

THE FACES OF CHANGEMAKERS

A DEVELOPMENTAL
EVALUATION

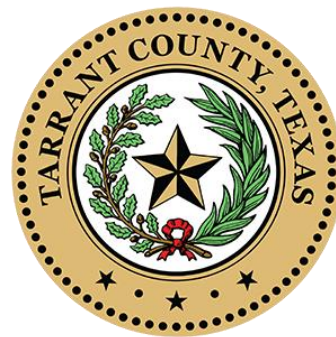
2023 SUMMARY REPORT

Prepared for
MENTAL HEALTH
CONNECTION OF
TARRANT COUNTY

Presented by
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TEXAS HEALTH SCIENCE
CENTER

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Faces of Changemakers

introduction

The Faces of Changemakers is a multi-organizational initiative to promote recovery from trauma and resilience in communities. Initiated by [Tarrant County Commission Precinct 1](#) Executive Administrator Roderick Miles and the [Mental Health Connection of Tarrant County](#), this group includes representatives from the [Violence Intervention and Prevention \(VIP\)](#), [Fort Worth Independent School District Family Action Center](#), Renaissance Behavioral Health Services and The University of North Texas Health Science Center at Fort Worth's [School of Public Health](#). Collectively, the group has worked on transforming an evidence-informed trauma and resilience training to be relevant and impactful for communities that have experienced historical trauma and disinvestment. The team was initially trained by Dr. Allison Jackson, CEO of Integrated Solutions, on strategies to build a trauma-informed and resilient community.

The Faces of Changemakers team met regularly throughout 2023 to adapt Dr Jackson's trauma training materials for our local audience, with an initial focus in southeast Fort Worth. The initial model involved giving a preliminary overview on trauma and resilience and offering the opportunity to attend a more detailed series of 5-6 sessions. Attendees of the session series would be able to be connected to additional therapeutic resources and would become part of a network of individuals and families who are purposeful in their efforts to disrupt cycles of trauma and promote resilience in their communities.

During summer and fall of 2023, three presentations at local churches were made about trauma and resilience. At these presentations, the team recruited potential individuals to attend the pilot launch of the series. During these sessions, community presenters shared their experiences with trauma and explained the connection between adverse childhood experiences and health disparities and outcomes in adulthood. They helped community members understand how some survival responses to traumatic situations can lead to later life challenges, including reactions to triggering experiences that interfere with their well-being. Following each presentation, church members were invited to ask questions.

The initial pilot of the series began in October, and included four participants. It was suspended after two sessions due to the death of one of the participants, which impacted other participants and the presentation team. Plans are underway to regroup and begin a new series in spring of 2024.

Developmental Evaluation Study Methods

The Faces of Changemakers is a new community-driven initiative that is in the process of being simultaneously implemented, developed, and refined as new information and experiences are gathered. The developmental evaluation approach (Patton, 2011) is most appropriate for this stage of the program

as it utilizes qualitative methods to document activities, examine processes, and support continuous improvement practices through adaptive cycles of observation and reflection.

The evaluative methods for this adaptive cycle of the Faces of Changemakers included:

- A focus group with 11 men from the VIP organizations to discuss their experiences receiving trauma and resilience training and how they approach sharing that information with the community.
- A focus group with two faith leaders who hosted the Faces of Changemakers initial presentation in their churches, reflecting on the value and impact of those presentations.
- A focus group with six members of the Faces of Changemakers planning and presentation team reflecting on lessons learned, future plans, and the program design.

Additionally, a member of the evaluation team attended planning sessions, the three initial presentations at churches, and the kick-off session of the pilot series. This form of participant observation allowed for a more in-depth understanding to guide the analysis of focus group data and recommendations made for evaluation in the future.

The focus groups were recorded, then transcribed and de-identified. The text in the transcriptions was then grouped into meaningful passages that represented a distinct expression of a thought or idea. These were then coded using the first level of coding to reflect the meaning of the passage, which is referred to as *Open Coding*. Each passage received between one and three open codes. The open codes are then grouped into themes and assigned higher level codes called *Axial Coding*. An axial code usually incorporates several dimensions of a theme. The final stage of coding is called *Selective Coding* and includes the process of drawing linkages between axial codes and narrowing the communication and summary of the results to a smaller number of distinct findings.

A total of 542 passages of text were coded using over 300 open codes. These were grouped into 26 axial codes, then further reduced to selective themes to answer the evaluation questions:

- 1) What is the value of bringing trauma and resilience training to the community?
 - a. What community needs will be addressed?
 - b. How does trauma and resilience training impact trainees and trainers?
- 2) What are the “key ingredients” of adapting trauma and resilience training for the community?
- 3) What are the lessons learned that will drive future planning?

Results

The results section provides answers to evaluation questions, summarizes and visualizes key themes, and offers sample focus group participant quotes that exemplify aspects of the themes.

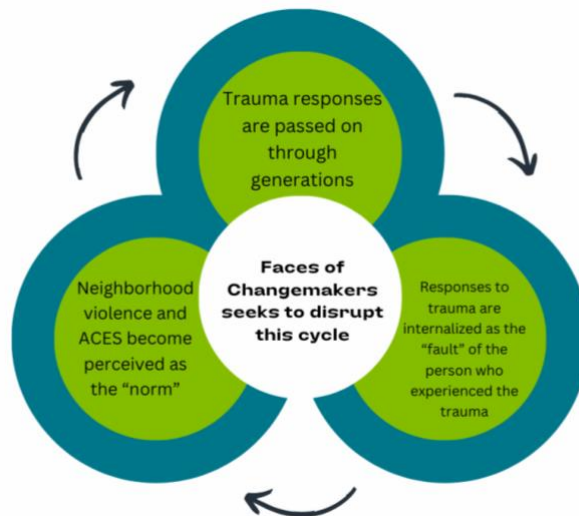
What is the value of bringing trauma and resilience training to the community?

What community needs will be addressed?

Focus group participants discussed numerous dimensions of community needs that the Faces of Changemakers addresses, as well as strengths upon which to build. These are evident in several intersecting themes:

- The recognition that reactions to trauma can be passed on **intergenerationally** through behavior patterns in families.
- Perceptions that neighborhood trauma and many Adverse Childhood Experiences (ACEs) are perceived as the **“norm”**.
- Trauma has **severe impacts** on health, behavior, and families; what many people perceive are their own personal **“flaws”** are related to trauma responses.

“Hey, me being a victim of domestic violence is trauma for my kids. I experienced it, now my kids are experiencing it’.” ... understanding that you can reduce the number of ACEs and reduce the effects that the trauma has on the next generation”



“You know that we understand now why we- ... was doing what we was doing. So, we basically normalized it. It's normal for the police to do what they were doing. It's normal for this to go on. But we normalized it ... kept inside of us ... it made us react to where we live- ... because that was our environment.”

“...a lot of times people are not even given those avenues or conversations to trigger the conversations. Sometimes people suppress things, we don't talk about them, we don't deal with them. In the midst of us not dealing with them, I don't want to say they lie dormant, but they lie in a place to where if nothing triggers us to think about it or to talk about it, we don't.”

What are the impacts of the training on trainees and trainers?

Much of the motivation to develop and implement Faces of Changemakers stemmed from people's personal experiences with healing from trauma, seeing cycles of trauma play out in the community, the desire to see others set forth on their own transformational journeys, and the hope that cycles of resilience can replace cycles of trauma.

Numerous participants described a healing process that began with having their experiences *identified and validated*. Being able to "name" Adverse Childhood Experiences and receiving acknowledgment that those came with harmful consequences was the first step towards then being able to recognize and reflect on how trauma has impacted their lives.

"Sometimes, and I say this in the African American community, when it comes down to help or things that are going to help us do better, be better, all that, a lot of times there's a stigma that comes along with it. I don't need to talk to nobody, I don't need no help, I don't need this, but then the trauma continues, and I think that's the part for me that I got out of the meeting that we were a part of too was when you don't deal with it, it's almost like it's a taboo situation to where it's a cycle that continues."

These reflections led to learning how to cope and manage trauma triggers in more productive ways. Instead of self-medicating or escalating into anger, focus group participants talked about ways they de-escalated and gained more control over their reactions. They also described the concept of "extending grace" by recognizing that people in their lives are also having reactions to trauma and may not have intended to pass along negative coping strategies.

"...seeing the response of the church and hearing the things they said... I think it actually helped some people open up or have a willingness to open up and understand it's okay to discuss the things that we may have dealt with or faced in life."

These reflections also provided motivation to make actual changes in their behavior (such as the ways they parent their children) and their environment (avoiding triggering situations and circumstances). Ultimately, their own journeys stimulated a hope for others and a commitment to working towards a diffusion of resilience in the community.

"I think it comes from just learning that what I experienced, what I went through is not who I am. And having that insight or that perspective presented just as like, "Oh, wow, so you mean that this is not just how my family is, that this is not something that's passed down, or not passed down, but just something that is normal for us? You mean this is not normal? This is not the way that life is supposed to be, or life doesn't have to be this way?"

I'm not quote, unquote, "cursed" to experience trauma for the rest of my life, that this is not who I am? Oh, okay. Well, then tell me more. Well, who am I?" It opens the door for self-discovery and to change the narrative and rename yourself and reimagine how your life can be now that I have this information."

Faces of Changemakers Impacts on Trainees and Trainers

"I've become more aware of my own personal activators, and I've always sought to be kind and gracious to people and give people space. But I have a heightened sense of that after having gone through the training. And when I see a person that's activated, my response is not what's wrong with them. It's an identification, they're activated. And now I ask the question, what happened? Versus what's wrong with you? So just those small things go a long way in engaging people and helping people to reset and regulate."

"And even the grace, the ability to maybe extend grace to our parents and our grandparents because they had their own traumas that affected the decisions they made and the way they parented."

"It calmed me down"

"But now, once I done learn my ACEs to understand, I got to love you as if you're my other brother."

"I had to change people, places, and things."

"There is an actual name for what I'm feeling. I'm not crazy that I still think about this or I still have emotional reactions to certain situations."



"...we are all the rose that came up through the concrete."

"...[the training] made me excited about doing it 'cause now I'm like since I'm learning, I'm able to process it- process it and it's helping me, I definitely know to help somebody else."

What are the “key ingredients” for adapting trauma and resilience training for communities?

Several important themes emerged in the analysis of key elements perceived to be critical to the successful delivery of the presentations. The first is the element of having the information delivered by **trusted messengers**; which in this case are individuals who are familiar, relatable, or in other ways appear trustworthy. Having presenters who share lived experiences and are willing to not only discuss the educational content, but share aspects of their lives that convey messages of similar life experiences.

“...it was among people that they already trusted, they already had relationship with, so that's an important component of going into a space where they didn't feel their walls had to be up.”

“I think also just hearing people stand up and tell their stories and be vulnerable opens up kind of the room.”

A related theme is that of having presenters who are willing to share their own trauma stories. This theme of **vulnerability** is believed to have importance on multiple levels. One is the act of modelling vulnerability for others which offsets the stigma associated with sharing issues related to mental health and trauma. Another is the act of breaking the silence so that people may recognize they are not alone and aren't the only ones who have experienced traumas.

Another characteristic of trusted messengers is their ability to be **authentic** and communicate in a transparent way. Being honest and straightforward about one's history and choices works to build trust and establish a culture of openness.

This is a no judgment zone. This is no guilt, no condemnation. When you can reaffirm those things upfront and set those expectations, that helps to become a safe space.

“We're teaching from a space of our own wounds that we're constantly taking care of.”

Collectively, these themes contribute to an overarching **safe space** that is created and was observed in both the introductory and series sessions. The safe space allows for sensitive questions to be asked and disclosures of experiences and emotions that may have been previously suppressed.

What are the lessons learned that will drive future planning?

As the Faces of Changemakers activities wrapped up for 2023, focus group participants reflected on lessons learned and suggested modifications to integrate in the coming year. These fall into several areas:

- **Scheduling**
- **Communication**
- **Evaluation**
- **Balancing information between introductory and series sessions**

Regarding scheduling, there was wide agreement that the first session of the series needs to be offered within a few weeks of the introductory session. Having too much time pass was perceived as contributing to the lack of participation in the first series that was offered.

"I probably would want to do it bi-annually, honestly, every six months. The only reason why I say it is because one of the things that I think a lot of people don't ever think about is that sometimes when it's too consistent, people get complacent. When you have it going on where it's going on all the time, eventually you're not going to get the response that you need to get or you feel like you should get it."

"I think when you allow so much space, then people forget just like we can't remember. They still know, 'Oh, it was good, but I can't remember why it's good.'"

Related to scheduling, gathering contact information and maintaining communication with introduction session attendees was proposed as very important. One aspect of this was to facilitate connection to support services for those who disclosed trauma experiences and expressed a desire for more assistance. Another aspect is to help maintain the interest that was expressed during these evening events.

The Faces of Changemakers planning team recognized the need to begin gathering pre and post assessment evaluation data. Recognizing that data collection activities may work against the facilitation of a safe and trusting environment, the team discussed strategies to balance these dynamics. One strategy is to have presenters highlight the need for evaluation data to ensure they are providing valuable information and resources and explain the confidentiality of the information. Another is to provide participants with cards that have a numeric ID code that they can use to enter into their pre and post assessments which will allow them to be anonymously linked and measure change from one period to the next. Elements to measure in pre and post assessments included knowledge of ACES, identification of trauma types, knowledge of trauma impacts. At post assessment participants would also be asked about their satisfaction and whether or not they would recommend it to others.

A final lesson learned related to the balance of information provided between the introduction session and the series. While faith leaders found all of the information very valuable and thought that it would be helpful to periodically repeat those presentations; other planning team

"I love the information sessions, but I think we gave away a lot of the aha moments in the information sessions that I would prefer to say for the actual classes."

representatives suggested it may be helpful to scale back some of the information and "tools" covered in the introduction and focus more on sharing lived experiences. This will be an important topic for the planning team to continue discussing and determining the best delivery of each programmatic component.

Conclusion

Developing trauma informed communities and promoting recovery and resilience is a growing priority for regions across the United States. While there is an increasing body of literature on trauma-informed care in social service systems, fewer evidence-based approaches are well-developed in general community settings.

The data in this report reflect the impactful and motivating influence of having completed Dr Allison Jackson's trauma and resilience training in 2022. The team has carefully customized this extensive training into smaller units to share with the community through introductory and short series sessions. It is evident there is continued need to refine the content of these programs and determine a feasible schedule for offering both types of training. Qualitative observations indicate the introductory sessions were well received and there is an openness to receiving further training.

A key next step will be to adopt a more formal evaluation process, schedule of offerings, and methods to communicate with participants.

In one community in the northeast, efforts have been made to build a trauma-informed community through human connections across multiple sectors (schools, faith organizations, businesses; Matlin et al, 2019; Champine et al, 2022). Preliminary studies demonstrate promise in promoting awareness, understanding and action. As the Faces of Changemakers enters this next stage of development and implementation, it is recommended the process of incorporating assessment tools include a review of instruments utilized in these studies:

- ARTIC System Support (ARTIC-SS; Baker et al, 2016): a measure of trauma informed care which includes seven subscales with 45, 35, and 10 item options

The UNTHSC School of Public Health will continue to work with the Faces of Changemakers to develop and refine assessment tools that can be incorporated into future offerings.

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