

Walla Walla: A History of Building Community Resilience

TABLE OF CONTENTS

Introduction.....	2
Phase 1.....	7
Phase 2.....	15
Phase 3.....	25
Phase 4.....	34
Phase 5.....	47
Conclusion.....	53
Bibliography.....	
	54
Interview Guide.....	56

INTRODUCTION

“You could go down and hear children almost any time of day. It brought the families back, it brought a sense of community”

- Jock Edwards

“I’ve always felt that if there’s a will, then it can be done here in Walla Walla. If it’s what is wanted, it can be done. And we did it.”

-Chuck Fulton

Nestled into a valley edged with wheat fields and young vineyards, the town of Walla Walla is infused with a history of developing community resilience. The fabric of community is woven through the diverse facets of local life. While not immediately striking, Walla Walla is uniquely shaped by its small size, concentration of colleges, the burgeoning local wine economy, and its history of community based leadership. The goal of this project is to explore the past few decades of Walla Walla’s history in order to untangle how ideas of community wellbeing have evolved and have been embedded in discourse and policy. The voices of the community will be highlighted in an attempt to understand how resilience is put into practice across sectors.

Resilience is a dynamic concept referring to the ability to successfully respond to adverse experiences. Resilience research spans the past decades and consists of diverse models. For the purpose of this project, we refer to an understanding of resilience as being “generated ecologically, by a set of ongoing supportive positive interactions between individuals and their social environments” (Longhi et. al, 2017, p. 11). Individual resilience is determined by

“social-emotional support, mastery, and optimism”; however, collectively resilience is shaped by the presence of social capital, social cohesion and collective efficacy (Longhi et. al, 2017, p. 2).

This investigation of Walla Walla is rooted in this body of research that posits community resilience as a characteristic that buffers the impact of individual and collective trauma.

This project uses qualitative, ethnographically inspired methods to distill the success and challenges of Walla Walla that are largely overlooked by quantitative research. This retrospective, historical approach spans the inception of the Walla Walla Community Public Health and Safety Network backed by Washington State’s Family Policy Council to present day. Interviews followed a document review of biennium reports, public materials, and external research. Community members were approached according to their participation in a specific phase or in the comprehensive history of Walla Walla over the past decades. The interviews were semi-structured and conducted independently with the exception of one small focus group. The interviews were almost fully transcribed and coded according to common themes. These methods were designed to situate data cloaked within personal histories within a holistic context.

The Family Policy Council’s Capacity Development

Model provided a base structure that guided the analysis of each phase (figure 1). This model outlines the general steps by which community development occurs at the state, community, and



Figure 1: Adapted from the Family Policy Council’s Community Capacity Development Model

family levels. Developed in 2009, this framework is used by this project and current Walla Walla leadership to retrospectively shape the understanding of each phase. At each phase to be described subsequently, we aimed to elucidate the community focus, leadership, learnings, and results/reflection that took place. The focus describes “what matters most within community”

including the shared principles and underlying theories that drive community change (Washington State Family Policy Council 2009). Leadership looks at “participation extending to include sectors, classes, cultural groups, and professional disciplines” ranging from government to the public and private sectors (Washington State Family Policy Council 2009). Community learning reviews the steps taken by local actors such as the “collaboration across multiple domains” and how processes and structures were generated (Washington State Family Policy Council 2009). The final step of reflection critically reviews the lessons, challenges, and future directions of each phase.

We approach this work with the following hypothesis statement guiding our methods:

From the beginning of the network’s history in 1996, the community of Walla Walla implemented an asset-based approach that represented a paradigm shift away from that of basic service provision. Walla Walla leadership used theories of protective and risk factors, ACEs, and resilience holistically to inform the community’s intersectional approach to public issues. The network used these theories to inform a shift in programming that ultimately would lead to changing the way in which children are raised and the basic community ties which would sustainably improve community outcomes in health, education, and other spheres of community life.

For the purpose of this project, we divided the recent history of building resilience in Walla Walla from 1997 to the present into five phases as units of analysis (figure 2). This

division is based on the artificial boundaries between the inceptions of certain programs and embedded practices. Our focus is on not the individual phases, but instead the holistic evolution of Walla Walla in which phases are scaffolded sequentially. The study design relies on mapping community programs and actors; however, our goal is to unearth the underlying paradigm shifts that broadly dictate community practice. Phase one follows the initial development of the Walla Walla Community Network in 1996 through to 2004 during which the network supported the expansion of public programming to support youth development. The second phase follows the expansion of energy into the neighborhood domain, manifesting in the Commitment to Community (C2C) program in 2004. Phase three introduces the theories of adverse childhood experiences (ACEs), toxic stress, and resilience into community discourse as a result of the formation of the Children's Resilience Initiative (CRI). This phase easily blends into the fourth

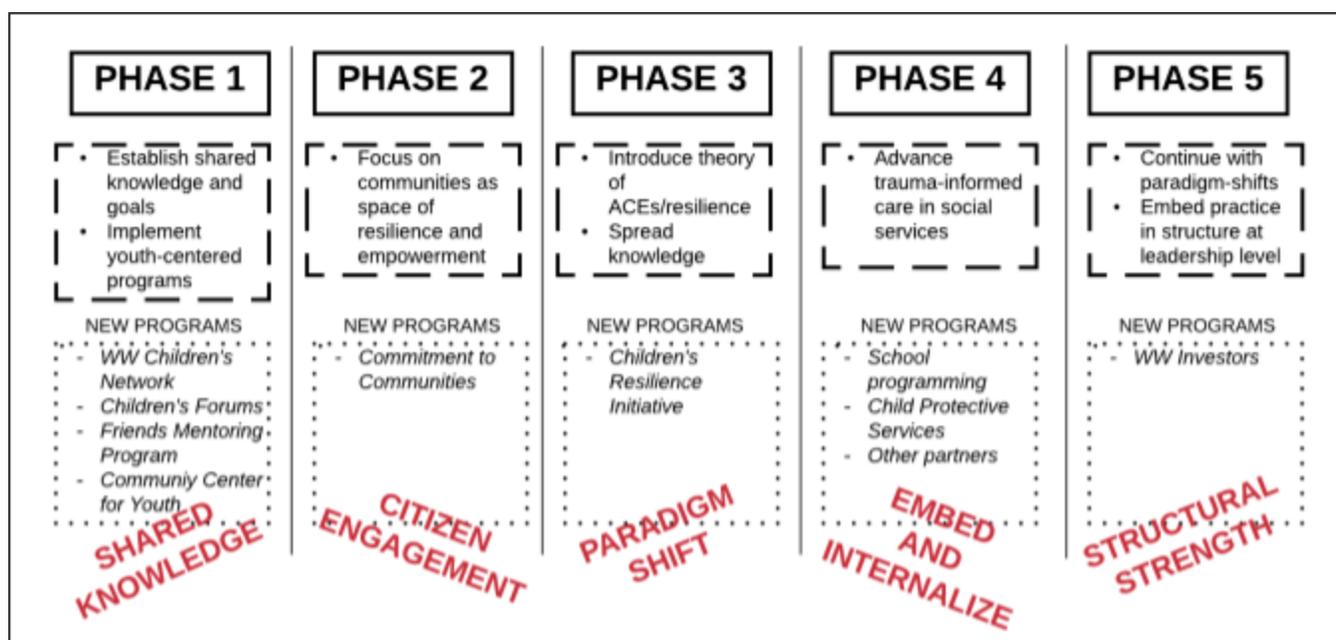


Figure 2: Scaffolded phases of Walla Walla's history

phase which documents the integration of these theories into embedded practice across sectors in

the community. Finally, the fifth phase is made up of the codification of community capacity through the collaboration of leaders in the County Investors group. This historical review concludes with a modern summary of challenges and future directions for the community of Walla Walla.

PHASE 1: 1996-2004

“As we looked at and studied child abuse prevention, the more we looked at it, the more we realized we didn’t know a whole lot about it and one of the things we needed was we needed to have a better understanding of what the data was around our children and families”

- Dick Cook

LEADERSHIP

The Walla Walla Community Network was founded to within a statewide network in order to mediate local responses to community trauma. In 1992, the Washington State legislature passed RCW.70.190 which authorized the Washington State Family Policy Council (RCW.70.190, 1992). This new interagency council aimed to support the creation of 42 local county partners called the Community Public Health and Safety Networks. The FPC used funds from state soda and cigarette taxes to financially support the local networks in their attempts to mitigate the impacts of seven identified problems affecting Washington families: child abuse and neglect, domestic violence, youth violence, youth substance abuse, dropping out of school, teen pregnancy, and youth suicide (RCW.70.190, 1992). This government branch sustained the local networks until the sudden repeal of RCW.70.190 in 2011 (ACE Response, n.d.).

In 1996 the Walla Walla Community Network, with the support of the FPC, drafted the local Community Public Health and Safety Plan which outlined the principles, structure, and goals of the network. The vision statement describes the ideal community informing the network’s activities, “It is our vision to see a twenty-second century Walla Walla County

comprised of communities of informed and empowered functional families and children successfully working together in an environment which is free of fear of harm or neglect. To that end, we commit ourselves and dedicate our collective talents” (Walla Walla Community Network, 1996). The board is made up of diverse representative of the community that collaborated to coordinate and materially support existing initiatives that addressed child and family wellbeing.

Long-time network board member and former director of Blue Mountain Action Council (BMAC) describes, “the original mission of the network as I understood it was to be kind of a community sounding board” (Steve Moss, interview, April 7, 2017). He goes on to explain that the network “ looked around the community and saw what wasn’t, what was needed, and what, how you could bring those two, the need and bring some resources to bear to address the need” (Steve Moss, interview, April 7, 2017). Although the community network was formally established earlier, it became most impactful when the director position was taken on by Teri Barila in the fall of 1997. Barila has remained at the helm of the community network and the later Children’s Resilience Initiative, providing continuity and focus that has driven network activities. With board input, Barila has continually focused the network’s efforts on clarifying focus, building shared leadership, and scaffolding new learnings. The FPC infused ideas and material resources into the community through the local Public Health and Safety Network; however, community development occurred through local motivation and grassroots collaboration.

FOCUS

Upon its inception in 1996, the Walla Walla Community Network was built on a prioritization of the youth wellbeing and the understanding of risk and protective factors. The Family Policy Council exported the model of the Social Development Strategy developed by Drs. Hawkins and Catalano out of the University of Washington in 1992 (Catalano and Hawkins, 2005). The Social Development Strategy “guides communities toward their vision of positive futures for young people” by preventing youth problem behaviors (Catalano and Hawkins, 2005). This model elucidates specific risk and protective factors that dynamically influence youth outcomes, understanding protective factors as a strategy to buffer the risks and promote positive behavior.. These factors fall within the defined domains of family, school, peer, and individual (Catalano and Hawkins, 2005, p. 16). Rick Griffin, a local change agent who worked closely with this model alongside the primary researchers, describes how healthy behavior can be promoted by providing youth with, “opportunities for involvement, skills to be successful in those opportunities, and then recognition and rewards for successful moments in those opportunities” (R. Griffin, interview, April 5, 2017). These actionable principles were woven into the early programs undertaken by the Walla Walla Community Network. By combining this model with the existing community priority on caring for children and families, Walla Walla began to embed theory into practice in order to promote individual and community wellbeing.

LEARNING

On November 5th 1998, the Walla Walla Community Network saw the fruition of a community event that dared to ask, “and how are the children” (Walla Walla Community Network, 1998). The network used this traditional greeting from the Masai tribe of Africa to highlight how the local community needed to refresh its compassion and properly care for the young people in society. Community leaders, professionals, and members at large gathered for the inaugural Children’s Forum, a day in which data on child welfare was presented and discussed to establish a common focus and community action plan. Organizers compiled quantitative and qualitative data on topics ranging from child abuse to graduation rates then facilitated group sessions in which participants could digest the information and challenge the community to improve. One of the long-time organizers, Dick Cook, describes the motivation behind this event, “we needed to have a better understanding of what the data was around our children and families” (Dick Cook, interview, March 2, 2017). Although data was used in order to communicate the status of local youth, the focus was on the experiences of children. Data was used as a tool to map resources and establish shared priorities.

This event gained traction due to the far-reaching, grassroots participation of Walla Wallans across sectors. Another key organizer, Cindy Widmer, characterized the high energy of the event by saying, “there was a buzz, there was a real buzz” (Cindy Widmer, interview, March 2, 2017). Every two years from 1998 to 2008 (with a final event in 2013), the Children’s Forum provided a shared space for collaboration and communication between diverse community stakeholders. The inaugural event provided a venue for community networking and also generated the vision for expanded support for youth social lives. Cindy describes how there was “agreement that kids needed someone outside of their family who they could share life” (Cindy

Widmer, interview, March 2, 2017). From this common focus, the network and its close collaborators began to pave the path for the Friends of Children of Walla Walla mentoring program (commonly known as “Friends”) and the Community Center for Youth (CCY) which were both up and running within a year of this forum.

The Friends program proactively seeks to address youth risk factors by strengthening the protective factor of bonding. Friends formally matches school-aged youth with a stable adult in the community with whom to develop a caring, supportive relationship in the school and community settings. To use Cindy Widmer’s words, Friends “bubbled up” from the first Children’s Forum (Cindy Widmer, interview, March 2, 2017). The organization is grounded in the idea from Hawkins and Catalano that children have a greater likelihood to develop healthy behavior when in “strong, attached relationships with adults who hold healthy beliefs and clear standards” (Catalano and Hawkins, 2005, p. 11). A founding member of Friends, Doug Barram explained from the perspective of local youth, “I don’t need a mentor, I don’t need a math mentor, I can get the stupid math. I need somebody who cares that I can get it, then I can do it. Well, so what are we trying to be, we’re trying to be friends. What the kid lacks is somebody that the kid has who will listen to them and give them value and laugh with them” (Doug Barram, interview, February 24, 2017). The Community Network developed a grassroots model of pairing “friends” and sustainably institutionalized it by achieving 501c3 non-profit status along with securing the local financial support.

Concurrently, the network prioritized building a unique space for Walla Wallan youth to comfortably build positive relationships with adults and peers. The CCY was designed to be a space where middle and high school aged students could feel safe and connected to peers and

adults. This space aims to promote the Hawkins and Catalano protective factors of bonding and attachment within peer groups. Rick Griffin, who participated in the center's founding, describes, "offering them a space to recreate, that was one protective factor" (Rick Griffin, interview, April 5, 2017). Although spaces such as the YMCA existed for the use by youth, this center was built on community energy and input which yielded high use. In the first year and a half of the center's existence, there were over one thousand visits by youth (Anderson and Farrington, 2001). Staff facilitated activities to promote peer connection and academic success such as bringing in community college students to lead "cyberstudy" and overseeing a "Girls Night In" in which the girls relaxed and discussed topics of gender in their lives. The CCY became an epicenter for local services; the staff brought in local organizations to the youth center where children felt comfortable accessing services. The center followed a bottom-up approach by building in meaningful youth leadership structure through which the youth drafted and implemented their own bylaws.

Throughout the years of developing Friends and CCY, the network continued to participate in the community in many different capacities including outreach, parenting education, and garnering public input. The network worked with local partners such as Blue Mountain Action Council to prevent school dropouts by minimizing punitive policies, funding home outreach to absent students, and encouraging hands-on approaches by school staff to the at-risk youth (Clegg and Associates, 2008). Another example of network activity is the Bringing Diversity to Dinner program. The CCY hosted dinners to reach out to specific cultural groups in Walla Walla who had been traditionally excluded from community conversations such as the sizeable latino population. These events intended to break down perceived barriers to services

due to cultural difference and encourage community participation in the CCY from all members of the greater Walla Walla Community.

RESULTS/REFLECTION

Although community programming had been in existence for decades in Walla Walla, the community network supported by the FPC at the state level ushered in a new epoch of collaboration centered on youth. The network brought in diverse stakeholders from across the community and facilitated outreach to an even broader audience to inform programming based on strengthening protective factors. Collaboration and communication shaped these early activities that focused on local child well being. As Cindy Widmer explained in regard to the programs that emerged from the Children's Forums, "you can't do it in a vacuum" (Cindy Widmer, interview, March 2, 2017). These years were critical to generating a common understanding of the state of Walla Walla that would inform expansions in community development for the subsequent decades. Although this phase is built around the FPC's support of the network, Walla Walla capitalized on local norms of sharing which drove the success of these grassroots initiatives. Cindy again described, "when people are asked or they see the need, they find a way to contribute even if it's lunch hours, even if it's moving, you know moving things around in the budget and certainly volunteering" (Cindy Widmer, interview, March 2, 2017). This shared mentality drove powered the engine of community resilience.

The following years would see the maturation of these programs and expanded ideas of community change. At this point, the network was largely program-centered, focused on discrete activities and tangible accomplishments rather than a holistic approach to shifting understandings

of community. This early focus on youth garnered widespread support that would swell into a broader focus on the community at large.

PHASE 2: 2004-present

“There are two Wallas ... they’re pretty divided, between the haves, those that live in middle class or above lifestyle and those that do not.”

-Steve Moss

Walla Walla is no exception to the global trend of inequality. This inequality is mapped on the town’s geography neighborhood by neighborhood. Beginning in 2004, Walla Walla community members and leaders came together with the common focus of uniting the “two Wallas” by rethinking the fundamental fabric of community that weaves Walla Walla families and households together. Commitment to Community (C2C) is the organization that provided structure to the grassroots efforts of fostering inclusion and empowerment within historically impoverished neighborhoods: Edith and Carrie, North Washington, South Washington, Blue Ridge and Jefferson Park (figure 3). To drive to the Edith and Carrie neighborhood, you must pass beyond the highway and through industrial zones until you arrive at the small pair of streets nestled next to the overbearing state penitentiary. Before the inception of C2C, there were no

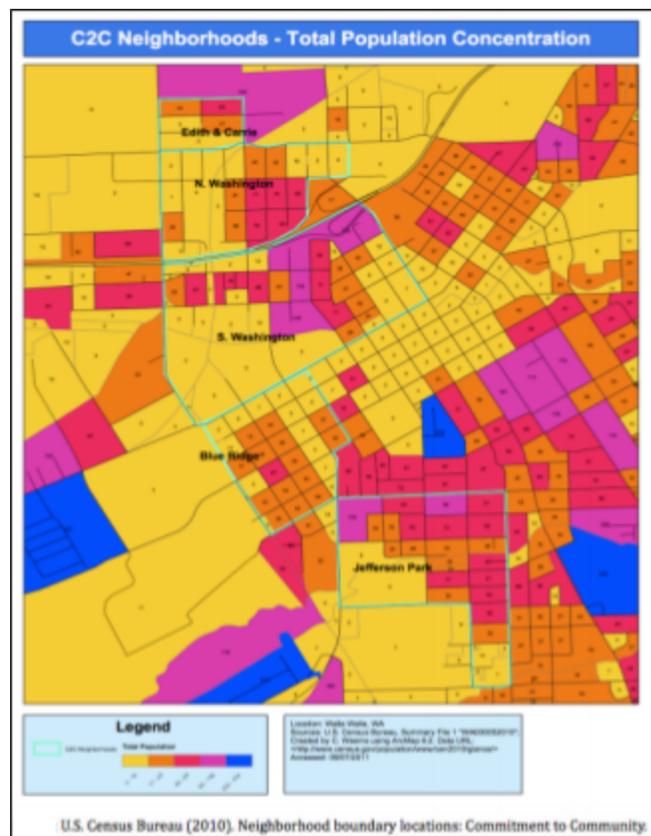


Figure 3: Population of C2C Neighborhoods (Allain et. al, 2012, p. 45)

sidewalks or public parks, penitentiary employees sped through the streets, violent dogs threatened children, and unkempt trailer homes involved in illicit drugs dominated the local landscape. How was this neighborhood transformed into a space of empowerment and resilience? The answer lays not in bureaucracy and programming, but in relationship building and trust. This is a story of how community networks were formed from the bottom-up to ultimately yield citizen engagement and healthier neighborhood living.

LEADERSHIP

The C2C project was spearheaded by largely the same leadership team involved in the first phase of community network history. This group included Doug Barram, Steve Moss, Teri Barila, and Jock Edwards who collectively built upon the focus on children institutionalized in Friends, the Children's Forums, and the CCY. They expanded their past scope to understand how home and neighborhood life impacted local wellbeing of these youths and their families. Mike Bates, the director of the Juvenile Justice Center, described how Commitment to Community was "another aspect of getting out into the neighborhoods and looking at how people lived" (Mike Bates, interview, April 6, 2017). The formal structure of C2C was born out of the failure of the Walla Walla police department to be awarded the Weed and Seed Grant, a community program of the Department of Justice that supports local initiatives to reduce neighborhood crime. Just previously with the financial supporting of the Sherwood Trust, the Blue Mountain Action Council (BMAC) hosted a community discussion day during which over 20 speakers captured the challenges in local neighborhoods and facilitated discussion. This event generated common focus to back the weed and seed grant application (Jock Edwards, interview, April 6,

2017). Despite the high energy, Walla Walla was rejected for the funds because the crime rate failed to reach the minimum level. However, the community leaders remained committed to this goal and remodeled the project to fit a more powerful grassroots model (Chuck Fulton, interview, April 6, 2017).

Where other communities might have responded to this rejection with apathy, Walla Walla instead envisioned an opportunity to pave their own path, unrestricted by external regulations. Teri Barila and Doug Barram oversaw regular meetings after this turning point to continue the conversation and embed the efforts into a formal branch of BMAC. In reference to the rejection for the Weed and Seed grant, Jock Edwards who chaired the Sherwood Trust explained, “that was the best thing that happened to us because we would have been a top down driven grant that probably wouldn’t have worked out that well” (Jock Edwards, interview, April 6, 2017). Instead, the project team looked to the Sherwood Trust, a local foundation, to financially back C2C. The funding of this program was one of the first instances that the trust funded a human-centered initiative instead of the “brick and mortar” projects it typically supported. The Sherwood Trust provided financial support, but also a critical voice that asked the tough questions before doling out money. This development of leadership was fundamental to the sustainability of C2C, but the true leadership was shared at the ground level by all members of the community who took initiative and became engaged to reach their own goals.

FOCUS

This stage in Walla Walla’s history ushered in a new mode of thinking about community development that focused even more explicitly on relationships and trust within the

neighborhood. Scaffolded on past work building youth resilience in the peer domains through Friends and CCY, C2C looked further to understand the conditions of a child's home life. Doug Barram, one of the lead change agents of C2C, recounts the initial central question regarding these children who come from adverse backgrounds: "what is it about the neighborhoods they grow up in that produce this kind of behavior and worldview and attitude" (Doug Barram, interview, February 24, 2017)? In order for youth to have the greatest propensity to thrive, they must be supported where they live through attachment and safety in their neighborhood.

Walla Walla shares a common community identity, but also consists of somewhat discrete areas that are made up of different concentrations of racial diversity and wealth. The Walla Walla Poverty Assessment in 2012 conceptualizes community as, "a geographic region that shares similar experiences within a given area" (Allain et. al, 2012, p. 19). It is vital to strengthen the ties within community in order to promote feelings of attachment and safety. Feelings of neighborhood attachment are determined by home ownership rates, crime rates, physical appearance of spaces, and by many other factors. The main aim of C2C is to bolster attachment through bottom-up community building. This method involves empowering local residents as primary leaders, using program offices located within the community, prioritizing community concerns, and having local residents invest in translating their priorities into tangible change (Allain et. al, 2012, p. 19). Neighborhood boundaries map poverty and disadvantage, but can also be used to centralize the focus of community development.

In practice, the community development implemented by C2C was foundationalized first and foremost by the development of relationships and trust. Doug Barram reflects the shared focus when saying, "you can't build a program unless you have relationships at the core" (Doug

Barram, interview, February 24, 2017). He expands upon this by explaining, “our society thinks so much about programs that we don't think about the long term hard work of laying the foundation underneath the programs” (Doug Barram, interview, February 24, 2017). The specific programs and tangible outcomes will be described in this section, but this all is driven by processes of building trust relationships between neighbors and structures of public services.

Additionally, the bottom-up approach of C2C rearranged how community priorities were framed. The focus on community deficits and needs was transformed into a focus on the extant assets and possibilities. Jock Edwards describes how when you talk in terms of needs, “you’ve already locked yourself into a perspective of, ‘Okay, we have a problem,’ and the mindset that got you into the problem is not going to get you out of the problem. You’ve got to approach it in a different language” (Jock Edwards, interview, April 6, 2017). This different language expands the vocabulary around strengths while replacing the negative diction. This fuels the aim to encourage feelings of citizen ownership of public spaces and services. Jock Edwards explains how the goal is to make the neighborhood residents feel like they are the “owners, not consumers of government services” (Jock Edwards, interview, April 6, 2017). This asset-based approach alters the conversation to empower the residents of these disadvantaged neighborhoods to feel included and in control of the greater public life of Walla Walla.

LEARNING

The inception of C2C was organic and slow, following a grassroots, relational model of building trust within the community and with organizers. Doug Barram, a long-time advocate for youth and communities in Walla Walla originally born out of faith-based involvement, was the

first to insert energy into this relationship building process. He walked the Edith and Carrie streets every day, greeting families and children warmly communicating across the deep Spanish-English language barrier. The Edith and Carrie neighborhood was the first area developed by C2C. Doug's intrinsic warmth and motivation to develop relationships was a catalyst for strengthening the assets of these low-income neighborhoods and linking them to the resources and community of the entire city of Walla Walla. Eventually, Doug and Teri were able to obtain support from the Sherwood Trust and throw a first neighborhood dinner with Mexican food to bring the neighbors together to discuss common goals. At this first meeting supported by the Sherwood Trust, the neighbors began to slowly articulate goals for their community which included priorities on developing public park space with playgrounds for the children.

Doug explained one challenge was that the residents were, "very reluctant, scared because it was all white people that were taking care of them" with the exception of one organizer, Federico Diaz (Doug Barram, interview, February 24, 2017). Although this challenge of cultural differences between those initially controlling the resources and the neighborhood residents persisted, ultimately more local people invested in individual projects and rose to leadership positions which began to reflect the cultural makeup of the neighborhood.

The development of a public park in Edith and Carrie was a long process that took effort from all stakeholders. To create a sense of common ownership, the first step was to transform the physical landscape into a space that the neighbors could feel proud of and attached to. BMAC located the pseudo "slum lord" that owned thirteen properties with decaying trailer homes used for dangerous activities perceived as a threat by the greater community. With funds granted from the Sherwood Trust, BMAC purchased the lots from the owner, relocated the individuals living

in the dwellings, and removed the decrepit structures (Steve Moss, interview, April 7, 2017). The police at the time reported that the number of calls to law enforcement dropped almost overnight after the clearing (Jock Edwards, interview, April 6, 2017). Another leader reported that calls dropped as much as 90% within the first year of caring for the Edith and Carrie neighborhood. These newly emptied lots created the physical space to be used to build a public park. However, the design of park elements would determine the use and impact of these preliminary efforts.

The impending question of how to build a park that would be owned by the community and facilitate relationship building drove the C2C team to contact Milenko Matanovic of the Pomegranate Center in 2008 (Larson-Xu, 2008, p.20). Matanovic, an artist and community builder, was contracted to use his skills and experience to guide the process of bringing people together through public art. Matanovic built off of the previous community conversations and facilitated the drafting of a vision board by the neighbors around what an idea park would look like. Matanovic worked with C2C leadership to secure resources, but labored alongside the local resident change-agents to bring the vision to fruition. They used downed trees on the property to create a handmade fence that symbolized the journey of the community. Additionally, the neighbors created an amphitheater, shelter, and community garden where relationships could be built and strengthened. Matanovic intentionally left Walla Walla before the completion of the park so that the community members could finish the project independently and assume shared ownership of the space. In 2013, the Edith and Carrie park was finally complemented by the Carrie Center, an indoor gathering space for community members also funded by the Sherwood Trust. The park and the Carrie Center are both operated by BMAC and serve as effective communal meeting spaces (Steve Moss, interview, April 7, 2017).

It is difficult to directly link the tangible outcomes to the changes made by the community under C2C, but it is easy to observe the qualitative changes. The story of a resident named Shirley exemplifies the impact of these grassroots efforts on community life. Shirley lived directly next to the new park and was characterized as “a tough nut” by C2C leaders. She is a white woman who grew up, “in a time where she had certain biases” which led her to “not have a high opinion of Hispanics” (Jock Edwards, interview, April 6, 2017). She kept to herself due to racist suspicions of her majority Latino neighbors. Despite initially resisting the C2C organizers, she tended to a plot on the newly built community gardens next to her home. Jock Edwards tells how one day while caring for her plants, Shirley fell and hurt herself fairly seriously. Three Latino men who were also at the community garden came to her aid and helped her safely back home. Jock recounts, “that changed Shirley’s whole outlook on culture” (Jock Edwards, interview, April 6, 2017). The communal space of the community garden brought neighbors from all backgrounds intimately together. This interaction between diverse neighbors represents a turning point in citizen relations and engagement. Shirley went on to regularly cook breakfast for her neighbors after noticing they only ate granola bars for breakfast (Doug Barram, interview, February 24, 2017). Furthermore, she became the advocate for her neighborhood when she bravely spoke at the city council meeting to petition on behalf of C2C. Her embedded racism was slowly displaced by compassion.

This organic process of community development and engagement was expanded into the neighboring areas of Washington, Blue Ridge, and Jefferson Park. The neighbors prioritized their own goals which broadly included revitalizing public spaces, cleaning the streets, and overseeing events that bring neighbors together. Communication and collaboration were key to

accomplishing these ambitions. The city and police department were able to install stop signs and expand street lighting to make the areas safer (Blue Mountain Action Council, n.d.).

Children painted murals on underpasses and adults covered them with graffiti-proof clear coating (Blue Mountain Action Council, n.d.). City services provided summer lunches in the parks for low-income youth (Blue Mountain Action Council, n.d.). Also, events such as a Christmas tree lighting ceremony in Jefferson Park saw collaboration between neighbors, local school bands, and the fire department who hoisted up the nearly forty foot tree (Steve Moss, interview, April 7, 2017).

RESULTS/REFLECTION

The sum of these multi-year projects and standalone events is difficult to formally measure but indisputably has generated a local cultural shift. The community has become more connected, engaged, and active in public life. Individual youths and adults alike build healthy relationships that serve as broad protective factors against dysfunction. Structurally, the existence of C2C and the presence of local organizers has built what is considered a “hub of trust” where other public organizations including law enforcement, hospitals, and schools can access people and families in neighborhood (Jock Edwards, interview, April 6, 2017). This new avenue of access between local public organizations and neighborhoods is a two-way street; local residents now take the initiative to successfully self-advocate for their interests at city council meetings which have been historically unwelcoming to marginalized citizens (Chuck Fulton, interview, April 6, 2017). An evaluation of the outcomes of C2C must include this sort of qualitative data in order to wholly represent the successful changes that have taken place.

Doug Barram recounts the primary outcome being that the neighborhood residents are now “connecting and trusting each other” (Doug Barram, interview, February 24, 2017). Instances such as those recounted above display how people have developed bonds that strengthen community and bolster the likelihood of personal success. Additionally, data collected historically demonstrates how neighbors perceive their community. Although baseline measurements were not taken, in 2012 the Walla Walla Poverty Assessment surveyed residents of the C2C neighborhoods to measure community attachment. The researchers found that 80.2% of residents liked living in their neighborhood, 66.7% know their neighbors, and 71.8% are somewhat or very interested in community involvement (Allain et. al, 2012, p 114). The grassroots approach of C2C has built community resilience by creating the space for neighbors to generate trusted relationships outside of the home.

C2C is successful because it does not stand alone from other services and is only one reflection of a greater community paradigm shift towards compassion and collaboration. Jock Edwards describes the success of this stage by claiming, “it’s not just C2C and the neighborhood residents, it’s all of these other supporting programs... it’s a system, it’s an ecosystem, all aligned to build one thing and that is to work alongside neighborhood residents and to develop a sense of ownership.” (Jock Edwards, interview, April 6, 2017). One critique of C2C is that for it to be most effective and sustainable, it should be embedded even further into local public life. Former chief of police Chuck Fulton asserts, “I’ve always thought that’s [C2C] a function of the city” (Chuck Fulton, interview, April 6, 2017). Although C2C is a critical component that facilitates community wellbeing, it is still only one piece in the Walla Walla puzzle of promoting resilience

PHASE 3: 2008-present

“The first step in any change has to be building awareness.”

- Amy Erickson

Beginning as early as 2003, the Walla Walla Community Network was exposed to the concept of adverse childhood experiences, or ACEs. This term is derived from the study conducted in the 1990’s in San Diego in which two biomedical researchers measured the correlation between exposure to different forms of childhood trauma and adult health and social outcomes. Childhood suffering was transformed into a serious topic for medical professionals who now had data and methods for approaching social determinants of health. The injection of this theory into Walla Walla’s history of community development changed its course. ACEs and the entangled topics of resilience and trauma-informed care provided vocabulary, structure, and direction to local efforts aimed at promoting community wellbeing.

FOCUS

This phase centers on the new ideas of ACEs, resilience and trauma-informed care. First, the concept of ACEs was able to communicate both the prevalence and significance of forms of child abuse. There are ten widely recognized forms of ACEs: physical abuse, physical neglect, sexual abuse, emotional abuse, emotional neglect, incarcerated family member, mother treated violently, substance abuse in the household, mental illness in the household, and the separation of parents (Center for Disease Control, 2016). The original researchers found that of their

relatively white and privileged sampling population, 62% of respondents experienced one or more ACEs and 6.2% experienced four or more ACEs (Felitti et al. 1998, p. 248). These experiences were found to be correlated with adverse health and social outcomes. Individuals with four or more ACEs were measured to have a 1.6 odds ratio for diabetes compared to individuals with no ACEs. Similar odds were generated for other disease conditions: 3.9 for chronic bronchitis or emphysema, 1.6 for skeletal fractures, 2.3 for hepatitis or jaundice, and 2.2 for poor-rated self-health (Felitti et al. 1998, p. 250). Additionally, compared to someone with no ACEs, a person with four or more is 21% more likely to be below 250% of the federal poverty level, 27% more likely to have less than a college degree, and 39% more likely to be unemployed.

This data provided a powerful foundation to expand Walla Walla's efforts in promoting behavior change. Rick Griffin of the Children's Resilience Initiative explains that "ACEs show the connection between childhood experiences and adult health issues" (Rick Griffin, interview, April 5, 2017). The power of this linkage is that "if you can predict it, you can prevent it" (Rick Griffin, interview, April 5, 2017). ACEs provides a starting point from which it is possible to generate intervention strategies that will be welcomed by sectors familiar with these ideas.

One factor contributing to the positive reception of ACEs is the wealth of scientific evidence that has been generated to explain the correlations. This brain science studies the wear of prolonged activation of the stress response on the brain and the body through hormone secretion, neurotransmitter activity, and the release of inflammatory proteins in the bloodstream. Laboratories around the world have focused efforts on understanding the role of cortisol, high-sensitivity C-reactivity protein, and DNA methylation as disease precursors (Danese et al.

2009, 7; Meaney and Turecki 2016, 87). Trauma becomes classified in relation to outcomes in a dose-response relation. Rick Griffin outlines how individuals affected by trauma are, “unable to access a real productive skill set because of the experiences in their life that self control is a pre frontal cortex response and when you are stressed out” (Rick Griffin, interview, April 5, 2017). The symbolic power of medicine is used to catalyze social change by objectively explaining the impacts of trauma on the body.

The ideas of resilience and trauma-informed care have transformed the academic topics of ACEs and brain science into concrete terms. As introduced in the introduction, resilience is the dynamic process of adapting to adversity and sources of stress. On an individual level, resilience is determined by social-emotional support, mastery, and optimism (Longhi et. al, 2017, p. 2). Expanded ideas of community resilience are comprised by the presence of social capital, social cohesion, and collective efficacy across the domains of family/adult, peer, school, and neighborhood/community (Longhi et. al, 2017, p. 2). By developing methods to strengthen resilience, we can build a positive response to the current state of widespread trauma and dysfunction.

Trauma-informed care emerged from the dynamic definitions of resilience to propose tangible practices to strengthen people’s responses to adversity and to prevent retraumatization. Trauma-informed care is implemented by medical, social, and education professionals to reduce the harm to individuals who have experienced violence in the past, many are forms of ACEs. The Substance Abuse and Mental Health Services Administration describes the characteristics of trauma-informed institutions as:

- “Realizing the widespread impact of trauma and understands potential paths for recovery;

- Recognizing the signs and symptoms of trauma in clients, families, staff, and others involved in the system;
- Responding by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeking to actively resist *retraumatization*” (Substance Abuse and Mental Health Services Administration, 2014).

Trauma-informed care is used in Walla Walla, “as a way of communicating with people in general and understanding the nature of people’s experiences” (Rick Griffin, interview, April 5, 2017). People who practice trauma-informed care take care not to trigger people by bringing up past experiences of trauma. This shifts the paradigm away from a discipline-oriented approach to one centered on compassion.

The goal of this stage was to lay the groundwork for expanding trauma-informed care by first creating a community conversant in ACEs. In order to embed resilience-building strategies in practice, all professionals and community members must first receive and internalize this information around ACEs, resilience, and trauma. Teri Barila sparked the creation of what was later called the Children’s Resilience Initiative after an “a-ha” moment at a fall 2007 conference with the Network system and Dr. Rob Anda. Teri heard Dr. Anda say, “Go home and make something happen. For this movement to really take off, it has to start as a grassroots movement in every community.” Teri, while already involved in the ACE awareness, heard the word “community” this time in a new way, and instinctively understood Anda’s message of community engagement. About a year later, Teri reached out to Mark Brown, the new Executive Director of the Friends of Children mentoring program, and asked Mark’s help in framing CRI to

include his perspective and experience as a therapist and counselor. In July 2009, the Sherwood Trust awarded Teri and Mark a Planning Grant, which they used to conduct a 9-month long needs assessment/planning phase. During this assessment, Teri met Amy Erickson, and asked her to help out with some of the communication aspects of the emerging Initiative because “making the message work is really critical” (Amy Erickson, interview, March 2, 2017). Rick Griffin echoed her by emphasizing the importance of “getting the information out to the community” (Rick Griffin, interview, April 5, 2017). From the start, Teri clearly saw the community-wide aspect as a critical element, and the needs assessment phase documents her focus-- she and Mark collectively met one-on-one with almost every major leader or administrative entity in the Valley, including key parents and neighborhoods to include their voice in the shaping of the initiative. This phase involves the effective distribution of this information that is the base for the structural changes in practices described in the next phase.

LEADERSHIP

The Walla Walla Community Network was first introduced to the ACE study and related topics by the Family Policy Council as early as 2003 (Children’s Resilience Initiative, n.d.a). Throughout the next six years, ACEs became an increasingly more relevant topic that began to dominate conversations around children and families. In 2007, a FPC conference in Winthrop, Washington brought Dr. Rob Anda one of the principal researchers of the original ACE study to speak to representatives from all of Washington’s local health and safety networks (Children’s Resilience Initiative, n.d.a). Here, he challenged each network leader to create an individual, local response to ACEs at the grassroots level (Children’s Resilience Initiative, n.d.a). Network

coordinator Teri Barila was struck by the power of this new model and brought these ideas back to Walla Walla. Walla Walla had already been working with the FPC to implement an early pilot project at the Juvenile Justice Center, an early leading organization in the ACE movement (Children's Resilience Initiative, n.d.a). This project began the process of identifying ACEs and informing the public on a community level by interpreting the ACE scores of two hundred offenders through risk assessment intake (Children's Resilience Initiative, n.d.a). Practices like this would become widespread in the community.

In 2009, Teri Barila and Mark Brown came together to shape the Children's Resilience Initiative (CRI), a collaborative community effort to identify and prevent trauma and promote resilience in the Walla Walla community. CRI received grants from the local Sherwood Trust and later that year from the Bill and Melinda Gates Foundation of Seattle to begin to build the local ACE movement. The first full CRI team meeting occurred in February of 2010, after nine months of "planting the seeds and nurturing the soil" and grew to involve thirty to forty local partners concerned about child and family welfare affected by ACEs. CRI's leadership by Barila, then Barila and Brown, was expanded upon by champions, each in their own right, such as Mike Bates, Chuck Fulton, Amy Erickson, Brooke Bouchey, Jim Sporleder, Gina Yonts, Stan Ledington, Katherine Boehm, Sonia Cole and Rick Griffin, among others early on in the movement. Each individual brought unique motivations, skills, and experiences to the table to build the movement educating Walla Wallans on ACEs and resilience.

LEARNING

After first speaking to network leadership at the FPC's 2007 conference in Winthrop, the Walla Walla Community Network brought Dr. Rob Anda to the local community college to speak directly to community members one year later. He spoke directly to the one hundred and sixty five people who attended, ranging from teachers to health professionals to concerned citizens. Dr. Anda came with the goal of helping communities understand the impacts of ACEs so they can develop strategies to close the gap between the status quo of childhood health and adult health as it could be. After hearing the community's impassioned response to his information, he reflected that communicating the ideas of ACEs is hugely important, "because some people will find transcendence in the information and distance themselves from what happened to them and see their lives in perspective" (Barila and Brown, 2012). This information can promote self-healing and behavior change in traumatized parents, ultimately reducing the intergenerational transmission of ACEs.

By the time the CRI was up and running in early 2010, they had begun to embed in structure this motivation to spread information to change the paradigm of why some people succeed and others do not. Amy Erickson explained the primary challenge of the CRI team was, "trying to wrangle a giant body of knowledge and kind of pair it down to how people can interact with this" (Amy Erickson, interview, March, 2, 2017). In the summer of 2010, CRI took time to develop structure to their goals by generating a community outcome map that outlined the strategies, audience, and intended impacts of CRI (Children's Resilience Initiative, 2010). The ultimate goal of the community awareness campaign is to "increase belief among educators, administrators, and parents that lifelong ACEs and resiliency can be changed" which in turn will promote these parents to nurture their children by decreasing risk factors and increasing

protective factors (Children's Resilience Initiative, 2010). Scaled up, each interaction stemming from this new information will create a community that "has capacity to foster resilience" (Children's Resilience Initiative, 2010). This guided the outreach strategies used by the CRI.

Amy Erickson set out to craft a website that captured the vision and content matter that Barila and Brown were building, and which could be easily accessible to various audiences and serve as an entry point into the pool of ACEs knowledge. Amy explains that the goal was to "make the website really interactive" (Amy Erickson, interview, March 2, 2017). The "Roadmap to Success" was one tool eventually on the website available to visitors. Using the Hawkins and Catalano Communities that Care focus on protective factors, and with appropriate citations and permission, CRI also used the Center for the Study of Social Policy's Strengthening Families Framework as a visual graphic, outlining the role of community, parents and individuals in building resilience. The roadmap "mapped out the positive and negative factors," especially focused on resilience as a positive factor and the "things you need to do, or that you can do to build resilience" (Amy Erickson, interview, March 2, 2017). The concept of "all roads lead to resilience" was the core theme to the website, based on the compilation of extensive content material developed by Barila and Brown, and was used across the community to effectively communicate the fundamentals of ACEs and resilience.

Another landmark tool developed by the CRI was the set of resilience cards envisioned and designed by Teri Barila, based on a multitude of resilience research and then field tested on Brown, Erickson, parents and researchers upon whose work Teri built the principles of resilience building blocks. These cards consisted of 10 ACEs on ace suit of cards with the remaining 42 cards made up of methods of building resilience on the heart suit of cards (figure 4) and thus the

tagline “Resilience trumps ACES”. An accompanying guide to the deck explains multiple games that parents or trusted adults can play with a child to teach them about ACEs and how the child and parent can build resilience to counter adversity. The resilience cards included both “what parents can do for children”

and “what children can do on their own”. This tool was injected into the community where it found great success reaching diverse pockets of the Walla Walla community, and eventually reached national and even international use via website



Figure 4: ACE Cards (Children's Resilience Initiative, n.d.a)

online sales. The Exchange Club of Walla Walla and a local business, Columbia Rural Electric Company, stepped forward with funding to help move the deck of cards to an “official” published deck through the US Playing Card Company, an example of local business support to the ACE and resilience movement.

The CRI used these tools along with public events, regular team meetings with partner organizations, and trainings to expand the community's familiarity with this new body of knowledge. Most importantly, the story of trauma and ACEs was paired with the optimistic possibility of resilience. Describing the challenge of emphasizing the malleability of past experiences, Amy discusses, “we were so adamant about moving towards the protective factors

side of the story which is the resilience building because the other is a dead end in and of itself if you only tell the ACE story” (Amy Erickson, interview, March 2, 2017). These efforts built a common understanding of trauma and the existence of strategies to build healthier, thriving communities.

RESULTS/REFLECTION

The ACE and resilience science provided knowledge of what mastery skills were needed and what organizational transformations needed to take place in the long process of diffusing information and building structure. The education by the CRI built common focus and rooted future programming in shared knowledge. This phase introduced a new language to describe the outcomes already being addressed by the Walla Walla Community Network’s programs including the CCY, Friends mentoring programing, and C2C. An explanatory model emerged to make sense of why the youth who thrived at the CCY did not thrive in traditional classrooms environment or why the families residing in the Edith and Carrie neighborhood lived in poverty because of intergenerational trauma. The challenge became changing relationships and programs to become trauma-informed and promote resilience. Amy Erickson articulated the question as, “how do we bring about change on the individual level, and the system level, and the community level” (Amy Erickson, interview, March 2, 2017)? Those introduced to this knowledge became change agents in their own sectors by implementing new practices in their own spheres of influence.

PHASE 4: 2009-present

“We have a code of conduct that says discover lessons from mistakes. And that means for everybody, discover lessons from mistakes, even the principal gets to discover lessons from mistakes, parents get to discover lessons from mistakes, kindergartners, third graders, custodians, everybody gets to discover lessons from mistakes.”

- Gina Yonts

Principal Gina Yonts stands in the front of a line of thirty second graders at the edge of the Green Park Elementary School cafeteria. She warmly interacts with every kid: noticing new things, speaking in Spanish and English, and calling the children by name. She is directing a new system organizing the students into a single line as they wait to punch in their identification number to collect their hot lunch. In the front of the line, children jump from the green to the grey tile one by one before their turn finally comes. Principal Yonts gives a girl a high five as she says, “you can give me a little skin, you’re the queen of the green square” (Gina Yonts, interview, April 13, 2017). As the school’s lead learner, she is on the cafeteria floor directing the new line system that provides structure in the lives of the students. She explains that the school needs to teach expected behavior to provide stability in the lives of her racially and socioeconomically diverse student body because, “there’s too much unexpected in their life outside of school” (Gina Yonts, interview, April 13, 2017). Green Park Elementary School is just one place in Walla

Walla that has taken the information disseminated in the previous phase and embedded trauma-informed care into daily practice.

FOCUS

Institutions and individuals across Walla Walla used the knowledge of ACEs and resilience to jointly developed a broad community response to trauma, fulfilling Dr. Anda's vision of a grassroots movement. This phase is directly scaffolded on the prior one. Jim Sporleder, the former principal of Lincoln High School which will be featured in this phase, explains, "when we come together in partnership we have a common language, a common understanding, and you come together in compassion, and these people are not used to being treated with compassion" (Jim Sporleder, interview, April 6, 2017). CRI's teaching acronym, KISS, describes the process of knowledge and insight being followed by strategies and structure (crafted by Rick Griffin). This section outlines how this process has occurred in the Juvenile Justice Center (JJC), Child Protective Services, Lincoln High School and T Health Center (a local not for profit designed on the concept of school-based health centers), and Green Park Elementary School.

LEADERSHIP

This stage was driven largely by the individual leaders of the aforementioned schools and public sectors of Walla Walla. The process of embedding knowledge and insight into structure is dependent on the buy in of those in leadership positions. Change becomes sustainable only by matching the grassroots energy with the initiative of leaders

who can embed practice. The CRI provided knowledge and guided structural change and the individual directors were the limiting factor that determined the success of implementing trauma-informed care. Principal Yonts of Green Park Elementary described how her role as facilitator was not to mandate change, but to hopefully catalyze her staff to understand the new focus. She explains, “I don’t have to change everybody, I just have to encourage the journey that everyone goes on” (Gina Yonts, interview, April 13, 2017). The presence of motivated leaders are a necessary but not sufficient condition for a group to change the paradigm toward compassion to ultimately build community resilience.

LEARNING

Building on the early pilot program by the Walla Walla Community Network and guided by the Family Policy Council that began in 2004, the JJC was one of the first entities to formally incorporate ACEs and resilience building into its core standards. Mike Bates, the director of the JJC and a longtime board member of the Walla Walla Community Network, led his staff in shifting the model away from that of strictly discipline. He explains how the old paradigm was, “geared towards a punishment aspect of it and as we started to learn more about the trauma informed stuff we said, wait a minute, we’re looking at this the wrong way, so let’s throw that model out” (Mike Bates, interview, April 6, 2017). The old system of penalizing youth for misbehaving did not foster well being or success within the system that aims to rehabilitate youth who have transgressed the social codes of the community. Bates explains, “these kids are pretty angry when they come in,” which comes from their histories of trauma (Mike Bates, interview, April 6, 2017). Their

behavior communicates their histories of living with parents struggling with substance abuse or never having enough food to put breakfast on the table each morning.

The JJC shifted how each adolescent is treated individually and by the entire system. Bates describes the ACE approach as, “just another tool that we have in our toolkit that we use to try to help people rebuild their lives” (Mike Bates, interview, April 6, 2017). The center trains its entire staff and those who contract with it such as the court-appointed special advocates through the CASA program. Additionally, the program shifted toward a reward model that awarded privileges for the youth’s accomplishments by using a point system that directly embeds the strength-based approach. Resilience was built through every single interaction with the youth. Bates outlines the new norm of treating them “with some respect because they’re carrying a lot of baggage themselves and if you look at it through a different pair of lenses you’ll start to see it... I don’t want to call it a compassion, but to be more thoughtful about how you interact with somebody” (Mike Bates, interview, April 6, 2017). Bates clarifies that the center still has to hold the youth accountable for problematic behaviors and that the JJC plays an essential role in isolating youth who become dangerous. However, by treating these youth with compassion instead of simply discipline, they learn how to build relationships, exhibit self control, and live healthier lives. Since becoming a trauma-informed space, the JJC has seen tangible decreases in behavior problems and qualitative improvements in the shared attitude of staff and youth alike (Mike Bates, interview, April 6, 2017).

Meanwhile, similar processes were underway at the town’s alternative school, Lincoln High School. Lincoln’s student body is made up of adolescents whose behavior

precludes them from enrolling or succeeding at Walla Walla's traditional high school. In practice, this meant the most disadvantaged kids who come from the roughest family backgrounds end up at Lincoln. Before implementing changes, the school was described by its principal Jim Sporleder as, "just raw, it was really tough" (Jim Sporleder, interview, April 6, 2017). When Sporleder came from his leadership position at Garrison Middle School to take over at Lincoln, he soon began to change Lincoln's community fabric. Upon attending a workshop on toxic stress and ACEs in Spokane in 2010 with Barila, who had been encouraging Sporleder to become more actively involved in the CRI movement, Sporleder returned with the knowledge and motivation to create a trauma-informed school.

Working with the guidance of the Children's Resilience Initiative, Lincoln's team embedded the knowledge of ACEs and directly supported students. These measures included collaboration with CRI to bring in the Children's Home Society to provide childcare and transportation to Lincoln's teen moms, presentations on ACEs in which the students reflected on their own trauma history with supervision, student media projects documenting resilience in the school, and designing an in-school suspension room where students could go to deescalate and control their emotions to reduce out of school suspensions. While these are just a few selected ways resilience-promotion was embedded, the summed effect was a change in the school's attitude toward its student body. Sporleder worked with the probation officers who previously maintained largely toxic relationships with the students. Lincoln's leadership encouraged the probation officers to walk the halls and build relationships with the students to be able to report on the positive growth of those under probation instead of just their negative behavior. The adult employees of Lincoln

built positive and caring relationships with the students and promoted student group dynamics that facilitated the building of attachment and feelings of safety that were previously absent. Lincoln's out of school suspension rate dropped 85% while its graduation and college matriculation rates skyrocketed (internal documents and published by Jane Stevens, ACES TOO HIGH, April 23,2012). These metrics have drawn a national spotlight onto Walla Walla, but the story behind the quantitative measures is so much deeper than can be captured in a single number. Sporleder explains that being trauma-informed is not reflected in these discrete outcomes or the magnitude of media attention, instead trauma becomes simply, "who you are" (Jim Sporleder, interview, April 6, 2017).

Lincoln's successful implementation of what Sporleder describes, "a community collective response to trauma" is in part due to the collaboration with The Health Center. The Health Center at Lincoln is an independent organization founded initially by a motivated pediatrician, Dr. Alison Kirby, who observed that the majority of students had no primary care providers when she completed their sports physicals. Dr. Kirby collaborated with Holly Howard and worked with Lincoln to establish a clinic designated to care for the medical and mental health needs of Lincoln students. Local clinics and practitioners donated hours of time, neighbors showed up with supply donations, and BMAC provided the structural support and the physical space to house the new health center (Katherine Boehm, interview, February 14, 2017). Although the CRI provided language to what was being accomplished through the ACE cards and other educational

material, being trauma-informed was regarded as “common sense” in working with the students from Lincoln (Katherine Boehm, interview, February 14, 2017).

Katherine Boehm, the former clinic coordinator who worked at the clinic since its inception, explained how relationship building was the common focus of The Health Center. Building healthy relationships between the clinic staff, school staff, and the students encourages student access to health services and promotes the protective factor of attachment which serves as a protective factor. Boehm describes trauma-informed relationship development as, “really being thoughtful of how you speak to somebody and asking questions that are meaningful” to become “a safe person to talk to and to approach” (Katherine Boehm, interview, February 14, 2017). As the clinic coordinator, Boehm’s role was to build the clinic’s reach and rapport which she did by integrating herself into the school’s social makeup. She attributes The Health Center’s success in part to her, “literally spending time in the classroom and spending time in the office when students were coming in late and asking them if they were okay and how they were doing and you know do you need a bus pass, how come it was hard for you to get to school today. That kind of thing was really helpful” (Katherine Boehm, interview, February 14, 2017). In order to combat the social and emotional determinants of health present in the lives of Lincoln students, The Health Center met the students where they were and addressed their needs in and beyond the clinic walls.

The Health Center amplified the impact of the changes taking place within the main school building of Lincoln. Access to medical and mental health services decreased absenteeism and increased student engagement. However, when asked about the outcomes

of The Health Center, Boehm countered with the question, “can you really put a number to how many relationships the student has built that have proven to be, you know, helpful and beneficial to them in the long run?” (Katherine Boehm, interview, February 14, 2017).

Resilience is built by dynamically strengthening relationships which cannot be described in simple answers.

Just a mile and a half away from Lincoln, Green Park Elementary leads the way in building resilience earlier in the lives of Walla Walla children. In the elementary school context, children who act out would be previously named as defiant or disrespectful, but Principal Yonts is piloting new ways to understand these children who come from adverse backgrounds. Now, she explains, educators must think about “what’s behind the behavior and what the behavior is trying to communicate rather than being frustrated” (Gina Yonts, interview, April 13, 2017). At Green Park, the key philosophy is, “kids don’t have to be perfect. They’re supposed to be learning from their mistakes” (Gina Yonts, interview, April 13, 2017). Adversity in the form of racial and socioeconomic marginalization affects the ability of children to exhibit conventionally “perfect” behavior.

The children at Green Park come from diverse racial and socioeconomic backgrounds; poverty affects many of the students.

Green Park partnered with the CRI to integrate ACEs and resilience knowledge into the shared discourse and practice of educators and staff in the school. This reshaped how adults interacted with children, now expressing compassion in the face of misbehavior. Additionally, Green Park partnered with organizations ranging from BMAC and Friends to the YMCA and Campfire International in order to meet the social and material needs of

students beyond the classroom (Gina Yonts, interview, April 13, 2017). The cafeteria oversaw a protein intervention program to address hunger at home by providing more filling meals and giving out backpacks with nutritious foods (Gina Yonts, interview, April 13, 2017). The school leadership abolished a school pride program that rewarded perfect behavior and belittled the children who acted out due to trauma histories (Gina Yonts, interview, April 13, 2017). Everybody learns from mistakes and children especially should be given the opportunities to learn from difficult moments and mistakes. Another factor contributing to difficult behavior was the unequal access to PE time (Gina Yonts, interview, April 13, 2017). The school redesigned the master schedule so that every student could equally use exercise as a way to control emotion (Gina Yonts, interview, April 13, 2017). Finally, the school opened the district's first "success room" for elementary schoolers where students can "come in and calm down" (Gina Yonts, interview, April 13, 2017). Every single one of these measures was developed with the goal of holistically supporting children from any background and build resilient futures.

These changes shaped the tangible successes of the students and the general tone within with school building. Since injecting the ideas of ACEs and trauma-informed care, the number of out of school suspensions has decreased, parental communication has increased, and coordination of services between home, school, and community agencies has grown stronger (Gina Yonts, interview, April 13, 2017). Underneath these outcomes lies the foundation of trust and care. When an emergency occurred to the family of a fifth grade girl, the Green Park student comforted her parents by saying, "take a deep breath, it will be ok. We just need to get to Green Park, they will help us" (Gina Yonts, interview,

April 13, 2017). The school is a place of safety and support to its students. Yonts reflects, “children perceive our school by the way we talk and the way we care and the way we authentically engage” (Gina Yonts, interview, April 13, 2017). Green Park has put an active effort into restoring compassion and understanding into the school’s common sense.

Beyond the educational setting, Child Protective Services (CPS) aims to support families and children in crisis by conducting screenings and intervening when necessary to protect children from abuse and neglect. Sonia Cole, a CPS supervisor in Walla Walla echoes other local leaders when describing how trauma-informed care in her sector becomes sustainable when, “people start to think differently about those they work with and they start to make different assumptions of why they aren’t cooperating there and not making progress” (Sonia Cole, interview, April 10, 2017). Sonia Cole goes on to explain how CPS reaches children who are experiencing active trauma so it is essential to understand trauma histories and learn how to, “respond to kids who are coming from a mid-brain or lower brain state. Instead of calling it ‘bad-behavior’ and treating them with consequences, you’re really responding to where they are at emotionally based on their very narrow window of tolerance and their trauma history... You’re really trying to strategically build in resilience points” (Sonia Cole, interview, April 10, 2017). The knowledge of ACEs and resilience has directly shaped the evolution of the philosophy at CPS that guides the outcomes of the children and families under its supervision.

In practice, Sonia Cole has worked to integrate ACEs into the core curriculum in Walla Walla and regionally. The entire CPS staff is trained on ACEs and is implementing a train the trainers program in order to reach staff of partnering organization. Sonia claims

the immediate result of integrating ACE awareness being a “language shift” (Sonia Cole, interview, April 10, 2017). By describing child behavior in terms of ACEs and trauma history, public advocates can work productively to coach caretakers on how to provide attachment in place of discipline to children. Cole believes that integrating this form of trauma-informed care has “altered the relationship with the community and with our clients” (Sonia Cole, interview, April 10, 2017). Even a single improved interaction at the service window in which clients feel protected instead of threatened is an outcome of what Cole calls “a cultural shift over a long period of time” (Sonia Cole, interview, April 10, 2017). Although CPS has been too occupied implementing programs to conduct detailed quantitative studies on the impact of ACEs, the qualitative and cultural impact can be felt by staff and clients alike.

Cole provided the example of a certain youth who came from a very adverse background and was not cooperating with the unengaged caregivers or the CPS staff. The adolescent regularly ran away from unstable housing and exhibited dangerous behaviors that caused Cole to lack confidence in the youth’s ability to reach the age of 18 and leave the CPS system. CPS intervened by directing trauma coach Brooke Bouchey to sit down with the family about how to build strengths and avoid retriggering each other in order to successfully care for the youth. Bouchey is a skilled connector and Cole credits this family’s success to the way Bouchey injects “her personhood and her heart” along with the ACEs information into her work. After this intervention, the family found success in building healthy relationships and guidance into their home. Cole describes how currently the youth “is functioning and is stable and is staying home. The caregiver is confident and

pretty positive” (Cole interview). Integrating ACEs information into personal interventions successfully provides a model to explain past behavior and a base to build solutions.

RESULTS/REFLECTION

This phase details the meaningful integration of the ACE and resilience knowledge into daily practice of service providers who care for children and families. The CRI has facilitated the dissemination of knowledge and has played a role in the collaboration between entities. Walla Walla is developing a strong community of practice in which stakeholders promote trauma-informed practices within their own sector and work with other groups. Although children have been the primary focus of the Walla Walla community, Walla Walla recognizes that resilience spans all demographics. The integration of trauma-informed care is partly a reclamation of the common sense that community members ought to be compassionate and understanding of each other’s pasts. This norm has been concealed by the tendency to shame and discipline.

The next challenge is to continue to sustainably embed this knowledge and practice into policy. Although local governmental leaders support resilience building, state and federal structure limit the extent to which practice can be institutionalized. The limited allocated funds often forces local agencies to spend all available resources meeting basic benchmarks that largely view resilience building efforts superfluous. The impact of the ACE knowledge on Walla Walla stands as an example of the powerful impact of trauma-informed care on community well-being. Additionally, Sonia Cole expresses the concern of policy makers only viewing ACEs as “an extra chapter” instead of holistically

understanding ACEs and resilience as “the broth in which all of the other chapters are sitting” (Sonia Cole, interview, April 10, 2017). The integration of ACEs into daily practice fundamentally alters how people understand trauma and shapes programs that promote resilience.

PHASE 5: 2012-present

“We’re smaller and we have access to each other and we see things; we live together in this small community. I think that’s why we can affect more really positive changes.”

-Mike Bates

Every month the presidents, directors, and commissioners of Walla Walla’s leading public institutions can be found together in a room discussing critical issues involving the welfare of Walla Walla families. In 2012, the Walla Walla Community Network resurrected the idea of establishing a monthly Investors meeting in which the topmost leaders in the community could be together to network and establish common knowledge on the state of the community affecting families and children. This first gathering came to life under the name of Community Connections Investors for a number of years in the 1990’s, prior to the inception of the formal community network. This first Investors group was universally lauded for being the first time the directors of local public agencies could establish collaborative strategies to address shared concerns.

The former chief of police, Chuck Fulton, reflected on an instance in which he was able to directly collaborate with the school district because of the investors. At a monthly meeting, school counselors reported on their truancy outreach program in which counselors conducted home visits to determine why students were not coming to school. One counselor eventually described safety concerns when saying, “it’s not comfortable going to some of these homes” (Chuck Fulton, interview, April 6, 2017). At this point, Chief Fulton

immediately responded by offering, “if you don’t feel safe, go with a police officer because it’s important to us that these kids are in school” (Chuck Fulton, interview, April 6, 2017). Supporting outreach projects to at-risk youth is a direct component of Fulton’s view of community policing. While this solution seems simple, it took the structure of the Community Connections Investors to bring together the right people in the right place.

FOCUS

The recent manifestation of the Walla Walla Investors group is the most recent measure taken by the Walla Walla Community Network to embed resilience strategies into structure. The existence of this formally established group is scaffolded onto years of grassroots efforts combatting the effects of trauma. The Community Investors is founded on the philosophy that the same challenges are shared by multiple local entities who can be more effective through partnership. At meetings, leaders do not work on individual projects that concern child welfare, but instead network with each other as needed to holistically promote community resilience. This group demonstrates how energizing local leadership complements grassroots efforts to effectively codifies policies and brings resources to work being done. The power of communication between investors catalyzes tangible efforts and impacts.

LEADERSHIP

The recent revival of the Investors took shape under the authority of the Community Network and is now overseen by Teri Barila and Dick Cook. Both of these individuals have

the history and knowledge of local stakeholders in Walla Walla to effectively facilitate conversations through their experience as leaders of the Walla Walla Community Network. Most importantly, the investors is made up of a collection of the highest community leaders including, but not limited to the director of community health, superintendent, executive directors of BMAC and Sherwood Trust, university presidents, and county commissioners. The leadership is shared amongst delegates from all sectors of the community.

LEARNING

The Community Investors creates a space where leaders can develop relationships and understanding so they are comfortable approaching one another to address shared goals and problems. One strength of Walla Walla is its small size and intimate geography; however, even here services have historically been partitioned into discrete silos. County Commissioner Jim Duncan describes how prior to the investors group, local groups approaching county government to request funds were “coming cold” (Jim Duncan, interview, April 27, 2017). Commissioner Duncan portrays the new close-knit culture of the network when claiming how, “everybody in the room has resources or knows people who have resources and that’s how you can get the job done” (Jim Duncan, interview, April 27, 2017). The Investors has ushered Walla Walla into a new era of collaboration.

At the monthly meetings, stakeholders alternate leading presentations on germane topics such as ACEs, housing security, education, and opiate addiction. Some of these topics may be indirectly related to child well-being, but they are all directly related to general community resilience that impacts children. Early on, the investors developed the

immediate deliverable of a resource guide to local services. This intended to solve the issue of community members approaching organizations that cannot meet their needs that another organization is better equipped to meet. The investors mapped out the scope and content of programs serving families and built the infrastructure for organizations to directly refer clients to the appropriate entity.

Another key example of the power of the investors group is the tremendous community support of the teen center to be opened later in 2017. Cindy Widmer describes the teen center as, “the quintessential example of the collaboration in this community” (Cindy Widmer, interview, March 2, 2017). The teen center aims to provide shelter for Walla Walla’s homeless youth population, medical and mental health services, employment placement and skill building resources, quality child care for students at Lincoln parenting a child, and a healthy space for youth recreation recreation. These components will be overseen by local leading organizations including The Health Center, the CCY, the Walla Walla Youth Alliance, and the Children’s Home Society of Washington, Catholic Charities, BMAC, and Trilogy Recovery Community. These groups can scaffold their collective effort onto decades of experience in projects concerning youth welfare. The emergency shelter component of the center was first studied by the Walla Walla Community Network in 2005 as a “Community Review” concept paper for the Family Policy Council, and began the process of gathering local data on unaccompanied minor teens who were homeless or couch surfing. The Investors group was a critical staging ground for the project’s ideas and resource opportunities. Over 2.2 million dollars were raised from sources within and beyond the community. Commissioner Duncan

outlines how, “because of me being on the Community Investors board and being in all of those conversations, it was easy for them to come to us and ask for our help and I have the resources to help” (Jim Duncan, interview, April 27, 2017). Duncan claims that the project would not have likely received the final amount of \$150,000 if he had not been on the Investors where he was engaged with the planning process and developed relationships with key players (Jim Duncan, interview, April 27, 2017). The new teen center is coming to life because of the strong history of local collaboration as well as the dedication to the project from leadership and community members alike.

The qualitative impact of the Investors on its members has built powerful alliances to support resilience. Exemplified by the story of Commissioner Duncan, participating community leaders are encouraged to go through the personal process of shifting their paradigm towards one of trauma-informed care. Despite Commissioner Duncan’s economically and politically conservative view that did not award value to preventative human services, he claims the investors, “has opened my eyes” (Jim Duncan, interview, April 27, 2017). Before his participation as an investor, Commissioner Duncan describes how he would have regarded a person living on the street by saying, “oh that person’s just lazy, they’re not motivated, or they’re weak” (Jim Duncan, interview, April 27, 2017). Now he recognizes, “that everybody has ACEs and.. the level of ACEs they have determines their ability to cope and function and be resilient or not” (Jim Duncan, interview, April 27, 2017). He is dedicated to use his position of leadership to develop trauma-informed programming in the school system, health clinics, hospitals, service providers for mental and substance abuse, homelessness, and all other service areas that

touch people (Jim Duncan, interview, April 27, 2017). Commissioner Duncan reflected, “I guess I’m more compassionate now” (Jim Duncan, interview, April 27, 2017). This new compassion is paired with a matured understanding of preventative, resilience-building services as compatible with his fiscal economic view. He uses his power to allocate funds and build policy to invest in projects such as the forthcoming teen center with the understanding that human-centered initiatives like these, “get more services for our money” (Jim Duncan, interview, April 27, 2017). The Investors group expands local knowledge and understanding within top leadership positions to support the grassroots efforts that have been gaining momentum for the past two decades.

REFLECTION

The Investors group is the most recent manifestation of embedded knowledge changing community structure to prioritize spaces for collaboration and communication. The Investors primarily builds relationships under the understanding that connection to each other and to this space develops community resilience. The Walla Walla community is made up of an ensemble of diverse and strong people who care for each other in daily interactions and by evolving local structure that anticipates community needs. Future expansions of community resilience will come from leaders and ideas within the community, but must be supported by expanded state and federal policy that promotes resilience strengthening programs. The paradigm shift toward a society that understands, supports, and prevents trauma is in progress, but far from complete.

CONCLUSION

The history of Walla Walla has been determined by unique characteristics of the community; however, the lessons and challenges have wide-reaching implications. Despite a somewhat opaque early vision, community members dedicated energy and resources to defining the impact of trauma and implementing programs to change the landscape of the community. Years of programs scaffold upon each other to holistically support the well-being of both children and community members at large. Walla Walla will continue to evolve in its ability to support the community and will serve as a regional leader to advocate on behalf of other communities for supportive policy and allocation of resources. This story of Walla Walla demonstrates the powerful potential of an energized, reflective, and collaborative community.

BIBLIOGRAPHY

- ACE Response (n.d.). *The Washington State Family Policy Council Legacy*. Web. 20 June 2017.
- Allain, M., Holloran, H., Stone, J., Weems, C. (February 2012). *Walla Walla Poverty Assessment: An intensive study of poverty and agency in Walla Walla*. The State of the State For Washington Latinos.
- Anderson, E., Farrington, K. (2001). *Evaluation of the Walla Walla Teen Center 2000-2001*. Submission to The Office of Juvenile Justice.
- Barila, T., Brown, B. (2012). *The Children's Resilience Initiative of Walla Walla: One Community's Response to Adverse Childhood Experiences* [Powerpoint Slides]. Retrieved from <http://www.magellanhealth.com/media/454850/wallawalla.pdf>.
- Blue Mountain Action Council (n.d.). *Commitment to Community*. <https://www.bmacww.org/services/commitment-to-community>
- Catalano, R. F., Hawkins, J. D. (2005). *Investing in Your Community's Youth: An Introduction to the Communities that Care System*. Communities that Care.
- Center for Disease Control (2016). *Adverse Childhood Experiences (ACEs)*. National Center for Injury Prevention and Control, Division of Violence Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/index.html>.
- Children's Resilience Initiative (2010). *Community Outcomes Map* [figure].
- Children's Resilience Initiative (n.d.a). *General Timeline of key action steps in creating CRI*.
- Children's Resilience Initiative (n.d.b). *ACEs Paired with Resilience* [figure]. Retrieved from <https://www.resiliencetrumpsaces.org/resilience-trumps-aces/resilience/42-ways-to-build-resilience>.
- Clegg and Associates (October 2008). *School Dropout Reduction in Washington State*. Family Policy Council.
- Danese, A., Moffitt, T. E., Harrington, H., Milne, B. J., Polanczyk, G., Pariante, C. M., Caspi, A. (2009). Adverse Childhood Experiences and Adult Risk Factors for Age-Related Disease. *Archives of Pediatrics & Adolescent Medicine*, 163(12). doi:10.1001/archpediatrics.2009.214
- Family Policy Council (1992), RCW.70.190.
- Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks. (1998). "Relationship of

Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* 14, no. 4: 245-258.

Larson-Xu, A. (2008). *Neighborhood Based Organizations, Latinos, and the Community at Large: A Case Study in Walla Walla, Washington* (Undergraduate Thesis). Whitman College.

Longhi, D., Brown, M., Reed, S. F. (2017). *Community-Wide Resilience Moderates the Impacts of Adverse Childhood Experiences On Adult and Youth Levels of Health, School/ Work, and Coping Behaviors*. Manuscript in preparation.

Substance Abuse and Mental Health Services Administrator (August 2015). *Trauma-Informed Approach and Trauma-Specific Practice*.

Turecki, G., & Meaney, M. J. (2016). Effects of the Social Environment and Stress on Glucocorticoid Receptor Gene Methylation: A Systematic Review. *Biological Psychiatry*, 79(2), 87-96.

Walla Walla Community Network (June 1996). *Community Public Health and Safety Plan*.

Walla Walla Community Network (1998). *Children's Forum Data Book*.

Washington State Family Policy Council (2009). *Community Capacity Development Model* [figure].

INTERVIEW GUIDE

Phase	Name	Involvement	Date	Site
1	Cindy Widmer	Leader of Children's Forums, Friends,	March 2, 2017 (Focus Group)	Whitman College Meeting Room
	Dick Cook	Leader Children's Forums, Investors		
2	Doug Barram	Leader of Commitment to Communities	February 24, 2017	Local restaurant and drive through neighborhoods
	Jock Edwards	Former Director of Sherwood Trust	April 6, 2017	Whitman College Meeting Room
3	Amy Erickson	Contributor to Children's Resilience Initiative	March 2, 2017	Local home
4	Gina Yonts	Principal of Green Park Elementary School	April 13, 2017	Green Park Elementary School
	Sonia Cole	Supervisor of Child Protective Services	April 10, 2017	Child Protective Services Office
	Jim Sporleder	Former principal of Lincoln High School, current trauma-informed consultant	April 6, 2017	Local restaurant
	Katherine Boehm	Former coordinator of The Health Center	February 14, 2017	Local restaurant
5	Jim Duncan	Walla Walla County Commissioner, member of Walla Walla Investors group	April 27, 2017	Office of the City Commissioners
Key Informants	Chuck Fulton	Former Chief of Police, long-time member of the WWCN	April 6, 2017	Whitman College Meeting Room
	Steve Moss	Former director of Blue Mountain Action Council, current city council member, long-time member of the WWCN	April 7, 2017	Whitman College Meeting Room
	Rick Griffin	Director of Jubilee Academy, trainer for Children's Resilience Initiative	April 5, 2017	Whitman College Meeting Room
	Mike Bates	Director of the Juvenile Justice Center, long-time board member of the WWCN	April 6, 2017	Walla Walla Juvenile Justice Center