indigenous-healing>

### Community Member with Lived Experience:

Suzy Venuta has offered her story and support for trauma education. She can share support plans for service providers for reference or template.

Suzy Venuta [svenuta@hotmail.com](mailto:svenuta@hotmail.com)

### Shorter Videos:

[https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime?language=en](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en)

[Bruce Perry interview with Oprah https://www.youtube.com/watch?v=uUAL8RVvkyY](https://www.youtube.com/watch?v=uUAL8RVvkyY)

### Resources Specifically for Children:

Children's Book: [A terrible Thing Happened - Margaret M Holmes](#)

Children's Book: [The Invisible String - Patrice Karst and Joanne Lew-Vriethoff](#)

Children's Book: [The Sad Dragon: A Dragon Book About Grief and Loss - Steve Herman](#)

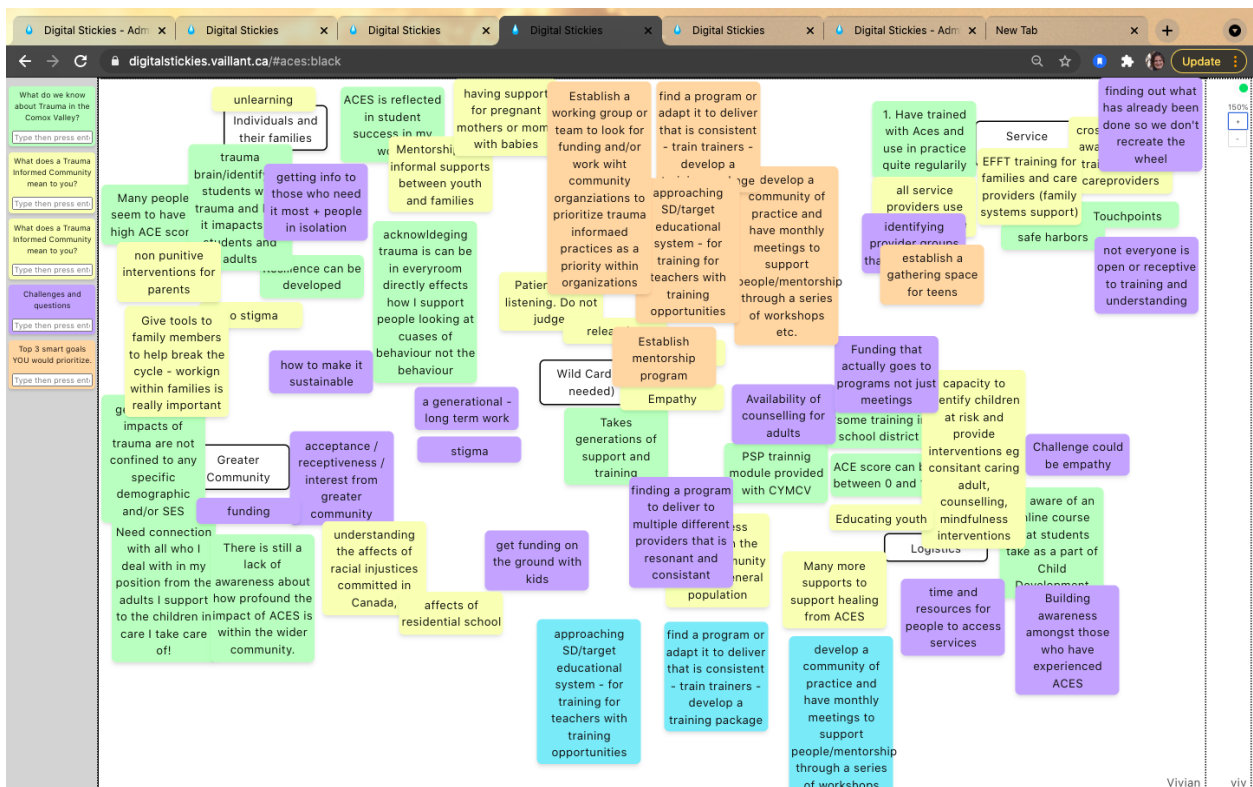
Website: [Children's Books to Help Kids Deal With Trauma, Grief and Fear](#)

Website: [Helping Children Cope After a House Fire - PsychSolutions, Inc - Therapy In Edmonton, AB T5M 4C9](https://www.psychsolutions.ca/helping-children-cope-after-a-house-fire)

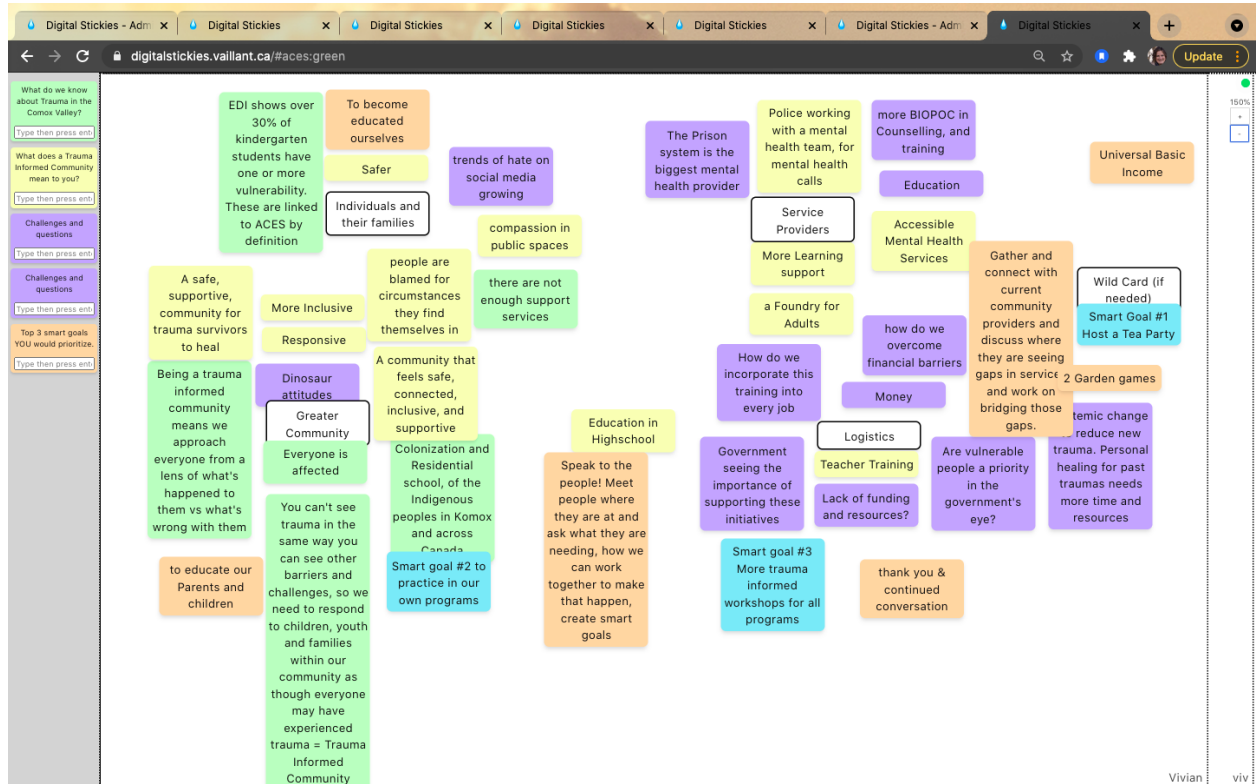
Article: [How to help a child who is dealing with trauma \(todayparent.com\)](https://www.todayparent.com/parenting/parenting-tips/how-to-help-a-child-who-is-dealing-with-trauma)

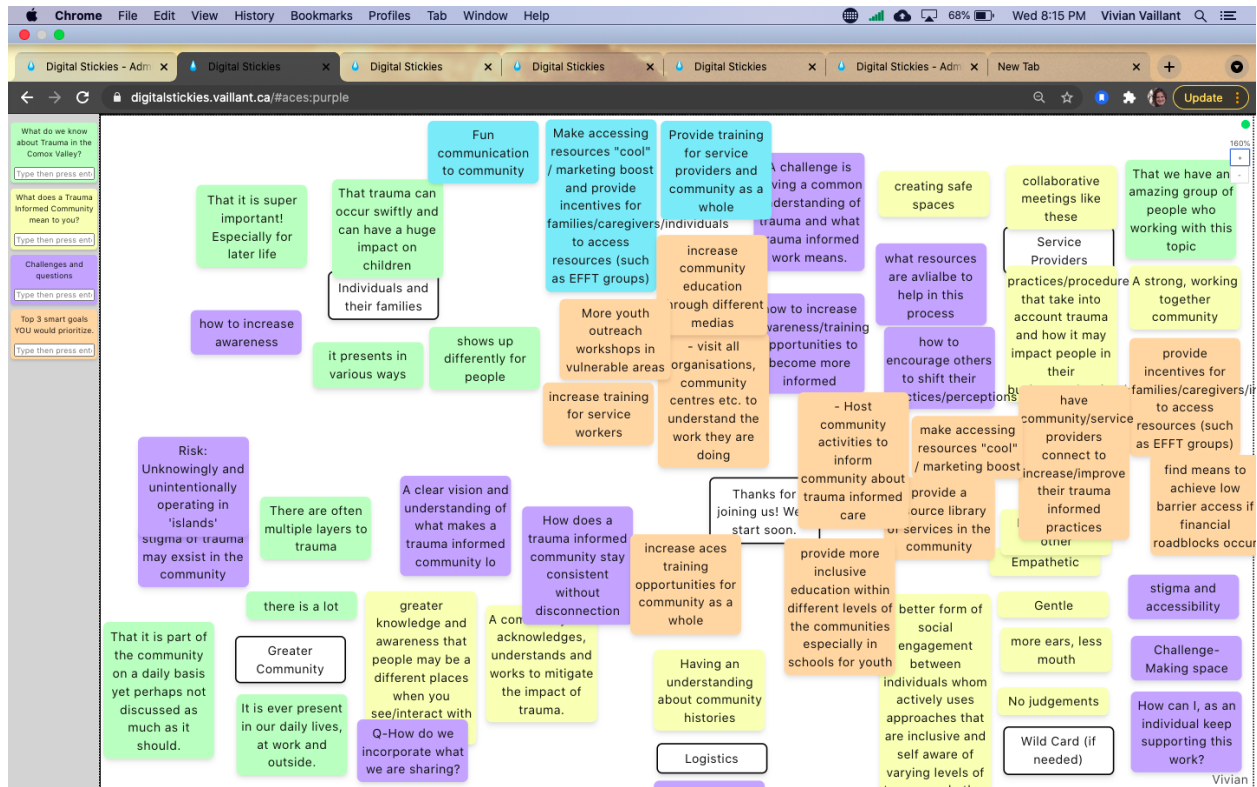
Article: [The Psychology of SURVIVING a fire and then having to return to its destruction, Normalcy after a fire \(linkedin.com\)](https://www.linkedin.com/pulse/the-psychology-surviving-fire-then-having-return-its-destruction-normalcy-after-fire-vivian-vaillant/)

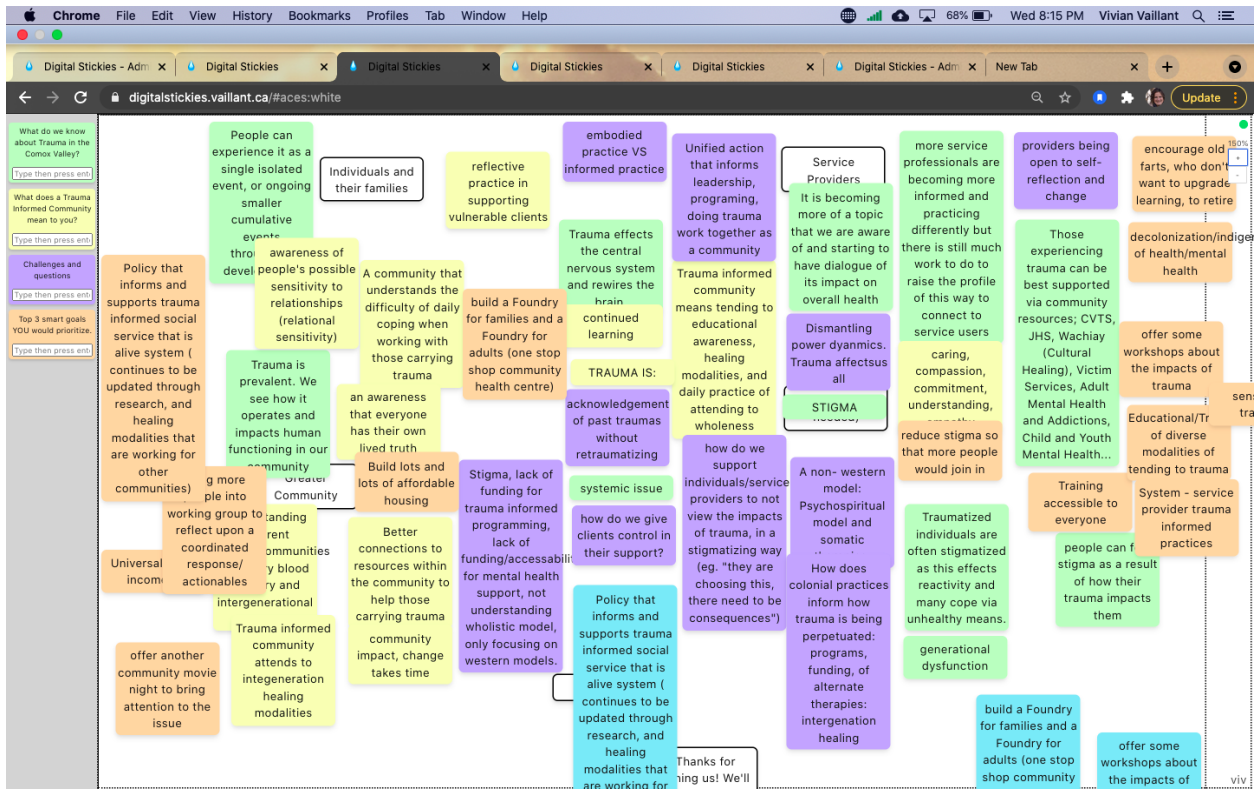
## Appendices 2. Screenshots of boards











### Appendices 3. Raw Data of the cards (excluding contributor name)

Card Type	Card Text
Top Ideas	find a program or adapt it to deliver that is consistent - train trainers - develop a training package
Top Ideas	approaching SD/target educational system - for training for teachers with training opportunities
Top Ideas	develop a community of practice and have monthly meetings to support people/mentorship through a series of workshops etc.
Top Ideas	Smart Goal #1: Collective Impact Approach to trauma informed care through the community organizations, groups and collaboratives.
Top Ideas	Smart goal #2: Community education series that is both broad as well as targeted
Top Ideas	Smart goal #3: Ensuring connection between social determinants of health and basic needs are key concerns.
Top Ideas	Smart Goal #1 Host a Tea Party
Top Ideas	Smart goal #2 to practice in our own programs
Top Ideas	Smart goal #3 More trauma informed workshops for all programs
Top Ideas	Fun communication to community
Top Ideas	Make accessing resources "cool / marketing boost and provide incentives for families/caregivers/individuals to access resources (such as EFFT groups)"
Top Ideas	Provide training for service providers and community as a whole
Top Ideas	build a Foundry for families and a Foundry for adults (one stop shop community health



Ideas	centre)
Top	
Ideas	offer some workshops about the impacts of trauma
Top	Policy that informs and supports trauma informed social service that is alive system (
Ideas	continues to be updated through research, and healing modalities that are working for other communities)
green	Touchpoints
green	What do you already know about ACES and trauma. How does it impact you at work?
green	What resources or trainings and actions are you aware of in our community
green	Many people seem to have a high ACE score
green	ACES is reflected in student success in my work.
green	generally, the impacts of trauma are not confined to any specific demographic and/or SES
green	1. Have trained with Aces and use in practice quite regularly
green	PSP trainnig module provided with CYMCV
green	?some training in school district
green	acknowldeging trauma is can be in everyroom directly effects how I support people looking at cuases of behaviour not the behaviour
green	I'm aware of an online course that students take as a part of Child Development
green	Need connection with all who I deal with in my position from the adults I support to the children in care I take care of!
green	There is still a lack of awareness about how profound the impact of ACES is within the wider community.
green	ACE score can be between 0 and 10
green	safe harbors
green	Resilience can be developed
green	trauma brain/identifying students with trauma and how it imapacts as students and adults

---

green	Takes generations of support and training
green	An ACES questionnaire exists to support care providers in determining an ACES score
green	Ease and simplicity of ACES scoring has helped adults experiencing health or mental health challenges to make connections to their own childhood experiences.
green	A facility targeting youth experiencing trauma in the Comox Valley is currently being implemented.
green	While a significant number of resources exist in the Valley not everyone who needs them accesses them.
green	Geographic isolation is a factor in preventing families from accessing services.
green	The Practice Support Program provided a small group learnign session for physicians in 2020. This was supported by CYMCV.
green	Comox Valley Division can support education and training opportunities for primary care providers
green	I don't know of any specific resources and trainings available in CV - Counsellor
green	There seems to be connections and links to social determinants of health. For example I often see in my work the impact that housing challenges has on children and making experiences of parent mental health issues or separation have a greater negative impact on the child.
green	Sasamans society was looking into providing ACES and Trauma informed training to lawyers in early 2020
green	I am not familiar with ACES prior to this meeting. Trauma impacts me at work through the customers with unresolved trauma. I recently attended an online webinar on Trauma Informed Practice for Children's Librarians.
green	We have resources surrounding trauma in the library collection in the form of nonfiction and picture books, and dvds. Unfortunately the available literature is lacking.
green	Public resources: PathwaysBC Community Directory
green	Impacting most people in the Comox Valley in some way
green	A Focus of Gabor Mate - new movie out now The Wisdom of Trauma

---

- 
- green Identified as a strong link with the Substance Use Strategy in the Comox Valley
- 
- green Impacting our score on the Early developmental Index in the Comox Valley
- 
- green ACES as the root cause of many health inequalities we see in the Valley
- 
- green Does the pathways website have ACES resources?
- 
- green Intergenerational trauma caused by colonization and residential schools
- 
- green You can't see trauma in the same way you can see other barriers and challenges, so we need to respond to children, youth and families within our community as though everyone may have experienced trauma = Trauma Informed Community
- 
- green Colonization and Residential school, of the Indigenous peoples in Komox and across Canada
- 
- green Everyone is affected
- 
- green Being a trauma informed community means we approach everyone from a lens of what's happened to them vs what's wrong with them
- 
- green there are not enough support services
- 
- green EDI shows over 30% of kindergarten students have one or more vulnerability. These are linked to ACES by definition
- 
- green It is ever present in our daily lives, at work and outside.
- 
- green That it is super important! Especially for later life
- 
- green That we have an amazing group of people who working with this topic
- 
- green there is a lot
- 
- green That trauma can occur swiftly and can have a huge impact on children
- 
- green There are often multiple layers to trauma
- 
- green it presents in various ways
- 
- green That it is part of the community on a daily basis yet perhaps not discussed as much as it should.
- 
- green shows up differently for people
- 
- green more service professionals are becoming more informed and practicing differently but there is still much work to do to raise the profile of this way to connect to service users
-

---

green	People can experience it as a single isolated event, or ongoing smaller cumulative events throughout development.
green	systemic issue
green	Trauma is prevalent. We see how it operates and impacts human functioning in our community
green	Those experiencing trauma can be best supported via community resources; CVTS, JHS, Wachiay (Cultural Healing), Victim Services, Adult Mental Health and Addictions, Child and Youth Mental Health...
green	Trauma effects the central nervous system and rewires the brain.
green	people can feel stigma as a result of how their trauma impacts them
green	It is becoming more of a topic that we are aware of and starting to have dialogue of its impact on overall health
green	Traumatized individuals are often stigmatized as this effects reactivity and many cope via unhealthy means.
green	STIGMA
green	generational dysfunction
yellow	Many more supports to support healing from ACES
yellow	all service providers use same language
yellow	Empathy
yellow	cross the board awareness and training for all careproviders
yellow	capacity to identify children at risk and provide interventions eg consitant caring adult, counselling, mindfulness interventions
yellow	Mentorship and informal supports between youth and families
yellow	no stigma
yellow	Patience and listening. Do not judge.
yellow	checking assumptions
yellow	unlearning
yellow	relearning

---

yellow	compassion
yellow	EFFT training for families and care providers (family systems support)
yellow	Awareness building in the wider community with the general population
yellow	Give tools to family members to help break the cycle - working within families is really important
yellow	Educating youth
yellow	non punitive interventions for parents
yellow	having support for pregnant mothers or moms with babies
yellow	understanding the affects of racial injustices committed in Canada,
yellow	affects of residential school
yellow	Holistic approach to health care
yellow	Educated professionals, accessible supports.
yellow	Ensuring the community is aware that trauma exists and what it is.
yellow	Better patient/client health outcomes
yellow	More connected, kinder community
yellow	Stronger patient voice - history/background
yellow	A community aware of the trauma resources nearby. A community equipped with the tools to heal from trauma and be aware of where it shows up in their lives.
yellow	Treating all people with dignity and respect
yellow	Providing basic necessities of life and human rights.
yellow	Funding structures that address social determinants of health.
yellow	Less siloization of services. People don't need to tell their story over and over again or be referred on multiple times until they get to the right provider.
yellow	Lack of individual shame/guilt
yellow	Eradicating stigma.
yellow	Whole family support

- 
- yellow Less substance use
- 
- yellow More love and compassion
- 
- yellow Training in ACES in mandatory for all
- 
- yellow Safer
- 
- yellow More Inclusive
- 
- yellow Responsive
- 
- yellow A community that feels safe, connected, inclusive, and supportive
- 
- yellow compassion in public spaces
- 
- yellow people are blamed for circumstances they find themselves in
- 
- yellow A safe, supportive, community for trauma survivors to heal
- 
- yellow Education in Highschool
- 
- yellow Teacher Training
- 
- yellow More Learning support
- 
- yellow Accessible Mental Health Services
- 
- yellow a Foundry for Adults
- 
- yellow Police working with a mental health team, for mental health calls
- yellow greater knowledge and awareness that people may be a different places when you see/interact with them.

yellow practices/procedures that take into account trauma and how it may impact people in their businesses/professions.
- 
- yellow Empathetic
- 
- yellow No judgements
- 
- yellow more ears, less mouth
- 
- yellow Gentle
- 
- yellow A community that acknowledges, understands and works to mitigate the impact of trauma.
-

---

yellow	a better form of social engagement between individuals whom actively uses approaches that are inclusive and self aware of varying levels of trauma and other intersecting issues
yellow	creating safe spaces
yellow	Having an understanding about community histories
yellow	collaborative meetings like these
yellow	A strong, working together community
yellow	Helping each other
yellow	A community that understands the difficulty of daily coping when working with those carrying trauma
yellow	reflective practice in supporting vulnerable clients
yellow	Understanding different groups/communities can carry blood memory and intergenerational trauma
yellow	Better connections to resources within the community to help those carrying trauma
yellow	an awareness that everyone has their own lived truth
yellow	caring, compassion, commitment, understanding, empathy
yellow	continued learning
yellow	community impact, change takes time
yellow	Trauma informed community means tending to educational awareness, healing modalities, and daily practice of attending to wholeness
yellow	awareness of people's possible sensitivity to relationships (relational sensitivity)
yellow	TRAUMA IS:
yellow	Trauma informed community attends to intergeneration healing modalities
purple	acceptance / receptiveness / interest from greater community
purple	Availability of counselling for adults
purple	time and resources for people to access services
purple	identifying provider groups that need training

---

---

purple funding

---

purple how to make it sustainable

---

finding a program to deliver to multiple different providers that is resonant and  
purple consistent

---

purple Challenge could be empathy

---

purple finding out what has already been done so we don't recreate the wheel

---

purple stigma

---

purple Building awareness amongst those who have experienced ACES

---

purple getting info to those who need it most + people in isolation

---

purple Funding that actually goes to programs not just meetings

---

purple not everyone is open or receptive to training and understanding

---

purple get funding on the ground with kids

---

purple a generational - long term work

---

Spreading awareness. Removing the stigma of getting mental health support and other  
resources to heal from trauma. Reaching immigrants, newcomers, and First Nations  
purple people as equally as long term community members.

---

purple Shifting people's deeply held beliefs - is it possible?

---

People can bury trauma they have experienced rather than seeking help, maybe  
purple because they do not realize how traumatized they really are?

---

In terms of engagement in training opportunities for service providers, capacity to  
purple participate in multiple initiatives.

---

purple Hard to move from theory to practice

---

purple Hard to address big tough policy issues like housing and poverty

---

purple Professionals have diverse training and goals

---

purple Resources & will to shift from reaction to prevention

---

purple How will it be measured in the short-term and long-term?

---

purple Are all forms of trauma equally recognized?

---



- 
- purple Social Media
- 
- purple Lack of funding and resources?
- 
- purple Are vulnerable people a priority in the government's eye?
- 
- purple Education
- 
- purple Money
- 
- purple Government seeing the importance of supporting these initiatives
- 
- purple How do we incorporate this training into every job
- 
- purple Dinosaur attitudes
- 
- purple systemic change to reduce new trauma. Personal healing for past traumas needs more time and resources
- 
- purple trends of hate on social media growing
- 
- purple how do we overcome financial barriers
- 
- purple The Prison system is the biggest mental health provider
- 
- purple more BIOPOC in Counselling, and training
- 
- purple what resources are available to help in this process
- 
- purple stigma of trauma may exist in the community
- 
- purple how to increase awareness
- 
- purple how to encourage others to shift their practices/perceptions
- 
- purple how to increase awareness/training opportunities to become more informed
- 
- purple How does a trauma informed community stay consistent without disconnection
- 
- purple stigma and accessibility
- 
- purple A challenge is having a common understanding of trauma and what trauma informed work means.
- 
- purple A clear vision and understanding of what makes a trauma informed community lo
- 
- purple Challenge-Making space
- 
- purple Challenge -Policy
-

- 
- purple Q-How do we incorporate what we are sharing?
- 
- purple How can I, as an individual keep supporting this work?
- 
- purple Risk: Unknowingly and unintentionally operating in 'islands'
- 
- purple providers being open to self-reflection and change
- 
- purple Stigma, lack of funding for trauma informed programming, lack of funding/accessability for mental health support, not understanding wholistic model, only focusing on western models.
- 
- purple A non- western model: Psychospiritual model and somatic therapies.
- 
- purple how do we support individuals/service providers to not view the impacts of trauma, in a stigmatizing way (eg. "they are choosing this, there need to be consequences")
- 
- purple acknowledgement of past traumas without retraumatizing
- 
- purple Unified action that informs leadership, programing, doing trauma work together as a community
- 
- purple how do we give clients control in their support?
- 
- purple Dismantling power dynamics. Trauma affects us all
- 
- purple embodied practice VS informed practice
- 
- purple How does colonial practices inform how trauma is being perpetuated: programs, funding, of alternate therapies: intergenerational healing
- 
- orange establish a gathering space for teens+C80:C129
- 
- orange approaching SD/target educational system - for training for teachers with training opportunities
- 
- orange find a program or adapt it to deliver that is consistent - train trainers - develop a training package
- 
- orange develop a community of practice and have monthly meetings to support people/mentorship through a series of workshops etc.
- 
- orange Establish mentorship program
- 
- orange Establish a working group or team to look for funding and/or work with community organizations to prioritize trauma informed practices as a priority within organizations
-

---

orange Have monthly articles in the Comox Record and available social media about trauma in order to increase awareness in the community. Have this in place by September 2021.

---

orange Collective impact approach to trauma informed care in the Comox Valley

---

orange Imbed trauma informed care/approach as key focus of all local tables

---

orange Gabor Mate - wisdom of trauma, local talk, movie screening, trainings

---

orange Gather subgroups together for quarterly meetings and action plan updates. Each subgroup would represent BIPOC, all ages, homelessness, addictions, immigrants, etc. I would host an annual conference open to all for trauma resources with a film showing on the final night.

---

orange Community engagement through CV community health network to organize an ACES/Trauma Informed workshop

---

orange Community Education Campaign

---

orange Develop a learning journey framework

---

orange implement liveable basic wage

---

orange an affordable home for everyone

---

orange Have the ACES committee of the CYMC identify service providers in the community by September 2021 with the goal of holding a community service provider fair in the fall of 2021.

---

orange Gather and connect with current community providers and discuss where they are seeing gaps in services and work on bridging those gaps.

---

orange Speak to the people! Meet people where they are at and ask what they are needing, how we can work together to make that happen, create smart goals

---

orange To become educated ourselves

---

orange to educate our Parents and children

---

orange 2 Garden games

---

orange thank you & continued conversation

---

orange Universal Basic Income

---

orange provide incentives for families/caregivers/individuals to access resources (such as EFFT)

---

- 
- groups)
- 
- orange increase aces training opportunities for community as a whole
- 
- orange have community/service providers connect to increase/improve their trauma informed practices
- 
- orange increase community education through different mediums
- 
- orange increase training for service workers
- 
- orange make accessing resources "cool / marketing boost"
- 
- orange provide a resource library of services in the community
- 
- orange More youth outreach workshops in vulnerable areas
- 
- orange provide more inclusive education within different levels of the communities especially in schools for youth
- 
- orange find means to achieve low barrier access if financial roadblocks occur
- 
- orange visit all organisations, community centres etc. to understand the work they are doing
- 
- orange Host community activities to inform community about trauma informed care
- 
- orange Training accessible to everyone
- 
- orange reduce stigma so that more people would join in
- 
- orange Educational/Training of diverse modalities of tending to trauma
- 
- orange offer another community movie night to bring attention to the issue
- 
- orange build a Foundry for families and a Foundry for adults (one stop shop community health centre)
- 
- orange Build lots and lots of affordable housing
- 
- orange Universal basic income??
- 
- orange offer some workshops about the impacts of trauma
- 
- orange bring more people into working group to reflect upon a coordinated response/ actionables
- 
- orange System - service provider trauma informed practices
- 
- orange encourage old farts, who don't want to upgrade learning, to retire
-

---

orange decolonization/indigenization of health/mental health

---

Policy that informs and supports trauma informed social service that is alive system ( continues to be updated through research, and healing modalities that are working for orange other communities)

---

orange sensitivity training

---

## Appendices 4. Comments and quotes from key stakeholders that were unable to attend

### SD71 Tom Dameo and Esther Shats

The School District is onboard with whatever support we require. Esther's replacement Sean Lamoureux will be in communication with CYMCV and the working group in September.

<https://www.comoxvalleyschools.ca/wp-content/uploads/2021/02/Mental-Health-Update.pdf>

### Jan Ference

Jan and I spoke at length about her vision for a Trauma Informed Community. An expert in a field that is changing very quickly, she is hopeful that this effort is able to share the very best and most current information available. She has agreed to be a panelist, and offer two one-day trainings for service providers. She will also assist us in making the 3 day Touchpoints training available for bookings.

### Sarah Dakin

I designed a full day workshop for teachers and EAs and led it for about 25 participants in August 2019. It was well received and I would like to lead it again if I can.

I would like to see more training for teachers who have to deal with kids with high ACEs 5 hours a day all week. I'd love to see coaches who could go work with a teacher for a few weeks to get better supports in place for struggling kiddos. Also, more counsellors in schools as we are burning out great people by stretching them too thin. Schools could also use a staffed calm down room where a youth worker or other calm, non teacher person is there to support students who can't cope in the classroom at that moment. Our Learning Support teachers, counsellors and InEd workers play this

role but it isn't the best use of their time. Perhaps trained seniors could volunteer in this role, like the granny cloud on that famous TED talk.

I could go on and on and have lots of ideas. Basically, schools are really struggling with supporting trauma kids as their behaviour can be really tough and many teachers don't know how to cope. We need to support these key front line workers as who else, beyond parents, spends more time with traumatized children and could have such a profound impact?

### **Catherine Browne**

Has spoken with Practice Support Program (PSP) Coordinators and they have confirmed the material used in the 2019 Physician ACEs Small Group Learning Session is available for our use. We cannot use their slides, but can use the information and tools provided to create our own materials. This delivery was facilitated by CYMVCV members.

### **Suzy Venuta**

I dream of a Comox Valley where its common place for service providers/teachers etc have a basic understanding of how trauma may affect a person- what I mean by this - is that dentists, family physicians ,physiotherapists etc have an understanding of triggers etc- and can have a practice where- for example- a physiotherapist gives a verbal warning that he is about to change positions on the body, checks in with the client, see if they're ok etc. Same with dentists etc. I have written support plans for my dentists etc...which have helped- but would be nice if this type of knowledge was more wide spread. And that maybe one day- it is just part of standard practice. I know that is the sky, but might as well dream.